

117TH CONGRESS
1ST SESSION

H. R. 943

To address social determinants of maternal health with respect to pregnant and postpartum individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Mrs. MCBATH (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. BASS, Ms. PRESSLEY, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Ms. SEWELL, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, Transportation and Infrastructure, Agriculture, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To address social determinants of maternal health with respect to pregnant and postpartum individuals, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Social Determinants
3 for Moms Act”.

4 **SEC. 2. TASK FORCE TO DEVELOP A STRATEGY TO AD-**
5 **DRESS SOCIAL DETERMINANTS OF MATER-**
6 **NAL HEALTH.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services shall convene a task force (in this section
9 referred to as the “Task Force”) to develop a strategy
10 to coordinate efforts between Federal agencies to address
11 social determinants of maternal health with respect to
12 pregnant and postpartum individuals.

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

15 (1) The Secretary of Health and Human Serv-
16 ices (or a designee thereof).

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

19 (3) The Secretary of Transportation (or a des-
20 ignee thereof).

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

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

25 (6) The Administrator of the Environmental
26 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 Administrator of the Health Re-
11 sources and Services Administration (or a designee
12 thereof).

13 (12) The Deputy Assistant Secretary for Minor-
14 ity Health of the Department of Health and Human
15 Services (or a designee thereof).

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

19 (14) The Director of the Centers for Disease
20 Control and Prevention (or a designee thereof).

21 (15) The Director of the Office on Violence
22 Against Women at the Department of Justice (or a
23 designee thereof).

24 (c) APPOINTED MEMBERS.—In addition to the ex
25 officio members of the Task Force, the Secretary of

1 Health and Human Services shall appoint the following
2 members of the Task Force:

3 (1) At least two representatives of patients, to
4 include—

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

7 (B) a representative of patients who is a
8 family member of an individual who suffered a
9 pregnancy-related death.

10 (2) At least two leaders of community-based or-
11 ganizations that address maternal mortality and se-
12 vere maternal morbidity with a specific focus on ra-
13 cial and ethnic disparities. In appointing such lead-
14 ers under this paragraph, the Secretary of Health
15 and Human Services shall give priority to individ-
16 uals who are leaders of organizations led by individ-
17 uals from racial and ethnic minority groups.

18 (3) At least two perinatal health workers.

19 (4) A professionally diverse panel of maternity
20 care providers.

21 (d) CHAIR.—The Secretary of Health and Human
22 Services shall select the chair of the Task Force from
23 among the members of the Task Force.

1 (e) REPORT.—Not later than 2 years after the date
2 of the enactment of this Act, the Task Force shall submit
3 to Congress a report on—

4 (1) the strategy developed under subsection (a);

5 (2) recommendations on funding amounts with
6 respect to implementing such strategy;

7 (3) recommendations for how to expand cov-
8 erage of social services to address social deter-
9 minants of maternal health under Medicaid managed
10 care organizations and State Medicaid programs.

11 (f) TERMINATION.—Section 14 of the Federal Advi-
12 sory Committee Act (5 U.S.C. App.) shall not apply to
13 the Task Force with respect to termination.

14 **SEC. 3. HOUSING FOR MOMS GRANT PROGRAM.**

15 (a) IN GENERAL.—The Secretary of Housing and
16 Urban Development shall establish a Housing for Moms
17 grant program under this section to make grants to eligi-
18 ble entities to increase access to safe, stable, affordable,
19 and adequate housing for pregnant and postpartum indi-
20 viduals and their families.

21 (b) 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 (c) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to an eligible entity
3 that—

4 (1) is a community-based organization or will
5 partner with a community-based organization to im-
6 plement initiatives to increase access to safe, stable,
7 affordable, and adequate housing for pregnant and
8 postpartum individuals and their families;

9 (2) is operating in an area with high rates of
10 adverse maternal health outcomes or significant ra-
11 cial or ethnic disparities in maternal health out-
12 comes, to the extent such data are available; and

13 (3) is operating in an area with a high poverty
14 rate or significant number of individuals who lack
15 consistent access to safe, stable, affordable, and ade-
16 quate housing.

17 (d) USE OF FUNDS.—An eligible entity that receives
18 a grant under this section shall use funds under the grant
19 for the purposes of—

20 (1) identifying and conducting outreach to
21 pregnant and postpartum individuals who are low-in-
22 come and lack consistent access to safe, stable, af-
23 fordable, and adequate housing;

24 (2) providing safe, stable, affordable, and ade-
25 quate housing options to such individuals;

1 (3) connecting such individuals with local orga-
2 nizations offering safe, stable, affordable, and ade-
3 quate housing options;

4 (4) providing application assistance to such in-
5 dividuals seeking to enroll in programs offering safe,
6 stable, affordable, and adequate housing options;

7 (5) providing direct financial assistance to such
8 individuals for the purposes of maintaining safe, sta-
9 ble, and adequate housing for the duration of the in-
10 dividual's pregnancy and postpartum periods; and

11 (6) working with relevant stakeholders to en-
12 sure that local housing and homeless shelter infra-
13 structure is supportive to pregnant and postpartum
14 individuals, including through—

15 (A) health-promoting housing codes;

16 (B) enforcement of housing codes;

17 (C) proactive rental inspection programs;

18 (D) code enforcement officer training; and

19 (E) partnerships between regional offices
20 of the Department of Housing and Urban De-
21 velopment and community-based organizations
22 to ensure housing laws are understood and vio-
23 lations are discovered.

24 (e) REPORTING.—

1 (1) ELIGIBLE ENTITIES.—The Secretary shall
2 require each eligible entity receiving a grant under
3 this section to annually submit to the Secretary and
4 make publicly available a report on the status of ac-
5 tivities conducted using the grant.

6 (2) SECRETARY.—Not later than the end of
7 each fiscal year in which grants are made under this
8 section, the Secretary shall submit to the Congress
9 and make publicly available a report that—

10 (A) summarizes the reports received under
11 paragraph (1);

12 (B) evaluates the effectiveness of grants
13 awarded under this section in increasing access
14 to safe, stable, affordable, and adequate hous-
15 ing for pregnant and postpartum individuals
16 and their families; and

17 (C) makes recommendations with respect
18 to ensuring activities described subsection (d)
19 continue after grant amounts made available
20 under this section are expended.

21 (f) DEFINITIONS.—In this section:

22 (1) ELIGIBLE ENTITY.—The term “eligible enti-
23 ty” means—

24 (A) a community-based organization;

1 (B) a State or local governmental entity,
2 including a State or local public health depart-
3 ment;

4 (C) an Indian tribe or tribal organization
5 (as such terms are defined in section 4 of the
6 Indian Self-Determination and Education As-
7 sistance Act (25 U.S.C. 5304)); or

8 (D) an Urban Indian organization (as such
9 term is defined in section 4 of the Indian
10 Health Care Improvement Act (25 U.S.C.
11 1603)).

12 (2) SECRETARY.—The term “Secretary” means
13 the Secretary of Housing and Urban Development.

14 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$10,000,000 for fiscal year 2022, which shall remain
17 available until expended.

18 **SEC. 4. DEPARTMENT OF TRANSPORTATION.**

19 (a) REPORT.—Not later than one year after the date
20 of enactment of this Act, the Secretary of Transportation
21 shall submit to Congress and make publicly available a
22 report containing—

23 (1) an assessment of transportation barriers
24 preventing individuals from attending prenatal and
25 postpartum appointments, accessing maternal health

1 care services, or accessing services and resources re-
2 lated to social determinants maternal of health;

3 (2) recommendations on how to overcome the
4 barriers assessed under paragraph (1); and

5 (3) an assessment of transportation safety risks
6 for pregnant individuals and recommendations on
7 how to mitigate such risks.

8 (b) CONSIDERATIONS.—In carrying out subsection
9 (a), the Secretary shall give special consideration to solu-
10 tions for—

11 (1) pregnant and postpartum individuals living
12 in a health professional shortage area designated
13 under section 332 of the Public Health Service Act
14 (42 U.S.C. 254e);

15 (2) pregnant and postpartum individuals living
16 in areas with high maternal mortality or severe mor-
17 bidity rates or significant racial or ethnic disparities
18 in maternal health outcomes; or

19 (3) pregnant and postpartum individuals with a
20 disability that impacts mobility.

21 **SEC. 5. DEPARTMENT OF AGRICULTURE.**

22 (a) SPECIAL SUPPLEMENTAL NUTRITION PRO-
23 GRAM.—

24 (1) EXTENSION OF POSTPARTUM PERIOD.—
25 Section 17(b)(10) of the Child Nutrition Act of

1 1966 (42 U.S.C. 1786(b)(10)) is amended by strik-
2 ing “six months” and inserting “24 months”.

3 (2) EXTENSION OF BREASTFEEDING PERIOD.—
4 Section 17(d)(3)(A)(ii) of the Child Nutrition Act of
5 1966 (7 U.S.C. 1431(d)(3)(A)(ii)) is amended by
6 striking “1 year” and inserting “24 months”.

7 (3) REPORT.—Not later than 2 years after the
8 date of the enactment of this section, the Secretary
9 shall submit to Congress a report that includes an
10 evaluation of the effect of each of the amendments
11 made by this subsection on—

12 (A) maternal and infant health outcomes,
13 including racial and ethnic disparities with re-
14 spect to such outcomes;

15 (B) breastfeeding rates among postpartum
16 individuals;

17 (C) qualitative evaluations of family experi-
18 ences under the special supplemental nutrition
19 program under section 17 of the Child Nutri-
20 tion Act of 1966 (42 U.S.C. 1786); and

21 (D) other relevant information as deter-
22 mined by the Secretary.

23 (b) GRANT PROGRAM FOR HEALTHY FOOD AND
24 CLEAN WATER FOR PREGNANT AND POSTPARTUM INDI-
25 VIDUALS.—

1 (1) IN GENERAL.—The Secretary shall establish
2 a program to award grants, on a competitive basis,
3 to eligible entities to carry out the activities de-
4 scribed in paragraph (4).

5 (2) APPLICATION.—To be eligible for a grant
6 under this subsection, an eligible entity shall submit
7 to the Secretary an application at such time, in such
8 manner, and containing such information as the Sec-
9 retary determines appropriate.

10 (3) PRIORITY.—In awarding grants under this
11 subsection, the Secretary shall give priority to an eli-
12 gible entity that—

13 (A) is, or will partner with, a community-
14 based organization; and

15 (B) is operating in an area with high rates
16 of—

17 (i) adverse maternal health outcomes;

18 or

19 (ii) significant racial or ethnic dispari-
20 ties in maternal health outcomes.

21 (4) USE OF FUNDS.—An eligible entity shall
22 use grant funds awarded under this subsection to
23 deliver healthy food, infant formula, clean water, or
24 diapers to pregnant and postpartum individuals lo-
25 cated in areas that are food deserts, as determined

1 by the Secretary using data from the Food Access
2 Research Atlas of the Department of Agriculture.

3 (5) REPORTS.—

4 (A) ELIGIBLE ENTITY.—Not later than 1
5 year after an eligible entity first receives a
6 grant under this subsection, and annually there-
7 after, an eligible entity shall submit to the Sec-
8 retary a report on the status of activities con-
9 ducted using the grant, which shall contain
10 such information as the Secretary may require.

11 (B) SECRETARY.—

12 (i) IN GENERAL.—Not later than 2
13 years after the date on which the first
14 grant is awarded under this subsection, the
15 Secretary shall submit to Congress a re-
16 port that includes—

17 (I) a summary of the reports
18 submitted under subparagraph (A);

19 (II) an assessment of the extent
20 to which food distributed through the
21 grant program was purchased from
22 local and regional food systems;

23 (III) an evaluation of the effect
24 of the grant program under this sub-
25 section on maternal and infant health

1 outcomes, including racial and ethnic
2 disparities with respect to such out-
3 comes; and

4 (IV) recommendations with re-
5 spect to ensuring the activities de-
6 scribed in paragraph (4) continue
7 after the grant period funding such
8 activities expires.

9 (ii) PUBLICATION.—The Secretary
10 shall make the report submitted under
11 clause (i) publicly available on the website
12 of the Department of Agriculture.

13 (6) AUTHORIZATION OF APPROPRIATIONS.—
14 There are authorized to be appropriated \$5,000,000
15 to carry out this subsection for fiscal years 2022
16 through 2024.

17 (c) DEFINITIONS.—In this section:

18 (1) ELIGIBLE ENTITY.—The term “eligible enti-
19 ty” means—

20 (A) a community-based organization;

21 (B) a State or local governmental entity,
22 including a State or local public health depart-
23 ment;

24 (C) an Indian tribe or tribal organization
25 (as such terms are defined in section 4 of the

1 Indian Self-Determination and Education As-
2 sistance Act (25 U.S.C. 5304)); or

3 (D) an Urban Indian organization (as such
4 term is defined in section 4 of the Indian
5 Health Care Improvement Act (25 U.S.C.
6 1603)).

7 (2) SECRETARY.—The term “Secretary” means
8 the Secretary of Agriculture.

9 **SEC. 6. ENVIRONMENTAL STUDY THROUGH NATIONAL**
10 **ACADEMIES.**

11 (a) IN GENERAL.—The Administrator of the Envi-
12 ronmental Protection Agency shall seek to enter an agree-
13 ment, not later than 60 days after the date of enactment
14 of this Act, with the National Academies of Sciences, En-
15 gineering, and Medicine (referred to in this section as the
16 “National Academies”) under which the National Acad-
17 emies agree to conduct a study on the impacts of water
18 and air quality, exposure to extreme temperatures, envi-
19 ronmental chemicals, environmental risks in the workplace
20 and the home, and pollution levels, on maternal and infant
21 health outcomes.

22 (b) STUDY REQUIREMENTS.—The agreement under
23 subsection (a) shall direct the National Academies to make
24 recommendations for—

1 (1) improving environmental conditions to im-
2 prove maternal and infant health outcomes; and

3 (2) reducing or eliminating racial and ethnic
4 disparities in such outcomes.

5 (c) REPORT.—The agreement under subsection (a)
6 shall direct the National Academies to complete the study
7 under this section, and transmit to the Congress and make
8 publicly available a report on the results of the study, not
9 later than 12 months after the date of enactment of this
10 Act.

11 **SEC. 7. CHILD CARE ACCESS.**

12 (a) GRANT PROGRAM.—The Secretary of Health and
13 Human Services (in this section referred to as the “Sec-
14 retary”) shall award grants to eligible organizations to
15 provide pregnant and postpartum individuals with free
16 and accessible drop-in child care services during prenatal
17 and postpartum appointments.

18 (b) APPLICATION.—To be eligible to receive a grant
19 under this section, an eligible entity shall submit to the
20 Secretary an application at such time, in such manner,
21 and containing such information as the Secretary may re-
22 quire.

23 (c) ELIGIBLE ORGANIZATIONS.—

24 (1) ELIGIBILITY.—To be eligible to receive a
25 grant under this section, an organization shall be an

1 organization that provides child care services and
2 can carry out programs providing pregnant and
3 postpartum individuals with free and accessible
4 drop-in child care services during prenatal and
5 postpartum appointments.

6 (2) PRIORITIZATION.—In selecting grant recipi-
7 ents under this section, the Secretary shall give pri-
8 ority to eligible organizations that operate in an area
9 with high rates of adverse maternal health outcomes
10 or significant racial or ethnic disparities in maternal
11 health outcomes, to the extent such data are avail-
12 able.

13 (d) TIMING.—The Secretary shall commence the
14 grant program under subsection (a) not later than 1 year
15 after the date of enactment of this Act.

16 (e) REPORTING.—

17 (1) GRANTEES.—Each recipient of a grant
18 under this section shall annually submit to the Sec-
19 retary and make publicly available a report on the
20 status of activities conducted using the grant. Each
21 such report shall include—

22 (A) an analysis of the effect of the funded
23 program on prenatal and postpartum appoint-
24 ment attendance rates;

1 (B) summaries of qualitative assessments
2 of the funded program from—

3 (i) pregnant and postpartum individ-
4 uals participating in the program; and

5 (ii) the families of such individuals;
6 and

7 (C) such additional information as the Sec-
8 retary may require.

9 (2) SECRETARY.—Not later than the end of fis-
10 cal year 2024, the Secretary shall submit to the
11 Congress and make publicly available a report con-
12 taining the following:

13 (A) A summary of the reports under para-
14 graph (1).

15 (B) An assessment of the effects, if any, of
16 the funded programs on maternal health out-
17 comes, with a specific focus on racial and ethnic
18 disparities in such outcomes.

19 (C) A description of actions the Secretary
20 can take to ensure that pregnant and
21 postpartum individuals eligible for medical as-
22 sistance under a State plan under title XIX of
23 the Social Security Act (42 U.S.C. 1936 et
24 seq.) have access to free and accessible drop-in
25 child care services during prenatal and

1 postpartum appointments, including identifica-
2 tion of the funding necessary to carry out such
3 actions.

4 (f) DROP-IN CHILD CARE SERVICES DEFINED.—In
5 this section, the term “drop-in child care services” means
6 child care and early childhood education services that
7 are—

8 (1) delivered at a facility that meets the re-
9 quirements of all applicable laws and regulations of
10 the State or local government in which it is located,
11 including the licensing of the facility as a child care
12 facility; and

13 (2) provided in single encounters without re-
14 quiring full-time enrollment of a person in a child
15 care program.

16 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there is authorized to be appropriated
18 \$5,000,000 for the period of fiscal years 2022 through
19 2024.

20 **SEC. 8. GRANTS TO LOCAL ENTITIES ADDRESSING SOCIAL**
21 **DETERMINANTS OF MATERNAL HEALTH.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services (in this section referred to as the “Sec-
24 retary”) shall award grants to eligible entities to—

1 (1) address social determinants of maternal
2 health for pregnant and postpartum individuals; and

3 (2) eliminate racial and ethnic disparities in
4 maternal health outcomes.

5 (b) APPLICATION.—To be eligible to receive a grant
6 under this subsection an eligible entity shall submit to the
7 Secretary an application at such time, in such manner,
8 and containing such information as the Secretary may
9 provide.

10 (c) PRIORITIZATION.—In awarding grants under sub-
11 section (a), the Secretary shall give priority to an eligible
12 entity that—

13 (1) is, or will partner with, a community-based
14 organization to carrying out the activities under sub-
15 section (d);

16 (2) is operating in an area with high rates of
17 adverse maternal health outcomes or significant ra-
18 cial or ethnic disparities in maternal health out-
19 comes; and

20 (3) is operating in an area with a high poverty
21 rate.

22 (d) ACTIVITIES.—An eligible entity that receives a
23 grant under this section may—

24 (1) hire and retain staff;

1 (2) develop and distribute a list of available re-
2 sources with respect to social service programs in a
3 community;

4 (3) establish a resource center that provides
5 multiple social service programs in a single location;
6 and

7 (4) offer programs and resources in the commu-
8 nities in which the respective eligible entities are lo-
9 cated to address social determinants of health for
10 pregnant and postpartum individuals; and

11 (5) consult with such pregnant and postpartum
12 individuals to conduct an assessment of the activities
13 under this subsection.

14 (e) TECHNICAL ASSISTANCE.—The Secretary shall
15 provide to grant recipients under this section technical as-
16 sistance to plan for sustaining programs to address social
17 determinants of maternal health among pregnant and
18 postpartum individuals after the period of the grant.

19 (f) REPORTING.—

20 (1) GRANTEES.—Not later than 1 year after an
21 eligible entity first receives a grant under this sec-
22 tion, and annually thereafter, an eligible entity shall
23 submit to the Secretary, and make publicly available,
24 a report on the status of activities conducted using
25 the grant. Each such report shall include data on

1 the effects of such activities, disaggregated by race,
2 ethnicity, gender, and other relevant factors.

3 (2) SECRETARY.—Not later than the end of fis-
4 cal year 2026, the Secretary shall submit to Con-
5 gress a report that includes—

6 (A) a summary of the reports under para-
7 graph (1); and

8 (B) recommendations for—

9 (i) improving maternal health out-
10 comes; and

11 (ii) reducing or eliminating racial and
12 ethnic disparities in maternal health out-
13 comes.

14 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$15,000,000 for each of fiscal years 2022 through 2026.

17 **SEC. 9. DEFINITIONS.**

18 In this Act:

19 (1) CULTURALLY CONGRUENT.—The term “cul-
20 turally congruent”, with respect to care or maternity
21 care, means care that is in agreement with the pre-
22 ferred cultural values, beliefs, worldview, language,
23 and practices of the health care consumer and other
24 stakeholders.

1 (2) MATERNITY CARE PROVIDER.—The term
2 “maternity care provider” means a health care pro-
3 vider who—

4 (A) is a physician, physician assistant,
5 midwife who meets at a minimum the inter-
6 national definition of the midwife and global
7 standards for midwifery education as estab-
8 lished by the International Confederation of
9 Midwives, nurse practitioner, or clinical nurse
10 specialist; and

11 (B) has a focus on maternal or perinatal
12 health.

13 (3) MATERNAL MORTALITY.—The term “mater-
14 nal mortality” means a death occurring during or
15 within a one-year period after pregnancy, caused by
16 pregnancy-related or childbirth complications, in-
17 cluding a suicide, overdose, or other death resulting
18 from a mental health or substance use disorder at-
19 tributed to or aggravated by pregnancy-related or
20 childbirth complications.

21 (4) PERINATAL HEALTH WORKER.—The term
22 “perinatal health worker” means a doula, commu-
23 nity health worker, peer supporter, breastfeeding
24 and lactation educator or counselor, nutritionist or

1 dietitian, childbirth educator, social worker, home
2 visitor, language interpreter, or navigator.

3 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
4 The terms “postpartum” and “postpartum period”
5 refer to the 1-year period beginning on the last day
6 of the pregnancy of an individual.

7 (6) RACIAL AND ETHNIC MINORITY GROUP.—
8 The term “racial and ethnic minority group” has the
9 meaning given such term in section 1707(g)(1) of
10 the Public Health Service Act (42 U.S.C. 300u-
11 6(g)(1)).

12 (7) SEVERE MATERNAL MORBIDITY.—The term
13 “severe maternal morbidity” means a health condi-
14 tion, including mental health conditions and sub-
15 stance use disorders, attributed to or aggravated by
16 pregnancy or childbirth that results in significant
17 short-term or long-term consequences to the health
18 of the individual who was pregnant.

19 (8) SOCIAL DETERMINANTS OF MATERNAL
20 HEALTH DEFINED.—The term “social determinants
21 of maternal health” means non-clinical factors that
22 impact maternal health outcomes, including—

23 (A) economic factors, which may include
24 poverty, employment, food security, support for

1 and access to lactation and other infant feeding
2 options, housing stability, and related factors;

3 (B) neighborhood factors, which may in-
4 clude quality of housing, access to transpor-
5 tation, access to child care, availability of
6 healthy foods and nutrition counseling, avail-
7 ability of clean water, air and water quality,
8 ambient temperatures, neighborhood crime and
9 violence, access to broadband, and related fac-
10 tors;

11 (C) social and community factors, which
12 may include systemic racism, gender discrimi-
13 nation or discrimination based on other pro-
14 tected classes, workplace conditions, incarcer-
15 ation, and related factors;

16 (D) household factors, which may include
17 ability to conduct lead testing and abatement,
18 car seat installation, indoor air temperatures,
19 and related factors;

20 (E) education access and quality factors,
21 which may include educational attainment, lan-
22 guage and literacy, and related factors; and

23 (F) health care access factors, including
24 health insurance coverage, access to culturally
25 congruent health care services, providers, and

1 non-clinical support, access to home visiting
2 services, access to wellness and stress manage-
3 ment programs, health literacy, access to tele-
4 health and items required to receive telehealth
5 services, and related factors.

○