

# Momnibus Act

## Section-by-Section Summary

<b>Section 1. Short title.</b> This Act may be cited as the “Momnibus Act”.	
<b>Sec. 2. Table of contents.</b> The table of contents for this Act is as follows: Sec. 1. Short title. Sec. 2. Table of contents. Sec. 3. Definitions. Sec. 4. Sense of Congress. Title I—Social Determinants for Moms Title II—Extending WIC for New Moms Title III—Honoring Kira Johnson Title IV—Maternal Health for Veterans Title V—Perinatal Workforce Title VI—Data to Save Moms Title VII—Moms Matter Title VIII—Justice for Incarcerated Moms Title IX—Tech to Save Moms Title X—IMPACT to Save Moms Title XI—Maternal Health Pandemic Response Title XII—Protecting Moms and Babies Against Climate Change Title XIII—NIH IMPROVE Title XIV—Maternal Vaccinations	
<b>Sec. 3. Definitions.</b> Defines culturally and linguistically congruent, maternal mortality, maternity care provider, perinatal health worker, postpartum and postpartum period, pregnancy-associated death, pregnancy-related death, public health emergency, racial and ethnic minority group, severe maternal morbidity, and social determinants of maternal health.	
<b>Sec. 4. Sense of Congress</b> It is the sense of Congress that the respect and proper care that birthing people deserve is inclusive, and regardless of race, ethnicity, gender identity, sexual orientation, religion, marital status, familial status, socioeconomic status, immigration status, incarceration status, or disability, all deserve dignity.	
<b>Title I. Social Determinants for Moms</b>	
Sec. 101. Task force to address the United States maternal health crisis	Establishes a whole-of-government task force, in coordination with stakeholders, to develop comprehensive strategies to eliminate preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States.
Sec. 102. Social determinants of maternal health fund	Establishes a sustained funding source for community-based organizations and other local entities to address social determinants of health during and after pregnancy – including housing, transportation, nutrition, environmental conditions, and other community-specific needs.
<b>Title II. Extending WIC for New Moms</b>	
Sec. 201. Extending WIC eligibility for new moms	Extends the WIC eligibility periods from 6 to 24 months for the postpartum period and from 12 to 24 months for the breastfeeding period.
<b>Title III. Honoring Kira Johnson</b>	

Sec. 301. Sustained funding for community-based organizations to advance maternal health equity	Established a sustained funding source specifically and exclusively for community-based organizations working to advance maternal health equity.
Sec. 302. Respectful maternity care training for all employees in maternity care settings	Establishes a grant program to implement trainings on bias, racism, and discrimination and to promote respectful, culturally congruent, trauma-informed maternity care, including through: <ul style="list-style-type: none"> <li>• Trainings that apply to all employees in a birth setting, from health care providers to front desk employees;</li> <li>• Offering periodic, instead of one-time, trainings; and</li> <li>• Including a focus on anti-racism and cultural humility trainings and programs.</li> </ul>
Sec. 303. Study on reducing and preventing bias, racism, and discrimination in maternity care settings	Commissions a study on bias, racism, and discrimination trainings to determine the types of trainings that are most effective in reducing bias and advancing respectful, culturally congruent, trauma-informed care.
Sec. 304. Respectful maternity care compliance program	Establishes a program to support the establishment of “Respectful Maternity Care Compliance Programs” in hospitals and other birth settings. These programs will establish mechanisms to report cases of racism in the delivery of maternity care and to require follow-up, transparency, and the development of accountability mechanisms through the Secretary of HHS.
Sec. 305. GAO report	Commissions a GAO report to assess the extent to which hospitals have established Respectful Maternity Care Compliance Programs and evaluate the impact of the programs.
<b>Title IV. Maternal Health for Veterans</b>	
Sec. 401. Support for maternity health care and coordination programs of the Department of Veterans Affairs	Reauthorizes funding from the bipartisan <i>Protecting Moms Who Served Act</i> , enacted in 2021, for the Department of Veterans Affairs’ (VA) maternity health care and coordination programs.  Requires annual reporting by the VA on maternal health care services and outcomes, including for Indian Health Service dual patients.
<b>Title V. Perinatal Workforce</b>	
Sec. 501. HHS agency directives	Requires the Secretary of HHS to issue guidance to promote the recruitment and retention of racially, ethnically, and professionally diverse maternity care teams that provide respectful, culturally congruent care.
	Commissions a study on ways in which respectful, culturally congruent maternity care can advance maternal health equity.
Sec. 502. Grants to grow and diversify the perinatal workforce	Establishes a grant program to establish or expand schools or programs that provide education and training to individuals seeking appropriate licensing or certification as physician assistants, midwives, and other perinatal health workers.

Sec. 503. Grants to grow and diversify the nursing workforce in maternal and perinatal health	Establishes a grant program to provide funding to accredited schools of nursing for the purposes of growing and diversifying the workforce of certified nurse-midwives, nurse practitioners, and clinical nurse specialists, focusing on maternal and perinatal health.
Sec. 504. GAO report	Commissions a GAO report to assess the barriers that prevent individuals – and low-income and minority women in particular – from pursuing careers as maternity care providers. The report also assesses disparities in access to maternity care providers and perinatal health workers, stratified by race, ethnicity, gender identity, geographic location, and insurance type, and includes recommendations to promote greater access equity.
<b>Title VI. Data to Save Moms</b>	
Sec. 601. Funding for maternal mortality review committees to promote representative community engagement	<p>Provides additional funding to MMRCs for the purposes of:</p> <ul style="list-style-type: none"> <li>• Including racially, ethnically, geographically, and professionally diverse members in the MMRC, including people with non-clinical experiences;</li> <li>• Conducting outreach and community engagement efforts to seek input from people throughout the state or Tribe, with a particular focus on outreach to people from racial and ethnic minority groups; and</li> <li>• Establishing the first Tribal MMRC.</li> </ul>
Sec. 602. Data collection and review	Promotes MMRC reviews of cases of severe maternal morbidity and consultation with community-based organizations to consider both clinical and non-clinical factors in reviews of pregnancy-associated deaths.
Sec. 603. Review of maternal health data collection processes and quality measures	<p>Initiates a comprehensive review of maternal health data collection and reporting processes, and maternity care quality measures, including consideration of:</p> <ul style="list-style-type: none"> <li>• The extent to which states have implemented systematic processes of listening to the stories and lived experiences of pregnant and postpartum individuals and their family members, with a particular focus on people from racial and ethnic minority groups;</li> <li>• The extent to which MMRC recommendations are being implemented by key stakeholders;</li> </ul>
	<ul style="list-style-type: none"> <li>• The strengths and weaknesses of existing maternal health quality measures; and</li> <li>• Recommendations to improve maternal health data collection and reporting processes, and maternity care quality measures.</li> </ul>

<p>Sec. 604. Study on maternal health among American Indian and Alaska Native individuals</p>	<p>Commissions a comprehensive study on the scope of the maternal health crisis among American Indian and Alaska Native (AI/AN) individuals. The study includes:</p> <ul style="list-style-type: none"> <li>• A systematic process of listening to the stories and lived experiences of AI/AN individuals to fully understand the causes of, and inform potential solutions to, the maternal health crisis in AI/AN communities;</li> <li>• Consideration of the role of social determinants of maternal health, historical mistreatment of AI/AN people, and federal funding levels in influencing maternal health outcomes; and</li> <li>• Recommendations for the improvement of maternal health data collection processes and steps to reduce adverse maternal health outcomes among AI/AN individuals.</li> </ul>
<p>Sec. 605. Grants to minority-serving institutions to study maternal mortality, severe maternal morbidity, and other adverse maternal health outcomes</p>	<p>Establishes a grant program to support maternal health research at Minority-Serving Institutions (MSIs) like HBCUs, TCUs, HSIs, and AAPISIs.</p>
<p><b>Title VII. Moms Matter</b></p>	
<p>Sec. 701. Maternal mental health equity grant program</p>	<p>Establishes a grant program to support local initiatives to address maternal mental health conditions and substance use disorders, with a particular focus on pregnant and postpartum individuals from racial and ethnic minority groups.</p>
<p>Sec. 702. Grants to grow and diversify the maternal mental and behavioral health care workforce</p>	<p>Establishes a grant program to establish or expand schools or programs that provide education and training to individuals seeking appropriate licensing or certification as mental or behavioral health care providers who will specialize in maternal mental health conditions or substance use disorders.</p>
<p><b>Title VIII. Justice for Incarcerated Moms</b></p>	
<p>Sec. 801. Ending the shackling of pregnant individuals</p>	<p>Makes federal funding to states through the Edward Byrne Memorial Justice Grant Program conditional on states having laws like the First Step Act for federal prisons that ban the use of restraints on incarcerated pregnant individuals (“shackling”) in their respective states’ detention facilities.</p>
<p>Sec. 802. Creating model programs for the care of incarcerated individuals</p>	<p>Provides funding to federal Bureau of Prisons facilities to establish programs for pregnant and postpartum incarcerated individuals that include access to:</p>

<p>in the prenatal and postpartum periods</p>	<ul style="list-style-type: none"> <li>• Services and support from perinatal health workers;</li> <li>• Healthy foods and nutrition counseling;</li> <li>• Counseling and treatment for pregnant and postpartum individuals with substance use disorders, mental health conditions, and chronic conditions;</li> <li>• Reentry assistance;</li> <li>• Pregnancy and childbirth education and parenting support;</li> <li>• Maternal-infant bonding opportunities; and</li> <li>• Diversionary programs that offer parenting classes, counseling, and other critical programs to prevent incarceration and provide support for pregnant and postpartum individuals.</li> </ul>
<p>Sec. 803. Grant program to improve maternal health outcomes for individuals in State and local prisons and jails</p>	<p>Establishes a grant program to optimize standards of care for pregnant and postpartum incarcerated individuals in state and local prisons and jails by providing access to:</p> <ul style="list-style-type: none"> <li>• Services and support from perinatal health workers;</li> <li>• Healthy foods and nutrition counseling;</li> <li>• Counseling and treatment for pregnant and postpartum individuals with substance use disorders, mental health conditions, and chronic conditions;</li> <li>• Reentry assistance;</li> <li>• Pregnancy and childbirth education and parenting support;</li> <li>• Maternal-infant bonding opportunities; and</li> <li>• Diversionary programs that offer parenting classes, counseling, and other critical programs to prevent incarceration and provide support for pregnant and postpartum individuals.</li> </ul>
<p>Sec. 804. GAO report</p>	<p>Commissions a comprehensive study on the scope of the maternal health crisis among incarcerated individuals, with a particular focus on racial and ethnic disparities in outcomes. The study makes recommendations for steps to reduce adverse maternal health outcomes among incarcerated people.</p>
<p><b>Title IX. Tech to Save Moms</b></p>	
<p>Sec. 901. Integrated telehealth models in maternity care settings</p>	<p>Encourages CMMI to consider the adoption and use of telehealth tools to support screening, monitoring, and management of common pregnancy-related complications during pregnancy and in the postpartum period.</p>
<p>Sec. 902. Grants to expand the use of technology-enabled collaborative learning and capacity models for pregnant and postpartum individuals</p>	<p>Establishes a grant program to support technology-enabled collaborative learning and capacity building models to develop and disseminate instructional programming and training for maternity care providers in underserved areas and areas with significant racial and ethnic disparities in maternal health outcomes. The models will cover topics such as:</p> <ul style="list-style-type: none"> <li>• Safety and quality improvement;</li> </ul>

	<ul style="list-style-type: none"> <li>• Bias, racism, and discrimination.;</li> <li>• Best practices in maternity care for pregnant and postpartum individuals during public health emergencies;</li> <li>• Best practices in screening for and treating maternal mental health conditions and substance use disorders;</li> <li>• Identifying social determinants of maternal health risks in the prenatal and postpartum periods; and</li> <li>• The use of remote patient monitoring tools for common complications in pregnancy and after delivery.</li> </ul> <p>Includes consideration of broadband infrastructure that would be required to support reliable, high-speed internet access for grant recipients.</p>
<p>Sec. 903. Grants to promote equity in maternal health outcomes through digital tools</p>	<p>Establishes a grant program to promote access to digital tools related to maternal health care for the purposes of reducing racial and ethnic disparities in maternal health outcomes.</p> <p>Requires the Secretary of HHS to submit a report to Congress that evaluates the grant program and makes recommendations related to the use of technology to improve maternal health outcomes for pregnant and postpartum individuals from racial and ethnic minority groups, including consideration of issues such as:</p> <ul style="list-style-type: none"> <li>• Privacy and security safeguards that are needed to assure the secure use of technology in maternal health care;</li> <li>• Lessons learned from expanded access to telehealth related to maternity care during the COVID-19 public health emergency;</li> <li>• Barriers to data sharing between the WIC program and maternity care providers;</li> <li>• Barriers that prevent telehealth services from being provided across state lines; and</li> <li>• Barriers that prevent consumers from accessing technological tools like telehealth, including a lack of access to reliable, high-speed internet or a lack of access to necessary devices.</li> </ul>
<p>Sec. 904. Report on the use of technology in maternity care</p>	<p>Commissions a study through the National Academies of Sciences, Engineering, and Medicine to assess current and future uses of innovative technologies and patient monitoring devices in maternity care.</p>
<p><b>Title X. IMPACT to Save Moms</b></p>	
<p>Sec. 1001. Perinatal Care Alternative Payment Model Demonstration Project</p>	<p>Creates a new CMMI demonstration project to establish a perinatal care alternative payment model (APM) in consultation with a diverse range of stakeholders. In designing the</p>

	<p>demonstration project, the Secretary of HHS must consider APMs that:</p> <ul style="list-style-type: none"> <li>• Are designed to address maternal health disparities;</li> <li>• Include methods for stratifying patients by pregnancy risk level;</li> <li>• Consider social determinants of maternal health; and</li> <li>• Include racially, ethnically, and professionally diverse maternity care teams.</li> </ul>
<b>Title XI. Maternal Health Pandemic Response</b>	
Sec. 1101. Definitions.	Defines respectful maternity care and the Secretary of HHS.
Sec. 1102. Funding for data collection, surveillance, and research on maternal health outcomes during public health emergencies	Provides robust funding for research and data collection on maternal health outcomes during public health emergencies through the CDC’s Surveillance for Emerging Threats to Mothers and Babies program, the CDC’s Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program (ERASE MM), the CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS), and the National Institute of Child Health and Human Development.
Sec. 1103. Public health emergency maternal health data collection and disclosure	Requires the collection and reporting of demographically stratified pregnancy and postpartum data collected across all surveillance systems relating to public health emergencies, and ensures patient privacy and data deidentification.
Sec. 1104. Public health communication regarding maternal care during public health emergencies	Implements a robust public health education effort to enhance access by pregnant individuals, their employers, and their health care providers to accurate, evidence-based health information about maternal health during public health emergencies.
Sec. 1105. Task force on birthing experience and safe, respectful, responsive, and empowering maternity care during public health emergencies	Establishes a task force to advance safe, respectful maternity care during public health emergencies.
<b>Title XII. Protecting Moms and Babies Against Climate Change</b>	
Sec. 1201. Definitions.	Includes definitions for adverse maternal and infant health outcomes, institutions of higher education, minority-serving institutions, racial and ethnic minority groups, risks associated with climate change, the Secretary, stakeholder organizations, and vulnerable individuals.
Sec. 1202. Grant program to protect vulnerable mothers and babies from climate change risks	Provides funding to community-based programs and other local entities to identify climate change-related risks for pregnant and postpartum people and their infants, provide support to those patients, and mitigate levels of and exposure to those risks, particularly in communities of color. This funding supports initiatives such as:

	<ul style="list-style-type: none"> <li>• Providing training to health care providers to be able to identify climate change-related risks for patients;</li> <li>• Supporting doulas, community health workers, and other perinatal health workers who can identify climate change-related risks and support patients;</li> <li>• Providing patients with air conditioning units, appliances, filtration systems, weatherization support, and direct financial assistance;</li> <li>• Providing support, including housing and transportation assistance, for patients who face the risk of extreme weather events like hurricanes, wildfires, and droughts;</li> <li>• Promoting community forestry initiatives and tree canopy covers;</li> <li>• Improving infrastructure like buildings and paved surfaces; and</li> <li>• Improving monitoring systems and data sharing for climate change-related risks.</li> </ul>
Sec. 1203. Grant program for education and training at health profession schools	Provides funding to health professional schools to prepare future nurses, doctors, and other health care professionals to identify, understand, and address climate-related risks for patients.
Sec. 1204. NIH Consortium on Birth and Climate Change Research	Establishes an NIH consortium to advance research on the impacts of climate change-related risks on maternal and infant health outcomes.
Sec. 1205. Strategy for identifying climate change risk zones for vulnerable mothers and babies	Requires the development of a program to identify and designate climate change risk zones for pregnant and postpartum people and their babies across the United States.
<b>Title XIII. NIH IMRPOVE</b>	
Sec. 1301. IMPROVE Initiative	Authorize \$73.4M annually for six years to carry out the NIH's Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative and advance research to reduce preventable causes of maternal mortality and severe morbidity and reduce health disparities.
<b>Title XIII. Maternal Vaccinations</b>	
Sec. 1401. Maternal vaccination awareness and equity campaign	Provides funding for a national campaign to increase maternal vaccination rates, particularly in communities with disproportionately high rates of unvaccinated individuals.