



Black Maternal Health Omnibus Act

Representative Lauren Underwood

Senator Cory Booker

BACKGROUND

The United States has the [highest](#) maternal mortality rate of any high-income country and significant [disparities](#) in outcomes – and the crisis is only [worsening](#): the maternal mortality rate in 2021 was 89 percent higher than the rate in 2018. The **Black Maternal Health Omnibus Act** will address this crisis through historic investments that comprehensively address every driver of maternal mortality, morbidity, and disparities in the United States.

BILL SUMMARY

The **Black Maternal Health Omnibus Act** includes 13 individual bills that will:

1. Make critical investments in **social determinants of health** that influence maternal health outcomes, like housing, transportation, and nutrition.
2. **Extend WIC eligibility** in the postpartum and breastfeeding periods.
3. Provide funding to **community-based organizations** that are working to improve maternal health outcomes and promote equity.
4. Increase funding for programs to improve **maternal health care for veterans**.
5. Grow and diversify the **perinatal workforce** to ensure that every mom in America receives maternal health care and support from people they trust.
6. Improve **data collection processes and quality measures** to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
7. Support moms with **maternal mental health** conditions and substance use disorders.
8. Improve maternal health care and support for **incarcerated moms**.
9. Invest in **digital tools** to improve maternal health outcomes in underserved areas.
10. Promote **innovative payment models** to incentivize high-quality maternity care and non-clinical support during and after pregnancy.
11. Invest in federal programs to address **maternal and infant health risks during public health emergencies**.
12. Invest in community-based initiatives to reduce levels of and exposure to **climate change-related risks for moms and babies**.
13. Promote **maternal vaccinations** to protect the health of moms and babies.

ORGANIZATIONAL SUPPORT

The **Black Maternal Health Momnibus Act** is endorsed by more than 200 organizations, listed [here](#). Quotes in support of the Momnibus can be listed [here](#).

ORIGINAL COSPONSORS

The **Black Maternal Health Momnibus Act**, co-led by Representative Alma Adams, has more than 180 original cosponsors in the House of Representatives:

Pete Aguilar	Don Davis	Sydney Kamlager-	Grace F. Napolitano	Robert C. "Bobby"
Colin Allred	Madeleine Dean	Dove	Joe Neguse	Scott
Jake Auchincloss	Diana DeGette	Marcy Kaptur	Donald Norcross	David Scott
Becca Balint	Rosa L. DeLauro	William R. Keating	Eleanor Holmes	Terri Sewell
Nanette Diaz	Suzan DelBene	Ro Khanna	Norton	Elissa Slotkin
Barragán	Chris Deluzio	Dan Kildee	Alexandria Ocasio-	Adam Smith
Joyce Beatty	Mark DeSaulnier	Derek Kilmer	Cortez	Eric Sorensen
Ami Bera	Debbie Dingell	Andy Kim	Ilhan Omar	Darren Soto
Sanford D. Bishop,	Veronica Escobar	Raja	Jimmy Panetta	Abigail
Jr.	Adriano Espaillat	Krishnamoorthi	Chris Pappas	Spanberger
Earl Blumenauer	Dwight Evans	Ann McLane Kuster	Bill Pascrell Jr.	Melanie Stansbury
Lisa Blunt Rochester	Lizzie Fletcher	Greg Landsman	Donald M. Payne Jr.	Greg Stanton
Suzanne Bonamici	Bill Foster	Rick Larsen	Chris Pappas	Haley Stevens
Jamaal Bowman	Valerie Foushee	Summer L. Lee	Bill Pascrell Jr.	Marilyn Strickland
Brendan F. Boyle	Lois Frankel	Barbara Lee	Donald M. Payne Jr.	Eric Swalwell
Shontel M. Brown	Maxwell Alejandro	Sheila Jackson Lee	Nancy Pelosi	Emilia Sykes
Julia Brownley	Frost	Teresa Leger	Mary Sattler Peltola	Mark Takano
Nikki Budzinski	Ruben Gallego	Fernandez	Brittany Pettersen	Shri Thanedar
Cori Bush	John Garamendi	Mike Levin	Dean Phillips	Bennie Thompson
Yadira Caraveo	Sylvia Garcia	Ted Lieu	Chellie Pingree	Mike Thompson
Salud Carbajal	Robert Garcia	Zoe Lofgren	Stacey E. Plaskett	Rashida Tlaib
Tony Cárdenas	Jesús "Chuy"	Stephen F. Lynch	Mark Pocan	Jill Tokuda
Andre' Carson	García	Seth Magaziner	Katie Porter	Paul Tonko
Troy Carter	Dan Goldman	Kathy Manning	Ayanna Pressley	Norma J. Torres
Sean Casten	Jimmy Gomez	Doris Matsui	Mike Quigley	Lori Trahan
Kathy Castor	Al Green	Lucy McBath	Delia Ramirez	David Trone
Sheila Cherfilus-	Raúl M. Grijalva	Jennifer McClellan	Jamie Raskin	Juan Vargas
McCormick	Jahana Hayes	Betty McCollum	Deborah K. Ross	Marc Veasey
Judy Chu	Brian Higgins	Morgan McGarvey	Raul Ruiz	Nydia M.
David N. Cicilline	Steven Horsford	James P. McGovern	C.A. Dutch	Velázquez
Katherine Clark	Chrissy Houlahan	Gregory W. Meeks	Ruppersberger	Debbie
Yvette D. Clarke	Steny H. Hoyer	Rob Menendez	Andrea Salinas	Wasserman
Emanuel Cleaver, II	Jared Huffman	Grace Meng	Rep. John P.	Schultz
Steve Cohen	Glenn Ivey	Kweisi Mfume	Sarbanes	Maxine Waters
Gerald E. Connolly	Jeff Jackson	Gwen Moore	Mary Gay Scanlon	Bonnie Watson
Joe Courtney	Jonathan L.	Joseph D. Morelle	Jan Schakowsky	Coleman
Angie Craig	Jackson	Jared Moskowitz	Adam B. Schiff	Jennifer Wexton
Jasmine Crockett	Sara Jacobs	Seth Moulton	Brad Schneider	Susan Wild
Jason Crow	Pramila Jayapal	Frank J. Mrvan	Hillary Scholten	Nikema Williams
Sharice Davids	Hank Johnson	Kevin Mullin	Kim Schrier, M.D.	Frederica S.
Danny K. Davis		Jerrold Nadler		Wilson

CONTACT

For more information, contact Jack.DiMatteo@mail.house.gov in Rep. Underwood's office or Nadia_Laniyan@booker.senate.gov in Sen. Booker's office.



Social Determinants for Moms Act

Rep. Jahana Hayes
Sen. Richard Blumenthal

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), social determinants of health are the conditions where people live, learn, work, and play - conditions that affect a wide range of health risks and outcomes.¹ Research from the Robert Wood Johnson Foundation has found that these social determinants “can drive as much as 80 percent of health outcomes.”² Addressing social determinants is especially important for addressing maternal health disparities: according to the National Perinatal Task Force, “focusing on the social determinants of health is an important step to addressing root causes for these unwavering gaps in maternal and infant health.”³ The **Social Determinants for Moms Act** makes key investments in social determinants to save moms and end disparities in maternal health outcomes.

BILL SUMMARY

The **Social Determinants for Moms Act** will:

1. Establish a whole-of-government **Task Force to Address the United States Maternal Health Crisis**.
2. Establish a **Social Determinants of Maternal Health Fund** to provide robust, sustained funding for community-based organizations, Indian Tribes and Tribal organizations, Urban Indian organizations, and public health departments to address social determinants of health during and after pregnancy - including housing, transportation, nutrition, environmental conditions, and other local needs.

ENDORSEMENTS

The **Social Determinants for Moms Act** is endorsed by more than 180 organizations, listed [here](#).

¹ Centers for Disease Control and Prevention: [Social Determinants of Health](#)

² Robert Wood Johnson Foundation: [Medicaid's Role in Addressing Social Determinants of Health](#)

³ National Perinatal Task Force: [Building a Movement to Birth a More Just and Loving World](#)



Extending WIC for New Moms Act

Rep. Lucy McBath

Sen. Richard Blumenthal

BACKGROUND

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical federal program to provide supplemental foods, health care referrals, and nutrition education to low-income pregnant, breastfeeding, and postpartum people, as well as infants and children up to age 5 who are at nutritional risk.⁴

Data on WIC's effectiveness show the benefits of the program for moms and babies: pregnant, postpartum, and breastfeeding WIC participants have lower likelihoods of pregnancy-related risk factors, lower risk of preterm birth, and lower risk of low-birthweight infants. Maternal WIC participation is also associated with reductions in infant mortality and improved nutrition and health outcomes for infants and children.⁵

By extending eligibility for WIC in the postpartum and breastfeeding periods, the **Extending WIC for New Moms Act** will make sure the nutritional needs of moms and babies are met, improving maternal and child health outcomes and advancing birth equity across the United States.

BILL SUMMARY

The **Extending WIC for New Moms Act** will:

1. **Extend WIC eligibility in the postpartum period** from 6 months to 24 months.
2. **Extend WIC eligibility in the breastfeeding period** from 12 months to 24 months.

ENDORSEMENTS

The **Extending WIC for New Moms Act** is endorsed by more than 180 organizations, listed [here](#).

⁴ USDA: [Special Supplemental Nutrition Program for Women, Infants, and Children](#)

⁵ AHRQ: [Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#)



Kira Johnson Act

Rep. Alma Adams

Sen. Raphael Warnock

BACKGROUND

On April 12th, 2016, Kira Johnson checked into a hospital with her husband Charles to give birth to their second child, Langston. Kira - an entrepreneur, world traveler, mother of one healthy boy already, and a Black woman - did not make it out alive. Despite being in excellent health, Kira died from a hemorrhage approximately 12 hours after delivering Langston. Kira deserved better, and so do the Black mothers across the United States who are dying at disproportionately high rates.⁶

The **Kira Johnson Act** makes investments in community-based organizations that are leading the charge to support moms. The bill also supports bias and racism training programs, research, and the establishment of Respectful Maternity Care Compliance Programs to address bias and racism, and to promote accountability in maternity care settings.

BILL SUMMARY

The **Kira Johnson Act** will:

1. Establish a fund to provide **robust funding directly to community-based organizations working to advance maternal health equity**. The funding, which will be available specifically and exclusively for community-based organizations.
2. Provide funding for grant programs to implement and study **consistent bias, racism, and discrimination trainings for all employees in maternity care settings**.
3. Provide funding to **establish Respectful Maternity Care Compliance Programs** within hospitals to provide mechanisms for pregnant and postpartum patients to report instances of disrespect or evidence of racial, ethnic, or other types of bias and promote accountability.

ENDORSEMENTS

The **Kira Johnson Act** is endorsed by more than 180 organizations, listed [here](#).

⁶ Centers for Disease Control and Prevention: [Racial/Ethnic Disparities in Pregnancy-Related Deaths](#)



Maternal Health for Veterans Act

Rep. Lauren Underwood

Sen. Tammy Duckworth

BACKGROUND

According to data from the Department of Veterans Affairs (VA), women veterans often have multiple medical conditions that can increase their risk of pregnancy complications.⁷ Experiencing a military deployment can increase the risk of pre-term birth, preeclampsia, and gestational diabetes.⁸ To address the unique maternal health risks facing veterans, Representatives Lauren Underwood (IL-14) and Gus Bilirakis (FL-12) introduced the bipartisan and bicameral *Protecting Moms Who Served Act*, which was signed into law in November 2021 and provided the first-ever authorization of funding for maternity care coordination programs at VA – ensuring that every veteran who receives maternity care through VA receives the world-class care and support they need during and after pregnancy.

With the population of women veterans continuing to grow,⁹ the need for sustained investments in VA's maternity care programs is more urgent than ever. The number of deliveries paid for by VA has increased 14-fold since 2000.¹⁰ The **Maternal Health for Veterans Act** will reauthorize funding from the *Protecting Moms Who Served Act* to ensure that VA can continue to meet the growing demand for maternity care services and eliminate maternal mortality, morbidity, and disparities among veterans.

BILL SUMMARY

The **Maternal Health for Veterans Act** would:

- Authorize \$15 million per year for five fiscal years for VA's maternity care programs.
- Require annual reporting from VA:
 - Describing how the Department is using funding from the legislation to carry out maternity care programs.
 - Providing data on maternal health outcomes for veterans receiving VA care.
 - Making recommendations for further steps to improve maternal health outcomes among veterans, particularly for veterans from demographic groups with elevated rates of maternal mortality, severe maternal morbidity, maternal health disparities, or other adverse perinatal or childbirth outcomes.

ORIGINAL COSPONSORS

The **Maternal Health for Veterans Act** is co-led by Representatives Lauren Underwood (IL-14), Gus Bilirakis (FL-12), Brian Fitzpatrick (PA-01), and Julia Brownley (CA-26).

ENDORSEMENTS

The **Maternal Health for Veterans Act** is endorsed by The American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Wounded Warrior Project, Iraq and Afghanistan Veterans of America (IAVA), Minority Veterans of America (VMA), Service Women's Action Network (SWAN), and more than 180 additional organizations, listed [here](#).

⁷ U.S. Department of Veterans Affairs: [Women Veterans & Pregnancy Complications](#). Accessed December 19, 2022.

⁸ U.S. Department of Veterans Affairs: [Women Veterans & Pregnancy Complications](#). Accessed December 19, 2022.

⁹ U.S. Department of Veterans Affairs: [Women Veterans Health Care Facts and Statistics](#). Accessed December 19, 2022.

¹⁰ U.S. Department of Veterans Affairs: [Women Veterans & Pregnancy Complications](#). Accessed December 19, 2022.



Perinatal Workforce Act

Rep. Gwen Moore

Sen. Tammy Baldwin

BACKGROUND

One driving force of the U.S. maternal health crisis is a lack of access to maternity care, and to culturally congruent maternity care and support specifically. More than 1,000 American counties are “maternity care deserts,” with no hospitals offering obstetric care and zero obstetric providers, and more than 2.2 million women of childbearing age live in maternity care deserts.¹¹ Women in maternity care deserts are more likely to have asthma and hypertension than women in counties with full access to maternity care,¹² putting them at greater risk for pregnancy complications and pregnancy-related death.¹³

One solution to this glaring shortage is to grow and diversify the perinatal health workforce. The **Perinatal Workforce Act** makes historic investments to increase the number of maternity care providers and non-clinical perinatal health workers who offer culturally congruent care and support during and after pregnancy.

BILL SUMMARY

The **Perinatal Workforce Act** will:

1. Require the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of racially, ethnically, and professionally **diverse maternity care teams** and (2) to study how **culturally congruent maternity care** promotes better outcomes for moms, especially in communities of color.
2. Provide funding to **establish and scale programs that will grow and diversify the maternal health clinical and non-clinical workforce**, increasing the number of nurses, midwives, physician assistants, doulas, and other perinatal health workers who moms can trust throughout their pregnancies, labor and delivery, and the postpartum period.
3. Study the **barriers that prevent women - particularly from underserved communities - from entering maternity care professions** and receiving equitable compensation.

ENDORSEMENTS

The **Perinatal Workforce Act** is endorsed by more than 180 organizations, listed [here](#).

¹¹ March of Dimes: [Nowhere To Go](#)

¹² March of Dimes: [Nowhere To Go](#)

¹³ CDC: [Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization – United States, 2017-2019](#)



Data to Save Moms Act

Rep. Sharice Davids

Sen. Tina Smith

BACKGROUND

According to the White House Blueprint for Addressing the Maternal Health Crisis, “data collection on maternal health risks, services, [and] outcomes in the United States continues to be fragmented, unstandardized, nontransparent, and irregular,” impeding efforts to address maternal health disparities.¹⁴

To improve maternal health data collection and research, the **Data to Save Moms Act** makes critical investments that will advance evidence-based solutions to the United States maternal health crisis. One provision of the legislation – funding for maternal health research at Minority-Serving Institutions – was enacted through the Fiscal Year 2023 government spending package. By passing the comprehensive Data to Save Moms Act, we will be able to identify and fund interventions to save moms’ lives and end maternal health disparities.

BILL SUMMARY

The **Data to Save Moms Act** will:

1. Promote greater diversity and community engagement in state and Tribal **Maternal Mortality Review Committees**.
2. Conduct a comprehensive review of **maternal health data collection process and quality measures** in coordination with key stakeholders.
3. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among Native American moms**.
4. Invest in **maternal health research at Minority-Serving Institutions (MSIs)** like Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-Serving Institutions (HSIs), and Asian American and Pacific Islander Serving Institutions (AAPISIs).

ENDORSEMENTS

The **Data to Save Moms Act** is endorsed by more than 180 organizations, listed [here](#).

¹⁴ [White House Blueprint for Addressing the Maternal Health Crisis](#)



Moms Matter Act

Rep. Lisa Blunt Rochester

Sen. Kirsten Gillibrand

BACKGROUND

According to maternal mortality review committees (MMRCs) that examine pregnancy-related deaths in their respective states, “mental health conditions are one of the leading causes of pregnancy-related death.”¹⁵ MMRCs have also been assessing substance use disorder as a contributing factor in maternal deaths, recognizing the overall national trend of drug overdose deaths *tripling* from 1999-2014.¹⁶

These challenges are most acute for low-income and minority families: according to the Center for Law and Social Policy (CLASP), more than half of poor infants live with a mother who has some level of depressive symptoms.¹⁷ Research has found that from 2006-2017, suicidal ideation and intentional self-harm increased significantly for Black women during their pregnancies and up to one year postpartum.¹⁸

The bipartisan **Moms Matter Act** will make investments in programs to support moms with maternal mental health conditions and substance use disorders. It also provides critical funding to grow and diversify the maternal mental and behavioral health care workforce.

BILL SUMMARY

The **Moms Matter Act** will:

1. Establish a **Maternal Mental Health Equity Grant Program** to invest in local initiatives supporting people with mental health conditions or substance use disorders during or after pregnancy.
2. Provide funding for programs to **grow and diversify the maternal mental and behavioral health care workforce** to expand access to high-quality maternal mental health care and substance use disorder services.

ENDORSEMENTS

The **Moms Matter Act** is endorsed by more than 180 organizations, listed [here](#).

¹⁵ CDC Foundation: [Report from Nine Maternal Mortality Review Committees](#)

¹⁶ CDC Foundation: [Report from Nine Maternal Mortality Review Committees](#)

¹⁷ CLASP: [Maternal Depression and Young Adult Mental Health](#)

¹⁸ Admon, Dalton, & Kolenic: [Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017](#).



Justice for Incarcerated Moms Act

Rep. Ayanna Pressley

Sen. Cory Booker

BACKGROUND

From 1980 to 2016, the number of women in prisons across the United States increased 742 percent: there are now more than 100,000 incarcerated women, and three-quarters of them are of childbearing age.¹⁹ Women in prison are at a heightened risk for maternal mortality and severe maternal morbidity: “Incarcerated pregnant women are more likely to have...risk factors for poor perinatal outcomes than are nonincarcerated pregnant women.”¹ The threat is particularly acute for Black women, who are imprisoned at twice the rate of white women.²⁰

The **Justice for Incarcerated Moms Act** provides funding to promote exemplary care for pregnant and postpartum people who are incarcerated. The bill also commissions a comprehensive study to understand the scope of the maternal health crisis among incarcerated people and to make recommendations to prevent maternal mortality and severe maternal morbidity in American prisons and jails. Finally, the bill ties federal funding for state and local prisons and jails to prohibitions on the use of restraints for incarcerated pregnant people to end the practice of shackling.

BILL SUMMARY

The **Justice for Incarcerated Moms Act** will:

1. Use financial incentives for all state and local prisons and jails **to end the practice of shackling pregnant people.**
2. Provide funding for federal, state, and local prisons and jails to establish programs for pregnant and postpartum women in their facilities, including access to support for **doulas and other perinatal health workers, counseling, reentry assistance, maternal-infant bonding opportunities, and diversionary programs to prevent incarceration for pregnant and postpartum people.**
3. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among incarcerated people**, with a particular focus on racial and ethnic disparities in maternal health outcomes.

ENDORSEMENTS

The **Justice for Incarcerated Moms Act** is endorsed by more than 180 organizations, listed [here](#).

¹⁹ Sufirin, Beal, Clarke, Jones, & Mosher: [Pregnancy Outcomes in US Prisons, 2016-2017](#)

²⁰ Ibid.



Tech to Save Moms Act

Rep. Nikema Williams

Sen. Bob Menendez

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) has offered several recommendations to leverage the use of telehealth to improve maternal health outcomes, including expanding remote patient monitoring and promoting virtual training and capacity building models.²¹ Digital tools are not the only solution to America's maternal health crisis, but they can play an important role in addressing specific challenges facing patients and providers, particularly in underserved areas. The bipartisan **Tech to Save Moms Act** makes investments in evidence-based digital to reduce maternal mortality, severe maternal morbidity, and maternal health disparities - particularly in rural and underserved communities.

BILL SUMMARY

The **Tech to Save Moms Act** will:

1. Require the Center for Medicare & Medicaid Innovation to consider models that improve the **integration of telehealth services in maternal health care**.
2. Provide funding for **technology-enabled collaborative learning and capacity building models** that will develop and disseminate instructional programming and training for maternity care providers in rural and underserved areas, covering topics such as:
 - Safety and quality improvement.
 - Addressing maternal mental and behavioral health conditions.
 - Identifying social determinants of health risks in the prenatal and postpartum periods.
3. Establish a grant program to promote **digital tools designed to improve maternal health outcomes**, particularly in rural and underserved communities.
4. Commission a **comprehensive study on the use of technology in maternity care** to reduce maternal mortality, morbidity, and disparities.

ENDORSEMENTS

The **Tech to Save Moms Act** is endorsed by more than 180 organizations, listed [here](#).

²¹ Centers for Medicare and Medicaid Services: [Improving Access to Maternal Health Care in Rural Communities](#)



IMPACT to Save Moms Act

Rep. Jan Schakowsky

Sen. Bob Casey

BACKGROUND

Maternity care payment models can significantly impact outcomes for moms and babies. Recognizing the potential for innovative payment models in improving outcomes, the Centers for Medicare & Medicaid Services (CMS) announced the Strong Start for Mothers and Newborn Initiative in 2012²² and the Maternal Opioid Misuse (MOM) Model in 2018.²³ States have also taken steps towards alternative maternity care payment models that promote optimal and equitable birth outcomes.

The **IMPACT to Save Moms Act** establishes a new CMS Innovation Center demonstration project to promote equity and quality in maternal health outcomes for moms covered by Medicaid.

BILL SUMMARY

The **IMPACT to Save Moms Act** will create an innovative **perinatal care alternative payment model demonstration project** to address clinical and non-clinical factors in payments for maternity care. The project will be developed in coordination with a diverse group of stakeholders and will focus on directly addressing racial and ethnic disparities in maternal health outcomes.

ENDORSEMENTS

The **IMPACT to Save Moms Act** is endorsed by more than 180 organizations, listed [here](#).

²² CMS: [Strong Start for Mothers and Newborns Initiative](#)

²³ CMS: [CMS model addresses opioid misuse among expectant and new mothers](#)



Maternal Health Pandemic Response Act

Rep. Lauren Underwood

Sen. Elizabeth Warren

BACKGROUND

An October 2022 report from the U.S. Government Accountability Office (GAO) found that maternal health outcomes worsened significantly during the COVID-19 pandemic.²⁴ Based on data from the Centers for Disease Control and Prevention (CDC), GAO found that COVID-19 contributed to 25 percent of maternal deaths in 2020 and 2021 – and the number of maternal deaths in 2021 was nearly 80 percent higher than the number in 2018. The maternal mortality rate increased by more than 50 percent for Black women and more than 100 percent by Hispanic women from 2019 to 2021.²⁵

The **Maternal Health Pandemic Response Act** makes key investments and advances comprehensive strategies to address maternal health risks during public health emergencies like the COVID-19 pandemic now and in the future.

BILL SUMMARY

The **Maternal Health Pandemic Response Act** will:

1. Authorize robust funding for federal programs that support **maternal and infant health during public health emergencies**: the Surveillance for Emerging Threats to Mothers and Babies Program, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality, Pregnancy Risk Assessment Monitoring System, and National Institute of Child Health and Human Development.
2. **Improve maternal health data collection, reporting, and transparency standards** during public health emergencies.
3. Support **public health education campaigns** on providing safe maternity care during public health emergencies.
4. Establish a **task force on birthing experiences and safe, respectful maternity care** during public health emergencies.

ENDORSEMENTS

The **Maternal Health Pandemic Response Act** is endorsed by more than 180 organizations, listed [here](#).

²⁴ U.S. Government Accountability Office: [Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic](#)

²⁵ U.S. Government Accountability Office: [Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic](#)



Protecting Moms and Babies Against Climate Change Act

Rep. Lauren Underwood

Sen. Ed Markey

BACKGROUND

Research assessing more than 32 million births in the U.S. found that “exacerbation of air pollution and heat exposure related to climate change may be significantly associated with risk to pregnancy outcomes in the US” and the “subpopulations at highest risk were...minority groups, especially [Black] mothers.”²⁶

The **Protecting Moms and Babies Against Climate Change Act** will address these climate change-related risks, making robust investments in initiatives to reduce levels of and exposure to extreme heat, air pollution, and other environmental threats to pregnant people, new moms, and their infants.

BILL SUMMARY

The **Protecting Moms and Babies Against Climate Change Act** will:

1. Invest in **community-based programs to identify and address climate change-related maternal and infant health risks**, particularly in communities of color.
2. **Provide funding to health professional schools** to prepare future nurses, doctors, and other health care workers to address climate change-related risks for patients.
3. Establish an **NIH consortium to advance research on climate change and maternal & infant health**.
4. Develop a comprehensive strategy to **identify and designate climate change risk zones** for pregnant and postpartum people and their babies.

ENDORSEMENTS

The **Protecting Moms and Babies Against Climate Change Act** is endorsed by more than 180 organizations, listed [here](#).

²⁶ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767260>



Maternal Vaccination Act

Rep. Terri Sewell

Sen. Tim Kaine

BACKGROUND

Maternal vaccinations are important for the health of both moms and babies: pregnant women who contract influenza are at greater risk of maternal morbidity and mortality, as well as fetal morbidity.²⁷ Additional, maternal Tdap (pertussis) vaccination helps protect infants, who are at the greatest risk for developing pertussis and its life-threatening complications.²⁸

The **Maternal Vaccination Act**, which passed the House of Representatives with unanimous bipartisan support in November 2021, supports evidence-based education and awareness efforts about the importance of maternal vaccinations.

BILL SUMMARY

The **Maternal Vaccination Act** will provide funding for a **national campaign to raise awareness about maternal vaccinations and increase maternal vaccination rates**, particularly for people from communities with historically low vaccination rates.

ENDORSEMENTS

The **Maternal Vaccination Act** is endorsed by more than 180 organizations, listed [here](#).

²⁷ ACOG: [Maternal Immunization](#)

²⁸ CDC: [Why Maternal Vaccines Are Important](#)