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1ST SESSION

S. 1594

To require the Secretary of Health and Human Services to convene a task force to develop strategies and coordinate efforts to eliminate preventable maternal mortality, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 15, 2023

Mr. BLUMENTHAL (for himself and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to convene a task force to develop strategies and coordinate efforts to eliminate preventable maternal mortality, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Social Determinants
5 for Moms Act”.

1 **SEC. 2. TASK FORCE TO ADDRESS THE UNITED STATES MA-**
2 **TERNAL HEALTH CRISIS.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (referred to in this Act as the “Sec-
5 retary”) shall convene a task force (referred to in this sec-
6 tion as the “Task Force”) to develop strategies and co-
7 ordinate efforts between Federal agencies and other stake-
8 holders to eliminate preventable maternal mortality, severe
9 maternal morbidity, and maternal health disparities in the
10 United States, including actions to address clinical and
11 nonclinical causes of maternal mortality, severe maternal
12 morbidity, and maternal health disparities.

13 (b) EX OFFICIO MEMBERS.—The ex officio members
14 of the Task Force shall consist of the following:

15 (1) The Secretary (or a designee thereof).

16 (2) The Secretary of Housing and Urban Devel-
17 opment (or a designee thereof).

18 (3) The Secretary of Transportation (or a des-
19 ignedee thereof).

20 (4) The Secretary of Agriculture (or a designee
21 thereof).

22 (5) The Secretary of Labor (or a designee
23 thereof).

24 (6) The Administrator of the Environmental
25 Protection Agency (or a designee thereof).

1 (7) The Assistant Secretary for the Administra-
2 tion for Children and Families (or a designee there-
3 of).

4 (8) The Administrator of the Centers for Medi-
5 care & Medicaid Services (or a designee thereof).

6 (9) The Director of the Indian Health Service
7 (or a designee thereof).

8 (10) The Director of the National Institutes of
9 Health (or a designee thereof).

10 (11) The Director of the Eunice Kennedy
11 Shriver National Institute of Child Health and
12 Human Development (or a designee thereof).

13 (12) The Administrator of the Health Re-
14 sources and Services Administration (or a designee
15 thereof).

16 (13) The Deputy Assistant Secretary for Minor-
17 ity Health of the Department of Health and Human
18 Services (or a designee thereof).

19 (14) The Deputy Assistant Secretary for Wom-
20 en's Health of the Department of Health and
21 Human Services (or a designee thereof).

22 (15) The Director of the Centers for Disease
23 Control and Prevention (or a designee thereof).

1 (16) The Director of the Office on Violence
2 Against Women at the Department of Justice (or a
3 designee thereof).

4 (c) APPOINTED MEMBERS.—In addition to the ex
5 officio members of the Task Force, the Secretary may ap-
6 point the following members of the Task Force:

7 (1) Representatives of patients, to include—

8 (A) a representative of patients who have
9 suffered from severe maternal morbidity; or

10 (B) a representative of patients who is a
11 family member of an individual who suffered a
12 pregnancy-related death.

13 (2) Leaders of community-based organizations
14 that address maternal mortality, severe maternal
15 morbidity, and maternal health with a specific focus
16 on racial and ethnic disparities. In appointing such
17 leaders under this paragraph, the Secretary shall
18 give priority to individuals who are leaders of organi-
19 zations led by individuals from demographic groups
20 with elevated rates of maternal mortality, severe ma-
21 ternal morbidity, maternal health disparities, or
22 other adverse perinatal or childbirth outcomes.

23 (3) Perinatal health workers.

24 (4) A professionally and geographically diverse
25 panel of maternity care providers.

1 (5) Other maternal health stakeholders outside
2 of the Federal Government with expertise in mater-
3 nal health, including social determinants of maternal
4 health.

5 (d) CHAIR.—The Secretary shall select the chair of
6 the Task Force from among the members of the Task
7 Force.

8 (e) TOPICS.—In developing strategies coordinating
9 efforts between Federal agencies and other stakeholders
10 to eliminate preventable maternal mortality, severe mater-
11 nal morbidity, and maternal health disparities in the
12 United States under this section, the Task Force may ad-
13 dress topics such as—

14 (1) addressing barriers that prevent individuals
15 from attending prenatal and postpartum appoint-
16 ments, accessing maternal health care services, or
17 accessing services and resources related to social de-
18 terminants of maternal health;

19 (2) increasing access to safe, stable, affordable,
20 and adequate housing for pregnant and postpartum
21 individuals and their families;

22 (3) delivering healthy food, infant formula,
23 clean water, diapers, or other perinatal necessities to
24 pregnant and postpartum individuals located in
25 areas that are food deserts;

1 (4) addressing the impacts of water and air
2 quality, exposure to extreme temperatures, environ-
3 mental chemicals, environmental risks in the work-
4 place and the home, and pollution levels, on mater-
5 nal and infant health outcomes;

6 (5) offering free and accessible drop-in
7 childcare services during prenatal and postpartum
8 appointments;

9 (6) addressing the clinical and nonclinical needs
10 of postpartum individuals and their families for the
11 duration of the postpartum period;

12 (7) engaging with nongovernmental entities to
13 address social determinants of maternal health, in-
14 cluding through public-private partnerships;

15 (8) addressing the impact of domestic or inti-
16 mate partner violence on maternal health outcomes;
17 and

18 (9) other topics determined by the chair of the
19 Task Force.

20 (f) REPORT.—Not later than 2 years after the date
21 of enactment of this Act, and every year thereafter, the
22 Task Force shall submit to Congress and make publicly
23 available on the website of the Department of Health and
24 Human Services a report—

1 (1) describing the Task Force’s efforts to de-
2 velop strategies and coordinate efforts between Fed-
3 eral agencies and other stakeholders to eliminate
4 preventable maternal mortality, severe maternal
5 morbidity, and maternal health disparities in the
6 United States;

7 (2) providing an overview of actions taken by
8 each member of the Task Force listed under sub-
9 section (b) to eliminate preventable maternal mor-
10 tality, severe maternal morbidity, and maternal
11 health disparities in the United States;

12 (3) providing recommendations on Federal
13 funding amounts and authorities needed to imple-
14 ment strategies developed by the Task Force to
15 eliminate preventable maternal mortality, severe ma-
16 ternal morbidity, and maternal health disparities in
17 the United States;

18 (4) providing recommendations on actions that
19 stakeholders outside of the Federal Government can
20 take to eliminate preventable maternal mortality, se-
21 vere maternal morbidity, and maternal health dis-
22 parities in the United States; and

23 (5) addressing other topics as determined by
24 the chair of the Task Force.

1 (g) TERMINATION.—Section 1013 of title 5, United
2 States Code, shall not apply to the Task Force with re-
3 spect to termination.

4 **SEC. 3. SUSTAINED FUNDING TO ADDRESS SOCIAL DETER-**
5 **MINANTS OF MATERNAL HEALTH.**

6 (a) IN GENERAL.—The Secretary shall award grants
7 to eligible entities to address social determinants of mater-
8 nal health to eliminate maternal mortality, severe mater-
9 nal morbidity, and maternal health disparities.

10 (b) ELIGIBLE ENTITIES.—In this section, the term
11 “eligible entity” means—

12 (1) a community-based organization, Indian
13 Tribe or Tribal organization, or Urban Indian orga-
14 nization;

15 (2) a public health department or nonprofit or-
16 ganization working with an entity listed in para-
17 graph (1); or

18 (3) a consortium of entities listed in paragraph
19 (1) or (2) that includes at minimum one entity listed
20 in paragraph (1).

21 (c) APPLICATION.—To be eligible to receive a grant
22 under this section, an eligible entity shall submit to the
23 Secretary an application at such time, in such manner,
24 and containing such information as the Secretary may
25 provide.

1 (d) PRIORITIZATION.—In awarding grants under
2 subsection (a), the Secretary shall give priority to an eligi-
3 ble entity that is operating in an area with—

4 (1) high rates of maternal mortality, severe ma-
5 ternal morbidity, maternal health disparities, or
6 other adverse perinatal or childbirth outcomes; and

7 (2) a high poverty rate.

8 (e) ACTIVITIES.—An eligible entity that receives a
9 grant under this section may use the grant to address so-
10 cial determinants of maternal health such as—

11 (1) housing;

12 (2) transportation;

13 (3) nutrition;

14 (4) employment, workplace conditions, and
15 other economic factors;

16 (5) environmental conditions;

17 (6) intimate partner violence; and

18 (7) other nonclinical factors that impact mater-
19 nal health outcomes.

20 (f) TECHNICAL ASSISTANCE.—The Secretary shall
21 provide to grant recipients under this section technical as-
22 sistance to plan for sustaining programs to address social
23 determinants of maternal health after the period of the
24 grant.

25 (g) REPORTING.—

1 (1) GRANTEES.—Not later than 1 year after an
2 eligible entity first receives a grant under this sec-
3 tion, and annually thereafter, an eligible entity shall
4 submit to the Secretary, and make publicly available,
5 a report on the status of activities conducted using
6 the grant. Each such report shall include data on
7 the effects of such activities, disaggregated by race,
8 ethnicity, gender, primary language, geography, so-
9 cioeconomic status, and other relevant factors.

10 (2) SECRETARY.—Not later than the end of fis-
11 cal year 2028, the Secretary shall submit to Con-
12 gress a report that includes—

13 (A) a summary of the reports under para-
14 graph (1); and

15 (B) recommendations for future Federal
16 grant allocations to address social determinants
17 of maternal health.

18 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section
20 \$100,000,000 for each of fiscal years 2024 through 2028.

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