

117TH CONGRESS
2D SESSION

H. R. 8862

To invest in real pro-life policies that support the American family, and
for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 15, 2022

Mr. PHILLIPS (for himself, Ms. DELAURO, Ms. BARRAGÁN, Ms. MENG, Ms. KELLY of Illinois, Mr. CARSON, Ms. PORTER, Ms. NORTON, Ms. WILSON of Florida, Mr. NADLER, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. KHANNA, Mrs. KIRKPATRICK, Mr. NEGUSE, Mr. CICILLINE, Ms. VELÁZQUEZ, Mr. EVANS, Ms. ADAMS, Ms. LOFGREN, Mr. CONNOLLY, Ms. MCCOLLUM, Ms. SCHAKOWSKY, Mrs. TORRES of California, Ms. ESCOBAR, Mr. GRIJALVA, Mr. COHEN, Ms. MOORE of Wisconsin, Ms. TITUS, and Mr. LIEU) 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, Education and Labor, the Judiciary, Natural Resources, Agriculture, Veterans' Affairs, and Ways and Means, 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 invest in real pro-life policies that support the American
family, 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 “Providing Real Oppor-
3 tunities and Lifelong Investments For Everyone Act of
4 2022” or the “PRO–LIFE Act of 2022”.

5 **SEC. 2. TABLE OF CONTENTS.**

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1 **TITLE I—BLACK MATERNAL**
2 **HEALTH MOMNIBUS**

3 **SEC. 1000. DEFINITIONS; SENSE OF CONGRESS.**

4 (a) **DEFINITIONS.**—In this title:

5 (1) **CULTURALLY CONGRUENT.**—The term “cul-
6 turally congruent”, with respect to care or maternity
7 care, means care that is in agreement with the pre-
8 ferred cultural values, beliefs, worldview, language,
9 and practices of the health care consumer and other
10 stakeholders.

11 (2) **MATERNITY CARE PROVIDER.**—The term
12 “maternity care provider” means a health care pro-
13 vider who—

14 (A) is a physician, physician assistant,
15 midwife who meets at a minimum the inter-
16 national definition of the midwife and global
17 standards for midwifery education as estab-
18 lished by the International Confederation of
19 Midwives, nurse practitioner, or clinical nurse
20 specialist; and

21 (B) has a focus on maternal or perinatal
22 health.

1 (3) MATERNAL MORTALITY.—The term “mater-
2 nal mortality” means a death occurring during or
3 within a one-year period after pregnancy, caused by
4 pregnancy-related or childbirth complications, in-
5 cluding a suicide, overdose, or other death resulting
6 from a mental health or substance use disorder at-
7 tributed to or aggravated by pregnancy-related or
8 childbirth complications.

9 (4) PERINATAL HEALTH WORKER.—The term
10 “perinatal health worker” means a doula, commu-
11 nity health worker, peer supporter, breastfeeding
12 and lactation educator or counselor, nutritionist or
13 dietitian, childbirth educator, social worker, home
14 visitor, language interpreter, or navigator.

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

19 (6) PREGNANCY-ASSOCIATED DEATH.—The
20 term “pregnancy-associated death” means a death of
21 a pregnant or postpartum individual, by any cause,
22 that occurs during, or within 1 year following, the
23 individual’s pregnancy, regardless of the outcome,
24 duration, or site of the pregnancy.

1 (7) PREGNANCY-RELATED DEATH.—The term
2 “pregnancy-related death” means a death of a preg-
3 nant or postpartum individual that occurs during, or
4 within 1 year following, the individual’s pregnancy,
5 from a pregnancy complication, a chain of events
6 initiated by pregnancy, or the aggravation of an un-
7 related condition by the physiologic effects of preg-
8 nancy.

9 (8) RACIAL AND ETHNIC MINORITY GROUP.—
10 The term “racial and ethnic minority group” has the
11 meaning given such term in section 1707(g)(1) of
12 the Public Health Service Act (42 U.S.C. 300u-
13 6(g)(1)).

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

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

1 (A) economic factors, which may include
2 poverty, employment, food security, support for
3 and access to lactation and other infant feeding
4 options, housing stability, and related factors;

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

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

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

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

1 (F) health care access factors, including
2 health insurance coverage, access to culturally
3 congruent health care services, providers, and
4 non-clinical support, access to home visiting
5 services, access to wellness and stress manage-
6 ment programs, health literacy, access to tele-
7 health and items required to receive telehealth
8 services, and related factors.

9 (b) SENSE OF CONGRESS.—It is the sense of Con-
10 gress that—

11 (1) the respect and proper care that birthing
12 people deserve is inclusive; and

13 (2) regardless of race, ethnicity, gender iden-
14 tity, sexual orientation, religion, marital status, fa-
15 miliary status, socioeconomic status, immigration sta-
16 tus, incarceration status, or disability, all deserve
17 dignity.

18 **Subtitle A—Social Determinants**
19 **for Moms**

20 **SEC. 1001. TASK FORCE TO DEVELOP A STRATEGY TO AD-**
21 **DRESS SOCIAL DETERMINANTS OF MATER-**
22 **NAL HEALTH.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services shall convene a task force (in this section
25 referred to as the “Task Force”) to develop a strategy

1 to coordinate efforts between Federal agencies to address
2 social determinants of maternal health with respect to
3 pregnant and postpartum individuals.

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

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

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

10 (3) The Secretary of Transportation (or a des-
11 ignee thereof).

12 (4) The Secretary of Agriculture (or a designee
13 thereof).

14 (5) The Secretary of Labor (or a designee
15 thereof).

16 (6) The Administrator of the Environmental
17 Protection Agency (or a designee thereof).

18 (7) The Assistant Secretary for the Administra-
19 tion for Children and Families (or a designee there-
20 of).

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

23 (9) The Director of the Indian Health Service
24 (or a designee thereof).

1 (10) The Director of the National Institutes of
2 Health (or a designee thereof).

3 (11) The Administrator of the Health Re-
4 sources and Services Administration (or a designee
5 thereof).

6 (12) The Deputy Assistant Secretary for Minor-
7 ity Health of the Department of Health and Human
8 Services (or a designee thereof).

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

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

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

17 (c) APPOINTED MEMBERS.—In addition to the ex
18 officio members of the Task Force, the Secretary of
19 Health and Human Services shall appoint the following
20 members of the Task Force:

21 (1) At least two representatives of patients, to
22 include—

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

1 (B) a representative of patients who is a
2 family member of an individual who suffered a
3 pregnancy-related death.

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

12 (3) At least two perinatal health workers.

13 (4) A professionally diverse panel of maternity
14 care providers.

15 (d) CHAIR.—The Secretary of Health and Human
16 Services shall select the chair of the Task Force from
17 among the members of the Task Force.

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

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

22 (2) recommendations on funding amounts with
23 respect to implementing such strategy; and

24 (3) recommendations for how to expand cov-
25 erage of social services to address social deter-

1 minants of maternal health under Medicaid managed
2 care organizations and State Medicaid programs.

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

6 **SEC. 1002. HOUSING FOR MOMS GRANT PROGRAM.**

7 (a) **IN GENERAL.**—The Secretary of Housing and
8 Urban Development shall establish a Housing for Moms
9 grant program under this section to make grants to eligi-
10 ble entities to increase access to safe, stable, affordable,
11 and adequate housing for pregnant and postpartum indi-
12 viduals and their families.

13 (b) **APPLICATION.**—To be eligible to receive a grant
14 under this section, an eligible entity shall submit to the
15 Secretary an application at such time, in such manner,
16 and containing such information as the Secretary may
17 provide.

18 (c) **PRIORITY.**—In awarding grants under this sec-
19 tion, the Secretary shall give priority to an eligible entity
20 that—

21 (1) is a community-based organization or will
22 partner with a community-based organization to im-
23 plement initiatives to increase access to safe, stable,
24 affordable, and adequate housing for pregnant and
25 postpartum individuals and their families;

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

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

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

12 (1) identifying and conducting outreach to
13 pregnant and postpartum individuals who are low-in-
14 come and lack consistent access to safe, stable, af-
15 fordable, and adequate housing;

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

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

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

24 (5) providing direct financial assistance to such
25 individuals for the purposes of maintaining safe, sta-

1 ble, and adequate housing for the duration of the in-
2 dividual's pregnancy and postpartum periods; and

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

7 (A) health-promoting housing codes;

8 (B) enforcement of housing codes;

9 (C) proactive rental inspection programs;

10 (D) code enforcement officer training; and

11 (E) partnerships between regional offices

12 of the Department of Housing and Urban De-
13 velopment and community-based organizations
14 to ensure housing laws are understood and vio-
15 lations are discovered.

16 (e) REPORTING.—

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

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

1 (A) summarizes the reports received under
2 paragraph (1);

3 (B) evaluates the effectiveness of grants
4 awarded under this section in increasing access
5 to safe, stable, affordable, and adequate hous-
6 ing for pregnant and postpartum individuals
7 and their families; and

8 (C) makes recommendations with respect
9 to ensuring activities described subsection (d)
10 continue after grant amounts made available
11 under this section are expended.

12 (f) DEFINITIONS.—In this section:

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

15 (A) a community-based organization;

16 (B) a State or local governmental entity,
17 including a State or local public health depart-
18 ment;

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

23 (D) an Urban Indian organization (as such
24 term is defined in section 4 of the Indian

1 Health Care Improvement Act (25 U.S.C.
2 1603)).

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

5 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
6 authorized to be appropriated to carry out this section
7 \$10,000,000 for fiscal year 2023, which shall remain
8 available until expended.

9 **SEC. 1003. DEPARTMENT OF TRANSPORTATION.**

10 (a) REPORT.—Not later than one year after the date
11 of enactment of this Act, the Secretary of Transportation
12 shall submit to Congress and make publicly available a
13 report containing—

14 (1) an assessment of transportation barriers
15 preventing individuals from attending prenatal and
16 postpartum appointments, accessing maternal health
17 care services, or accessing services and resources re-
18 lated to social determinants maternal of health;

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

21 (3) an assessment of transportation safety risks
22 for pregnant individuals and recommendations on
23 how to mitigate such risks.

1 (b) CONSIDERATIONS.—In carrying out subsection
2 (a), the Secretary shall give special consideration to solu-
3 tions for—

4 (1) pregnant and postpartum individuals living
5 in a health professional shortage area designated
6 under section 332 of the Public Health Service Act
7 (42 U.S.C. 254e);

8 (2) pregnant and postpartum individuals living
9 in areas with high maternal mortality or severe mor-
10 bidity rates or significant racial or ethnic disparities
11 in maternal health outcomes; or

12 (3) pregnant and postpartum individuals with a
13 disability that impacts mobility.

14 **SEC. 1004. DEPARTMENT OF AGRICULTURE.**

15 (a) SPECIAL SUPPLEMENTAL NUTRITION PRO-
16 GRAM.—

17 (1) EXTENSION OF POSTPARTUM PERIOD.—
18 Section 17(b)(10) of the Child Nutrition Act of
19 1966 (42 U.S.C. 1786(b)(10)) is amended by strik-
20 ing “six months” and inserting “24 months”.

21 (2) EXTENSION OF BREASTFEEDING PERIOD.—
22 Section 17(d)(3)(A)(ii) of the Child Nutrition Act of
23 1966 (7 U.S.C. 1431(d)(3)(A)(ii)) is amended by
24 striking “1 year” and inserting “24 months”.

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

6 (A) maternal and infant health outcomes,
7 including racial and ethnic disparities with re-
8 spect to such outcomes;

9 (B) breastfeeding rates among postpartum
10 individuals;

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

15 (D) other relevant information as deter-
16 mined by the Secretary.

17 (b) GRANT PROGRAM FOR HEALTHY FOOD AND
18 CLEAN WATER FOR PREGNANT AND POSTPARTUM INDI-
19 VIDUALS.—

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

24 (2) APPLICATION.—To be eligible for a grant
25 under this subsection, an eligible entity shall submit

1 to the Secretary an application at such time, in such
2 manner, and containing such information as the Sec-
3 retary determines appropriate.

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

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

9 (B) is operating in an area with high rates
10 of—

11 (i) adverse maternal health outcomes;

12 or

13 (ii) significant racial or ethnic dispari-
14 ties in maternal health outcomes.

15 (4) USE OF FUNDS.—An eligible entity shall
16 use grant funds awarded under this subsection to
17 deliver healthy food, infant formula, clean water, or
18 diapers to pregnant and postpartum individuals lo-
19 cated in areas that are food deserts, as determined
20 by the Secretary using data from the Food Access
21 Research Atlas of the Department of Agriculture.

22 (5) REPORTS.—

23 (A) ELIGIBLE ENTITY.—Not later than 1
24 year after an eligible entity first receives a
25 grant under this subsection, and annually there-

1 after, an eligible entity shall submit to the Sec-
2 retary a report on the status of activities con-
3 ducted using the grant, which shall contain
4 such information as the Secretary may require.

5 (B) SECRETARY.—

6 (i) IN GENERAL.—Not later than 2
7 years after the date on which the first
8 grant is awarded under this subsection, the
9 Secretary shall submit to Congress a re-
10 port that includes—

11 (I) a summary of the reports
12 submitted under subparagraph (A);

13 (II) an assessment of the extent
14 to which food distributed through the
15 grant program was purchased from
16 local and regional food systems;

17 (III) an evaluation of the effect
18 of the grant program under this sub-
19 section on maternal and infant health
20 outcomes, including racial and ethnic
21 disparities with respect to such out-
22 comes; and

23 (IV) recommendations with re-
24 spect to ensuring the activities de-
25 scribed in paragraph (4) continue

1 after the grant period funding such
2 activities expires.

3 (ii) PUBLICATION.—The Secretary
4 shall make the report submitted under
5 clause (i) publicly available on the website
6 of the Department of Agriculture.

7 (6) AUTHORIZATION OF APPROPRIATIONS.—
8 There are authorized to be appropriated \$5,000,000
9 to carry out this subsection for fiscal years 2023
10 through 2025.

11 (c) DEFINITIONS.—In this section:

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

14 (A) a community-based organization;

15 (B) a State or local governmental entity,
16 including a State or local public health depart-
17 ment;

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

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

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

3 **SEC. 1005. ENVIRONMENTAL STUDY THROUGH NATIONAL**
4 **ACADEMIES.**

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

16 (b) STUDY REQUIREMENTS.—The agreement under
17 subsection (a) shall direct the National Academies to make
18 recommendations for—

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

21 (2) reducing or eliminating racial and ethnic
22 disparities in such outcomes.

23 (c) REPORT.—The agreement under subsection (a)
24 shall direct the National Academies to complete the study
25 under this section, and transmit to the Congress and make

1 publicly available a report on the results of the study, not
2 later than 12 months after the date of enactment of this
3 Act.

4 **SEC. 1006. CHILD CARE ACCESS.**

5 (a) GRANT PROGRAM.—The Secretary of Health and
6 Human Services (in this section referred to as the “Sec-
7 retary”) shall award grants to eligible organizations to
8 provide pregnant and postpartum individuals with free
9 and accessible drop-in child care services during prenatal
10 and postpartum appointments.

11 (b) APPLICATION.—To be eligible to receive a grant
12 under this section, an eligible entity shall submit to the
13 Secretary an application at such time, in such manner,
14 and containing such information as the Secretary may re-
15 quire.

16 (c) ELIGIBLE ORGANIZATIONS.—

17 (1) ELIGIBILITY.—To be eligible to receive a
18 grant under this section, an organization shall be an
19 organization that provides child care services and
20 can carry out programs providing pregnant and
21 postpartum individuals with free and accessible
22 drop-in child care services during prenatal and
23 postpartum appointments.

24 (2) PRIORITIZATION.—In selecting grant recipi-
25 ents under this section, the Secretary shall give pri-

1 ority to eligible organizations that operate in an area
2 with high rates of adverse maternal health outcomes
3 or significant racial or ethnic disparities in maternal
4 health outcomes, to the extent such data are avail-
5 able.

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

9 (e) REPORTING.—

10 (1) GRANTEES.—Each recipient of a grant
11 under this section shall annually submit to the Sec-
12 retary and make publicly available a report on the
13 status of activities conducted using the grant. Each
14 such report shall include—

15 (A) an analysis of the effect of the funded
16 program on prenatal and postpartum appoint-
17 ment attendance rates;

18 (B) summaries of qualitative assessments
19 of the funded program from—

20 (i) pregnant and postpartum individ-
21 uals participating in the program; and

22 (ii) the families of such individuals;
23 and

24 (C) such additional information as the Sec-
25 retary may require.

1 (2) SECRETARY.—Not later than the end of fis-
2 cal year 2025, the Secretary shall submit to the
3 Congress and make publicly available a report con-
4 taining the following:

5 (A) A summary of the reports under para-
6 graph (1).

7 (B) An assessment of the effects, if any, of
8 the funded programs on maternal health out-
9 comes, with a specific focus on racial and ethnic
10 disparities in such outcomes.

11 (C) A description of actions the Secretary
12 can take to ensure that pregnant and
13 postpartum individuals eligible for medical as-
14 sistance under a State plan under title XIX of
15 the Social Security Act (42 U.S.C. 1936 et
16 seq.) have access to free and accessible drop-in
17 child care services during prenatal and
18 postpartum appointments, including identifica-
19 tion of the funding necessary to carry out such
20 actions.

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

1 (1) delivered at a facility that meets the re-
2 quirements of all applicable laws and regulations of
3 the State or local government in which it is located,
4 including the licensing of the facility as a child care
5 facility; and

6 (2) provided in single encounters without re-
7 quiring full-time enrollment of a person in a child
8 care program.

9 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
10 out this section, there is authorized to be appropriated
11 \$5,000,000 for the period of fiscal years 2023 through
12 2025.

13 **SEC. 1007. GRANTS TO LOCAL ENTITIES ADDRESSING SO-**
14 **CIAL DETERMINANTS OF MATERNAL**
15 **HEALTH.**

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

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

21 (2) eliminate racial and ethnic disparities in
22 maternal health outcomes.

23 (b) APPLICATION.—To be eligible to receive a grant
24 under this subsection an eligible entity shall submit to the
25 Secretary an application at such time, in such manner,

1 and containing such information as the Secretary may
2 provide.

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

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

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; and

13 (3) is operating in an area with a high poverty
14 rate.

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

17 (1) hire and retain staff;

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

21 (3) establish a resource center that provides
22 multiple social service programs in a single location;

23 (4) offer programs and resources in the commu-
24 nities in which the respective eligible entities are lo-

1 cated to address social determinants of health for
2 pregnant and postpartum individuals; and

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

6 (e) TECHNICAL ASSISTANCE.—The Secretary shall
7 provide to grant recipients under this section technical as-
8 sistance to plan for sustaining programs to address social
9 determinants of maternal health among pregnant and
10 postpartum individuals after the period of the grant.

11 (f) REPORTING.—

12 (1) GRANTEES.—Not later than 1 year after an
13 eligible entity first receives a grant under this sec-
14 tion, and annually thereafter, an eligible entity shall
15 submit to the Secretary, and make publicly available,
16 a report on the status of activities conducted using
17 the grant. Each such report shall include data on
18 the effects of such activities, disaggregated by race,
19 ethnicity, gender, and other relevant factors.

20 (2) SECRETARY.—Not later than the end of fis-
21 cal year 2027, the Secretary shall submit to Con-
22 gress a report that includes—

23 (A) a summary of the reports under para-
24 graph (1); and

25 (B) recommendations for—

1 (i) improving maternal health out-
2 comes; and

3 (ii) reducing or eliminating racial and
4 ethnic disparities in maternal health out-
5 comes.

6 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this section
8 \$15,000,000 for each of fiscal years 2023 through 2027.

9 **Subtitle B—Honoring Kira Johnson**

10 **SEC. 1101. INVESTMENTS IN COMMUNITY-BASED ORGANI-**
11 **ZATIONS TO IMPROVE BLACK MATERNAL**
12 **HEALTH OUTCOMES.**

13 (a) AWARDS.—Following the 1-year period described
14 in subsection (c), the Secretary of Health and Human
15 Services (in this section referred to as the “Secretary”)
16 shall award grants to eligible entities to establish or ex-
17 pand programs to prevent maternal mortality and severe
18 maternal morbidity among Black pregnant and
19 postpartum individuals.

20 (b) ELIGIBILITY.—To be eligible to seek a grant
21 under this section, an entity shall be a community-based
22 organization offering programs and resources aligned with
23 evidence-based practices for improving maternal health
24 outcomes for Black pregnant and postpartum individuals.

1 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-
2 RIOD.—During the 1-year period beginning on the date
3 of enactment of this Act, the Secretary shall—

4 (1) conduct outreach to encourage eligible enti-
5 ties to apply for grants under this section; and

6 (2) provide technical assistance to eligible enti-
7 ties on best practices for applying for grants under
8 this section.

9 (d) SPECIAL CONSIDERATION.—

10 (1) OUTREACH.—In conducting outreach under
11 subsection (c), the Secretary shall give special con-
12 sideration to eligible entities that—

13 (A) are based in, and provide support for,
14 communities with high rates of adverse mater-
15 nal health outcomes or significant racial and
16 ethnic disparities in maternal health outcomes,
17 to the extent such data are available;

18 (B) are led by Black women; and

19 (C) offer programs and resources that are
20 aligned with evidence-based practices for im-
21 proving maternal health outcomes for Black
22 pregnant and postpartum individuals.

23 (2) AWARDS.—In awarding grants under this
24 section, the Secretary shall give special consideration
25 to eligible entities that—

1 (A) are described in subparagraphs (A),
2 (B), and (C) of paragraph (1);

3 (B) offer programs and resources designed
4 in consultation with and intended for Black
5 pregnant and postpartum individuals; and

6 (C) offer programs and resources in the
7 communities in which the respective eligible en-
8 tities are located that—

9 (i) promote maternal mental health
10 and maternal substance use disorder treat-
11 ments and supports that are aligned with
12 evidence-based practices for improving ma-
13 ternal mental and behavioral health out-
14 comes for Black pregnant and postpartum
15 individuals;

16 (ii) address social determinants of ma-
17 ternal health for pregnant and postpartum
18 individuals;

19 (iii) promote evidence-based health lit-
20 eracy and pregnancy, childbirth, and par-
21 enting education for pregnant and
22 postpartum individuals;

23 (iv) provide support from perinatal
24 health workers to pregnant and
25 postpartum individuals;

1 (v) provide culturally congruent train-
2 ing to perinatal health workers;

3 (vi) conduct or support research on
4 maternal health issues disproportionately
5 impacting Black pregnant and postpartum
6 individuals;

7 (vii) provide support to family mem-
8 bers of individuals who suffered a preg-
9 nancy-associated death or pregnancy-re-
10 lated death;

11 (viii) operate midwifery practices that
12 provide culturally congruent maternal
13 health care and support, including for the
14 purposes of—

15 (I) supporting additional edu-
16 cation, training, and certification pro-
17 grams, including support for distance
18 learning;

19 (II) providing financial support
20 to current and future midwives to ad-
21 dress education costs, debts, and
22 other needs;

23 (III) clinical site investments;

24 (IV) supporting preceptor devel-
25 opment trainings;

1 (V) expanding the midwifery
2 practice; or

3 (VI) related needs identified by
4 the midwifery practice and described
5 in the practice's application; or

6 (ix) have developed other programs
7 and resources that address community-spe-
8 cific needs for pregnant and postpartum
9 individuals and are aligned with evidence-
10 based practices for improving maternal
11 health outcomes for Black pregnant and
12 postpartum individuals.

13 (e) TECHNICAL ASSISTANCE.—The Secretary shall
14 provide to grant recipients under this section technical as-
15 sistance on—

16 (1) capacity building to establish or expand pro-
17 grams to prevent adverse maternal health outcomes
18 among Black pregnant and postpartum individuals;

19 (2) best practices in data collection, measure-
20 ment, evaluation, and reporting; and

21 (3) planning for sustaining programs to prevent
22 maternal mortality and severe maternal morbidity
23 among Black pregnant and postpartum individuals
24 after the period of the grant.

1 (f) EVALUATION.—Not later than the end of fiscal
2 year 2027, the Secretary shall submit to the Congress an
3 evaluation of the grant program under this section that—

4 (1) assesses the effectiveness of outreach efforts
5 during the application process in diversifying the
6 pool of grant recipients;

7 (2) makes recommendations for future outreach
8 efforts to diversify the pool of grant recipients for
9 Department of Health and Human Services grant
10 programs and funding opportunities related to ma-
11 ternal health;

12 (3) assesses the effectiveness of programs fund-
13 ed by grants under this section in improving mater-
14 nal health outcomes for Black pregnant and
15 postpartum individuals, to the extent practicable;
16 and

17 (4) makes recommendations for future Depart-
18 ment of Health and Human Services grant programs
19 and funding opportunities that deliver funding to
20 community-based organizations that provide pro-
21 grams and resources that are aligned with evidence-
22 based practices for improving maternal health out-
23 comes for Black pregnant and postpartum individ-
24 uals.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$10,000,000 for each of fiscal years 2023 through 2027.

4 **SEC. 1102. INVESTMENTS IN COMMUNITY-BASED ORGANI-**
5 **ZATIONS TO IMPROVE MATERNAL HEALTH**
6 **OUTCOMES IN UNDERSERVED COMMUNITIES.**

7 (a) AWARDS.—Following the 1-year period described
8 in subsection (c), the Secretary of Health and Human
9 Services (in this section referred to as the “Secretary”)
10 shall award grants to eligible entities to establish or ex-
11 pand programs to prevent maternal mortality and severe
12 maternal morbidity among underserved groups.

13 (b) ELIGIBILITY.—To be eligible to seek a grant
14 under this section, an entity shall be a community-based
15 organization offering programs and resources aligned with
16 evidence-based practices for improving maternal health
17 outcomes for pregnant and postpartum individuals.

18 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-
19 RIOD.—During the 1-year period beginning on the date
20 of enactment of this Act, the Secretary shall—

21 (1) conduct outreach to encourage eligible enti-
22 ties to apply for grants under this section; and

23 (2) provide technical assistance to eligible enti-
24 ties on best practices for applying for grants under
25 this section.

1 (d) SPECIAL CONSIDERATION.—

2 (1) OUTREACH.—In conducting outreach under
3 subsection (c), the Secretary shall give special con-
4 sideration to eligible entities that—

5 (A) are based in, and provide support for,
6 communities with high rates of adverse mater-
7 nal health outcomes or significant racial and
8 ethnic disparities in maternal health outcomes,
9 to the extent such data are available;

10 (B) are led by individuals from racially,
11 ethnically, and geographically diverse back-
12 grounds; and

13 (C) offer programs and resources that are
14 aligned with evidence-based practices for im-
15 proving maternal health outcomes for pregnant
16 and postpartum individuals.

17 (2) AWARDS.—In awarding grants under this
18 section, the Secretary shall give special consideration
19 to eligible entities that—

20 (A) are described in subparagraphs (A),
21 (B), and (C) of paragraph (1);

22 (B) offer programs and resources designed
23 in consultation with and intended for pregnant
24 and postpartum individuals from underserved
25 groups; and

1 (C) offer programs and resources in the
2 communities in which the respective eligible en-
3 tities are located that—

4 (i) promote maternal mental health
5 and maternal substance use disorder treat-
6 ments and support that are aligned with
7 evidence-based practices for improving ma-
8 ternal mental and behavioral health out-
9 comes for pregnant and postpartum indi-
10 viduals;

11 (ii) address social determinants of ma-
12 ternal health for pregnant and postpartum
13 individuals;

14 (iii) promote evidence-based health lit-
15 eracy and pregnancy, childbirth, and par-
16 enting education for pregnant and
17 postpartum individuals;

18 (iv) provide support from perinatal
19 health workers to pregnant and
20 postpartum individuals;

21 (v) provide culturally congruent train-
22 ing to perinatal health workers;

23 (vi) conduct or support research on
24 maternal health outcomes and disparities;

1 (vii) provide support to family mem-
2 bers of individuals who suffered a preg-
3 nancy-associated death or pregnancy-re-
4 lated death;

5 (viii) operate midwifery practices that
6 provide culturally congruent maternal
7 health care and support, including for the
8 purposes of—

9 (I) supporting additional edu-
10 cation, training, and certification pro-
11 grams, including support for distance
12 learning;

13 (II) providing financial support
14 to current and future midwives to ad-
15 dress education costs, debts, and
16 other needs;

17 (III) clinical site investments;

18 (IV) supporting preceptor devel-
19 opment trainings;

20 (V) expanding the midwifery
21 practice; or

22 (VI) related needs identified by
23 the midwifery practice and described
24 in the practice's application; or

1 (ix) have developed other programs
2 and resources that address community-spe-
3 cific needs for pregnant and postpartum
4 individuals and are aligned with evidence-
5 based practices for improving maternal
6 health outcomes for pregnant and
7 postpartum individuals.

8 (e) TECHNICAL ASSISTANCE.—The Secretary shall
9 provide to grant recipients under this section technical as-
10 sistance on—

11 (1) capacity building to establish or expand pro-
12 grams to prevent adverse maternal health outcomes
13 among pregnant and postpartum individuals from
14 underserved groups;

15 (2) best practices in data collection, measure-
16 ment, evaluation, and reporting; and

17 (3) planning for sustaining programs to prevent
18 maternal mortality and severe maternal morbidity
19 among pregnant and postpartum individuals from
20 underserved groups after the period of the grant.

21 (f) EVALUATION.—Not later than the end of fiscal
22 year 2027, the Secretary shall submit to the Congress an
23 evaluation of the grant program under this section that—

1 (1) assesses the effectiveness of outreach efforts
2 during the application process in diversifying the
3 pool of grant recipients;

4 (2) makes recommendations for future outreach
5 efforts to diversify the pool of grant recipients for
6 Department of Health and Human Services grant
7 programs and funding opportunities related to ma-
8 ternal health;

9 (3) assesses the effectiveness of programs fund-
10 ed by grants under this section in improving mater-
11 nal health outcomes for pregnant and postpartum
12 individuals from underserved groups, to the extent
13 practicable; and

14 (4) makes recommendations for future Depart-
15 ment of Health and Human Services grant programs
16 and funding opportunities that deliver funding to
17 community-based organizations that provide pro-
18 grams and resources that are aligned with evidence-
19 based practices for improving maternal health out-
20 comes for pregnant and postpartum individuals.

21 (g) DEFINITION.—In this section, the term “under-
22 served groups” refers to pregnant and postpartum individ-
23 uals—

24 (1) from racial and ethnic minority groups (as
25 such term is defined in section 1707(g)(1) of the

1 Public Health Service Act (42 U.S.C. 300u–
2 6(g)(1));

3 (2) whose household income is equal to or less
4 than 150 percent of the Federal poverty line;

5 (3) who live in health professional shortage
6 areas (as such term is defined in section 332 of the
7 Public Health Service Act (42 U.S.C. 254e(a)(1)));

8 (4) who live in counties with no hospital offer-
9 ing obstetric care, no birth center, and no obstetric
10 provider; or

11 (5) who live in counties with a level of vulner-
12 ability of moderate-to-high or higher, according to
13 the Social Vulnerability Index of the Centers for
14 Disease Control and Prevention.

15 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
16 out this section, there is authorized to be appropriated
17 \$10,000,000 for each of fiscal years 2023 through 2027.

18 **SEC. 1103. RESPECTFUL MATERNITY CARE TRAINING FOR**
19 **ALL EMPLOYEES IN MATERNITY CARE SET-**
20 **TINGS.**

21 Part B of title VII of the Public Health Service Act
22 (42 U.S.C. 293 et seq.) is amended by adding at the end
23 the following new section:

1 **“SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**
2 **ALL EMPLOYEES IN MATERNITY CARE SET-**
3 **TINGS.**

4 “(a) GRANTS.—The Secretary shall award grants for
5 programs to reduce and prevent bias, racism, and dis-
6 crimination in maternity care settings and to advance re-
7 spectful, culturally congruent, trauma-informed care.

8 “(b) SPECIAL CONSIDERATION.—In awarding grants
9 under subsection (a), the Secretary shall give special con-
10 sideration to applications for programs that would—

11 “(1) apply to all maternity care providers and
12 any employees who interact with pregnant and
13 postpartum individuals in the provider setting, in-
14 cluding front desk employees, sonographers, sched-
15 ulers, health care professionals, hospital or health
16 system administrators, security staff, and other em-
17 ployees;

18 “(2) emphasize periodic, as opposed to one-
19 time, trainings for all birthing professionals and em-
20 ployees described in paragraph (1);

21 “(3) address implicit bias, racism, and cultural
22 humility;

23 “(4) be delivered in ongoing education settings
24 for providers maintaining their licenses, with a pref-
25 erence for trainings that provide continuing edu-
26 cation units;

1 “(5) include trauma-informed care best prac-
2 tices and an emphasis on shared decision making be-
3 tween providers and patients;

4 “(6) include antiracism training and programs;

5 “(7) be delivered in undergraduate programs
6 that funnel into health professions schools;

7 “(8) be delivered in settings that apply to pro-
8 viders of the special supplemental nutrition program
9 for women, infants, and children under section 17 of
10 the Child Nutrition Act of 1966;

11 “(9) integrate bias training in obstetric emer-
12 gency simulation trainings or related trainings;

13 “(10) include training for emergency depart-
14 ment employees and emergency medical technicians
15 on recognizing warning signs for severe pregnancy-
16 related complications;

17 “(11) offer training to all maternity care pro-
18 viders on the value of racially, ethnically, and profes-
19 sionally diverse maternity care teams to provide cul-
20 turally congruent care; or

21 “(12) be based on one or more programs de-
22 signed by a historically Black college or university or
23 other minority-serving institution.

24 “(c) APPLICATION.—To seek a grant under sub-
25 section (a), an entity shall submit an application at such

1 time, in such manner, and containing such information as
2 the Secretary may require.

3 “(d) REPORTING.—Each recipient of a grant under
4 this section shall annually submit to the Secretary a report
5 on the status of activities conducted using the grant, in-
6 cluding, as applicable, a description of the impact of train-
7 ing provided through the grant on patient outcomes and
8 patient experience for pregnant and postpartum individ-
9 uals from racial and ethnic minority groups and their fam-
10 ilies.

11 “(e) BEST PRACTICES.—Based on the annual reports
12 submitted pursuant to subsection (d), the Secretary—

13 “(1) shall produce an annual report on the find-
14 ings resulting from programs funded through this
15 section;

16 “(2) shall disseminate such report to all recipi-
17 ents of grants under this section and to the public;
18 and

19 “(3) may include in such report findings on
20 best practices for improving patient outcomes and
21 patient experience for pregnant and postpartum in-
22 dividuals from racial and ethnic minority groups and
23 their families in maternity care settings.

24 “(f) DEFINITIONS.—In this section:

1 “(1) The term ‘postpartum’ means the one-year
2 period beginning on the last day of an individual’s
3 pregnancy.

4 “(2) The term ‘culturally congruent’ means in
5 agreement with the preferred cultural values, beliefs,
6 world view, language, and practices of the health
7 care consumer and other stakeholders.

8 “(3) The term ‘racial and ethnic minority
9 group’ has the meaning given such term in section
10 1707(g)(1).

11 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there is authorized to be appro-
13 priated \$5,000,000 for each of fiscal years 2023 through
14 2027.”.

15 **SEC. 1104. STUDY ON REDUCING AND PREVENTING BIAS,**
16 **RACISM, AND DISCRIMINATION IN MATER-**
17 **NITY CARE SETTINGS.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services shall seek to enter into an agreement,
20 not later than 90 days after the date of enactment of this
21 Act, with the National Academies of Sciences, Engineer-
22 ing, and Medicine (referred to in this section as the “Na-
23 tional Academies”) under which the National Academies
24 agree to—

1 (1) conduct a study on the design and imple-
2 mentation of programs to reduce and prevent bias,
3 racism, and discrimination in maternity care settings
4 and to advance respectful, culturally congruent,
5 trauma-informed care; and

6 (2) not later than 24 months after the date of
7 enactment of this Act—

8 (A) complete the study; and

9 (B) transmit a report on the results of the
10 study to the Congress.

11 (b) POSSIBLE TOPICS.—The agreement entered into
12 pursuant to subsection (a) may provide for the study of
13 any of the following:

14 (1) The development of a scorecard or other
15 evaluation standards for programs designed to re-
16 duce and prevent bias, racism, and discrimination in
17 maternity care settings to assess the effectiveness of
18 such programs in improving patient outcomes and
19 patient experience for pregnant and postpartum in-
20 dividuals from racial and ethnic minority groups and
21 their families.

22 (2) Determination of the types and frequency of
23 training to reduce and prevent bias, racism, and dis-
24 crimination in maternity care settings that are dem-
25 onstrated to improve patient outcomes or patient ex-

1 perience for pregnant and postpartum individuals
2 from racial and ethnic minority groups and their
3 families.

4 **SEC. 1105. RESPECTFUL MATERNITY CARE COMPLIANCE**
5 **PROGRAM.**

6 (a) **IN GENERAL.**—The Secretary of Health and
7 Human Services (referred to in this section as the “Sec-
8 retary”) shall award grants to accredited hospitals, health
9 systems, and other maternity care settings to establish as
10 an integral part of quality implementation initiatives with-
11 in one or more hospitals or other birth settings a respect-
12 ful maternity care compliance program.

13 (b) **PROGRAM REQUIREMENTS.**—A respectful mater-
14 nity care compliance program funded through a grant
15 under this section shall—

16 (1) institutionalize mechanisms to allow pa-
17 tients receiving maternity care services, the families
18 of such patients, or perinatal health workers sup-
19 porting such patients to report instances of racism
20 or evidence of bias on the basis of race, ethnicity, or
21 another protected class;

22 (2) institutionalize response mechanisms
23 through which representatives of the program can
24 directly follow up with the patient, if possible, and
25 the patient’s family in a timely manner;

1 (3) prepare and make publicly available a
2 hospital- or health system-wide strategy to reduce
3 bias on the basis of race, ethnicity, or another pro-
4 tected class in the delivery of maternity care that in-
5 cludes—

6 (A) information on the training programs
7 to reduce and prevent bias, racism, and dis-
8 crimination on the basis of race, ethnicity, or
9 another protected class for all employees in ma-
10 ternity care settings;

11 (B) information on the number of cases re-
12 ported to the compliance program; and

13 (C) the development of methods to rou-
14 tinely assess the extent to which bias, racism,
15 or discrimination on the basis of race, ethnicity,
16 or another protected class are present in the de-
17 livery of maternity care to patients from racial
18 and ethnic minority groups;

19 (4) develop mechanisms to routinely collect and
20 publicly report hospital-level data related to patient-
21 reported experience of care; and

22 (5) provide annual reports to the Secretary with
23 information about each case reported to the compli-
24 ance program over the course of the year containing

1 such information as the Secretary may require, such
2 as—

3 (A) de-identified demographic information
4 on the patient in the case, such as race, eth-
5 nicity, gender identity, and primary language;

6 (B) the content of the report from the pa-
7 tient or the family of the patient to the compli-
8 ance program;

9 (C) the response from the compliance pro-
10 gram; and

11 (D) to the extent applicable, institutional
12 changes made as a result of the case.

13 (c) SECRETARY REQUIREMENTS.—

14 (1) PROCESSES.—Not later than 180 days after
15 the date of enactment of this Act, the Secretary
16 shall establish processes for—

17 (A) disseminating best practices for estab-
18 lishing and implementing a respectful maternity
19 care compliance program within a hospital or
20 other birth setting;

21 (B) promoting coordination and collabora-
22 tion between hospitals, health systems, and
23 other maternity care delivery settings on the es-
24 tablishment and implementation of respectful
25 maternity care compliance programs; and

1 (C) evaluating the effectiveness of respect-
2 ful maternity care compliance programs on ma-
3 ternal health outcomes and patient and family
4 experiences, especially for patients from racial
5 and ethnic minority groups and their families.

6 (2) STUDY.—

7 (A) IN GENERAL.—Not later than 2 years
8 after the date of enactment of this Act, the Sec-
9 retary shall, through a contract with an inde-
10 pendent research organization, conduct a study
11 on strategies to address—

12 (i) racism or bias on the basis of race,
13 ethnicity, or another protected class in the
14 delivery of maternity care services; and

15 (ii) successful implementation of re-
16 spectful care initiatives.

17 (B) COMPONENTS OF STUDY.—The study
18 shall include the following:

19 (i) An assessment of the reports sub-
20 mitted to the Secretary from the respectful
21 maternity care compliance programs pur-
22 suant to subsection (b)(5).

23 (ii) Based on such assessment, rec-
24 ommendations for potential accountability
25 mechanisms related to cases of racism or

1 bias on the basis of race, ethnicity, or an-
2 other protected class in the delivery of ma-
3 ternity care services at hospitals and other
4 birth settings. Such recommendations shall
5 take into consideration medical and non-
6 medical factors that contribute to adverse
7 patient experiences and maternal health
8 outcomes.

9 (C) REPORT.—The Secretary shall submit
10 to the Congress and make publicly available a
11 report on the results of the study under this
12 paragraph.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
14 out this section, there is authorized to be appropriated
15 such sums as may be necessary for fiscal years 2023
16 through 2028.

17 **SEC. 1106. GAO REPORT.**

18 (a) IN GENERAL.—Not later than 2 years after the
19 date of enactment of this Act and annually thereafter, the
20 Comptroller General of the United States shall submit to
21 the Congress and make publicly available a report on the
22 establishment of respectful maternity care compliance pro-
23 grams within hospitals, health systems, and other mater-
24 nity care settings.

1 (b) MATTERS INCLUDED.—The report under para-
2 graph (1) shall include the following:

3 (1) Information regarding the extent to which
4 hospitals, health systems, and other maternity care
5 settings have elected to establish respectful mater-
6 nity care compliance programs, including—

7 (A) which hospitals and other birth set-
8 tings elect to establish compliance programs
9 and when such programs are established;

10 (B) to the extent practicable, impacts of
11 the establishment of such programs on mater-
12 nal health outcomes and patient and family ex-
13 periences in the hospitals and other birth set-
14 tings that have established such programs, es-
15 pecially for patients from racial and ethnic mi-
16 nority groups and their families;

17 (C) information on geographic areas, and
18 types of hospitals or other birth settings, where
19 respectful maternity care compliance programs
20 are not being established and information on
21 factors contributing to decisions to not establish
22 such programs; and

23 (D) recommendations for establishing re-
24 spectful maternity care compliance programs in
25 geographic areas, and types of hospitals or

1 other birth settings, where such programs are
2 not being established.

3 (2) Whether the funding made available to
4 carry out this section has been sufficient and, if ap-
5 plicable, recommendations for additional appropria-
6 tions to carry out this section.

7 (3) Such other information as the Comptroller
8 General determines appropriate.

9 **Subtitle C—Protecting Moms Who**
10 **Served**

11 **SEC. 1201. SUPPORT FOR MATERNITY CARE COORDINA-**
12 **TION.**

13 (a) PROGRAM ON MATERNITY CARE COORDINA-
14 TION.—

15 (1) IN GENERAL.—The Secretary of Veterans
16 Affairs shall carry out the maternity care coordina-
17 tion program described in Veterans Health Adminis-
18 tration Handbook 1330.03, or any successor hand-
19 book.

20 (2) TRAINING AND SUPPORT.—In carrying out
21 the program under paragraph (1), the Secretary
22 shall provide to community maternity care providers
23 training and support with respect to the unique
24 needs of pregnant and postpartum veterans, particu-
25 larly regarding mental and behavioral health condi-

1 tions relating to the service of the veterans in the
2 Armed Forces.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to the Secretary
5 \$15,000,000 for fiscal year 2023 for the maternity care
6 coordination program. Such amounts are authorized in ad-
7 dition to any other amounts authorized for such purpose.

8 (c) DEFINITIONS.—In this section:

9 (1) The term “community maternity care pro-
10 viders” means maternity care providers located at
11 non-Department facilities who provide maternity
12 care to veterans under section 1703 of title 38,
13 United States Code, or other provisions of law ad-
14 ministered by the Secretary of Veterans Affairs.

15 (2) The term “non-Department facilities” has
16 the meaning given that term in section 1701 of title
17 38, United States Code.

18 **SEC. 1202. REPORT ON MATERNAL MORTALITY AND SE-**
19 **VERE MATERNAL MORBIDITY AMONG PREG-**
20 **NANT AND POSTPARTUM VETERANS.**

21 (a) GAO REPORT.—Not later than two years after
22 the date of the enactment of this Act, the Comptroller
23 General of the United States shall submit to the Commit-
24 tees on Veterans’ Affairs of the Senate and the House of
25 Representatives, and make publicly available, a report on

1 maternal mortality and severe maternal morbidity among
2 pregnant and postpartum veterans, with a particular focus
3 on racial and ethnic disparities in maternal health out-
4 comes for veterans.

5 (b) MATTERS INCLUDED.—The report under sub-
6 section (a) shall include the following:

7 (1) To the extent practicable—

8 (A) the number of pregnant and
9 postpartum veterans who have experienced a
10 pregnancy-related death or pregnancy-associ-
11 ated death in the most recent 10 years of avail-
12 able data;

13 (B) the rate of pregnancy-related deaths
14 per 100,000 live births for pregnant and
15 postpartum veterans;

16 (C) the number of cases of severe maternal
17 morbidity among pregnant and postpartum vet-
18 erans in the most recent year of available data;

19 (D) the racial and ethnic disparities in ma-
20 ternal mortality and severe maternal morbidity
21 rates among pregnant and postpartum veterans;

22 (E) identification of the causes of maternal
23 mortality and severe maternal morbidity that
24 are unique to veterans, including post-traumatic
25 stress disorder, military sexual trauma, and in-

1 fertility or miscarriages that may be caused by
2 such service;

3 (F) identification of the causes of maternal
4 mortality and severe maternal morbidity that
5 are unique to veterans from racial and ethnic
6 minority groups;

7 (G) identification of any correlations be-
8 tween the former rank of veterans and their
9 maternal health outcomes;

10 (H) the number of veterans who have been
11 diagnosed with infertility by Veterans Health
12 Administration providers each year in the most
13 recent five years, disaggregated by age, race,
14 ethnicity, sex, marital status, sexual orientation,
15 gender identity, and geographical location;

16 (I) the number of veterans who receive a
17 clinical diagnosis of unexplained infertility by
18 Veterans Health Administration providers each
19 year in the most recent five years; and

20 (J) the extent to which the rate of inci-
21 dence of clinically diagnosed infertility among
22 veterans compare or differ to the rate of inci-
23 dence of clinically diagnosed infertility among
24 the civilian population.

1 (2) An assessment of the barriers to deter-
2 mining the information required under paragraph
3 (1) and recommendations for improvements in track-
4 ing maternal health outcomes among pregnant and
5 postpartum veterans—

6 (A) who have health care coverage through
7 the Department;

8 (B) enrolled in the TRICARE program;

9 (C) with employer-based or private insur-
10 ance;

11 (D) enrolled in the Medicaid program; and

12 (E) who are uninsured.

13 (3) Recommendations for legislative and admin-
14 istrative actions to increase access to mental and be-
15 havioral health care for pregnant and postpartum
16 veterans who screen positively for maternal mental
17 or behavioral health conditions.

18 (4) Recommendations to address homelessness,
19 food insecurity, poverty, and related issues among
20 pregnant and postpartum veterans.

21 (5) Recommendations on how to effectively edu-
22 cate maternity care providers on best practices for
23 providing maternity care services to veterans that
24 addresses the unique maternal health care needs of
25 veteran populations.

1 (6) Recommendations to reduce maternal mor-
2 tality and severe maternal morbidity among preg-
3 nant and postpartum veterans and to address racial
4 and ethnic disparities in maternal health outcomes
5 for each of the groups described in subparagraphs
6 (A) through (E) of paragraph (2).

7 (7) Recommendations to improve coordination
8 of care between the Department and non-Depart-
9 ment facilities for pregnant and postpartum vet-
10 erans, including recommendations to improve—

11 (A) health record interoperability; and

12 (B) training for the directors of the Vet-
13 erans Integrated Service Networks, directors of
14 medical facilities of the Department, chiefs of
15 staff of such facilities, maternity care coordina-
16 tors, and staff of relevant non-Department fa-
17 cilities.

18 (8) An assessment of the authority of the Sec-
19 retary of Veterans Affairs to access maternal health
20 data collected by the Department of Health and
21 Human Services and, if applicable, recommendations
22 to increase such authority.

23 (9) Any other information the Comptroller Gen-
24 eral determines appropriate with respect to the re-
25 duction of maternal mortality and severe maternal

1 morbidity among pregnant and postpartum veterans
2 and to address racial and ethnic disparities in ma-
3 ternal health outcomes for veterans.

4 **Subtitle D—Perinatal Workforce**

5 **SEC. 1301. HHS AGENCY DIRECTIVES.**

6 (a) GUIDANCE TO STATES.—

7 (1) IN GENERAL.—Not later than 2 years after
8 the date of enactment of this Act, the Secretary of
9 Health and Human Services shall issue and dissemi-
10 nate guidance to States to educate providers, man-
11 aged care entities, and other insurers about the
12 value and process of delivering respectful maternal
13 health care through diverse and multidisciplinary
14 care provider models.

15 (2) CONTENTS.—The guidance required by
16 paragraph (1) shall address how States can encour-
17 age and incentivize hospitals, health systems, mid-
18 wifery practices, freestanding birth centers, other
19 maternity care provider groups, managed care enti-
20 ties, and other insurers—

21 (A) to recruit and retain maternity care
22 providers, mental and behavioral health care
23 providers acting in accordance with State law,
24 registered dietitians or nutrition professionals
25 (as such term is defined in section 1861(vv)(2)

1 of the Social Security Act (42 U.S.C.
2 1395x(vv)(2))), and lactation consultants cer-
3 tified by the International Board of Lactation
4 Consultants Examiners—

5 (i) from racially, ethnically, and lin-
6 guistically diverse backgrounds;

7 (ii) with experience practicing in ra-
8 cially and ethnically diverse communities;
9 and

10 (iii) who have undergone training on
11 implicit bias and racism;

12 (B) to incorporate into maternity care
13 teams—

14 (i) midwives who meet at a minimum
15 the international definition of the midwife
16 and global standards for midwifery edu-
17 cation as established by the International
18 Confederation of Midwives; and

19 (ii) perinatal health workers;

20 (C) to provide collaborative, culturally con-
21 gruent care; and

22 (D) to provide opportunities for individuals
23 enrolled in accredited midwifery education pro-
24 grams to participate in job shadowing with ma-
25 ternity care teams in hospitals, health systems,

1 midwifery practices, and freestanding birth cen-
2 ters.

3 (b) STUDY ON RESPECTFUL AND CULTURALLY CON-
4 GRUENT MATERNITY CARE.—

5 (1) STUDY.—The Secretary of Health and
6 Human Services acting through the Director of the
7 National Institutes of Health (in this subsection re-
8 ferred to as the “Secretary”) shall conduct a study
9 on best practices in respectful and culturally con-
10 gruent maternity care.

11 (2) REPORT.—Not later than 2 years after the
12 date of enactment of this Act, the Secretary shall—

13 (A) complete the study required by para-
14 graph (1);

15 (B) submit to the Congress and make pub-
16 licly available a report on the results of such
17 study; and

18 (C) include in such report—

19 (i) a compendium of examples of hos-
20 pitals, health systems, midwifery practices,
21 freestanding birth centers, other maternity
22 care provider groups, managed care enti-
23 ties, and other insurers that are delivering
24 respectful and culturally congruent mater-
25 nal health care;

1 (ii) a compendium of examples of hos-
2 pitals, health systems, midwifery practices,
3 freestanding birth centers, other maternity
4 care provider groups, managed care enti-
5 ties, and other insurers that have made
6 progress in reducing disparities in mater-
7 nal health outcomes and improving birth-
8 ing experiences for pregnant and
9 postpartum individuals from racial and
10 ethnic minority groups; and

11 (iii) recommendations to hospitals,
12 health systems, midwifery practices, free-
13 standing birth centers, other maternity
14 care provider groups, managed care enti-
15 ties, and other insurers, for best practices
16 in respectful and culturally congruent ma-
17 ternity care.

18 **SEC. 1302. GRANTS TO GROW AND DIVERSIFY THE**
19 **PERINATAL WORKFORCE.**

20 Title VII of the Public Health Service Act is amended
21 by inserting after section 757 (42 U.S.C. 294f) the fol-
22 lowing new section:

23 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

24 “(a) IN GENERAL.—The Secretary shall award
25 grants to entities to establish or expand programs de-

1 scribed in subsection (b) to grow and diversify the
2 perinatal workforce.

3 “(b) USE OF FUNDS.—Recipients of grants under
4 this section shall use the grants to grow and diversify the
5 perinatal workforce by—

6 “(1) establishing schools or programs that pro-
7 vide education and training to individuals seeking
8 appropriate licensing or certification as—

9 “(A) physician assistants who will complete
10 clinical training in the field of maternal and
11 perinatal health; or

12 “(B) perinatal health workers; and

13 “(2) expanding the capacity of existing schools
14 or programs described in paragraph (1), for the pur-
15 poses of increasing the number of students enrolled
16 in such schools or programs, including by awarding
17 scholarships for students.

18 “(c) PRIORITIZATION.—In awarding grants under
19 this section, the Secretary shall give priority to any entity
20 that—

21 “(1) has demonstrated a commitment to re-
22 cruiting and retaining students and faculty from ra-
23 cial and ethnic minority groups;

24 “(2) has developed a strategy to recruit and re-
25 tain a diverse pool of students into the perinatal

1 workforce program or school supported by funds re-
2 ceived through the grant, particularly from racial
3 and ethnic minority groups and other underserved
4 populations;

5 “(3) has developed a strategy to recruit and re-
6 tain students who plan to practice in a health pro-
7 fessional shortage area designated under section
8 332;

9 “(4) has developed a strategy to recruit and re-
10 tain students who plan to practice in an area with
11 significant racial and ethnic disparities in maternal
12 health outcomes, to the extent practicable; and

13 “(5) includes in the standard curriculum for all
14 students within the perinatal workforce program or
15 school a bias, racism, or discrimination training pro-
16 gram that includes training on implicit bias and rac-
17 ism.

18 “(d) REPORTING.—As a condition on receipt of a
19 grant under this section for a perinatal workforce program
20 or school, an entity shall agree to submit to the Secretary
21 an annual report on the activities conducted through the
22 grant, including—

23 “(1) the number and demographics of students
24 participating in the program or school;

1 “(2) the extent to which students in the pro-
2 gram or school are entering careers in—

3 “(A) health professional shortage areas
4 designated under section 332; and

5 “(B) areas with significant racial and eth-
6 nic disparities in maternal health outcomes, to
7 the extent such data are available; and

8 “(3) whether the program or school has in-
9 cluded in the standard curriculum for all students a
10 bias, racism, or discrimination training program that
11 includes explicit and implicit bias, and if so the ef-
12 fectiveness of such training program.

13 “(e) PERIOD OF GRANTS.—The period of a grant
14 under this section shall be up to 5 years.

15 “(f) APPLICATION.—To seek a grant under this sec-
16 tion, an entity shall submit to the Secretary an application
17 at such time, in such manner, and containing such infor-
18 mation as the Secretary may require, including any infor-
19 mation necessary for prioritization under subsection (c).

20 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
21 provide, directly or by contract, technical assistance to en-
22 tities seeking or receiving a grant under this section on
23 the development, use, evaluation, and post-grant period
24 sustainability of the perinatal workforce programs or

1 schools proposed to be, or being, established or expanded
2 through the grant.

3 “(h) REPORT BY THE SECRETARY.—Not later than
4 4 years after the date of enactment of this section, the
5 Secretary shall prepare and submit to the Congress, and
6 post on the internet website of the Department of Health
7 and Human Services, a report on the effectiveness of the
8 grant program under this section at—

9 “(1) recruiting students from racial and ethnic
10 minority groups;

11 “(2) increasing the number of physician assist-
12 ants who will complete clinical training in the field
13 of maternal and perinatal health, and perinatal
14 health workers, from racial and ethnic minority
15 groups and other underserved populations;

16 “(3) increasing the number of physician assist-
17 ants who will complete clinical training in the field
18 of maternal and perinatal health, and perinatal
19 health workers, working in health professional short-
20 age areas designated under section 332; and

21 “(4) increasing the number of physician assist-
22 ants who will complete clinical training in the field
23 of maternal and perinatal health, and perinatal
24 health workers, working in areas with significant ra-

1 cial and ethnic disparities in maternal health out-
2 comes, to the extent such data are available.

3 “(i) DEFINITION.—In this section, the term ‘racial
4 and ethnic minority group’ has the meaning given such
5 term in section 1707(g).

6 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, there is authorized to be appro-
8 priated \$15,000,000 for each of fiscal years 2023 through
9 2027.”.

10 **SEC. 1303. GRANTS TO GROW AND DIVERSIFY THE NURSING**
11 **WORKFORCE IN MATERNAL AND PERINATAL**
12 **HEALTH.**

13 Title VIII of the Public Health Service Act is amend-
14 ed by inserting after section 811 of that Act (42 U.S.C.
15 296j) the following:

16 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

17 “(a) IN GENERAL.—The Secretary shall award
18 grants to schools of nursing to grow and diversify the
19 perinatal nursing workforce.

20 “(b) USE OF FUNDS.—Recipients of grants under
21 this section shall use the grants to grow and diversify the
22 perinatal nursing workforce by providing scholarships to
23 students seeking to become—

24 “(1) nurse practitioners whose education in-
25 cludes a focus on maternal and perinatal health; or

1 “(2) clinical nurse specialists whose education
2 includes a focus on maternal and perinatal health.

3 “(c) PRIORITIZATION.—In awarding grants under
4 this section, the Secretary shall give priority to any school
5 of nursing that—

6 “(1) has developed a strategy to recruit and re-
7 tain a diverse pool of students seeking to enter ca-
8 reers focused on maternal and perinatal health, par-
9 ticularly students from racial and ethnic minority
10 groups and other underserved populations;

11 “(2) has developed a partnership with a prac-
12 tice setting in a health professional shortage area
13 designated under section 332 for the clinical place-
14 ments of the school’s students;

15 “(3) has developed a strategy to recruit and re-
16 tain students who plan to practice in an area with
17 significant racial and ethnic disparities in maternal
18 health outcomes, to the extent practicable; and

19 “(4) includes in the standard curriculum for all
20 students seeking to enter careers focused on mater-
21 nal and perinatal health a bias, racism, or discrimi-
22 nation training program that includes education on
23 implicit bias and racism.

24 “(d) REPORTING.—As a condition on receipt of a
25 grant under this section, a school of nursing shall agree

1 to submit to the Secretary an annual report on the activi-
2 ties conducted through the grant, including, to the extent
3 practicable—

4 “(1) the number and demographics of students
5 in the school of nursing seeking to enter careers fo-
6 cused on maternal and perinatal health;

7 “(2) the extent to which such students are pre-
8 paring to enter careers in—

9 “(A) health professional shortage areas
10 designated under section 332; and

11 “(B) areas with significant racial and eth-
12 nic disparities in maternal health outcomes, to
13 the extent such data are available; and

14 “(3) whether the standard curriculum for all
15 students seeking to enter careers focused on mater-
16 nal and perinatal health includes a bias, racism, or
17 discrimination training program that includes edu-
18 cation on implicit bias and racism.

19 “(e) PERIOD OF GRANTS.—The period of a grant
20 under this section shall be up to 5 years.

21 “(f) APPLICATION.—To seek a grant under this sec-
22 tion, an entity shall submit to the Secretary an applica-
23 tion, at such time, in such manner, and containing such
24 information as the Secretary may require, including any

1 information necessary for prioritization under subsection
2 (c).

3 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
4 provide, directly or by contract, technical assistance to
5 schools of nursing seeking or receiving a grant under this
6 section on the processes of awarding and evaluating schol-
7 arships through the grant.

8 “(h) REPORT BY THE SECRETARY.—Not later than
9 4 years after the date of enactment of this section, the
10 Secretary shall prepare and submit to the Congress, and
11 post on the internet website of the Department of Health
12 and Human Services, a report on the effectiveness of the
13 grant program under this section at—

14 “(1) recruiting students from racial and ethnic
15 minority groups and other underserved populations;

16 “(2) increasing the number of nurse practi-
17 tioners and clinical nurse specialists entering careers
18 focused on maternal and perinatal health from racial
19 and ethnic minority groups and other underserved
20 populations;

21 “(3) increasing the number of nurse practi-
22 tioners and clinical nurse specialists entering careers
23 focused on maternal and perinatal health working in
24 health professional shortage areas designated under
25 section 332; and

1 “(4) increasing the number of nurse practi-
2 tioners and clinical nurse specialists entering careers
3 focused on maternal and perinatal health working in
4 areas with significant racial and ethnic disparities in
5 maternal health outcomes, to the extent such data
6 are available.

7 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section, there is authorized to be appro-
9 priated \$15,000,000 for each of fiscal years 2023 through
10 2027.”.

11 **SEC. 1304. GAO REPORT.**

12 (a) IN GENERAL.—Not later than two years after the
13 date of enactment of this Act and every five years there-
14 after, the Comptroller General of the United States shall
15 submit to Congress a report on barriers to maternal health
16 education and access to care in the United States. Such
17 report shall include the information and recommendations
18 described in subsection (b).

19 (b) CONTENT OF REPORT.—The report under sub-
20 section (a) shall include—

21 (1) an assessment of current barriers to enter-
22 ing accredited midwifery education programs, and
23 recommendations for addressing such barriers, par-
24 ticularly for low-income women and women from ra-
25 cial and ethnic minority groups;

1 (2) an assessment of current barriers to enter-
2 ing and successfully completing accredited education
3 programs for other health professional careers re-
4 lated to maternity care, including maternity care
5 providers, mental and behavioral health care pro-
6 viders acting in accordance with State law, reg-
7 istered dietitians or nutrition professionals (as such
8 term is defined in section 1861(vv)(2) of the Social
9 Security Act (42 U.S.C. 1395x(vv)(2))), and lacta-
10 tion consultants certified by the International Board
11 of Lactation Consultants Examiners, particularly for
12 low-income women and women from racial and eth-
13 nic minority groups;

14 (3) an assessment of current barriers that pre-
15 vent midwives from meeting the international defini-
16 tion of the midwife and global standards for mid-
17 wifery education as established by the International
18 Confederation of Midwives, and recommendations
19 for addressing such barriers, particularly for low-in-
20 come women and women from racial and ethnic mi-
21 nority groups;

22 (4) an assessment of disparities in access to
23 maternity care providers, mental or behavioral
24 health care providers acting in accordance with
25 State law, registered dietitians or nutrition profes-

1 sionals (as such term is defined in section
 2 1861(vv)(2) of the Social Security Act (42 U.S.C.
 3 1395x(vv)(2))), lactation consultants certified by the
 4 International Board of Lactation Consultants Exam-
 5 iners, and perinatal health workers, stratified by
 6 race, ethnicity, gender identity, geographic location,
 7 and insurance type and recommendations to promote
 8 greater access equity; and

9 (5) recommendations to promote greater equity
 10 in compensation for perinatal health workers under
 11 public and private insurers, particularly for such in-
 12 dividuals from racially and ethnically diverse back-
 13 grounds.

14 **Subtitle E—Data to Save Moms**

15 **SEC. 1401. FUNDING FOR MATERNAL MORTALITY REVIEW**

16 **COMMITTEES TO PROMOTE REPRESENTA-** 17 **TIVE COMMUNITY ENGAGEMENT.**

18 (a) IN GENERAL.—Section 317K(d) of the Public
 19 Health Service Act (42 U.S.C. 247b–12(d)) is amended
 20 by adding at the end the following:

21 “(9) GRANTS TO PROMOTE REPRESENTATIVE
 22 COMMUNITY ENGAGEMENT IN MATERNAL MOR-
 23 TALITY REVIEW COMMITTEES.—

24 “(A) IN GENERAL.—The Secretary may,
 25 using funds made available pursuant to sub-

1 paragraph (C), provide assistance to an applica-
2 ble maternal mortality review committee of a
3 State, Indian tribe, tribal organization, or
4 urban Indian organization (as such term is de-
5 fined in section 4 of the Indian Health Care
6 Improvement Act (25 U.S.C. 1603))—

7 “(i) to select for inclusion in the mem-
8 bership of such a committee community
9 members from the State, Indian tribe, trib-
10 al organization, or urban Indian organiza-
11 tion by—

12 “(I) prioritizing community mem-
13 bers who can increase the diversity of
14 the committee’s membership with re-
15 spect to race and ethnicity, location,
16 and professional background, includ-
17 ing members with non-clinical experi-
18 ences; and

19 “(II) to the extent applicable,
20 using funds reserved under subsection
21 (f), to address barriers to maternal
22 mortality review committee participa-
23 tion for community members, includ-
24 ing required training, transportation

1 barriers, compensation, and other sup-
2 ports as may be necessary;

3 “(ii) to establish initiatives to conduct
4 outreach and community engagement ef-
5 forts within communities throughout the
6 State or Tribe to seek input from commu-
7 nity members on the work of such mater-
8 nal mortality review committee, with a par-
9 ticular focus on outreach to minority
10 women; and

11 “(iii) to release public reports assess-
12 ing—

13 “(I) the pregnancy-related death
14 and pregnancy-associated death review
15 processes of the maternal mortality
16 review committee, with a particular
17 focus on the maternal mortality re-
18 view committee’s sensitivity to the
19 unique circumstances of pregnant and
20 postpartum individuals from racial
21 and ethnic minority groups (as such
22 term is defined in section 1707(g)(1))
23 who have suffered pregnancy-related
24 deaths; and

1 “(II) the impact of the use of
2 funds made available pursuant to
3 paragraph (C) on increasing the diver-
4 sity of the maternal mortality review
5 committee membership and promoting
6 community engagement efforts
7 throughout the State or Tribe.

8 “(B) TECHNICAL ASSISTANCE.—The Sec-
9 retary shall provide (either directly through the
10 Department of Health and Human Services or
11 by contract) technical assistance to any mater-
12 nal mortality review committee receiving a
13 grant under this paragraph on best practices
14 for increasing the diversity of the maternal
15 mortality review committee’s membership and
16 for conducting effective community engagement
17 throughout the State or Tribe.

18 “(C) AUTHORIZATION OF APPROPRIA-
19 TIONS.—In addition to any funds made avail-
20 able under subsection (f), there are authorized
21 to be appropriated to carry out this paragraph
22 \$10,000,000 for each of fiscal years 2023
23 through 2027.”.

24 (b) RESERVATION OF FUNDS.—Section 317K(f) of
25 the Public Health Service Act (42 U.S.C. 247b–12(f)) is

1 amended by adding at the end the following: “Of the
2 amount made available under the preceding sentence for
3 a fiscal year, not less than \$1,500,000 shall be reserved
4 for grants to Indian tribes, tribal organizations, or urban
5 Indian organizations (as those terms are defined in section
6 4 of the Indian Health Care Improvement Act (25 U.S.C.
7 1603))”.

8 **SEC. 1402. DATA COLLECTION AND REVIEW.**

9 Section 317K(d)(3)(A)(i) of the Public Health Serv-
10 ice Act (42 U.S.C. 247b–12(d)(3)(A)(i)) is amended—

11 (1) by redesignating subclauses (II) and (III)
12 as subclauses (V) and (VI), respectively; and

13 (2) by inserting after subclause (I) the fol-
14 lowing:

15 “(II) to the extent practicable,
16 reviewing cases of severe maternal
17 morbidity, according to the most up-
18 to-date indicators;

19 “(III) to the extent practicable,
20 reviewing deaths during pregnancy or
21 up to 1 year after the end of a preg-
22 nancy from suicide, overdose, or other
23 death from a mental health condition
24 or substance use disorder attributed

1 to or aggravated by pregnancy or
2 childbirth complications;

3 “(IV) to the extent practicable,
4 consulting with local community-based
5 organizations representing pregnant
6 and postpartum individuals from de-
7 mographic groups disproportionately
8 impacted by poor maternal health out-
9 comes to ensure that, in addition to
10 clinical factors, non-clinical factors
11 that might have contributed to a preg-
12 nancy-related death are appropriately
13 considered;”.

14 **SEC. 1403. REVIEW OF MATERNAL HEALTH DATA COLLEC-**
15 **TION PROCESSES AND QUALITY MEASURES.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services, acting through the Administrator for
18 Centers for Medicare & Medicaid Services and the Direc-
19 tor of the Agency for Healthcare Research and Quality,
20 shall consult with relevant stakeholders—

21 (1) to review existing maternal health data col-
22 lection processes and quality measures; and

23 (2) make recommendations to improve such
24 processes and measures, including topics described
25 under subsection (c).

1 (b) COLLABORATION.—In carrying out this section,
2 the Secretary shall consult with a diverse group of mater-
3 nal health stakeholders, which may include—

4 (1) pregnant and postpartum individuals and
5 their family members, and nonprofit organizations
6 representing such individuals, with a particular focus
7 on patients from racial and ethnic minority groups;

8 (2) community-based organizations that provide
9 support for pregnant and postpartum individuals,
10 with a particular focus on patients from racial and
11 ethnic minority groups;

12 (3) membership organizations for maternity
13 care providers;

14 (4) organizations representing perinatal health
15 workers;

16 (5) organizations that focus on maternal mental
17 or behavioral health;

18 (6) organizations that focus on intimate partner
19 violence;

20 (7) institutions of higher education, with a par-
21 ticular focus on minority-serving institutions;

22 (8) licensed and accredited hospitals, birth cen-
23 ters, midwifery practices, or other medical practices
24 that provide maternal health care services to preg-
25 nant and postpartum patients;

1 (9) relevant State and local public agencies, in-
2 cluding State maternal mortality review committees;
3 and

4 (10) the National Quality Forum, or such other
5 standard-setting organizations specified by the Sec-
6 retary.

7 (c) TOPICS.—The review of maternal health data col-
8 lection processes and recommendations to improve such
9 processes and measures required under subsection (a)
10 shall assess all available relevant information, including
11 information from State-level sources, and shall consider at
12 least the following:

13 (1) Current State and Tribal practices for ma-
14 ternal health, maternal mortality, and severe mater-
15 nal morbidity data collection and dissemination, in-
16 cluding consideration of—

17 (A) the timeliness of processes for amend-
18 ing a death certificate when new information
19 pertaining to the death becomes available to re-
20 flect whether the death was a pregnancy-related
21 death;

22 (B) relevant data collected with electronic
23 health records, including data on race, eth-
24 nicity, socioeconomic status, insurance type,
25 and other relevant demographic information;

1 (C) maternal health data collected and
2 publicly reported by hospitals, health systems,
3 midwifery practices, and birth centers;

4 (D) the barriers preventing States from
5 correlating maternal outcome data with race
6 and ethnicity data;

7 (E) processes for determining the cause of
8 a pregnancy-associated death in States that do
9 not have a maternal mortality review com-
10 mittee;

11 (F) whether maternal mortality review
12 committees include multidisciplinary and di-
13 verse membership (as described in section
14 317K(d)(1)(A) of the Public Health Service Act
15 (42 U.S.C. 247b–12(d)(1)(A)));

16 (G) whether members of maternal mor-
17 tality review committees participate in trainings
18 on bias, racism, or discrimination, and the qual-
19 ity of such trainings;

20 (H) the extent to which States have imple-
21 mented systematic processes of listening to the
22 stories of pregnant and postpartum individuals
23 and their family members, with a particular
24 focus on pregnant and postpartum individuals
25 from racial and ethnic minority groups (as such

1 term is defined in section 1707(g)(1) of the
2 Public Health Service Act (42 U.S.C. 300u–
3 6(g)(1))) and their family members, to fully un-
4 derstand the causes of, and inform potential so-
5 lutions to, the maternal mortality and severe
6 maternal morbidity crisis within their respective
7 States;

8 (I) the extent to which maternal mortality
9 review committees are considering social deter-
10 minants of maternal health when examining the
11 causes of pregnancy-associated and pregnancy-
12 related deaths;

13 (J) the extent to which maternal mortality
14 review committees are making actionable rec-
15 ommendations based on their reviews of adverse
16 maternal health outcomes and the extent to
17 which such recommendations are being imple-
18 mented by appropriate stakeholders;

19 (K) the legal and administrative barriers
20 preventing the collection, collation, and dissemi-
21 nation of State maternity care data;

22 (L) the effectiveness of data collection and
23 reporting processes in separating pregnancy-as-
24 sociated deaths from pregnancy-related deaths;
25 and

1 (M) the current Federal, State, local, and
2 Tribal funding support for the activities re-
3 ferred to in subparagraphs (A) through (L).

4 (2) Whether the funding support referred to in
5 paragraph (1)(M) is adequate for States to carry out
6 optimal data collection and dissemination processes
7 with respect to maternal health, maternal mortality,
8 and severe maternal morbidity.

9 (3) Current quality measures for maternity
10 care, including prenatal measures, labor and delivery
11 measures, and postpartum measures, including top-
12 ics such as—

13 (A) effective quality measures for mater-
14 nity care used by hospitals, health systems,
15 midwifery practices, birth centers, health plans,
16 and other relevant entities;

17 (B) the sufficiency of current outcome
18 measures used to evaluate maternity care for
19 driving improved care, experiences, and out-
20 comes in maternity care payment and delivery
21 system models;

22 (C) maternal health quality measures that
23 other countries effectively use;

24 (D) validated measures that have been
25 used for research purposes that could be tested,

1 refined, and submitted for national endorse-
2 ment;

3 (E) barriers preventing maternity care pro-
4 viders and insurers from implementing quality
5 measures that are aligned with best practices;

6 (F) the frequency with which maternity
7 care quality measures are reviewed and revised;

8 (G) the strengths and weaknesses of the
9 Prenatal and Postpartum Care measures of the
10 Health Plan Employer Data and Information
11 Set measures established by the National Com-
12 mittee for Quality Assurance;

13 (H) the strengths and weaknesses of ma-
14 ternity care quality measures under the Med-
15 icaid program under title XIX of the Social Se-
16 curity Act (42 U.S.C. 1396 et seq.) and the
17 Children's Health Insurance Program under
18 title XXI of such Act (42 U.S.C. 1397 et seq.),
19 including the extent to which States voluntarily
20 report relevant measures;

21 (I) the extent to which maternity care
22 quality measures are informed by patient expe-
23 riences that include measures of patient-re-
24 ported experience of care;

1 (J) the current processes for collecting
2 stratified data on the race and ethnicity of
3 pregnant and postpartum individuals in hos-
4 pitals, health systems, midwifery practices, and
5 birth centers, and for incorporating such ra-
6 cially and ethnically stratified data in maternity
7 care quality measures;

8 (K) the extent to which maternity care
9 quality measures account for the unique experi-
10 ences of pregnant and postpartum individuals
11 from racial and ethnic minority groups (as such
12 term is defined in section 1707(g)(1) of the
13 Public Health Service Act (42 U.S.C. 300u-
14 6(g)(1))); and

15 (L) the extent to which hospitals, health
16 systems, midwifery practices, and birth centers
17 are implementing existing maternity care qual-
18 ity measures.

19 (4) Recommendations on authorizing additional
20 funds and providing additional technical assistance
21 to improve maternal mortality review committees
22 and State and Tribal maternal health data collection
23 and reporting processes.

1 (5) Recommendations for new authorities that
2 may be granted to maternal mortality review com-
3 mittees to be able to—

4 (A) access records from other Federal and
5 State agencies and departments that may be
6 necessary to identify causes of pregnancy-asso-
7 ciated and pregnancy-related deaths that are
8 unique to pregnant and postpartum individuals
9 from specific populations, such as veterans and
10 individuals who are incarcerated; and

11 (B) work with relevant experts who are not
12 members of the maternal mortality review com-
13 mittee to assist in the review of pregnancy-asso-
14 ciated deaths of pregnant and postpartum indi-
15 viduals from specific populations, such as vet-
16 erans and individuals who are incarcerated.

17 (6) Recommendations to improve and stand-
18 ardize current quality measures for maternity care,
19 with a particular focus on racial and ethnic dispari-
20 ties in maternal health outcomes.

21 (7) Recommendations to improve the coordina-
22 tion by the Department of Health and Human Serv-
23 ices of the efforts undertaken by the agencies and
24 organizations within the Department related to ma-
25 ternal health data and quality measures.

1 (d) REPORT.—Not later than 1 year after the enact-
2 ment of this Act, the Secretary shall submit to the Con-
3 gress and make publicly available a report on the results
4 of the review of maternal health data collection processes
5 and quality measures and recommendations to improve
6 such processes and measures required under subsection
7 (a).

8 (e) DEFINITIONS.—In this section:

9 (1) MATERNAL MORTALITY REVIEW COM-
10 MITTEE.—The term “maternal mortality review
11 committee” means a maternal mortality review com-
12 mittee duly authorized by a State and receiving
13 funding under section 317k(a)(2)(D) of the Public
14 Health Service Act (42 U.S.C. 247b–12(a)(2)(D)).

15 (2) PREGNANCY-ASSOCIATED DEATH.—The
16 term “pregnancy-associated”, with respect to a
17 death, means a death of a pregnant or postpartum
18 individual, by any cause, that occurs during, or with-
19 in 1 year following, the individual’s pregnancy, re-
20 gardless of the outcome, duration, or site of the
21 pregnancy.

22 (3) PREGNANCY-RELATED DEATH.—The term
23 “pregnancy-related”, with respect to a death, means
24 a death of a pregnant or postpartum individual that
25 occurs during, or within 1 year following, the indi-

1 vidual’s pregnancy, from a pregnancy complication,
2 a chain of events initiated by pregnancy, or the ag-
3 gravation of an unrelated condition by the physio-
4 logic effects of pregnancy.

5 (f) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated such sums as may be
7 necessary to carry out this section for fiscal years 2023
8 through 2026.

9 **SEC. 1404. INDIAN HEALTH SERVICE STUDY ON MATERNAL**
10 **MORTALITY AND SEVERE MATERNAL MOR-**
11 **BIDITY.**

12 (a) IN GENERAL.—The Director of the Indian Health
13 Service (referred to in this section as the “Director”)
14 shall, in coordination with entities described in subsection

15 (b)—

16 (1) not later than 90 days after the enactment
17 of this Act, enter into a contract with an inde-
18 pendent research organization or Tribal Epidemi-
19 ology Center to conduct a comprehensive study on
20 maternal mortality and severe maternal morbidity in
21 the populations of American Indian and Alaska Na-
22 tive individuals; and

23 (2) not later than 3 years after the date of the
24 enactment of this Act, submit to Congress a report
25 on such study that contains recommendations for

1 policies and practices that can be adopted to im-
2 prove maternal health outcomes for pregnant and
3 postpartum American Indian and Alaska Native in-
4 dividuals.

5 (b) PARTICIPATING ENTITIES.—The entities de-
6 scribed in this subsection shall consist of 12 members, se-
7 lected by the Director from among individuals nominated
8 by Indian tribes and tribal organizations (as such terms
9 are defined in section 4 of the Indian Self-Determination
10 and Education Assistance Act (25 U.S.C. 5304)), and
11 urban Indian organizations (as such term is defined in
12 section 4 of the Indian Health Care Improvement Act (25
13 U.S.C. 1603)). In selecting such members, the Director
14 shall ensure that each of the 12 service areas of the Indian
15 Health Service is represented.

16 (c) CONTENTS OF STUDY.—The study conducted
17 pursuant to subsection (a) shall—

18 (1) examine the causes of maternal mortality
19 and severe maternal morbidity that are unique to
20 American Indian and Alaska Native individuals;

21 (2) include a systematic process of listening to
22 the stories of American Indian and Alaska Native
23 pregnant and postpartum individuals to fully under-
24 stand the causes of, and inform potential solutions

1 to, the maternal mortality and severe maternal mor-
2 bidity crisis within their respective communities;

3 (3) distinguish between the causes of, landscape
4 of maternity care at, and recommendations to im-
5 prove maternal health outcomes within, the different
6 settings in which American Indian and Alaska Na-
7 tive pregnant and postpartum individuals receive
8 maternity care, such as—

9 (A) facilities operated by the Indian
10 Health Service;

11 (B) an Indian health program operated by
12 an Indian tribe or tribal organization pursuant
13 to a contract, grant, cooperative agreement, or
14 compact with the Indian Health Service pursu-
15 ant to the Indian Self-Determination Act; and

16 (C) an urban Indian health program oper-
17 ated by an urban Indian organization pursuant
18 to a grant or contract with the Indian Health
19 Service pursuant to title V of the Indian Health
20 Care Improvement Act;

21 (4) review processes for coordinating programs
22 of the Indian Health Service with social services pro-
23 vided through other programs administered by the
24 Secretary of Health and Human Services (other
25 than the Medicare program under title XVIII of the

1 Social Security Act, the Medicaid program under
2 title XIX of such Act, and the Children's Health In-
3 surance Program under title XXI of such Act), in-
4 cluding coordination with the efforts of the Task
5 Force established under section 1403;

6 (5) review current data collection and quality
7 measurement processes and practices;

8 (6) assess causes and frequency of maternal
9 mental health conditions and substance use dis-
10 orders;

11 (7) consider social determinants of health, in-
12 cluding poverty, lack of health insurance, unemploy-
13 ment, sexual violence, and environmental conditions
14 in Tribal areas;

15 (8) consider the role that historical mistreat-
16 ment of American Indian and Alaska Native women
17 has played in causing currently high rates of mater-
18 nal mortality and severe maternal morbidity;

19 (9) consider how current funding of the Indian
20 Health Service affects the ability of the Service to
21 deliver quality maternity care;

22 (10) consider the extent to which the delivery of
23 maternity care services is culturally appropriate for
24 American Indian and Alaska Native pregnant and
25 postpartum individuals;

1 (11) make recommendations to reduce
2 misclassification of American Indian and Alaska Na-
3 tive pregnant and postpartum individuals, including
4 consideration of best practices in training for mater-
5 nal mortality review committee members to be able
6 to correctly classify American Indian and Alaska
7 Native individuals; and

8 (12) make recommendations informed by the
9 stories shared by American Indian and Alaska Na-
10 tive pregnant and postpartum individuals in para-
11 graph (2) to improve maternal health outcomes for
12 such individuals.

13 (d) REPORT.—The agreement entered into under
14 subsection (a) with an independent research organization
15 or Tribal Epidemiology Center shall require that the orga-
16 nization or center transmit to Congress a report on the
17 results of the study conducted pursuant to that agreement
18 not later than 36 months after the date of the enactment
19 of this Act.

20 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
21 authorized to be appropriated to carry out this section
22 \$2,000,000 for each of fiscal years 2023 through 2025.

1 **SEC. 1405. GRANTS TO MINORITY-SERVING INSTITUTIONS**
2 **TO STUDY MATERNAL MORTALITY, SEVERE**
3 **MATERNAL MORBIDITY, AND OTHER AD-**
4 **VERSE MATERNAL HEALTH OUTCOMES.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services shall establish a program under which
7 the Secretary shall award grants to research centers,
8 health professions schools and programs, and other enti-
9 ties at minority-serving institutions to study specific as-
10 pects of the maternal health crisis among pregnant and
11 postpartum individuals from racial and ethnic minority
12 groups. Such research may—

13 (1) include the development and implementation
14 of systematic processes of listening to the stories of
15 pregnant and postpartum individuals from racial
16 and ethnic minority groups, and perinatal health
17 workers supporting such individuals, to fully under-
18 stand the causes of, and inform potential solutions
19 to, the maternal mortality and severe maternal mor-
20 bidity crisis within their respective communities;

21 (2) assess the potential causes of relatively low
22 rates of maternal mortality among Hispanic individ-
23 uals, including potential racial misclassification and
24 other data collection and reporting issues that might
25 be misrepresenting maternal mortality rates among
26 Hispanic individuals in the United States; and

1 (3) assess differences in rates of adverse mater-
2 nal health outcomes among subgroups identifying as
3 Hispanic.

4 (b) APPLICATION.—To be eligible to receive a grant
5 under subsection (a), an entity described in such sub-
6 section shall submit to the Secretary an application at
7 such time, in such manner, and containing such informa-
8 tion as the Secretary may require.

9 (c) TECHNICAL ASSISTANCE.—The Secretary may
10 use not more than 10 percent of the funds made available
11 under subsection (f)—

12 (1) to conduct outreach to minority-serving in-
13 stitutions to raise awareness of the availability of
14 grants under this subsection (a);

15 (2) to provide technical assistance in the appli-
16 cation process for such a grant; and

17 (3) to promote capacity building as needed to
18 enable entities described in such subsection to sub-
19 mit such an application.

20 (d) REPORTING REQUIREMENT.—Each entity award-
21 ed a grant under this section shall periodically submit to
22 the Secretary a report on the status of activities conducted
23 using the grant.

24 (e) EVALUATION.—Beginning one year after the date
25 on which the first grant is awarded under this section,

1 the Secretary shall submit to Congress an annual report
2 summarizing the findings of research conducted using
3 funds made available under this section.

4 (f) MINORITY-SERVING INSTITUTIONS DEFINED.—In
5 this section, the term “minority-serving institution” has
6 the meaning given the term in section 371(a) of the High-
7 er Education Act of 1965 (20 U.S.C. 1067q(a)).

8 (g) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 \$10,000,000 for each of fiscal years 2023 through 2027.

11 **Subtitle F—Moms Matter**

12 **SEC. 1501. MATERNAL MENTAL HEALTH EQUITY GRANT** 13 **PROGRAM.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services, acting through the Assistant Secretary
16 for Mental Health and Substance Use, shall establish a
17 program to award grants to eligible entities to address ma-
18 ternal mental health conditions and substance use dis-
19 orders with respect to pregnant and postpartum individ-
20 uals, with a focus on racial and ethnic minority groups.

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, including how such entity will use funds for activi-

1 ties described in subsection (d) that are culturally con-
2 gruent.

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

6 (1) is, or will partner with, a community-based
7 organization to address maternal mental health con-
8 ditions and substance use disorders described in sub-
9 section (a);

10 (2) is operating in an area with high rates of—

11 (A) adverse maternal health outcomes; or

12 (B) significant racial or ethnic disparities
13 in maternal health outcomes; and

14 (3) is operating in a health professional short-
15 age area designated under section 332 of the Public
16 Health Service Act (42 U.S.C. 254e).

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

20 (1) Establishing or expanding maternity care
21 programs to improve the integration of maternal
22 health and behavioral health care services into pri-
23 mary care settings where pregnant individuals regu-
24 larly receive health care services.

1 (2) Establishing or expanding group prenatal
2 care programs or postpartum care programs.

3 (3) Expanding existing programs that improve
4 maternal mental and behavioral health during the
5 prenatal and postpartum periods, with a focus on in-
6 dividuals from racial and ethnic minority groups.

7 (4) Providing services and support for pregnant
8 and postpartum individuals with maternal mental
9 health conditions and substance use disorders, in-
10 cluding referrals to addiction treatment centers that
11 offer evidence-based treatment options.

12 (5) Addressing stigma associated with maternal
13 mental health conditions and substance use dis-
14 orders, with a focus on racial and ethnic minority
15 groups.

16 (6) Raising awareness of warning signs of ma-
17 ternal mental health conditions and substance use
18 disorders, with a focus on pregnant and postpartum
19 individuals from racial and ethnic minority groups.

20 (7) Establishing or expanding programs to pre-
21 vent suicide or self-harm among pregnant and
22 postpartum individuals.

23 (8) Offering evidence-aligned programs at free-
24 standing birth centers that provide maternal mental
25 and behavioral health care education, treatments,

1 and services, and other services for individuals
2 throughout the prenatal and postpartum period.

3 (9) Establishing or expanding programs to pro-
4 vide education and training to maternity care pro-
5 viders with respect to—

6 (A) identifying potential warning signs for
7 maternal mental health conditions or substance
8 use disorders in pregnant and postpartum indi-
9 viduals, with a focus on individuals from racial
10 and ethnic minority groups; and

11 (B) in the case where such providers iden-
12 tify such warning signs, offering referrals to
13 mental and behavioral health care professionals.

14 (10) Developing a website, or other source, that
15 includes information on health care providers who
16 treat maternal mental health conditions and sub-
17 stance use disorders.

18 (11) Establishing or expanding programs in
19 communities to improve coordination between mater-
20 nity care providers and mental and behavioral health
21 care providers who treat maternal mental health
22 conditions and substance use disorders, including
23 through the use of toll-free hotlines.

24 (12) Carrying out other programs aligned with
25 evidence-based practices for addressing maternal

1 mental health conditions and substance use dis-
2 orders for pregnant and postpartum individuals from
3 racial and ethnic minority groups.

4 (e) REPORTING.—

5 (1) ELIGIBLE ENTITIES.—An eligible entity
6 that receives a grant under subsection (a) shall sub-
7 mit annually to the Secretary, and make publicly
8 available, a report on the activities conducted using
9 funds received through a grant under this section.
10 Such reports shall include quantitative and quali-
11 tative evaluations of such activities, including the ex-
12 perience of individuals who received health care
13 through such grant.

14 (2) SECRETARY.—Not later than the end of fis-
15 cal year 2025, the Secretary shall submit to Con-
16 gress a report that includes—

17 (A) a summary of the reports received
18 under paragraph (1);

19 (B) an evaluation of the effectiveness of
20 grants awarded under this section;

21 (C) recommendations with respect to ex-
22 panding coverage of evidence-based screenings
23 and treatments for maternal mental health con-
24 ditions and substance use disorders; and

1 (D) recommendations with respect to en-
2 suring activities described under subsection (d)
3 continue after the end of a grant period.

4 (f) DEFINITIONS.—In this section:

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

7 (A) a community-based organization serv-
8 ing pregnant and postpartum individuals, in-
9 cluding such organizations serving individuals
10 from racial and ethnic minority groups and
11 other underserved populations;

12 (B) a nonprofit or patient advocacy organi-
13 zation with expertise in maternal mental and
14 behavioral health;

15 (C) a maternity care provider;

16 (D) a mental or behavioral health care pro-
17 vider who treats maternal mental health condi-
18 tions or substance use disorders;

19 (E) a State or local governmental entity,
20 including a State or local public health depart-
21 ment;

22 (F) an Indian Tribe or Tribal organization
23 (as such terms are defined in section 4 of the
24 Indian Self-Determination and Education As-
25 sistance Act (25 U.S.C. 5304)); and

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

5 (2) FREESTANDING BIRTH CENTER.—The term
6 “freestanding birth center” has the meaning given
7 that term under section 1905(l) of the Social Secu-
8 rity Act (42 U.S.C. 1396d(1)).

9 (3) SECRETARY.—The term “Secretary” means
10 the Secretary of Health and Human Services.

11 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
12 out this section, there is authorized to be appropriated
13 \$25,000,000 for each of fiscal years 2023 through 2026.

14 **SEC. 1502. GRANTS TO GROW AND DIVERSIFY THE MATER-**
15 **NAL MENTAL AND BEHAVIORAL HEALTH**
16 **CARE WORKFORCE.**

17 Title VII of the Public Health Service Act (42 U.S.C.
18 292 et seq.) is amended by inserting after section 758 of
19 such Act, as added by section 1302 of this title, the fol-
20 lowing new section:

21 **“SEC. 758A. MATERNAL MENTAL AND BEHAVIORAL HEALTH**
22 **CARE WORKFORCE GRANTS.**

23 “(a) IN GENERAL.—The Secretary may award grants
24 to entities to establish or expand programs described in

1 subsection (b) to grow and diversify the maternal mental
2 and behavioral health care workforce.

3 “(b) USE OF FUNDS.—Recipients of grants under
4 this section shall use the grants to grow and diversify the
5 maternal mental and behavioral health care workforce
6 by—

7 “(1) establishing schools or programs that pro-
8 vide education and training to individuals seeking
9 appropriate licensing or certification as mental or
10 behavioral health care providers who will specialize
11 in maternal mental health conditions or substance
12 use disorders; or

13 “(2) expanding the capacity of existing schools
14 or programs described in paragraph (1), for the pur-
15 poses of increasing the number of students enrolled
16 in such schools or programs, including by awarding
17 scholarships for students.

18 “(c) PRIORITIZATION.—In awarding grants under
19 this section, the Secretary shall give priority to any entity
20 that—

21 “(1) has demonstrated a commitment to re-
22 cruiting and retaining students and faculty from ra-
23 cial and ethnic minority groups;

24 “(2) has developed a strategy to recruit and re-
25 tain a diverse pool of students into the maternal

1 mental or behavioral health care workforce program
2 or school supported by funds received through the
3 grant, particularly from racial and ethnic minority
4 groups and other underserved populations;

5 “(3) has developed a strategy to recruit and re-
6 tain students who plan to practice in a health pro-
7 fessional shortage area designated under section
8 332;

9 “(4) has developed a strategy to recruit and re-
10 tain students who plan to practice in an area with
11 significant racial and ethnic disparities in maternal
12 health outcomes, to the extent practicable; and

13 “(5) includes in the standard curriculum for all
14 students within the maternal mental or behavioral
15 health care workforce program or school a bias, rac-
16 ism, or discrimination training program that in-
17 cludes training on implicit bias and racism.

18 “(d) REPORTING.—As a condition on receipt of a
19 grant under this section for a maternal mental or behav-
20 ioral health care workforce program or school, an entity
21 shall agree to submit to the Secretary an annual report
22 on the activities conducted through the grant, including—

23 “(1) the number and demographics of students
24 participating in the program or school;

1 “(2) the extent to which students in the pro-
2 gram or school are entering careers in—

3 “(A) health professional shortage areas
4 designated under section 332; and

5 “(B) areas with significant racial and eth-
6 nic disparities in maternal health outcomes, to
7 the extent such data are available; and

8 “(3) whether the program or school has in-
9 cluded in the standard curriculum for all students a
10 bias, racism, or discrimination training program that
11 includes training on implicit bias and racism, and if
12 so the effectiveness of such training program.

13 “(e) PERIOD OF GRANTS.—The period of a grant
14 under this section shall be up to 5 years.

15 “(f) APPLICATION.—To seek a grant under this sec-
16 tion, an entity shall submit to the Secretary an application
17 at such time, in such manner, and containing such infor-
18 mation as the Secretary may require, including any infor-
19 mation necessary for prioritization under subsection (c).

20 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
21 provide, directly or by contract, technical assistance to en-
22 tities seeking or receiving a grant under this section on
23 the development, use, evaluation, and post-grant period
24 sustainability of the maternal mental or behavioral health

1 care workforce programs or schools proposed to be, or
2 being, established or expanded through the grant.

3 “(h) REPORT BY THE SECRETARY.—Not later than
4 4 years after the date of enactment of this section, the
5 Secretary shall prepare and submit to the Congress, and
6 post on the internet website of the Department of Health
7 and Human Services, a report on the effectiveness of the
8 grant program under this section at—

9 “(1) recruiting students from racial and ethnic
10 minority groups and other underserved populations;

11 “(2) increasing the number of mental or behav-
12 ioral health care providers specializing in maternal
13 mental health conditions or substance use disorders
14 from racial and ethnic minority groups and other
15 underserved populations;

16 “(3) increasing the number of mental or behav-
17 ioral health care providers specializing in maternal
18 mental health conditions or substance use disorders
19 working in health professional shortage areas des-
20 ignated under section 332; and

21 “(4) increasing the number of mental or behav-
22 ioral health care providers specializing in maternal
23 mental health conditions or substance use disorders
24 working in areas with significant racial and ethnic

1 disparities in maternal health outcomes, to the ex-
2 tent such data are available.

3 “(i) DEFINITIONS.—In this section:

4 “(1) RACIAL AND ETHNIC MINORITY GROUP.—
5 The term ‘racial and ethnic minority group’ has the
6 meaning given such term in section 1707(g)(1).

7 “(2) MENTAL OR BEHAVIORAL HEALTH CARE
8 PROVIDER.—The term ‘mental or behavioral health
9 care provider’ refers to a health care provider in the
10 field of mental and behavioral health, including sub-
11 stance use disorders, acting in accordance with State
12 law.

13 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
14 carry out this section, there is authorized to be appro-
15 priated \$15,000,000 for each of fiscal years 2023 through
16 2027.”.

17 **Subtitle G—Justice for** 18 **Incarcerated Moms**

19 **SEC. 1601. ENDING THE SHACKLING OF PREGNANT INDI-**
20 **VIDUALS.**

21 (a) IN GENERAL.—Beginning on the date that is 6
22 months after the date of enactment of this Act, and annu-
23 ally thereafter, in each State that receives a grant under
24 subpart 1 of part E of title I of the Omnibus Crime Con-
25 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et

1 seq.) (commonly referred to as the “Edward Byrne Memo-
2 rial Justice Grant Program”) and that does not have in
3 effect throughout the State for such fiscal year laws re-
4 stricting the use of restraints on pregnant individuals in
5 prison that are substantially similar to the rights, proce-
6 dures, requirements, effects, and penalties set forth in sec-
7 tion 4322 of title 18, United States Code, the amount of
8 such grant that would otherwise be allocated to such State
9 under such subpart for the fiscal year shall be decreased
10 by 25 percent.

11 (b) REALLOCATION.—Amounts not allocated to a
12 State for failure to comply with subsection (a) shall be
13 reallocated in accordance with subpart 1 of part E of title
14 I of the Omnibus Crime Control and Safe Streets Act of
15 1968 (34 U.S.C. 10151 et seq.) to States that have com-
16 plied with such subsection.

17 **SEC. 1602. CREATING MODEL PROGRAMS FOR THE CARE**
18 **OF INCARCERATED INDIVIDUALS IN THE**
19 **PRENATAL AND POSTPARTUM PERIODS.**

20 (a) IN GENERAL.—Not later than 1 year after the
21 date of enactment of this Act, the Attorney General, act-
22 ing through the Director of the Bureau of Prisons, shall
23 establish, in not fewer than 6 Bureau of Prisons facilities,
24 programs to optimize maternal health outcomes for preg-
25 nant and postpartum individuals incarcerated in such fa-

1 cilities. The Attorney General shall establish such pro-
2 grams in consultation with stakeholders such as—

3 (1) relevant community-based organizations,
4 particularly organizations that represent incarcer-
5 ated and formerly incarcerated individuals and orga-
6 nizations that seek to improve maternal health out-
7 comes for pregnant and postpartum individuals from
8 racial and ethnic minority groups;

9 (2) relevant organizations representing patients,
10 with a particular focus on patients from racial and
11 ethnic minority groups;

12 (3) organizations representing maternity care
13 providers and maternal health care education pro-
14 grams;

15 (4) perinatal health workers; and

16 (5) researchers and policy experts in fields re-
17 lated to maternal health care for incarcerated indi-
18 viduals.

19 (b) **START DATE.**—Each selected facility shall begin
20 facility programs not later than 18 months after the date
21 of enactment of this Act.

22 (c) **FACILITY PRIORITY.**—In carrying out subsection
23 (a), the Director shall give priority to a facility based on—

24 (1) the number of pregnant and postpartum in-
25 dividuals incarcerated in such facility and, among

1 such individuals, the number of pregnant and
2 postpartum individuals from racial and ethnic mi-
3 nority groups; and

4 (2) the extent to which the leaders of such facil-
5 ity have demonstrated a commitment to developing
6 exemplary programs for pregnant and postpartum
7 individuals incarcerated in such facility.

8 (d) PROGRAM DURATION.—The programs established
9 under this section shall be for a 5-year period.

10 (e) PROGRAMS.—Bureau of Prisons facilities selected
11 by the Director shall establish programs for pregnant and
12 postpartum incarcerated individuals, and such programs
13 may—

14 (1) provide access to perinatal health workers
15 from pregnancy through the postpartum period;

16 (2) provide access to healthy foods and coun-
17 seling on nutrition, recommended activity levels, and
18 safety measures throughout pregnancy;

19 (3) train correctional officers to ensure that
20 pregnant incarcerated individuals receive safe and
21 respectful treatment;

22 (4) train medical personnel to ensure that preg-
23 nant incarcerated individuals receive trauma-in-
24 formed, culturally congruent care that promotes the
25 health and safety of the pregnant individuals;

1 (5) provide counseling and treatment for indi-
2 viduals who have suffered from—

3 (A) diagnosed mental or behavioral health
4 conditions, including trauma and substance use
5 disorders;

6 (B) trauma or violence, including domestic
7 violence;

8 (C) human immunodeficiency virus;

9 (D) sexual abuse;

10 (E) pregnancy or infant loss; or

11 (F) chronic conditions;

12 (6) provide evidence-based pregnancy and child-
13 birth education, parenting support, and other rel-
14 evant forms of health literacy;

15 (7) provide clinical education opportunities to
16 maternity care providers in training to expand path-
17 ways into maternal health care careers serving incar-
18 cerated individuals;

19 (8) offer opportunities for postpartum individ-
20 uals to maintain contact with the individual's new-
21 born child to promote bonding, including enhanced
22 visitation policies, access to prison nursery pro-
23 grams, or breastfeeding support;

24 (9) provide reentry assistance, particularly to—

1 (A) ensure access to health insurance cov-
2 erage and transfer of health records to commu-
3 nity providers if an incarcerated individual exits
4 the criminal justice system during such individ-
5 ual's pregnancy or in the postpartum period;
6 and

7 (B) connect individuals exiting the criminal
8 justice system during pregnancy or in the
9 postpartum period to community-based re-
10 sources, such as referrals to health care pro-
11 viders, substance use disorder treatments, and
12 social services that address social determinants
13 maternal of health; or

14 (10) establish partnerships with local public en-
15 tities, private community entities, community-based
16 organizations, Indian Tribes and tribal organizations
17 (as such terms are defined in section 4 of the Indian
18 Self-Determination and Education Assistance Act
19 (25 U.S.C. 5304)), and urban Indian organizations
20 (as such term is defined in section 4 of the Indian
21 Health Care Improvement Act (25 U.S.C. 1603)) to
22 establish or expand pretrial diversion programs as
23 an alternative to incarceration for pregnant and
24 postpartum individuals. Such programs may in-
25 clude—

1 (A) evidence-based childbirth education or
2 parenting classes;

3 (B) prenatal health coordination;

4 (C) family and individual counseling;

5 (D) evidence-based screenings, education,
6 and, as needed, treatment for mental and be-
7 havioral health conditions, including drug and
8 alcohol treatments;

9 (E) family case management services;

10 (F) domestic violence education and pre-
11 vention;

12 (G) physical and sexual abuse counseling;
13 and

14 (H) programs to address social deter-
15 minants of health such as employment, housing,
16 education, transportation, and nutrition.

17 (f) IMPLEMENTATION AND REPORTING.—A selected
18 facility shall be responsible for—

19 (1) implementing programs, which may include
20 the programs described in subsection (e); and

21 (2) not later than 3 years after the date of en-
22 actment of this Act, and 6 years after the date of
23 enactment of this Act, reporting results of the pro-
24 grams to the Director, including information de-
25 scribing—

1 (A) relevant quantitative indicators of suc-
2 cess in improving the standard of care and
3 health outcomes for pregnant and postpartum
4 incarcerated individuals in the facility, including
5 data stratified by race, ethnicity, sex, gender,
6 age, geography, disability status, the category
7 of the criminal charge against such individual,
8 rates of pregnancy-related deaths, pregnancy-
9 associated deaths, cases of infant mortality and
10 morbidity, rates of preterm births and low-
11 birthweight births, cases of severe maternal
12 morbidity, cases of violence against pregnant or
13 postpartum individuals, diagnoses of maternal
14 mental or behavioral health conditions, and
15 other such information as appropriate;

16 (B) relevant qualitative and quantitative
17 evaluations from pregnant and postpartum in-
18 carcerated individuals who participated in such
19 programs, including measures of patient-re-
20 ported experience of care; and

21 (C) strategies to sustain such programs
22 after fiscal year 2027 and expand such pro-
23 grams to other facilities.

24 (g) REPORT.—Not later than 6 years after the date
25 of enactment of this Act, the Director shall submit to the

1 Attorney General and to the Congress a report describing
2 the results of the programs funded under this section.

3 (h) OVERSIGHT.—Not later than 1 year after the
4 date of enactment of this Act, the Attorney General shall
5 award a contract to an independent organization or inde-
6 pendent organizations to conduct oversight of the pro-
7 grams described in subsection (e).

8 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
9 authorized to be appropriated to carry out this section
10 \$10,000,000 for each of fiscal years 2023 through 2027.

11 **SEC. 1603. GRANT PROGRAM TO IMPROVE MATERNAL**
12 **HEALTH OUTCOMES FOR INDIVIDUALS IN**
13 **STATE AND LOCAL PRISONS AND JAILS.**

14 (a) ESTABLISHMENT.—Not later than 1 year after
15 the date of enactment of this Act, the Attorney General,
16 acting through the Director of the Bureau of Justice As-
17 sistance, shall award Justice for Incarcerated Moms
18 grants to States to establish or expand programs in State
19 and local prisons and jails for pregnant and postpartum
20 incarcerated individuals. The Attorney General shall
21 award such grants in consultation with stakeholders such
22 as—

23 (1) relevant community-based organizations,
24 particularly organizations that represent incarcer-
25 ated and formerly incarcerated individuals and orga-

1 nizations that seek to improve maternal health out-
2 comes for pregnant and postpartum individuals from
3 racial and ethnic minority groups;

4 (2) relevant organizations representing patients,
5 with a particular focus on patients from racial and
6 ethnic minority groups;

7 (3) organizations representing maternity care
8 providers and maternal health care education pro-
9 grams;

10 (4) perinatal health workers; and

11 (5) researchers and policy experts in fields re-
12 lated to maternal health care for incarcerated indi-
13 viduals.

14 (b) APPLICATIONS.—Each applicant for a grant
15 under this section shall submit to the Director of the Bu-
16 reau of Justice Assistance an application at such time, in
17 such manner, and containing such information as the Di-
18 rector may require.

19 (c) USE OF FUNDS.—A State that is awarded a grant
20 under this section shall use such grant to establish or ex-
21 pand programs for pregnant and postpartum incarcerated
22 individuals, and such programs may—

23 (1) provide access to perinatal health workers
24 from pregnancy through the postpartum period;

1 (2) provide access to healthy foods and coun-
2 seling on nutrition, recommended activity levels, and
3 safety measures throughout pregnancy;

4 (3) train correctional officers to ensure that
5 pregnant incarcerated individuals receive safe and
6 respectful treatment;

7 (4) train medical personnel to ensure that preg-
8 nant incarcerated individuals receive trauma-in-
9 formed, culturally congruent care that promotes the
10 health and safety of the pregnant individuals;

11 (5) provide counseling and treatment for indi-
12 viduals who have suffered from—

13 (A) diagnosed mental or behavioral health
14 conditions, including trauma and substance use
15 disorders;

16 (B) trauma or violence, including domestic
17 violence;

18 (C) human immunodeficiency virus;

19 (D) sexual abuse;

20 (E) pregnancy or infant loss; or

21 (F) chronic conditions;

22 (6) provide evidence-based pregnancy and child-
23 birth education, parenting support, and other rel-
24 evant forms of health literacy;

1 (7) provide clinical education opportunities to
2 maternity care providers in training to expand path-
3 ways into maternal health care careers serving incar-
4 cerated individuals;

5 (8) offer opportunities for postpartum individ-
6 uals to maintain contact with the individual's new-
7 born child to promote bonding, including enhanced
8 visitation policies, access to prison nursery pro-
9 grams, or breastfeeding support;

10 (9) provide reentry assistance, particularly to—

11 (A) ensure access to health insurance cov-
12 erage and transfer of health records to commu-
13 nity providers if an incarcerated individual exits
14 the criminal justice system during such individ-
15 ual's pregnancy or in the postpartum period;
16 and

17 (B) connect individuals exiting the criminal
18 justice system during pregnancy or in the
19 postpartum period to community-based re-
20 sources, such as referrals to health care pro-
21 viders, substance use disorder treatments, and
22 social services that address social determinants
23 of maternal health; or

24 (10) establish partnerships with local public en-
25 tities, private community entities, community-based

1 organizations, Indian Tribes and tribal organizations
2 (as such terms are defined in section 4 of the Indian
3 Self-Determination and Education Assistance Act
4 (25 U.S.C. 5304)), and urban Indian organizations
5 (as such term is defined in section 4 of the Indian
6 Health Care Improvement Act (25 U.S.C. 1603)) to
7 establish or expand pretrial diversion programs as
8 an alternative to incarceration for pregnant and
9 postpartum individuals. Such programs may in-
10 clude—

11 (A) evidence-based childbirth education or
12 parenting classes;

13 (B) prenatal health coordination;

14 (C) family and individual counseling;

15 (D) evidence-based screenings, education,
16 and, as needed, treatment for mental and be-
17 havioral health conditions, including drug and
18 alcohol treatments;

19 (E) family case management services;

20 (F) domestic violence education and pre-
21 vention;

22 (G) physical and sexual abuse counseling;

23 and

1 (H) programs to address social deter-
2 minants of health such as employment, housing,
3 education, transportation, and nutrition.

4 (d) PRIORITY.—In awarding grants under this sec-
5 tion, the Director of the Bureau of Justice Assistance
6 shall give priority to applicants based on—

7 (1) the number of pregnant and postpartum in-
8 dividuals incarcerated in the State and, among such
9 individuals, the number of pregnant and postpartum
10 individuals from racial and ethnic minority groups;
11 and

12 (2) the extent to which the State has dem-
13 onstrated a commitment to developing exemplary
14 programs for pregnant and postpartum individuals
15 incarcerated in the prisons and jails in the State.

16 (e) GRANT DURATION.—A grant awarded under this
17 section shall be for a 5-year period.

18 (f) IMPLEMENTING AND REPORTING.—A State that
19 receives a grant under this section shall be responsible
20 for—

21 (1) implementing the program funded by the
22 grant; and

23 (2) not later than 3 years after the date of en-
24 actment of this Act, and 6 years after the date of
25 enactment of this Act, reporting results of such pro-

1 gram to the Attorney General, including information
2 describing—

3 (A) relevant quantitative indicators of the
4 program’s success in improving the standard of
5 care and health outcomes for pregnant and
6 postpartum incarcerated individuals in the facil-
7 ity, including data stratified by race, ethnicity,
8 sex, gender, age, geography, disability status,
9 category of the criminal charge against such in-
10 dividual, incidence rates of pregnancy-related
11 deaths, pregnancy-associated deaths, cases of
12 infant mortality and morbidity, rates of preterm
13 births and low-birthweight births, cases of se-
14 vere maternal morbidity, cases of violence
15 against pregnant or postpartum individuals, di-
16 agnoses of maternal mental or behavioral health
17 conditions, and other such information as ap-
18 propriate;

19 (B) relevant qualitative and quantitative
20 evaluations from pregnant and postpartum in-
21 carcerated individuals who participated in such
22 programs, including measures of patient-re-
23 ported experience of care; and

1 (C) strategies to sustain such programs be-
2 yond the duration of the grant and expand such
3 programs to other facilities.

4 (g) REPORT.—Not later than 6 years after the date
5 of enactment of this Act, the Attorney General shall sub-
6 mit to the Congress a report describing the results of such
7 grant programs.

8 (h) OVERSIGHT.—Not later than 1 year after the
9 date of enactment of this Act, the Attorney General shall
10 award a contract to an independent organization or inde-
11 pendent organizations to conduct oversight of the pro-
12 grams described in subsection (c).

13 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated to carry out this section
15 \$10,000,000 for each of fiscal years 2023 through 2027.

16 **SEC. 1604. GAO REPORT.**

17 (a) IN GENERAL.—Not later than 2 years after the
18 date of enactment of this Act, the Comptroller General
19 of the United States shall submit to Congress a report
20 on adverse maternal and infant health outcomes among
21 incarcerated individuals and infants born to such individ-
22 uals, with a particular focus on racial and ethnic dispari-
23 ties in maternal and infant health outcomes for incarcer-
24 ated individuals.

1 (b) CONTENTS OF REPORT.—The report described in
2 this section shall include—

3 (1) to the extent practicable—

4 (A) the number of pregnant individuals
5 who are incarcerated in Bureau of Prisons fa-
6 cilities;

7 (B) the number of incarcerated individuals,
8 including those incarcerated in Federal, State,
9 and local correctional facilities, who have expe-
10 rienced a pregnancy-related death, pregnancy-
11 associated death, or the death of an infant in
12 the most recent 10 years of available data;

13 (C) the number of cases of severe maternal
14 morbidity among incarcerated individuals, in-
15 cluding those incarcerated in Federal, State,
16 and local detention facilities, in the most recent
17 10 years of available data;

18 (D) the number of preterm and low-birth-
19 weight births of infants born to incarcerated in-
20 dividuals, including those incarcerated in Fed-
21 eral, State, and local correctional facilities, in
22 the most recent 10 years of available data; and

23 (E) statistics on the racial and ethnic dis-
24 parities in maternal and infant health outcomes
25 and severe maternal morbidity rates among in-

1 carcerated individuals, including those incarcerated
2 ated in Federal, State, and local detention fa-
3 cilities;

4 (2) in the case that the Comptroller General of
5 the United States is unable determine the informa-
6 tion required in subparagraphs (A) through (C) of
7 paragraph (1), an assessment of the barriers to de-
8 termining such information and recommendations
9 for improvements in tracking maternal health out-
10 comes among incarcerated individuals, including
11 those incarcerated in Federal, State, and local deten-
12 tion facilities;

13 (3) causes of adverse maternal health outcomes
14 that are unique to incarcerated individuals, including
15 those incarcerated in Federal, State, and local deten-
16 tion facilities;

17 (4) causes of adverse maternal health outcomes
18 and severe maternal morbidity that are unique to in-
19 carcerated individuals from racial and ethnic minor-
20 ity groups;

21 (5) recommendations to reduce maternal mor-
22 tality and severe maternal morbidity among incar-
23 cerated individuals and to address racial and ethnic
24 disparities in maternal health outcomes for incarcer-

1 ated individuals in Bureau of Prisons facilities and
2 State and local prisons and jails; and

3 (6) such other information as may be appro-
4 priate to reduce the occurrence of adverse maternal
5 health outcomes among incarcerated individuals and
6 to address racial and ethnic disparities in maternal
7 health outcomes for such individuals.

8 **SEC. 1605. MACPAC REPORT.**

9 (a) IN GENERAL.—Not later than 2 years after the
10 date of enactment of this Act, the Medicaid and CHIP
11 Payment and Access Commission (referred to in this sec-
12 tion as “MACPAC”) shall publish a report on the implica-
13 tions of pregnant and postpartum incarcerated individuals
14 being ineligible for medical assistance under a State plan
15 under title XIX of the Social Security Act (42 U.S.C.
16 1396 et seq.) that contains the information described in
17 subsection.

18 (b) INFORMATION DESCRIBED.—For purposes of
19 subsection (a), the information described in this sub-
20 section includes—

21 (1) information on the effect of ineligibility for
22 medical assistance under a State plan under title
23 XIX of the Social Security Act (42 U.S.C. 1396 et
24 seq.) on maternal health outcomes for pregnant and
25 postpartum incarcerated individuals, concentrating

1 on the effects of such ineligibility for pregnant and
2 postpartum individuals from racial and ethnic mi-
3 nority groups; and

4 (2) the potential implications on maternal
5 health outcomes resulting from suspending eligibility
6 for medical assistance under a State plan under
7 such title of such Act when a pregnant or
8 postpartum individual is incarcerated.

9 **Subtitle H—Tech to Save Moms**

10 **SEC. 1701. INTEGRATED TELEHEALTH MODELS IN MATER-** 11 **NITY CARE SERVICES.**

12 (a) IN GENERAL.—Section 1115A(b)(2)(B) of the
13 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-
14 ed by adding at the end the following:

15 “(xxviii) Focusing on title XIX, pro-
16 viding for the adoption of and use of tele-
17 health tools that allow for screening, moni-
18 toring, and management of common health
19 complications with respect to an individual
20 receiving medical assistance during such
21 individual’s pregnancy and for not more
22 than a 1-year period beginning on the last
23 day of the pregnancy.”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 subsection (a) shall take effect 1 year after the date of
3 the enactment of this Act.

4 **SEC. 1702. GRANTS TO EXPAND THE USE OF TECHNOLOGY-**
5 **ENABLED COLLABORATIVE LEARNING AND**
6 **CAPACITY MODELS FOR PREGNANT AND**
7 **POSTPARTUM INDIVIDUALS.**

8 Title III of the Public Health Service Act is amended
9 by inserting after section 330P (42 U.S.C. 254e-22) the
10 following:

11 **“SEC. 330Q. EXPANDING CAPACITY FOR MATERNAL**
12 **HEALTH OUTCOMES.**

13 “(a) ESTABLISHMENT.—Beginning not later than 1
14 year after the date of enactment of this section, the Sec-
15 retary shall award grants to eligible entities to evaluate,
16 develop, and expand the use of technology-enabled collabo-
17 rative learning and capacity building models and improve
18 maternal health outcomes—

19 “(1) in health professional shortage areas;

20 “(2) in areas with high rates of maternal mor-
21 tality and severe maternal morbidity;

22 “(3) in areas with significant racial and ethnic
23 disparities in maternal health outcomes; and

24 “(4) for medically underserved populations and
25 American Indians and Alaska Natives, including In-

1 dian Tribes, Tribal organizations, and Urban Indian
2 organizations.

3 “(b) USE OF FUNDS.—

4 “(1) REQUIRED USES.—Recipients of grants
5 under this section shall use the grants to—

6 “(A) train maternal health care providers,
7 students, and other similar professionals
8 through models that include—

9 “(i) methods to increase safety and
10 health care quality;

11 “(ii) implicit bias, racism, and dis-
12 crimination;

13 “(iii) best practices in screening for
14 and, as needed, evaluating and treating
15 maternal mental health conditions and
16 substance use disorders;

17 “(iv) training on best practices in ma-
18 ternity care for pregnant and postpartum
19 individuals during the COVID–19 public
20 health emergency or future public health
21 emergencies;

22 “(v) methods to screen for social de-
23 terminants of maternal health risks in the
24 prenatal and postpartum; and

1 “(vi) the use of remote patient moni-
2 toring tools for pregnancy-related com-
3 plications described in section
4 1115A(b)(2)(B)(xxviii);

5 “(B) evaluate and collect information on
6 the effect of such models on—

7 “(i) access to and quality of care;

8 “(ii) outcomes with respect to the
9 health of an individual; and

10 “(iii) the experience of individuals who
11 receive pregnancy-related health care;

12 “(C) develop qualitative and quantitative
13 measures to identify best practices for the ex-
14 pansion and use of such models;

15 “(D) study the effect of such models on
16 patient outcomes and maternity care providers;
17 and

18 “(E) conduct any other activity determined
19 by the Secretary.

20 “(2) PERMISSIBLE USES.—Recipients of grants
21 under this section may use grants to support—

22 “(A) the use and expansion of technology-
23 enabled collaborative learning and capacity
24 building models, including hardware and soft-
25 ware that—

1 “(i) enables distance learning and
2 technical support; and

3 “(ii) supports the secure exchange of
4 electronic health information; and

5 “(B) maternity care providers, students,
6 and other similar professionals in the provision
7 of maternity care through such models.

8 “(c) APPLICATION.—

9 “(1) IN GENERAL.—An eligible entity seeking a
10 grant under subsection (a) shall submit to the Sec-
11 retary an application, at such time, in such manner,
12 and containing such information as the Secretary
13 may require.

14 “(2) ASSURANCE.—An application under para-
15 graph (1) shall include an assurance that such entity
16 shall collect information on and assess the effect of
17 the use of technology-enabled collaborative learning
18 and capacity building models, including with respect
19 to—

20 “(A) maternal health outcomes;

21 “(B) access to maternal health care serv-
22 ices;

23 “(C) quality of maternal health care; and

1 “(D) retention of maternity care providers
2 serving areas and populations described in sub-
3 section (a).

4 “(d) LIMITATIONS.—

5 “(1) NUMBER.—The Secretary may not award
6 more than 1 grant under this section.

7 “(2) DURATION.—A grant awarded under this
8 section shall be for a 5-year period.

9 “(e) ACCESS TO BROADBAND.—In administering
10 grants under this section, the Secretary may coordinate
11 with other agencies to ensure that funding opportunities
12 are available to support access to reliable, high-speed
13 internet for grantees.

14 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
15 provide (either directly or by contract) technical assistance
16 to eligible entities, including recipients of grants under
17 subsection (a), on the development, use, and sustainability
18 of technology-enabled collaborative learning and capacity
19 building models to expand access to maternal health care
20 services provided by such entities, including—

21 “(1) in health professional shortage areas;

22 “(2) in areas with high rates of maternal mor-
23 tality and severe maternal morbidity or significant
24 racial and ethnic disparities in maternal health out-
25 comes; and

1 “(3) for medically underserved populations or
2 American Indians and Alaska Natives.

3 “(g) RESEARCH AND EVALUATION.—The Secretary,
4 in consultation with experts, shall develop a strategic plan
5 to research and evaluate the evidence for such models.

6 “(h) REPORTING.—

7 “(1) ELIGIBLE ENTITIES.—An eligible entity
8 that receives a grant under subsection (a) shall sub-
9 mit to the Secretary a report, at such time, in such
10 manner, and containing such information as the Sec-
11 retary may require.

12 “(2) SECRETARY.—Not later than 4 years after
13 the date of enactment of this section, the Secretary
14 shall submit to the Congress, and make available on
15 the website of the Department of Health and
16 Human Services, a report that includes—

17 “(A) a description of grants awarded
18 under subsection (a) and the purpose and
19 amounts of such grants;

20 “(B) a summary of—

21 “(i) the evaluations conducted under
22 subsection (b)(B);

23 “(ii) any technical assistance provided
24 under subsection (g); and

1 “(iii) the activities conducted under
2 subsection (a); and

3 “(C) a description of any significant find-
4 ings with respect to—

5 “(i) patient outcomes; and

6 “(ii) best practices for expanding,
7 using, or evaluating technology-enabled col-
8 laborative learning and capacity building
9 models.

10 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
11 authorized to be appropriated to carry out this section,
12 \$6,000,000 for each of fiscal years 2023 through 2027.

13 “(j) DEFINITIONS.—In this section:

14 “(1) ELIGIBLE ENTITY.—

15 “(A) IN GENERAL.—The term ‘eligible en-
16 tity’ means an entity that provides, or supports
17 the provision of, maternal health care services
18 or other evidence-based services for pregnant
19 and postpartum individuals—

20 “(i) in health professional shortage
21 areas;

22 “(ii) in areas with high rates of ad-
23 verse maternal health outcomes or signifi-
24 cant racial and ethnic disparities in mater-
25 nal health outcomes; and

1 “(iii) who are—

2 “(I) members of medically under-
3 served populations; or

4 “(II) American Indians and Alas-
5 ka Natives, including Indian Tribes,
6 Tribal organizations, and urban In-
7 dian organizations.

8 “(B) INCLUSIONS.—An eligible entity may
9 include entities that lead, or are capable of
10 leading a technology-enabled collaborative learn-
11 ing and capacity building model.

12 “(2) HEALTH PROFESSIONAL SHORTAGE
13 AREA.—The term ‘health professional shortage area’
14 means a health professional shortage area des-
15 ignated under section 332.

16 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’
17 has the meaning given such term in section 4 of the
18 Indian Self-Determination and Education Assistance
19 Act.

20 “(4) MATERNAL MORTALITY.—The term ‘ma-
21 ternal mortality’ means a death occurring during or
22 within 1-year period after pregnancy caused by preg-
23 nancy-related or childbirth complications, including a
24 suicide, overdose, or other death resulting from a
25 mental health or substance use disorder attributed

1 to or aggravated by pregnancy or childbirth com-
2 plications.

3 “(5) MEDICALLY UNDERSERVED POPU-
4 LATION.—The term ‘medically underserved popu-
5 lation’ has the meaning given such term in section
6 330(b)(3).

7 “(6) POSTPARTUM.—The term ‘postpartum’
8 means the 1-year period beginning on the last date
9 of an individual’s pregnancy.

10 “(7) SEVERE MATERNAL MORBIDITY.—The
11 term ‘severe maternal morbidity’ means a health
12 condition, including a mental health or substance
13 use disorder, attributed to or aggravated by preg-
14 nancy or childbirth that results in significant short-
15 term or long-term consequences to the health of the
16 individual who was pregnant.

17 “(8) TECHNOLOGY-ENABLED COLLABORATIVE
18 LEARNING AND CAPACITY BUILDING MODEL.—The
19 term ‘technology-enabled collaborative learning and
20 capacity building model’ means a distance health
21 education model that connects health care profes-
22 sionals, and other specialists, through simultaneous
23 interactive videoconferencing for the purpose of fa-
24 cilitating case-based learning, disseminating best

1 practices, and evaluating outcomes in the context of
2 maternal health care.

3 “(9) TRIBAL ORGANIZATION.—The term ‘Tribal
4 organization’ has the meaning given such term in
5 section 4 of the Indian Self-Determination and Edu-
6 cation Assistance Act.

7 “(10) URBAN INDIAN ORGANIZATION.—The
8 term ‘urban Indian organization’ has the meaning
9 given such term in section 4 of the Indian Health
10 Care Improvement Act.”.

11 **SEC. 1703. GRANTS TO PROMOTE EQUITY IN MATERNAL**
12 **HEALTH OUTCOMES THROUGH DIGITAL**
13 **TOOLS.**

14 (a) IN GENERAL.—Beginning not later than 1 year
15 after the date of the enactment of this Act, the Secretary
16 of Health and Human Services shall make grants to eligi-
17 ble entities to reduce racial and ethnic disparities in ma-
18 ternal health outcomes by increasing access to digital tools
19 related to maternal health care.

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

1 (c) PRIORITIZATION.—In awarding grants under this
2 section, the Secretary shall prioritize an eligible entity—

3 (1) in an area with high rates of adverse mater-
4 nal health outcomes or significant racial and ethnic
5 disparities in maternal health outcomes;

6 (2) in a health professional shortage area des-
7 igned under section 332 of the Public Health Serv-
8 ice Act (42 U.S.C. 254e); and

9 (3) that promotes technology that addresses ra-
10 cial and ethnic disparities in maternal health out-
11 comes.

12 (d) LIMITATIONS.—

13 (1) NUMBER.—The Secretary may award not
14 more than 1 grant under this section.

15 (2) DURATION.—A grant awarded under this
16 section shall be for a 5-year period.

17 (e) TECHNICAL ASSISTANCE.—The Secretary shall
18 provide technical assistance to an eligible entity on the de-
19 velopment, use, evaluation, and post-grant sustainability
20 of digital tools for purposes of promoting equity in mater-
21 nal health outcomes.

22 (f) REPORTING.—

23 (1) ELIGIBLE ENTITIES.—An eligible entity
24 that receives a grant under subsection (a) shall sub-
25 mit to the Secretary a report, at such time, in such

1 manner, and containing such information as the Sec-
2 retary may require.

3 (2) SECRETARY.—Not later than 4 years after
4 the date of the enactment of this Act, the Secretary
5 shall submit to Congress a report that includes—

6 (A) an evaluation on the effectiveness of
7 grants awarded under this section to improve
8 health outcomes for pregnant and postpartum
9 individuals from racial and ethnic minority
10 groups;

11 (B) recommendations on new grant pro-
12 grams that promote the use of technology to
13 improve such maternal health outcomes; and

14 (C) recommendations with respect to—

15 (i) technology-based privacy and secu-
16 rity safeguards in maternal health care;

17 (ii) reimbursement rates for maternal
18 telehealth services;

19 (iii) the use of digital tools to analyze
20 large data sets to identify potential preg-
21 nancy-related complications;

22 (iv) barriers that prevent maternity
23 care providers from providing telehealth
24 services across States;

1 (v) the use of consumer digital tools
2 such as mobile phone applications, patient
3 portals, and wearable technologies to im-
4 prove maternal health outcomes;

5 (vi) barriers that prevent access to
6 telehealth services, including a lack of ac-
7 cess to reliable, high-speed internet or elec-
8 tronic devices;

9 (vii) barriers to data sharing between
10 the Special Supplemental Nutrition Pro-
11 gram for Women, Infants, and Children
12 program and maternity care providers, and
13 recommendations for addressing such bar-
14 riers; and

15 (viii) lessons learned from expanded
16 access to telehealth related to maternity
17 care during the COVID–19 public health
18 emergency.

19 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section
21 \$6,000,000 for each of fiscal years 2023 through 2027.

22 **SEC. 1704. REPORT ON THE USE OF TECHNOLOGY IN MA-**
23 **TERNITY CARE.**

24 (a) IN GENERAL.—Not later than 60 days after the
25 date of enactment of this Act, the Secretary of Health and

1 Human Services shall seek to enter an agreement with the
2 National Academies of Sciences, Engineering, and Medi-
3 cine (referred to in this title as the “National Academies”)
4 under which the National Academies shall conduct a study
5 on the use of technology and patient monitoring devices
6 in maternity care.

7 (b) CONTENT.—The agreement entered into pursu-
8 ant to subsection (a) shall provide for the study of the
9 following:

10 (1) The use of innovative technology (including
11 artificial intelligence) in maternal health care, in-
12 cluding the extent to which such technology has af-
13 fected racial or ethnic biases in maternal health
14 care.

15 (2) The use of patient monitoring devices (in-
16 cluding pulse oximeter devices) in maternal health
17 care, including the extent to which such devices have
18 affected racial or ethnic biases in maternal health
19 care.

20 (3) Best practices for reducing and preventing
21 racial or ethnic biases in the use of innovative tech-
22 nology and patient monitoring devices in maternity
23 care.

24 (4) Best practices in the use of innovative tech-
25 nology and patient monitoring devices for pregnant

1 and postpartum individuals from racial and ethnic
2 minority groups.

3 (5) Best practices with respect to privacy and
4 security safeguards in such use.

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 Congress a report on
8 the results of the study, not later than 24 months after
9 the date of enactment of this Act.

10 **Subtitle I—Impact to Save Moms**

11 **SEC. 1801. PERINATAL CARE ALTERNATIVE PAYMENT**

12 **MODEL DEMONSTRATION PROJECT.**

13 (a) IN GENERAL.—For the period of fiscal years
14 2023 through 2027, the Secretary of Health and Human
15 Services (referred to in this section as the “Secretary”),
16 acting through the Administrator of the Centers for Medi-
17 care & Medicaid Services, shall establish and implement,
18 in accordance with the requirements of this section, a
19 demonstration project, to be known as the Perinatal Care
20 Alternative Payment Model Demonstration Project (re-
21 ferred to in this section as the “Demonstration Project”),
22 for purposes of allowing States to test payment models
23 under their State plans under title XIX of the Social Secu-
24 rity Act (42 U.S.C. 1396 et seq.) and State child health
25 plans under title XXI of such Act (42 U.S.C. 1397aa et

1 seq.) with respect to maternity care provided to pregnant
2 and postpartum individuals enrolled in such State plans
3 and State child health plans.

4 (b) COORDINATION.—In establishing the Demonstra-
5 tion Project, the Secretary shall coordinate with stake-
6 holders such as—

7 (1) State Medicaid programs;

8 (2) maternity care providers and organizations
9 representing maternity care providers;

10 (3) relevant organizations representing patients,
11 with a particular focus on patients from racial and
12 ethnic minority groups;

13 (4) relevant community-based organizations,
14 particularly organizations that seek to improve ma-
15 ternal health outcomes for pregnant and postpartum
16 individuals from racial and ethnic minority groups;

17 (5) perinatal health workers;

18 (6) relevant health insurance issuers;

19 (7) hospitals, health systems, midwifery prac-
20 tices, freestanding birth centers (as such term is de-
21 fined in paragraph (3)(B) of section 1905(l) of the
22 Social Security Act (42 U.S.C. 1396d(l))), Feder-
23 ally-qualified health centers (as such term is defined
24 in paragraph (2)(B) of such section), and rural

1 health clinics (as such term is defined in section
2 1861(aa) of such Act (42 U.S.C. 1395x(aa)));

3 (8) researchers and policy experts in fields re-
4 lated to maternity care payment models; and

5 (9) any other stakeholders as the Secretary de-
6 termines appropriate, with a particular focus on
7 stakeholders from racial and ethnic minority groups.

8 (c) CONSIDERATIONS.—In establishing the Dem-
9 onstration Project, the Secretary shall consider any alter-
10 native payment model that—

11 (1) is designed to improve maternal health out-
12 comes for racial and ethnic groups with dispropor-
13 tionate rates of adverse maternal health outcomes;

14 (2) includes methods for stratifying patients by
15 pregnancy risk level and, as appropriate, adjusting
16 payments under such model to take into account
17 pregnancy risk level;

18 (3) establishes evidence-based quality metrics
19 for such payments;

20 (4) includes consideration of non-hospital birth
21 settings such as freestanding birth centers (as so de-
22 fined);

23 (5) includes consideration of social deter-
24 minants of maternal health; or

1 (6) includes diverse maternity care teams that
2 include—

3 (A) maternity care providers, mental and
4 behavioral health care providers acting in ac-
5 cordance with State law, registered dietitians or
6 nutrition professionals (as such term is defined
7 in 42 U.S.C. 1395x(vv)(2)), and International
8 Board Certified Lactation Consultants—

9 (i) from racially, ethnically, and pro-
10 fessionally diverse backgrounds;

11 (ii) with experience practicing in ra-
12 cially and ethnically diverse communities;

13 or

14 (iii) who have undergone training on
15 implicit bias and racism; and

16 (B) perinatal health workers.

17 (d) ELIGIBILITY.—To be eligible to participate in the
18 Demonstration Project, a State shall submit an applica-
19 tion to the Secretary at such time, in such manner, and
20 containing such information as the Secretary may require.

21 (e) EVALUATION.—The Secretary shall conduct an
22 evaluation of the Demonstration Project to determine the
23 impact of the Demonstration Project on—

24 (1) maternal health outcomes, with data strati-
25 fied by race, ethnicity, socioeconomic indicators, and

1 any other factors as the Secretary determines appro-
2 priate;

3 (2) spending on maternity care by States partici-
4 pating in the Demonstration Project;

5 (3) to the extent practicable, qualitative and
6 quantitative measures of patient experience; and

7 (4) any other areas of assessment that the Sec-
8 retary determines relevant.

9 (f) REPORT.—Not later than one year after the com-
10 pletion or termination date of the Demonstration Project,
11 the Secretary shall submit to the Congress, and make pub-
12 licly available, a report containing—

13 (1) the results of any evaluation conducted
14 under subsection (e); and

15 (2) a recommendation regarding whether the
16 Demonstration Project should be continued after fis-
17 cal year 2027 and expanded on a national basis.

18 (g) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated such sums as are nec-
20 essary to carry out this section.

21 (h) DEFINITIONS.—In this section:

22 (1) ALTERNATIVE PAYMENT MODEL.—The
23 term “alternative payment model” has the meaning
24 given such term in section 1833(z)(3)(C) of the So-
25 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

1 (2) PERINATAL.—The term “perinatal” means
2 the period beginning on the day an individual be-
3 comes pregnant and ending on the last day of the
4 1-year period beginning on the last day of such indi-
5 vidual’s pregnancy.

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

11 **SEC. 1802. MACPAC REPORT.**

12 Not later than two years after the date of the enact-
13 ment of this Act, the Medicaid and CHIP Payment and
14 Access Commission shall publish a report on issues relat-
15 ing to the continuity of coverage under State plans under
16 title XIX of the Social Security Act (42 U.S.C. 1396 et
17 seq.) and State child health plans under title XXI of such
18 Act (42 U.S.C. 1397aa et seq.) for pregnant and
19 postpartum individuals. Such report shall, at a minimum,
20 include the following:

21 (1) An assessment of any existing policies
22 under such State plans and such State child health
23 plans regarding presumptive eligibility for pregnant
24 individuals while their application for enrollment in

1 such a State plan or such a State child health plan
2 is being processed.

3 (2) An assessment of any existing policies
4 under such State plans and such State child health
5 plans regarding measures to ensure continuity of
6 coverage under such a State plan or such a State
7 child health plan for pregnant and postpartum indi-
8 viduals, including such individuals who need to
9 change their health insurance coverage during their
10 pregnancy or the postpartum period following their
11 pregnancy.

12 (3) An assessment of any existing policies
13 under such State plans and such State child health
14 plans regarding measures to automatically reenroll
15 individuals who are eligible to enroll under such a
16 State plan or such a State child health plan as a
17 parent.

18 (4) If determined appropriate by the Commis-
19 sion, any recommendations for the Department of
20 Health and Human Services, or such State plans
21 and such State child health plans, to ensure con-
22 tinuity of coverage under such a State plan or such
23 a State child health plan for pregnant and
24 postpartum individuals.

1 **Subtitle J—Maternal Health**
2 **Pandemic Response**

3 **SEC. 1901. DEFINITIONS.**

4 In this subtitle:

5 (1) COVID–19 PUBLIC HEALTH EMERGENCY.—

6 The term “COVID–19 public health emergency”
7 means the period—

8 (A) beginning on the date that the Sec-
9 retary of Health and Human Services declared
10 a public health emergency under section 319 of
11 the Public Health Service Act (42 U.S.C.
12 247d), with respect to COVID–19; and

13 (B) ending on the later of the end of such
14 public health emergency, or January 1, 2023.

15 (2) RESPECTFUL MATERNITY CARE.—The term
16 “respectful maternity care” refers to care organized
17 for, and provided to, pregnant and postpartum indi-
18 viduals in a manner that—

19 (A) is culturally congruent;

20 (B) maintains their dignity, privacy, and
21 confidentiality;

22 (C) ensures freedom from harm and mis-
23 treatment; and

24 (D) enables informed choice and contin-
25 uous support.

1 (3) SECRETARY.—The term “Secretary” means
2 the Secretary of Health and Human Services.

3 **SEC. 1902. FUNDING FOR DATA COLLECTION, SURVEIL-**
4 **LANCE, AND RESEARCH ON MATERNAL**
5 **HEALTH OUTCOMES DURING THE COVID-19**
6 **PUBLIC HEALTH EMERGENCY.**

7 To conduct or support data collection, surveillance,
8 and research on maternal health as a result of the
9 COVID-19 public health emergency, including support to
10 assist in the capacity building for State, Tribal, territorial,
11 and local public health departments to collect and trans-
12 mit racial, ethnic, and other demographic data related to
13 maternal health, there are authorized to be appro-
14 priated—

15 (1) \$100,000,000 for the Surveillance for
16 Emerging Threats to Mothers and Babies program
17 of the Centers for Disease Control and Prevention,
18 to support the Centers for Disease Control and Pre-
19 vention in its efforts to—

20 (A) work with public health, clinical, and
21 community-based organizations to provide time-
22 ly, continually updated guidance to families and
23 health care providers on ways to reduce risk to
24 pregnant and postpartum individuals and their

1 newborns and tailor interventions to improve
2 their long-term health;

3 (B) partner with more State, Tribal, terri-
4 torial, and local public health programs in the
5 collection and analysis of clinical data on the
6 impact of COVID–19 on pregnant and
7 postpartum patients and their newborns, par-
8 ticularly among patients from racial and ethnic
9 minority groups; and

10 (C) establish regionally based centers of
11 excellence to offer medical, public health, and
12 other knowledge to ensure communities, espe-
13 cially communities with large populations of in-
14 dividuals from racial and ethnic minority
15 groups, can help pregnant and postpartum indi-
16 viduals and newborns get the care and support
17 they need;

18 (2) \$30,000,000 for the Enhancing Reviews
19 and Surveillance to Eliminate Maternal Mortality
20 program (commonly known as the “ERASE MM
21 program”) of the Centers for Disease Control and
22 Prevention, to support the Centers for Disease Con-
23 trol and Prevention in expanding its partnerships
24 with States and Indian Tribes and provide technical

1 assistance to existing Maternal Mortality Review
2 Committees;

3 (3) \$45,000,000 for the Pregnancy Risk As-
4 sessment Monitoring System (commonly known as
5 the “PRAMS”) of the Centers for Disease Control
6 and Prevention, to support the Centers for Disease
7 Control and Prevention in its efforts to—

8 (A) create a COVID–19 supplement to its
9 PRAMS questionnaire;

10 (B) add questions around experiences of
11 respectful maternity care in prenatal,
12 intrapartum, and postpartum care;

13 (C) conduct a rapid assessment of
14 COVID–19 awareness, impact on care and ex-
15 periences, and use of preventive measures
16 among pregnant, laboring and birthing, and
17 postpartum individuals during the COVID–19
18 public health emergency; and

19 (D) work to transition the survey to an
20 electronic platform and expand the survey to a
21 larger population, with a special focus on reach-
22 ing underrepresented communities; and

23 (4) \$15,000,000 for the National Institute of
24 Child Health and Human Development, to conduct
25 or support research for interventions to mitigate the

1 effects of the COVID–19 public health emergency on
2 pregnant and postpartum individuals, with a par-
3 ticular focus on individuals from racial and ethnic
4 minority groups.

5 **SEC. 1903. COVID–19 MATERNAL HEALTH DATA COLLEC-**
6 **TION AND DISCLOSURE.**

7 (a) AVAILABILITY OF COLLECTED DATA.—The Sec-
8 retary, acting through the Director of the Centers for Dis-
9 ease Control and Prevention and the Administrator of the
10 Centers for Medicare & Medicaid Services, shall make pub-
11 licly available on the website of the Centers for Disease
12 Control and Prevention data described in subsection (b).

13 (b) DATA DESCRIBED.—The data under subsection
14 (a) means data collected through Federal surveillance sys-
15 tems under the Centers for Disease Control and Preven-
16 tion with respect to COVID–19 and individuals who are
17 pregnant or in a postpartum period. Such data shall in-
18 clude the following:

19 (1) Diagnostic testing, including the number of
20 pregnant and postpartum individuals who are tested
21 for COVID–19 and the number of positive cases.

22 (2) Suspected cases of COVID–19 in pregnant
23 and birthing individuals and individuals in a
24 postpartum period.

1 (3) Serologic testing, including the number of
2 pregnant and postpartum individuals tested and the
3 number of such serologic tests that were positive.

4 (4) Health care treatment for individuals who
5 were infected with the virus, including hospitaliza-
6 tions, emergency room visits, and intensive care unit
7 admissions.

8 (5) Health outcomes for pregnant individuals
9 and infants confirmed or suspected of being infected
10 with the virus, including—

11 (A) the number of fatalities and case fa-
12 talities (expressed as the proportion of individ-
13 uals who were infected with the virus to individ-
14 uals who died from the virus); and

15 (B) the number of stillbirths, infant mor-
16 tality, pre-term births, infants born with a low-
17 birth weight, and cesarean section births.

18 (c) INDIAN HEALTH SERVICE.—In carrying out sub-
19 section (a), the Secretary shall consult with Indian Tribes
20 and confer with urban Indian organizations.

21 (d) DISAGGREGATED INFORMATION.—In carrying
22 out subsection (a), the Secretary shall disaggregate data
23 by race, ethnicity, and location.

1 (e) UPDATE.—During the COVID–19 public health
2 emergency, the Secretary shall update the data made
3 available under this section—

4 (1) at least on a monthly basis; and

5 (2) not less than one month after the end of
6 such public health emergency.

7 (f) PRIVACY.—In carrying out subsection (a), the
8 Secretary shall take steps to protect the privacy of individ-
9 uals pursuant to regulations promulgated under section
10 264(c) of the Health Insurance Portability and Account-
11 ability Act of 1996 (42 U.S.C. 1320d–2 note).

12 (g) GUIDANCE.—

13 (1) IN GENERAL.—Not later than 30 days after
14 the date of enactment of this Act, the Secretary
15 shall issue guidance to States and local public health
16 departments to ensure that—

17 (A) laboratories that test specimens for
18 COVID–19 receive all relevant demographic
19 data on race, ethnicity, pregnancy status, and
20 other demographic data as determined by the
21 Secretary; and

22 (B) data described in subsection (b) is
23 disaggregated by race, ethnicity, and location.

1 (2) CONSULTATION.—In carrying out para-
2 graph (1), the Secretary shall consult with Indian
3 Tribes—

4 (A) to ensure that such guidance includes
5 Tribally developed best practices; and

6 (B) to reduce misclassification of American
7 Indians and Alaska Natives.

8 **SEC. 1904. INCLUSION OF PREGNANT INDIVIDUALS AND**
9 **LACTATING INDIVIDUALS IN VACCINE AND**
10 **THERAPEUTIC DEVELOPMENT FOR COVID-19.**

11 The Director of the National Institutes of Health
12 shall when safe and appropriate, support and advance the
13 inclusion of pregnant and lactating individuals in thera-
14 peutic and vaccine clinical trials with respect to the treat-
15 ment or prevention of COVID-19, including prioritizing
16 recommendations made by the Task Force on Research
17 Specific to Pregnant Women and Lactating Women estab-
18 lished under section 2041 of the 21st Century Cures Act
19 (42 U.S.C. 289a-2 note) with respect to including such
20 individuals in such clinical trials.

21 **SEC. 1905. PUBLIC HEALTH COMMUNICATION REGARDING**
22 **MATERNAL CARE DURING COVID-19.**

23 The Director of the Centers for Disease Control and
24 Prevention shall conduct a public health education cam-
25 paign to increase access by pregnant individuals, their em-

1 ployers, and their health care providers to accurate, evi-
2 dence-based information on COVID–19 and pregnancy
3 risks, with a particular focus pregnant individuals in un-
4 derserved communities.

5 **SEC. 1906. TASK FORCE ON BIRTHING EXPERIENCE AND**
6 **SAFE MATERNITY CARE DURING A PUBLIC**
7 **HEALTH EMERGENCY.**

8 (a) ESTABLISHMENT.—The Secretary, in consulta-
9 tion with the Director of the Centers for Disease Control
10 and Prevention and the Administrator of the Health Re-
11 sources and Services Administration, shall convene a task
12 force (in this subsection referred to as the “Task Force”)
13 to develop recommendations, and make such recommenda-
14 tions publicly available in multiple languages, on respect-
15 ful maternity care during the COVID–19 public health
16 emergency and other public health emergencies, with a
17 particular focus on outcomes for individuals from racial
18 and ethnic minority groups and other underserved commu-
19 nities.

20 (b) CONTENT.—In developing recommendations
21 under paragraph (1), the Task Force shall address the
22 following:

23 (1) Measures to facilitate respectful maternity
24 care.

1 (2) Strategies to increase access to specialized
2 care for individuals with high-risk pregnancies.

3 (3) COVID–19 diagnostic testing for pregnant
4 individuals and individuals in labor.

5 (4) The designation of a companion during
6 birthing.

7 (5) The ability to communicate using an elec-
8 tronic mobile device during birthing.

9 (6) With respect to an individual who has the
10 virus that causes COVID–19—

11 (A) separation from a newborn after birth;

12 and

13 (B) ensuring safety while breastfeeding.

14 (7) Licensing, training, and reimbursement for
15 midwives from racial and ethnic minority groups and
16 underserved communities.

17 (8) Financial support for perinatal health work-
18 ers who provide nonclinical support to pregnant indi-
19 viduals and postpartum individuals from under-
20 served communities.

21 (9) The identification and treatment of prenatal
22 and postpartum mental and behavioral health condi-
23 tions may have developed during or worsened be-
24 cause of the COVID–19 public health emergency or

1 future public health emergencies, including anxiety,
2 substance use disorder, and depression.

3 (10) Strategies to address hospital capacity
4 issues in communities with an increase in COVID-
5 19 cases, or cases of other infectious diseases.

6 (11) Options for maternal care that reduce
7 cross-contamination and maintain safety and quality
8 of care, including auxiliary maternity units and free-
9 standing birth centers.

10 (12) Methods to identify and address racism,
11 bias, and discrimination in treatment and support to
12 pregnant and postpartum individuals, including—

13 (A) evaluating the training of hospital staff
14 on implicit bias and racism and respectful ma-
15 ternity care; and

16 (B) the collection of demographic data.

17 (13) Other matters the Task Force determines
18 appropriate.

19 (c) MEMBERSHIP.—

20 (1) CHAIR.—The Secretary shall select the
21 chair of the Task Force from among the members
22 of the Task Force.

23 (2) COMPOSITION.—The Task Force shall be
24 composed of—

1 (A) representatives of Federal agencies, in-
2 cluding the agencies listed in paragraph (3);

3 (B) three or more representatives of State,
4 local, or territorial public health departments
5 from different areas in the United States that
6 have a large historically marginalized popu-
7 lation;

8 (C) one or more representatives of Tribal
9 public health departments;

10 (D) one or more obstetrician-gynecologists
11 or other physicians who provide obstetric care,
12 with consideration for physicians who are from,
13 or work in, communities experiencing a high
14 rate of mortality and morbidity from COVID-
15 19;

16 (E) one or more nurses who provide ob-
17 stetric care, with consideration for physicians
18 who are from, or work in, communities experi-
19 encing a high rate of mortality and morbidity
20 from COVID-19;

21 (F) one or more perinatal health workers;

22 (G) one or more individuals who were
23 pregnant or gave birth during the COVID-19
24 public health emergency;

1 (H) one or more individuals who had the
2 virus that causes COVID–19 and later gave
3 birth;

4 (I) one or more individuals who have re-
5 ceived support from a perinatal health; and

6 (J) three or more independent experts who
7 are racially and ethnically diverse with knowl-
8 edge on racial and ethnic disparities in—

9 (i) public health;

10 (ii) maternal health; or

11 (iii) maternal mortality and severe
12 maternal morbidity.

13 (3) FEDERAL AGENCIES.—The agencies rep-
14 resented under paragraph (2)(A) shall include the
15 following:

16 (A) The Department of Health and
17 Human Services.

18 (B) The Centers for Disease Control and
19 Prevention.

20 (C) The Centers for Medicare & Medicaid
21 Services.

22 (D) The Health Resources and Services
23 Administration.

24 (E) The Indian Health Service.

25 (F) The National Institutes of Health.

1 **SEC. 1907. GAO REPORT ON MATERNAL HEALTH AND PUB-**
2 **LIC HEALTH EMERGENCY PREPAREDNESS.**

3 (a) **IN GENERAL.**—Not later than one year after the
4 date of the enactment of this Act, the Comptroller General
5 of the United States shall submit to Congress a report
6 on maternal health and public health emergency prepared-
7 ness. Such report shall include the information and rec-
8 ommendations described in subsection (b).

9 (b) **CONTENT OF REPORT.**—The report under sub-
10 section (b) shall include the following:

11 (1) A review of prenatal, labor and delivery,
12 and postpartum experiences of individuals during
13 such public health emergency, including—

14 (A) barriers to accessing pregnancy, birth,
15 and postpartum care during a pandemic;

16 (B) public and private insurance coverage
17 with respect to maternal health care, including
18 telehealth services;

19 (C) to the extent practicable, maternal and
20 infant health outcomes by race and ethnicity
21 (including quality of care, mortality, morbidity,
22 cesarean section rates, preterm birth, preva-
23 lence of prenatal and postpartum mental health
24 conditions and substance use disorders);

1 (D) with respect to such health outcomes,
2 the impact of Federal and State policy changes
3 during such public health emergency;

4 (E) contributing factors to population-
5 based disparities in health outcomes, including
6 bias and discrimination toward individuals from
7 racial and ethnic minority groups; and

8 (F) the effect of increased unemployment,
9 paid family leave, changes in health care cov-
10 erage, and other social determinants of health
11 for pregnant and postpartum individuals during
12 the public health emergency.

13 (2) Recommendations on improving the public
14 health emergency response and preparedness efforts
15 of the Federal Government with respect to maternal
16 health, with a focus on outcomes for pregnant and
17 postpartum individuals from racial and ethnic mi-
18 nority groups, including—

19 (A) improving research, surveillance, and
20 data collection with respect to maternal health;

21 (B) factoring maternal health outcomes
22 and disparities into decisions regarding dis-
23 tribution of resources;

24 (C) improving the distribution of public
25 health funds, data, and information to Indian

1 Tribes and Tribal organizations with regard to
2 maternal health during a public health emer-
3 gency; and

4 (D) improving communications during a
5 public health emergency with—

6 (i) maternity care providers;

7 (ii) maternal mental and behavioral
8 health care providers;

9 (iii) researchers who specialize in ma-
10 ternal health, maternal mortality, or severe
11 maternal morbidity;

12 (iv) individuals who experienced preg-
13 nancy or childbirth during the COVID-19
14 public health emergency;

15 (v) representatives from community-
16 based organizations that address maternal
17 health; and

18 (vi) perinatal health workers.

19 **Subtitle K—Protecting Moms and** 20 **Babies Against Climate Change**

21 **SEC. 1911. DEFINITIONS.**

22 In this subtitle, the following definitions apply:

23 (1) ADVERSE MATERNAL AND INFANT HEALTH
24 OUTCOMES.—The term “adverse maternal and in-
25 fant health outcomes” includes the outcomes of

1 preterm birth, low birth weight, stillbirth, infant or
2 maternal mortality, and severe maternal morbidity.

3 (2) INSTITUTION OF HIGHER EDUCATION.—The
4 term “institution of higher education” has the
5 meaning given such term in section 101 of the High-
6 er Education Act of 1965 (20 U.S.C. 1001).

7 (3) MINORITY-SERVING INSTITUTION.—The
8 term “minority-serving institution” means an entity
9 specified in any of paragraphs (1) through (7) of
10 section 371(a) of the Higher Education Act of 1965
11 (20 U.S.C. 1067q(a)).

12 (4) RACIAL AND ETHNIC MINORITY GROUP.—
13 The term “racial and ethnic minority group” has the
14 meaning given such term in section 1707(g) of the
15 Public Health Service Act (42 U.S.C. 300u–6(g)).

16 (5) RISKS ASSOCIATED WITH CLIMATE
17 CHANGE.—The term “risks associated with climate
18 change” includes risks associated with extreme heat,
19 air pollution, extreme weather events, and other en-
20 vironmental issues associated with climate change
21 that can result in adverse maternal and infant
22 health outcomes.

23 (6) STAKEHOLDER ORGANIZATION.—The term
24 “stakeholder organization” means—

1 (A) a community-based organization with
2 expertise in providing assistance to vulnerable
3 individuals;

4 (B) a nonprofit organization with expertise
5 in maternal or infant health or environmental
6 justice; and

7 (C) a patient advocacy organization rep-
8 resenting vulnerable individuals.

9 (7) VULNERABLE INDIVIDUAL.—The term “vul-
10 nerable individual” means—

11 (A) an individual who is pregnant;

12 (B) an individual who was pregnant during
13 any portion of the preceding 1-year period; and

14 (C) an individual under 3 years of age.

15 **SEC. 1912. GRANT PROGRAM TO PROTECT VULNERABLE**
16 **MOTHERS AND BABIES FROM CLIMATE**
17 **CHANGE RISKS.**

18 (a) IN GENERAL.—Not later than 180 days after the
19 date of the enactment of this Act, the Secretary of Health
20 and Human Services shall establish a grant program (in
21 this section referred to as the “Program”) to protect vul-
22 nerable individuals from risks associated with climate
23 change.

1 (b) GRANT AUTHORITY.—In carrying out the Pro-
2 gram, the Secretary may award, on a competitive basis,
3 grants to 10 covered entities.

4 (c) APPLICATIONS.—To be eligible for a grant under
5 the Program, a covered entity shall submit to the Sec-
6 retary an application at such time, in such form, and con-
7 taining such information as the Secretary may require,
8 which shall include, at a minimum, a description of the
9 following:

10 (1) Plans for the use of grant funds awarded
11 under the Program and how patients and stake-
12 holder organizations were involved in the develop-
13 ment of such plans.

14 (2) How such grant funds will be targeted to
15 geographic areas that have disproportionately high
16 levels of risks associated with climate change for vul-
17 nerable individuals.

18 (3) How such grant funds will be used to ad-
19 dress racial and ethnic disparities in—

20 (A) adverse maternal and infant health
21 outcomes; and

22 (B) exposure to risks associated with cli-
23 mate change for vulnerable individuals.

24 (4) Strategies to prevent an initiative assisted
25 with such grant funds from causing—

- 1 (A) adverse environmental impacts;
- 2 (B) displacement of residents and busi-
- 3 nesses;
- 4 (C) rent and housing price increases; or
- 5 (D) disproportionate adverse impacts on
- 6 racial and ethnic minority groups and other un-
- 7 derserved populations.

8 (d) SELECTION OF GRANT RECIPIENTS.—

9 (1) TIMING.—Not later than 270 days after the

10 date of the enactment of this Act, the Secretary

11 shall select the recipients of grants under the Pro-

12 gram.

13 (2) CONSULTATION.—In selecting covered enti-

14 ties for grants under the Program, the Secretary

15 shall consult with—

16 (A) representatives of stakeholder organi-

17 zations;

18 (B) the Administrator of the Environ-

19 mental Protection Agency;

20 (C) the Administrator of the National Oce-

21 anic and Atmospheric Administration; and

22 (D) from the Department of Health and

23 Human Services—

24 (i) the Deputy Assistant Secretary for

25 Minority Health;

1 (ii) the Administrator of the Centers
2 for Medicare & Medicaid Services;

3 (iii) the Administrator of the Health
4 Resources and Services Administration;

5 (iv) the Director of the National Insti-
6 tutes of Health; and

7 (v) the Director of the Centers for
8 Disease Control and Prevention.

9 (3) PRIORITY.—In selecting a covered entity to
10 be awarded a grant under the Program, the Sec-
11 retary shall give priority to covered entities that
12 serve a county—

13 (A) designated, or located in an area des-
14 ignated, as a nonattainment area pursuant to
15 section 107 of the Clean Air Act (42 U.S.C.
16 7407) for any air pollutant for which air quality
17 criteria have been issued under section 108(a)
18 of such Act (42 U.S.C. 7408(a));

19 (B) with a level of vulnerability of mod-
20 erate-to-high or higher, according to the Social
21 Vulnerability Index of the Centers for Disease
22 Control and Prevention; or

23 (C) with temperatures that pose a risk to
24 human health, as determined by the Secretary,
25 in consultation with the Administrator of the

1 National Oceanic and Atmospheric Administra-
2 tion and the Chair of the United States Global
3 Change Research Program, based on the best
4 available science.

5 (4) LIMITATION.—A recipient of grant funds
6 under the Program may not use such grant funds to
7 serve a county that is served by any other recipient
8 of a grant under the Program.

9 (e) USE OF FUNDS.—A covered entity awarded grant
10 funds under the Program may only use such grant funds
11 for the following:

12 (1) Initiatives to identify risks associated with
13 climate change for vulnerable individuals and to pro-
14 vide services and support to such individuals that
15 address such risks, which may include—

16 (A) training for health care providers,
17 doulas, and other employees in hospitals, birth
18 centers, midwifery practices, and other health
19 care practices that provide prenatal or labor
20 and delivery services to vulnerable individuals
21 on the identification of, and patient counseling
22 relating to, risks associated with climate change
23 for vulnerable individuals;

24 (B) hiring, training, or providing resources
25 to community health workers and perinatal

1 health workers who can help identify risks asso-
2 ciated with climate change for vulnerable indi-
3 viduals, provide patient counseling about such
4 risks, and carry out the distribution of relevant
5 services and support;

6 (C) enhancing the monitoring of risks as-
7 sociated with climate change for vulnerable in-
8 dividuals, including by—

9 (i) collecting data on such risks in
10 specific census tracts, neighborhoods, or
11 other geographic areas; and

12 (ii) sharing such data with local
13 health care providers, doulas, and other
14 employees in hospitals, birth centers, mid-
15 wifery practices, and other health care
16 practices that provide prenatal or labor
17 and delivery services to local vulnerable in-
18 dividuals; and

19 (D) providing vulnerable individuals—

20 (i) air conditioning units, residential
21 weatherization support, filtration systems,
22 household appliances, or related items;

23 (ii) direct financial assistance; and

24 (iii) services and support, including
25 housing and transportation assistance, to

1 prepare for or recover from extreme weath-
2 er events, which may include floods, hurri-
3 canes, wildfires, droughts, and related
4 events.

5 (2) Initiatives to mitigate levels of and exposure
6 to risks associated with climate change for vulner-
7 able individuals, which shall be based on the best
8 available science and which may include initiatives
9 to—

10 (A) develop, maintain, or expand urban or
11 community forestry initiatives and tree canopy
12 coverage initiatives;

13 (B) improve infrastructure, including
14 buildings and paved surfaces;

15 (C) develop or improve community out-
16 reach networks to provide culturally and lin-
17 guistically appropriate information and notifica-
18 tions about risks associated with climate change
19 for vulnerable individuals; and

20 (D) provide enhanced services to racial and
21 ethnic minority groups and other underserved
22 populations.

23 (f) LENGTH OF AWARD.—A grant under this section
24 shall be disbursed over 4 fiscal years.

1 (g) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide technical assistance to a covered entity awarded
3 a grant under the Program to support the development,
4 implementation, and evaluation of activities funded with
5 such grant.

6 (h) REPORTS TO SECRETARY.—

7 (1) ANNUAL REPORT.—For each fiscal year
8 during which a covered entity is disbursed grant
9 funds under the Program, such covered entity shall
10 submit to the Secretary a report that summarizes
11 the activities carried out by such covered entity with
12 such grant funds during such fiscal year, which shall
13 include a description of the following:

14 (A) The involvement of stakeholder organi-
15 zations in the implementation of initiatives as-
16 sisted with such grant funds.

17 (B) Relevant health and environmental
18 data, disaggregated, to the extent practicable,
19 by race, ethnicity, gender, and pregnancy sta-
20 tus.

21 (C) Qualitative feedback received from vul-
22 nerable individuals with respect to initiatives
23 assisted with such grant funds.

24 (D) Criteria used in selecting the geo-
25 graphic areas assisted with such grant funds.

1 (E) Efforts to address racial and ethnic
2 disparities in adverse maternal and infant
3 health outcomes and in exposure to risks associ-
4 ated with climate change for vulnerable individ-
5 uals.

6 (F) Any negative and unintended impacts
7 of initiatives assisted with such grant funds, in-
8 cluding—

9 (i) adverse environmental impacts;

10 (ii) displacement of residents and
11 businesses;

12 (iii) rent and housing price increases;

13 and

14 (iv) disproportionate adverse impacts
15 on racial and ethnic minority groups and
16 other underserved populations.

17 (G) How the covered entity will address
18 and prevent any impacts described in subpara-
19 graph (F).

20 (2) PUBLICATION.—Not later than 30 days
21 after the date on which a report is submitted under
22 paragraph (1), the Secretary shall publish such re-
23 port on a public website of the Department of
24 Health and Human Services.

1 (i) REPORT TO CONGRESS.—Not later than the date
2 that is 5 years after the date on which the Program is
3 established, the Secretary shall submit to Congress and
4 publish on a public website of the Department of Health
5 and Human Services a report on the results of the Pro-
6 gram, including the following:

7 (1) Summaries of the annual reports submitted
8 under subsection (h).

9 (2) Evaluations of the initiatives assisted with
10 grant funds under the Program.

11 (3) An assessment of the effectiveness of the
12 Program in—

13 (A) identifying risks associated with cli-
14 mate change for vulnerable individuals;

15 (B) providing services and support to such
16 individuals;

17 (C) mitigating levels of and exposure to
18 such risks; and

19 (D) addressing racial and ethnic disparities
20 in adverse maternal and infant health outcomes
21 and in exposure to such risks.

22 (4) A description of how the Program could be
23 expanded, including—

24 (A) monitoring efforts or data collection
25 that would be required to identify areas with

1 high levels of risks associated with climate
2 change for vulnerable individuals;

3 (B) how such areas could be identified
4 using the strategy developed under section
5 1915; and

6 (C) recommendations for additional fund-
7 ing.

8 (j) COVERED ENTITY DEFINED.—In this section, the
9 term “covered entity” means a consortium of organiza-
10 tions serving a county that—

11 (1) shall include a community-based organiza-
12 tion; and

13 (2) may include—

14 (A) another stakeholder organization;

15 (B) the government of such county;

16 (C) the governments of one or more mu-
17 nicipalities within such county;

18 (D) a State or local public health depart-
19 ment or emergency management agency;

20 (E) a local health care practice, which may
21 include a licensed and accredited hospital, birth
22 center, midwifery practice, or other health care
23 practice that provides prenatal or labor and de-
24 livery services to vulnerable individuals;

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

5 (G) an Urban Indian organization (as de-
6 fined in section 4 of the Indian Health Care
7 Improvement Act (25 U.S.C. 1603)); and

8 (H) an institution of higher education.

9 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated to carry out this section
11 \$100,000,000 for the period of fiscal years 2023 through
12 2026.

13 **SEC. 1913. GRANT PROGRAM FOR EDUCATION AND TRAIN-**
14 **ING AT HEALTH PROFESSION SCHOOLS.**

15 (a) IN GENERAL.—Not later than 1 year after the
16 date of the enactment of this Act, the Secretary of Health
17 and Human Services shall establish a grant program (in
18 this section referred to as the “Program”) to provide
19 funds to health profession schools to support the develop-
20 ment and integration of education and training programs
21 for identifying and addressing risks associated with cli-
22 mate change for vulnerable individuals.

23 (b) GRANT AUTHORITY.—In carrying out the Pro-
24 gram, the Secretary may award, on a competitive basis,
25 grants to health profession schools.

1 (c) APPLICATION.—To be eligible for a grant under
2 the Program, a health profession school shall submit to
3 the Secretary an application at such time, in such form,
4 and containing such information as the Secretary may re-
5 quire, which shall include, at a minimum, a description
6 of the following:

7 (1) How such health profession school will en-
8 gage with vulnerable individuals, and stakeholder or-
9 ganizations representing such individuals, in devel-
10 oping and implementing the education and training
11 programs supported by grant funds awarded under
12 the Program.

13 (2) How such health profession school will en-
14 sure that such education and training programs will
15 address racial and ethnic disparities in exposure to,
16 and the effects of, risks associated with climate
17 change for vulnerable individuals.

18 (d) USE OF FUNDS.—A health profession school
19 awarded a grant under the Program shall use the grant
20 funds to develop, and integrate into the curriculum and
21 continuing education of such health profession school, edu-
22 cation and training on each of the following:

23 (1) Identifying risks associated with climate
24 change for vulnerable individuals and individuals
25 with the intent to become pregnant.

1 (2) How risks associated with climate change
2 affect vulnerable individuals and individuals with the
3 intent to become pregnant.

4 (3) Racial and ethnic disparities in exposure to,
5 and the effects of, risks associated with climate
6 change for vulnerable individuals and individuals
7 with the intent to become pregnant.

8 (4) Patient counseling and mitigation strategies
9 relating to risks associated with climate change for
10 vulnerable individuals.

11 (5) Relevant services and support for vulnerable
12 individuals relating to risks associated with climate
13 change and strategies for ensuring vulnerable indi-
14 viduals have access to such services and support.

15 (6) Implicit and explicit bias, racism, and dis-
16 crimination.

17 (7) Related topics identified by such health pro-
18 fession school based on the engagement of such
19 health profession school with vulnerable individuals
20 and stakeholder organizations representing such in-
21 dividuals.

22 (e) PARTNERSHIPS.—In carrying out activities with
23 grant funds, a health profession school awarded a grant
24 under the Program may partner with one or more of the
25 following:

1 (1) A State or local public health department.

2 (2) A health care professional membership or-
3 ganization.

4 (3) A stakeholder organization.

5 (4) A health profession school.

6 (5) An institution of higher education.

7 (f) REPORTS TO SECRETARY.—

8 (1) ANNUAL REPORT.—For each fiscal year
9 during which a health profession school is disbursed
10 grant funds under the Program, such health profes-
11 sion school shall submit to the Secretary a report
12 that describes the activities carried out with such
13 grant funds during such fiscal year.

14 (2) FINAL REPORT.—Not later than the date
15 that is 1 year after the end of the last fiscal year
16 during which a health profession school is disbursed
17 grant funds under the Program, the health profes-
18 sion school shall submit to the Secretary a final re-
19 port that summarizes the activities carried out with
20 such grant funds.

21 (g) REPORT TO CONGRESS.—Not later than the date
22 that is 6 years after the date on which the Program is
23 established, the Secretary shall submit to Congress and
24 publish on a public website of the Department of Health
25 and Human Services a report that includes the following:

1 (1) A summary of the reports submitted under
2 subsection (f).

3 (2) Recommendations to improve education and
4 training programs at health profession schools with
5 respect to identifying and addressing risks associ-
6 ated with climate change for vulnerable individuals.

7 (h) HEALTH PROFESSION SCHOOL DEFINED.—In
8 this section, the term “health profession school” means
9 an accredited—

10 (1) medical school;

11 (2) school of nursing;

12 (3) midwifery program;

13 (4) physician assistant education program;

14 (5) teaching hospital;

15 (6) residency or fellowship program; or

16 (7) other school or program determined appro-
17 priate by the Secretary.

18 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section
20 \$5,000,000 for the period of fiscal years 2023 through
21 2026.

22 **SEC. 1914. NIH CONSORTIUM ON BIRTH AND CLIMATE**
23 **CHANGE RESEARCH.**

24 (a) ESTABLISHMENT.—Not later than one year after
25 the date of the enactment of this Act, the Director of the

1 National Institutes of Health shall establish the Consor-
2 tium on Birth and Climate Change Research (in this sec-
3 tion referred to as the “Consortium”).

4 (b) DUTIES.—

5 (1) IN GENERAL.—The Consortium shall co-
6 ordinate, across the institutes, centers, and offices of
7 the National Institutes of Health, research on the
8 risks associated with climate change for vulnerable
9 individuals.

10 (2) REQUIRED ACTIVITIES.—In carrying out
11 paragraph (1), the Consortium shall—

12 (A) establish research priorities, including
13 by prioritizing research that—

14 (i) identifies the risks associated with
15 climate change for vulnerable individuals
16 with a particular focus on disparities in
17 such risks among racial and ethnic minor-
18 ity groups and other underserved popu-
19 lations; and

20 (ii) identifies strategies to reduce lev-
21 els of, and exposure to, such risks, with a
22 particular focus on risks among racial and
23 ethnic minority groups and other under-
24 served populations;

1 (B) identify gaps in available data related
2 to such risks;

3 (C) identify gaps in, and opportunities for,
4 research collaborations;

5 (D) identify funding opportunities for com-
6 munity-based organizations and researchers
7 from racially, ethnically, and geographically di-
8 verse backgrounds; and

9 (E) publish annual reports on the work
10 and findings of the Consortium on a public
11 website of the National Institutes of Health.

12 (c) MEMBERSHIP.—The Director shall appoint to the
13 Consortium representatives of such institutes, centers, and
14 offices of the National Institutes of Health as the Director
15 considers appropriate, including, at a minimum, rep-
16 resentatives of—

17 (1) the National Institute of Environmental
18 Health Sciences;

19 (2) the National Institute on Minority Health
20 and Health Disparities;

21 (3) the Eunice Kennedy Shriver National Insti-
22 tute of Child Health and Human Development;

23 (4) the National Institute of Nursing Research;
24 and

25 (5) the Office of Research on Women’s Health.

1 (d) CHAIRPERSON.—The Chairperson of the Consor-
2 tium shall be designated by the Director and selected from
3 among the representatives appointed under subsection (c).

4 (e) CONSULTATION.—In carrying out the duties de-
5 scribed in subsection (b), the Consortium shall consult
6 with—

7 (1) the heads of relevant Federal agencies, in-
8 cluding—

9 (A) the Environmental Protection Agency;

10 (B) the National Oceanic and Atmospheric
11 Administration;

12 (C) the Occupational Safety and Health
13 Administration; and

14 (D) from the Department of Health and
15 Human Services—

16 (i) the Office of Minority Health in
17 the Office of the Secretary;

18 (ii) the Centers for Medicare & Med-
19 icaid Services;

20 (iii) the Health Resources and Serv-
21 ices Administration;

22 (iv) the Centers for Disease Control
23 and Prevention;

24 (v) the Indian Health Service; and

- 1 (vi) the Administration for Children
2 and Families; and
3 (2) representatives of—
4 (A) stakeholder organizations;
5 (B) health care providers and professional
6 membership organizations with expertise in ma-
7 ternal health or environmental justice;
8 (C) State and local public health depart-
9 ments;
10 (D) licensed and accredited hospitals, birth
11 centers, midwifery practices, or other health
12 care practices that provide prenatal or labor
13 and delivery services to vulnerable individuals;
14 and
15 (E) institutions of higher education, in-
16 cluding such institutions that are minority-serv-
17 ing institutions or have expertise in maternal
18 health or environmental justice.

19 **SEC. 1915. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**
20 **RISK ZONES FOR VULNERABLE MOTHERS**
21 **AND BABIES.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services, acting through the Director of the Cen-
24 ters for Disease Control and Prevention, shall develop a
25 strategy (in this section referred to as the “Strategy”) for

1 designating areas that the Secretary determines to have
2 a high risk of adverse maternal and infant health out-
3 comes among vulnerable individuals as a result of risks
4 associated with climate change.

5 (b) STRATEGY REQUIREMENTS.—

6 (1) IN GENERAL.—In developing the Strategy,
7 the Secretary shall establish a process to identify
8 areas where vulnerable individuals are exposed to a
9 high risk of adverse maternal and infant health out-
10 comes as a result of risks associated with climate
11 change in conjunction with other factors that can
12 impact such health outcomes, including—

13 (A) the incidence of diseases associated
14 with air pollution, extreme heat, and other envi-
15 ronmental factors;

16 (B) the availability and accessibility of ma-
17 ternal and infant health care providers;

18 (C) English-language proficiency among
19 women of reproductive age;

20 (D) the health insurance status of women
21 of reproductive age;

22 (E) the number of women of reproductive
23 age who are members of racial or ethnic groups
24 with disproportionately high rates of adverse
25 maternal and infant health outcomes;

1 (F) the socioeconomic status of women of
2 reproductive age, including with respect to—

3 (i) poverty;

4 (ii) unemployment;

5 (iii) household income; and

6 (iv) educational attainment; and

7 (G) access to quality housing, transpor-
8 tation, and nutrition.

9 (2) RESOURCES.—In developing the Strategy,
10 the Secretary shall identify, and incorporate a de-
11 scription of, the following:

12 (A) Existing mapping tools or Federal pro-
13 grams that identify—

14 (i) risks associated with climate
15 change for vulnerable individuals; and

16 (ii) other factors that can influence
17 maternal and infant health outcomes, in-
18 cluding the factors described in paragraph
19 (1).

20 (B) Environmental, health, socioeconomic,
21 and demographic data relevant to identifying
22 risks associated with climate change for vulner-
23 able individuals.

1 (C) Existing monitoring networks that col-
2 lect data described in subparagraph (B), and
3 any gaps in such networks.

4 (D) Federal, State, and local stakeholders
5 involved in maintaining monitoring networks
6 identified under subparagraph (C), and how
7 such stakeholders are coordinating their moni-
8 toring efforts.

9 (E) Additional monitoring networks, and
10 enhancements to existing monitoring networks,
11 that would be required to address gaps identi-
12 fied under subparagraph (C), including at the
13 subcounty and census tract level.

14 (F) Funding amounts required to establish
15 the monitoring networks identified under sub-
16 paragraph (E) and recommendations for Fed-
17 eral, State, and local coordination with respect
18 to such networks.

19 (G) Potential uses for data collected and
20 generated as a result of the Strategy, including
21 how such data may be used in determining re-
22 cipients of grants under the program estab-
23 lished by section 1912 or other similar pro-
24 grams.

1 (H) Other information the Secretary con-
2 siders relevant for the development of the Strat-
3 egy.

4 (c) COORDINATION AND CONSULTATION.—In devel-
5 oping the Strategy, the Secretary shall—

6 (1) coordinate with the Administrator of the
7 Environmental Protection Agency and the Adminis-
8 trator of the National Oceanic and Atmospheric Ad-
9 ministration; and

10 (2) consult with—

11 (A) stakeholder organizations;

12 (B) health care providers and professional
13 membership organizations with expertise in ma-
14 ternal health or environmental justice;

15 (C) State and local public health depart-
16 ments;

17 (D) licensed and accredited hospitals, birth
18 centers, midwifery practices, or other health
19 care providers that provide prenatal or labor
20 and delivery services to vulnerable individuals;
21 and

22 (E) institutions of higher education, in-
23 cluding such institutions that are minority-serv-
24 ing institutions or have expertise in maternal
25 health or environmental justice.

1 (d) NOTICE AND COMMENT.—At least 240 days be-
2 fore the date on which the Strategy is published in accord-
3 ance with subsection (e), the Secretary shall provide—

4 (1) notice of the Strategy on a public website
5 of the Department of Health and Human Services;
6 and

7 (2) an opportunity for public comment of at
8 least 90 days.

9 (e) PUBLICATION.—Not later than 18 months after
10 the date of the enactment of this Act, the Secretary shall
11 publish on a public website of the Department of Health
12 and Human Services—

13 (1) the Strategy;

14 (2) the public comments received under sub-
15 section (d); and

16 (3) the responses of the Secretary to such pub-
17 lic comments.

18 **Subtitle L—Maternal Vaccinations**

19 **SEC. 1921. MATERNAL VACCINATION AWARENESS AND EQ-** 20 **UITY CAMPAIGN.**

21 (a) IN GENERAL.—The Secretary of Health and
22 Human Services (in this section referred to as the “Sec-
23 retary”), acting through the Director of the Centers for
24 Disease Control and Prevention, shall carry out a national
25 campaign to—

1 (1) increase awareness of the importance of ma-
2 ternal vaccinations for the health of pregnant and
3 postpartum individuals and their children; and

4 (2) increase maternal vaccination rates, with a
5 focus on communities with historically high rates of
6 unvaccinated individuals.

7 (b) CONSULTATION.—In carrying out the campaign
8 under this subtitle, the Secretary shall consult with rel-
9 evant community-based organizations, health care profes-
10 sional associations and public health associations, State
11 public health departments and local public health depart-
12 ments, Tribal-serving organizations, nonprofit organiza-
13 tions, and nationally recognized private entities.

14 (c) ACTIVITIES.—The campaign under this section
15 shall—

16 (1) focus on increasing maternal vaccination
17 rates in communities with historically high rates of
18 unvaccinated individuals, including for pregnant and
19 postpartum individuals from racial and ethnic mi-
20 nority groups;

21 (2) include efforts to engage with pregnant and
22 postpartum individuals in communities with histori-
23 cally high rates of unvaccinated individuals to seek
24 input on the development and effectiveness of the
25 campaign;

1 (3) provide evidence-based, culturally congruent
2 resources and communications efforts; and

3 (4) be carried out in partnership with trusted
4 individuals and entities in communities with histori-
5 cally high rates of unvaccinated individuals, includ-
6 ing community-based organizations, community
7 health centers, perinatal health workers, and mater-
8 nity care providers.

9 (d) COLLABORATION.—The Secretary shall ensure
10 that the information and resources developed for the cam-
11 paign under this section are made publicly available and
12 shared with relevant Federal, State, and local entities.

13 (e) EVALUATION.—Not later than the end of fiscal
14 year 2026, the Secretary shall—

15 (1) establish quantitative and qualitative
16 metrics to evaluate the campaign under this section;
17 and

18 (2) submit a report detailing the campaign’s
19 impact to the Congress.

20 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there is authorized to be appropriated
22 \$2,000,000 for each of fiscal years 2023 through 2027.

1 **TITLE II—CHILDREN’S HEALTH**
2 **INSURANCE PROGRAM PER-**
3 **MANENCY**

4 **SEC. 2001. PERMANENT EXTENSION OF CHILDREN’S**
5 **HEALTH INSURANCE PROGRAM.**

6 (a) IN GENERAL.—Section 2104(a)(28) of the Social
7 Security Act (42 U.S.C. 1397dd(a)(28)) is amended to
8 read as follows:

9 “(28) for fiscal year 2027 and each subsequent
10 year, such sums as are necessary to fund allotments
11 to States under subsections (c) and (m).”.

12 (b) ALLOTMENTS.—

13 (1) IN GENERAL.—Section 2104(m) of the So-
14 cial Security Act (42 U.S.C. 1397dd(m)) is amend-
15 ed—

16 (A) in paragraph (2)(B)(i), by striking “,,
17 2023, and 2027” and inserting “and 2023”;

18 (B) in paragraph (5)—

19 (i) by striking “for a fiscal year” and
20 inserting “for a fiscal year before 2027”;
21 and

22 (ii) by striking “2023, or 2027” and
23 inserting “or 2023”;

24 (C) in paragraph (7)—

1 (i) in subparagraph (A), by striking
2 “and ending with fiscal year 2027,”; and

3 (ii) in the flush left matter at the end,
4 by striking “or fiscal year 2026” and in-
5 serting “fiscal year 2026, or a subsequent
6 even-numbered fiscal year”;

7 (D) in paragraph (9)—

8 (i) by striking “(10), or (11)” and in-
9 serting “or (10)”; and

10 (ii) by striking “2023, or 2027,” and
11 inserting “or 2023”; and

12 (E) by striking paragraph (11).

13 (2) CONFORMING AMENDMENT.—Section
14 50101(b)(2) of the Bipartisan Budget Act of 2018
15 (Public Law 115–123) is repealed.

16 **SEC. 2002. PERMANENT EXTENSIONS OF OTHER PROGRAMS**
17 **AND DEMONSTRATION PROJECTS.**

18 (a) PEDIATRIC QUALITY MEASURES PROGRAM.—
19 Section 1139A(i)(1) of the Social Security Act (42 U.S.C.
20 1320b–9a(i)(1)) is amended—

21 (1) in subparagraph (C), by striking at the end
22 “and”;

23 (2) in subparagraph (D), by striking the period
24 at the end and insert a semicolon; and

1 (3) by adding at the end the following new sub-
2 paragraphs:

3 “(E) for fiscal year 2028, \$15,000,000 for
4 the purpose of carrying out this section (other
5 than subsections (e), (f), and (g)); and

6 “(F) for a subsequent fiscal year, the
7 amount appropriated under this paragraph for
8 the previous fiscal year, increased by the per-
9 centage increase in the consumer price index for
10 all urban consumers (all items; United States
11 city average) over such previous fiscal year, for
12 the purpose of carrying out this section (other
13 than subsections (e), (f), and (g)).”.

14 (b) EXPRESS LANE ELIGIBILITY OPTION.—Section
15 1902(e)(13) of the Social Security Act (42 U.S.C.
16 1396a(e)(13)) is amended by striking subparagraph (I).

17 (c) ASSURANCE OF AFFORDABILITY STANDARD FOR
18 CHILDREN AND FAMILIES.—

19 (1) IN GENERAL.—Section 2105(d)(3) of the
20 Social Security Act (42 U.S.C. 1397ee(d)(3)) is
21 amended—

22 (A) in the paragraph heading, by striking
23 “THROUGH SEPTEMBER 30, 2027”; and

24 (B) in subparagraph (A), in the matter
25 preceding clause (i)—

1 (i) by striking “During the period
2 that begins on the date of enactment of
3 the Patient Protection and Affordable Care
4 Act and ends on September 30, 2027” and
5 inserting “Beginning on the date of the en-
6 actment of the Patient Protection and Af-
7 fordable Care Act”;

8 (ii) by striking “During the period
9 that begins on October 1, 2019, and ends
10 on September 30, 2027” and inserting
11 “Beginning on October 1, 2019”; and

12 (iii) by striking “The preceding sen-
13 tences shall not be construed as preventing
14 a State during any such periods from” and
15 inserting “The preceding sentences shall
16 not be construed as preventing a State
17 from”.

18 (2) CONFORMING AMENDMENTS.—Section
19 1902(gg)(2) of the Social Security Act (42 U.S.C.
20 1396a(gg)(2)) is amended—

21 (A) in the paragraph heading, by striking
22 “THROUGH SEPTEMBER 30, 2027”; and

23 (B) by striking “through September 30”
24 and all that follows through “ends on Sep-

1 tember 30, 2027” and inserting “(but begin-
2 ning on October 1, 2019,”.

3 (d) QUALIFYING STATES OPTION.—Section
4 2105(g)(4) of the Social Security Act (42 U.S.C.
5 1397ee(g)(4)) is amended—

6 (1) in the paragraph heading, by striking “FOR
7 FISCAL YEARS 2009 THROUGH 2027” and inserting
8 “AFTER FISCAL YEAR 2008”; and

9 (2) in subparagraph (A), by striking “for any
10 of fiscal years 2009 through 2027” and inserting
11 “for any fiscal year after fiscal year 2008”.

12 (e) OUTREACH AND ENROLLMENT PROGRAM.—Sec-
13 tion 2113 of the Social Security Act (42 U.S.C. 1397mm)
14 is amended—

15 (1) in subsection (a)—

16 (A) in paragraph (1), by striking “during
17 the period of fiscal years 2009 through 2027”
18 and inserting “, beginning with fiscal year
19 2009,”;

20 (B) in paragraph (2)—

21 (i) by striking “10 percent of such
22 amounts” and inserting “10 percent of
23 such amounts for the period or the fiscal
24 year for which such amounts are appro-
25 priated”; and

1 (ii) by striking “during such period”
2 and inserting “, during such period or such
3 fiscal year,”; and

4 (C) in paragraph (3), by striking “For the
5 period of fiscal years 2024 through 2027, an
6 amount equal to 10 percent of such amounts”
7 and inserting “Beginning with fiscal year 2024,
8 an amount equal to 10 percent of such amounts
9 for the period or the fiscal year for which such
10 amounts are appropriated”; and

11 (2) in subsection (g)—

12 (A) by striking “2017,,” and inserting
13 “2017,”;

14 (B) by striking “and \$48,000,000” and in-
15 serting “\$48,000,000”; and

16 (C) by inserting after “through 2027” the
17 following: “, \$12,000,000 for fiscal year 2028,
18 and, for each fiscal year after fiscal year 2028,
19 the amount appropriated under this subsection
20 for the previous fiscal year, increased by the
21 percentage increase in the consumer price index
22 for all urban consumers (all items; United
23 States city average) over such previous fiscal
24 year”.

1 (f) CHILD ENROLLMENT CONTINGENCY FUND.—
2 Section 2104(n) of the Social Security Act (42 U.S.C.
3 1397dd(n)) is amended—

4 (1) in paragraph (2)—

5 (A) in subparagraph (A)(ii)—

6 (i) by striking “and 2024 through
7 2026” and inserting “beginning with fiscal
8 year 2024”; and

9 (ii) by striking “2023, and 2027” and
10 inserting “, and 2023”; and

11 (B) in subparagraph (B)—

12 (i) by striking “2024 through 2026”
13 and inserting “beginning with fiscal year
14 2024”; and

15 (ii) by striking “2023, and 2027” and
16 inserting “, and 2023”; and

17 (2) in paragraph (3)(A)—

18 (A) by striking “fiscal years 2024 through
19 2026” and inserting “fiscal year 2024 or any
20 subsequent fiscal year”; and

21 (B) by striking “2023, or 2027” and in-
22 serting “, or 2023”.

1 **SEC. 2003. STATE OPTION TO INCREASE CHILDREN'S ELIGI-**
 2 **BILITY FOR MEDICAID AND CHIP.**

3 Section 2110(b)(1)(B)(ii) of the Social Security Act
 4 (42 U.S.C. 1397jj(b)(1)(B)(ii)) is amended—

5 (1) in subclause (II), by striking “or” at the
 6 end;

7 (2) in subclause (III), by striking “and” at the
 8 end and inserting “or”; and

9 (3) by inserting after subclause (III) the fol-
 10 lowing new subclause:

11 “(IV) at the option of the State,
 12 whose family income exceeds the maximum
 13 income level otherwise established for chil-
 14 dren under the State child health plan as
 15 of the date of the enactment of this sub-
 16 clause; and”.

17 **TITLE III—FAMILY AND**
 18 **MEDICAL LEAVE**

19 **SEC. 3001. DEFINITIONS.**

20 In this title, the following definitions apply:

21 (1) **CAREGIVING DAY.**—The term “caregiving
 22 day” means, with respect to an individual, a cal-
 23 endar day in which the individual engaged in quali-
 24 fied caregiving.

25 (2) **COMMISSIONER.**—The term “Commis-
 26 sioner” means the Commissioner of Social Security.

1 (3) DEPUTY COMMISSIONER.—The term “Dep-
2 puty Commissioner” means the Deputy Commissioner
3 who heads the Office of Paid Family and Medical
4 Leave established under section 3002(a).

5 (4) ELIGIBLE INDIVIDUAL.—The term “eligible
6 individual” means an individual who is entitled to a
7 benefit under section 3003 for a particular month,
8 upon filing an application for such benefit for such
9 month.

10 (5) INITIAL WAITING PERIOD.—The term “ini-
11 tial waiting period” means a period beginning with
12 the first caregiving day of an individual occurring
13 during the individual’s benefit period and ending
14 after the earlier of—

15 (A) the fifth caregiving day of the indi-
16 vidual occurring during the benefit period; or

17 (B) the month preceding the first month in
18 the benefit period during which occur not less
19 than 15 caregiving days of the individual.

20 (6) QUALIFIED CAREGIVING.—The term “quali-
21 fied caregiving” means any activity engaged in by an
22 individual, other than regular employment, for a rea-
23 son for which an eligible employee would be entitled
24 to leave under subparagraphs (A) through (E) of

1 paragraph (1) of section 102(a) of the Family and
2 Medical Leave Act of 1993 (29 U.S.C. 2612(a)).

3 (7) SELF-EMPLOYMENT INCOME.—The term
4 “self-employment income” has the same meaning as
5 such term in section 211(b) of the Social Security
6 Act (42 U.S.C. 411(b)).

7 (8) STATE.—The term “State” means any
8 State of the United States or the District of Colum-
9 bia or any territory or possession of the United
10 States.

11 (9) WAGES.—The term “wages”, except as such
12 term is used in subsection (h)(2) of section 3003,
13 has the same meaning as such term in section 209
14 of the Social Security Act (42 U.S.C. 409).

15 (10) 60-DAY LIMITATION PERIOD.—The term
16 “60-day limitation period” means a period—

17 (A) beginning with the first caregiving day
18 of an individual occurring during the individ-
19 ual’s benefit period and after the expiration of
20 the individual’s 5-day waiting period, if applica-
21 ble; and

22 (B) ending with the 60th caregiving day of
23 the individual occurring during the benefit pe-
24 riod and after the expiration of the 5-day wait-
25 ing period,

1 disregarding any caregiving day of the individual oc-
2 curring during any month in the benefit period after
3 the first 20 caregiving days of the individual occur-
4 ring during such month.

5 **SEC. 3002. OFFICE OF PAID FAMILY AND MEDICAL LEAVE.**

6 (a) ESTABLISHMENT OF OFFICE.—There is estab-
7 lished within the Social Security Administration an office
8 to be known as the Office of Paid Family and Medical
9 Leave. The Office shall be headed by a Deputy Commis-
10 sioner who shall be appointed by the Commissioner.

11 (b) RESPONSIBILITIES OF DEPUTY COMMIS-
12 SIONER.—The Commissioner, acting through the Deputy
13 Commissioner, shall be responsible for—

14 (1) hiring personnel and making employment
15 decisions with regard to such personnel;

16 (2) issuing such regulations as may be nec-
17 essary to carry out the purposes of this title;

18 (3) entering into cooperative agreements with
19 other agencies and departments to ensure the effi-
20 ciency of the administration of the program;

21 (4) determining eligibility for family and med-
22 ical leave insurance benefits under section 3003;

23 (5) determining benefit amounts for each
24 month of such eligibility and making timely pay-

1 ments of such benefits to entitled individuals in ac-
2 cordance with such section;

3 (6) establishing and maintaining a system of
4 records relating to the administration of such sec-
5 tion;

6 (7) preventing fraud and abuse relating to such
7 benefits;

8 (8) providing information on request regarding
9 eligibility requirements, the claims process, benefit
10 amounts, maximum benefits payable, notice require-
11 ments, nondiscrimination rights, confidentiality, co-
12 ordination of leave under this title and other laws,
13 collective bargaining agreements, and employer poli-
14 cies;

15 (9) annually providing employers a notice in-
16 forming employees of the availability of such bene-
17 fits;

18 (10) annually making available to the public a
19 report that includes the number of individuals who
20 received such benefits, the purposes for which such
21 benefits were received, and an analysis of utilization
22 rates of such benefits by gender, race, ethnicity, and
23 income levels; and

1 (11) tailoring culturally and linguistically com-
2 petent education and outreach toward increasing uti-
3 lization rates of benefits under such section.

4 (c) AVAILABILITY OF DATA.—The Commissioner
5 shall make available to the Deputy Commissioner such
6 data as the Commissioner determines necessary to enable
7 the Deputy Commissioner to effectively carry out the re-
8 sponsibilities described in subsection (b).

9 **SEC. 3003. FAMILY AND MEDICAL LEAVE INSURANCE BEN-**
10 **EFIT PAYMENTS.**

11 (a) IN GENERAL.—Every individual who—

12 (1) is insured for disability insurance benefits
13 (as determined under section 223(c) of the Social
14 Security Act (42 U.S.C. 423(c))) at the time such
15 individual's application is filed;

16 (2) has earned income from employment during
17 the 12 months prior to the month in which the ap-
18 plication is filed;

19 (3) has filed an application for a family and
20 medical leave insurance benefit in accordance with
21 subsection (d); and

22 (4) was engaged in qualified caregiving, or an-
23 ticipates being so engaged, during the period that
24 begins 90 days before the date on which such appli-
25 cation is filed or within 30 days after such date,

1 shall be entitled to such a benefit for each month in the
2 benefit period specified in subsection (c), not to exceed 60
3 caregiving days per benefit period.

4 (b) BENEFIT AMOUNT.—

5 (1) IN GENERAL.—Except as otherwise pro-
6 vided in this subsection, the benefit amount to which
7 an individual is entitled under this section for a
8 month shall be an amount equal to the greater of—

9 (A) the lesser of $\frac{1}{18}$ of the wages and self-
10 employment income of the individual for the
11 calendar year in which such wages and self-em-
12 ployment income are the highest among the
13 most recent three calendar years, or the max-
14 imum benefit amount determined under para-
15 graph (2); or

16 (B) the minimum benefit amount deter-
17 mined under paragraph (2),
18 multiplied by the quotient (not greater than 1) ob-
19 tained by dividing the number of caregiving days of
20 the individual in such month by 20.

21 (2) ANNUAL INCREASE OF MAXIMUM AND MIN-
22 IMUM BENEFIT AMOUNTS.—

23 (A) For individuals who initially become el-
24 igible for family and medical leave insurance
25 benefits in the first full calendar year after the

1 date of enactment of this Act, the maximum
2 monthly benefit amount and the minimum
3 monthly benefit amount shall be \$4,000 and
4 \$580, respectively.

5 (B) For individuals who initially become el-
6 igible for family and medical leave insurance
7 benefits in any calendar year after such first
8 full calendar year the maximum benefit amount
9 and the minimum benefit amount shall be, re-
10 spectively, the product of the corresponding
11 amount determined with respect to the first cal-
12 endar year under subparagraph (A) and the
13 quotient obtained by dividing—

14 (i) the national average wage index
15 (as defined in section 209(k)(1) of the So-
16 cial Security Act (42 U.S.C. 409(k)(1)))
17 for the second calendar year preceding the
18 calendar year for which the determination
19 is made, by

20 (ii) the national average wage index
21 (as so defined) for the calendar year imme-
22 diately preceding the calendar year in
23 which occurs the date of enactment of this
24 Act.

25 (3) LIMITATIONS ON BENEFITS PAID.—

1 (A) NONPAYABLE WAITING PERIOD.—Any
2 calendar day during an individual’s benefit pe-
3 riod which occurs before the expiration of an
4 initial waiting period shall not be taken into ac-
5 count under this subsection as a caregiving day
6 of the individual.

7 (B) LIMITATION ON TOTAL BENEFITS
8 PAID.—Any calendar day during an individual’s
9 benefit period which occurs after the expiration
10 of a 60-day limitation period shall not be taken
11 into account under this subsection as a
12 caregiving day of the individual.

13 (4) REDUCTION IN BENEFIT AMOUNT ON AC-
14 COUNT OF RECEIPT OF CERTAIN BENEFITS.—A ben-
15 efit under this section for a month shall be reduced
16 by the amount, if any, in certain benefits (as deter-
17 mined under regulations issued by the Commis-
18 sioner) as may be otherwise received by an indi-
19 vidual. For purposes of the preceding sentence, cer-
20 tain benefits include—

21 (A) periodic benefits on account of such in-
22 dividual’s total or partial disability under a
23 workmen’s compensation law or plan of the
24 United States or a State; and

1 (B) periodic benefits on account of an indi-
2 vidual's employment status under an unemploy-
3 ment law or plan of the United States or a
4 State.

5 (5) COORDINATION OF BENEFIT AMOUNT WITH
6 CERTAIN STATE BENEFITS.—A benefit received
7 under this section shall be coordinated, in a manner
8 determined by regulations issued by the Commis-
9 sioner, with the periodic benefits received from tem-
10 porary disability insurance or family leave insurance
11 programs under any law or plan of a State, a polit-
12 ical subdivision (as that term is used in section
13 218(b)(2) of the Social Security Act (42 U.S.C.
14 418(b)(2))), or an instrumentality of two or more
15 States (as that term is used in section 218(g) of
16 such Act of the Social Security Act (42 U.S.C.
17 418(g))).

18 (c) BENEFIT PERIOD.—

19 (1) IN GENERAL.—Except as provided in para-
20 graph (2), the benefit period specified in this sub-
21 section shall begin on the 1st day of the 1st month
22 in which the individual meets the criteria specified in
23 paragraphs (1), (2), and (3) of subsection (a), and
24 shall end on the date that is 365 days after the 1st
25 day of the benefit period.

1 (2) RETROACTIVE BENEFITS.—In the case of
2 an application for benefits under this section for
3 qualified caregiving in which the individual was en-
4 gaged at any time during the 90-day period pre-
5 ceding the date on which such application is sub-
6 mitted, the benefit period specified in this subsection
7 shall begin on the later of—

8 (A) the 1st day of the 1st month in which
9 the individual engaged in such qualified
10 caregiving; or

11 (B) the 1st day of the 1st month that be-
12 gins during such 90-day period,
13 and shall end on the date that is 365 days after the
14 1st day of the benefit period.

15 (d) APPLICATION.—An application for a family and
16 medical leave insurance benefit shall include—

17 (1) a statement that the individual was engaged
18 in qualified caregiving, or anticipates being so en-
19 gaged, during the period that begins 90 days before
20 the date on which the application is submitted or
21 within 30 days after such date;

22 (2) if the qualified caregiving described in the
23 statement in paragraph (1) is engaged in by the in-
24 dividual because of a serious health condition of the
25 individual or a relative of the individual, a certifi-

1 cation, issued by the health care provider treating
2 such serious health condition, that affirms the infor-
3 mation specified in paragraph (1) and contains such
4 information as the Commissioner shall specify in
5 regulations, which shall be no more than the infor-
6 mation that is required to be stated under section
7 103(b) of the Family and Medical Leave Act of
8 1993 (29 U.S.C. 2613(b));

9 (3) if such qualified caregiving is engaged in by
10 the individual for any other authorized reason, a cer-
11 tification, issued by a relevant authority determined
12 under regulations issued by the Commissioner, that
13 affirms the circumstances giving rise to such reason;
14 and

15 (4) an attestation from the applicant that his or
16 her employer has been provided with written notice
17 of the individual's intention to take family or med-
18 ical leave, if the individual has an employer, or to
19 the Commissioner in all other cases.

20 (e) INELIGIBILITY; DISQUALIFICATION.—

21 (1) INELIGIBILITY FOR BENEFIT.—An indi-
22 vidual shall be ineligible for a benefit under this sec-
23 tion for any month for which the individual is enti-
24 tled to—

1 (A) disability insurance benefits under sec-
2 tion 223 of the Social Security Act (42 U.S.C.
3 423) or a similar permanent disability program
4 under any law or plan of a State or political
5 subdivision or instrumentality of a State (as
6 such terms are used in section 218 of the Social
7 Security Act (42 U.S.C. 418));

8 (B) monthly insurance benefits under sec-
9 tion 202 of such Act (42 U.S.C. 402) based on
10 such individual's disability (as defined in sec-
11 tion 223(d) of such Act (42 U.S.C. 423(d))); or

12 (C) benefits under title XVI of such Act
13 (42 U.S.C. 1381 et seq.) based on such individ-
14 ual's status as a disabled individual (as deter-
15 mined under section 1614 of such Act (42
16 U.S.C. 1382e)).

17 (2) DISQUALIFICATION.—An individual who has
18 been convicted of a violation under section 208 of
19 the Social Security Act (42 U.S.C. 408) or who has
20 been found to have used false statements to secure
21 benefits under this section, shall be ineligible for
22 benefits under this section for a 1-year period fol-
23 lowing the date of such conviction.

24 (f) REVIEW OF ELIGIBILITY AND BENEFIT PAYMENT
25 DETERMINATIONS.—

1 (1) ELIGIBILITY DETERMINATIONS.—

2 (A) IN GENERAL.—The Commissioner
3 shall provide notice to an individual applying
4 for benefits under this section of the initial de-
5 termination of eligibility for such benefits, and
6 the estimated benefit amount for a month in
7 which one caregiving day of the individual oc-
8 curs, as soon as practicable after the applica-
9 tion is received.

10 (B) REVIEW.—An individual may request
11 review of an initial adverse determination with
12 respect to such application at any time before
13 the end of the 20-day period that begins on the
14 date notice of such determination is received,
15 except that such 20-day period may be extended
16 for good cause. As soon as practicable after the
17 individual requests review of the determination,
18 the Commissioner shall provide notice to the in-
19 dividual of a final determination of eligibility
20 for benefits under this section.

21 (2) BENEFIT PAYMENT DETERMINATIONS.—

22 (A) IN GENERAL.—The Commissioner
23 shall make any monthly benefit payment to an
24 individual claiming benefits for a month under
25 this section, or provide notice of the reason

1 such payment will not be made if the Commis-
2 sioner determines that the individual is not en-
3 titled to payment for such month, not later
4 than 20 days after the individual's monthly
5 benefit claim report for such month is received.
6 Such monthly report shall be filed with the
7 Commissioner not later than 15 days after the
8 end of each month.

9 (B) REVIEW.—If the Commissioner deter-
10 mines that payment will not be made to an in-
11 dividual for a month, or if the Commissioner
12 determines that payment shall be made based
13 on a number of caregiving days in the month
14 inconsistent with the number of caregiving days
15 in the monthly benefit claim report of the indi-
16 vidual for such month, the individual may re-
17 quest review of such determination at any time
18 before the end of the 20-day period that begins
19 on the date notice of such determination is re-
20 ceived, except that such 20-day period may be
21 extended for good cause. Not later than 20 days
22 after the individual requests review of the deter-
23 mination, the Commissioner shall provide notice
24 to the individual of a final determination of
25 payment for such month, and shall make pay-

1 ment to the individual of any additional amount
2 not included in the initial payment to the indi-
3 vidual for such month to which the Commis-
4 sioner determines the individual is entitled.

5 (3) BURDEN OF PROOF.—An application for
6 benefits under this section and a monthly benefit
7 claim report of an individual shall each be presumed
8 to be true and accurate, unless the Commissioner
9 demonstrates by a preponderance of the evidence
10 that information contained in the application is
11 false.

12 (4) DEFINITION OF MONTHLY BENEFIT CLAIM
13 REPORT.—For purposes of this subsection, the term
14 “monthly benefit claim report” means, with respect
15 to an individual for a month, the individual’s report
16 to the Commissioner of the number of caregiving
17 days of the individual in such month, which shall be
18 filed no later than 15 days after the end of each
19 month.

20 (5) REVIEW.—All final determinations of the
21 Commissioner under this subsection shall be review-
22 able according to the procedures set out in section
23 205 of the Social Security Act (42 U.S.C. 405).

24 (g) RELATIONSHIP WITH STATE LAW; EMPLOYER
25 BENEFITS.—

1 (1) IN GENERAL.—This section does not pre-
2 empt or supercede any provision of State or local
3 law that authorizes a State or local municipality to
4 provide paid family and medical leave benefits simi-
5 lar to the benefits provided under this section.

6 (2) GREATER BENEFITS ALLOWED.—Nothing
7 in this title shall be construed to diminish the obli-
8 gation of an employer to comply with any contract,
9 collective bargaining agreement, or any employment
10 benefit program or plan that provides greater paid
11 leave or other leave rights to employees than the
12 rights established under this title.

13 (h) PROHIBITED ACTS; ENFORCEMENT.—

14 (1) IN GENERAL.—It shall be unlawful for any
15 person to discharge or in any other manner discrimi-
16 nate against an individual because the individual has
17 applied for, indicated an intent to apply for, or re-
18 ceived family and medical leave insurance benefits.

19 (2) CIVIL ACTION BY AN INDIVIDUAL.—

20 (A) LIABILITY.—Any person who violates
21 paragraph (1) shall be liable to any individual
22 employed by such person who is affected by the
23 violation—

24 (i) for damages equal to the sum of—

25 (I) the amount of—

1 (aa) any wages, salary, em-
2 ployment benefits, or other com-
3 pensation denied or lost to such
4 individual by reason of the viola-
5 tion; or

6 (bb) in a case in which
7 wages, salary, employment bene-
8 fits, or other compensation have
9 not been denied or lost to the in-
10 dividual, any actual monetary
11 losses sustained by the individual
12 as a direct result of the violation,
13 such as the cost of providing
14 care, up to a sum equal to 60
15 calendar days of wages or salary
16 for the individual;

17 (II) the interest on the amount
18 described in subclause (I) calculated
19 at the prevailing rate; and

20 (III) an additional amount as liq-
21 uidated damages equal to the sum of
22 the amount described in subclause (I)
23 and the interest described in sub-
24 clause (II), except that if a person
25 who has violated paragraph (1) proves

1 to the satisfaction of the court that
2 the act or omission which violated
3 paragraph (1) was in good faith and
4 that the person had reasonable
5 grounds for believing that the act or
6 omission was not a violation of para-
7 graph (1), such court may, in the dis-
8 cretion of the court, reduce the
9 amount of the liability to the amount
10 and interest determined under sub-
11 clauses (I) and (II), respectively; and
12 (ii) for such equitable relief as may be
13 appropriate, including employment, rein-
14 statement, and promotion.

15 (B) RIGHT OF ACTION.—An action to re-
16 cover the damages or equitable relief prescribed
17 in subparagraph (A) may be maintained against
18 any person in any Federal or State court of
19 competent jurisdiction by any individual for and
20 on behalf of—

21 (i) the individual; or

22 (ii) the individual and other individ-
23 uals similarly situated.

24 (C) FEES AND COSTS.—The court in such
25 an action shall, in addition to any judgment

1 awarded to the plaintiff, allow a reasonable at-
2 torney's fee, reasonable expert witness fees, and
3 other costs of the action to be paid by the de-
4 fendant.

5 (D) LIMITATIONS.—The right provided by
6 subparagraph (B) to bring an action by or on
7 behalf of any individual shall terminate—

8 (i) on the filing of a complaint by the
9 Commissioner in an action under para-
10 graph (5) in which restraint is sought of
11 any further delay in the payment of the
12 amount described in subparagraph (A)(I)
13 to such individual by the person respon-
14 sible under subparagraph (A) for the pay-
15 ment; or

16 (ii) on the filing of a complaint by the
17 Commissioner in an action under para-
18 graph (3) in which a recovery is sought of
19 the damages described in subparagraph
20 (A)(I) owing to an individual by a person
21 liable under subparagraph (A),

22 unless the action described in clause (i) or (ii)
23 is dismissed without prejudice on motion of the
24 Commissioner.

25 (3) ACTION BY THE COMMISSIONER.—

1 (A) CIVIL ACTION.—The Commissioner
2 may bring an action in any court of competent
3 jurisdiction to recover the damages described in
4 paragraph (2)(A)(I).

5 (B) SUMS RECOVERED.—Any sums recov-
6 ered by the Commissioner pursuant to subpara-
7 graph (A) shall be held in a special deposit ac-
8 count and shall be paid, on order of the Com-
9 missioner, directly to each individual affected.
10 Any such sums not paid to an individual be-
11 cause of inability to do so within a period of 3
12 years shall be deposited into the Federal Family
13 and Medical Leave Insurance Trust Fund.

14 (4) LIMITATION.—

15 (A) IN GENERAL.—An action may be
16 brought under this subsection not later than 3
17 years after the date of the last event consti-
18 tuting the alleged violation for which the action
19 is brought.

20 (B) COMMENCEMENT.—An action brought
21 by the Commissioner under this subsection shall
22 be considered to be commenced on the date
23 when the complaint is filed.

24 (5) ACTION FOR INJUNCTION BY COMMIS-
25 SIONER.—The district courts of the United States

1 shall have jurisdiction, for cause shown, in an action
2 brought by the Commissioner—

3 (A) to restrain violations of paragraph (1),
4 including the restraint of any withholding of
5 payment of wages, salary, employment benefits,
6 or other compensation, plus interest, found by
7 the court to be due to an individual; or

8 (B) to award such other equitable relief as
9 may be appropriate, including employment, re-
10 instatement, and promotion.

11 (i) SPECIAL RULE FOR RAILROAD EMPLOYEES.—For
12 purposes of subsection (a)(1), an individual shall be
13 deemed to be insured for disability insurance benefits if
14 the individual would be so insured if the individual's serv-
15 ice as an employee (as defined in the section 1(b) of the
16 Railroad Retirement Act of 1974) after December 31,
17 1936, were included within the meaning of the term “em-
18 ployment” for purposes of title II of the Social Security
19 Act (42 U.S.C. 401 et seq.).

20 (j) DETERMINATION OF WHETHER AN ACTIVITY
21 CONSTITUTES QUALIFIED CAREGIVING.—

22 (1) IN GENERAL.—For purposes of determining
23 whether an activity engaged in by an individual con-
24 stitutes qualified caregiving under this section—

1 (A) the term “spouse” (as used in section
2 102(a) of the Family and Medical Leave Act
3 (29 U.S.C. 2612(a))) includes the individual’s
4 domestic partner; and

5 (B) the term “son or daughter” (as used
6 in such section) includes a son or daughter (as
7 defined in section 101 of such Act) of the indi-
8 vidual’s domestic partner.

9 (2) DOMESTIC PARTNER.—

10 (A) IN GENERAL.—For purposes of para-
11 graph (1), the term “domestic partner”, with
12 respect to an individual, means another indi-
13 vidual with whom the individual is in a com-
14 mitted relationship.

15 (B) COMMITTED RELATIONSHIP DE-
16 FINED.—The term “committed relationship”
17 means a relationship between two individuals
18 (each at least 18 years of age) in which each
19 individual is the other individual’s sole domestic
20 partner and both individuals share responsi-
21 bility for a significant measure of each other’s
22 common welfare. The term includes any such
23 relationship between two individuals, including
24 individuals of the same sex, that is granted
25 legal recognition by a State or political subdivi-

1 sion of a State as a marriage or analogous rela-
2 tionship, including a civil union or domestic
3 partnership.

4 (k) **APPLICABILITY OF CERTAIN SOCIAL SECURITY**
5 **ACT PROVISIONS.**—The provisions of sections 204, 205,
6 206, and 208 of the Social Security Act shall apply to
7 benefit payments authorized by and paid out pursuant to
8 this section in the same way that such provisions apply
9 to benefit payments authorized by and paid out pursuant
10 to title II of such Act.

11 (l) **EFFECTIVE DATE FOR APPLICATIONS.**—Applica-
12 tions described in this section may be filed beginning 18
13 months after the date of enactment of this Act.

14 **SEC. 3004. ESTABLISHMENT OF FAMILY AND MEDICAL**
15 **LEAVE INSURANCE TRUST FUND.**

16 (a) **IN GENERAL.**—There is hereby created on the
17 books of the Treasury of the United States a trust fund
18 to be known as the “Federal Family and Medical Leave
19 Insurance Trust Fund”. The Federal Family and Medical
20 Leave Insurance Trust Fund shall consist of such gifts
21 and bequests as may be made as provided in section
22 201(i)(1) of the Social Security Act (42 U.S.C. 401(i)(1))
23 and such amounts as may be appropriated to, or deposited
24 in, the Federal Family and Medical Leave Insurance
25 Trust Fund as provided in this section.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—

2 (1) IN GENERAL.—There is authorized to be
3 appropriated to the Federal Family and Medical
4 Leave Insurance Trust Fund out of moneys in the
5 Treasury not otherwise appropriated—

6 (A) for the first three fiscal years begin-
7 ning after the date of enactment of this Act,
8 such sums as may be necessary for the Com-
9 missioner to administer the office established
10 under section 3002 and pay the benefits under
11 section 3003;

12 (B) 100 percent of the taxes imposed by
13 sections 3101(c) and 3111(c) of the Internal
14 Revenue Code of 1986 with respect to wages
15 (as defined in section 3121 of such Code) re-
16 ported to the Secretary of the Treasury pursu-
17 ant to subtitle F of such Code, as determined
18 by the Secretary of the Treasury by applying
19 the applicable rate of tax under such sections to
20 such wages;

21 (C) 100 percent of the taxes imposed by
22 section 1401(c) of such Code with respect to
23 self-employment income (as defined in section
24 1402 of such Code) reported to the Secretary of
25 the Treasury on tax returns under subtitle F of

1 such Code, as determined by the Secretary of
2 the Treasury by applying the applicable rate of
3 tax under such section to such self-employment
4 income; and

5 (D) 100 percent of the taxes imposed by
6 sections 3201(c), 3211(c), and 3221(c) of such
7 Code with respect to compensation (as defined
8 in section 3231 of such Code) reported to the
9 Secretary of the Treasury on tax returns under
10 subtitle F of such Code, as determined by the
11 Secretary of the Treasury by applying the ap-
12 plicable rate of tax under such sections to such
13 compensation.

14 (2) REPAYMENT OF INITIAL APPROPRIATION.—
15 Amounts appropriated pursuant to subparagraph
16 (A) of paragraph (1) shall be repaid to the Treasury
17 of the United States not later than 10 years after
18 the first appropriation is made pursuant to such
19 subparagraph.

20 (3) TRANSFER TO TRUST FUND.—The amounts
21 described in paragraph (2) shall be transferred from
22 time to time from the general fund in the Treasury
23 to the Federal Family and Medical Leave Insurance
24 Trust Fund, such amounts to be determined on the
25 basis of estimates by the Secretary of the Treasury

1 of the taxes, specified in such paragraph, paid to or
2 deposited into the Treasury. Proper adjustments
3 shall be made in amounts subsequently transferred
4 to the extent prior estimates were inconsistent with
5 the taxes specified in such paragraph.

6 (c) MANAGEMENT OF TRUST FUND.—The provisions
7 of subsections (c), (d), (e), (f), (i), and (m) of section 201
8 of the Social Security Act (42 U.S.C. 401) shall apply with
9 respect to the Federal Family and Medical Leave Insur-
10 ance Trust Fund in the same manner as such provisions
11 apply to the Federal Old-Age and Survivors Insurance
12 Trust Fund and the Disability Insurance Trust Fund.

13 (d) BENEFITS PAID FROM TRUST FUND.—Benefit
14 payments required to be made under section 3003 shall
15 be made only from the Federal Family and Medical Leave
16 Insurance Trust Fund.

17 (e) ADMINISTRATION.—There are authorized to be
18 made available for expenditure, out of the Federal Family
19 and Medical Leave Insurance Trust Fund, such sums as
20 may be necessary to pay the costs of the administration
21 of section 3003, including start-up costs, technical assist-
22 ance, outreach, education, evaluation, and reporting.

23 (f) PROHIBITION.—No funds from the Social Secu-
24 rity Trust Fund or appropriated to the Social Security Ad-
25 ministration to administer Social Security programs may

1 be used for Federal Family and Medical Leave Insurance
2 benefits or administration set forth under this title.

3 **SEC. 3005. INTERNAL REVENUE CODE PROVISIONS.**

4 (a) IN GENERAL.—

5 (1) EMPLOYEE CONTRIBUTION.—Section 3101
6 of the Internal Revenue Code of 1986 is amended—

7 (A) by redesignating subsection (c) as sub-
8 section (d); and

9 (B) by inserting after subsection (b) the
10 following:

11 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

12 “(1) IN GENERAL.—In addition to other taxes,
13 there is hereby imposed on the income of every indi-
14 vidual a tax equal to the applicable percentage of the
15 wages (as defined in section 3121(a)) received by the
16 individual with respect to employment (as defined in
17 section 3121(b)).

18 “(2) APPLICABLE PERCENTAGE.—For purposes
19 of paragraph (1), the term ‘applicable percentage’
20 means 0.2 percent in the case of wages received in
21 any calendar year.”.

22 (2) EMPLOYER CONTRIBUTION.—Section 3111
23 of such Code is amended—

24 (A) by redesignating subsection (c) as sub-
25 section (d); and

1 (B) by inserting after subsection (b) the
2 following:

3 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

4 “(1) IN GENERAL.—In addition to other taxes,
5 there is hereby imposed on every employer an excise
6 tax, with respect to having individuals in his employ,
7 equal to the applicable percentage of the wages (as
8 defined in section 3121(a)) paid by the employer
9 with respect to employment (as defined in section
10 3121(b)).

11 “(2) APPLICABLE PERCENTAGE.—For purposes
12 of paragraph (1), the term ‘applicable percentage’
13 means 0.2 percent in the case of wages paid in any
14 calendar year.”.

15 (3) SELF-EMPLOYMENT INCOME CONTRIBU-
16 TION.—

17 (A) IN GENERAL.—Section 1401 of such
18 Code is amended—

19 (i) by redesignating subsection (c) as
20 subsection (d); and

21 (ii) by inserting after subsection (b)
22 the following:

23 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

24 “(1) IN GENERAL.—In addition to other taxes,
25 there is hereby imposed for each taxable year, on the

1 self-employment income of every individual, a tax
2 equal to the applicable percentage of the amount of
3 the self-employment income for such taxable year.

4 “(2) APPLICABLE PERCENTAGE.—For purposes
5 of paragraph (1), the term ‘applicable percentage’
6 means 0.4 percent in the case of self-employment in-
7 come in any taxable year.”.

8 (B) EXCLUSION OF CERTAIN NET EARN-
9 INGS FROM SELF-EMPLOYMENT.—Section
10 1402(b)(1) of such Code is amended by striking
11 “tax imposed by section 1401(a)” and inserting
12 “taxes imposed by subsections (a) and (c) of
13 section 1401”.

14 (b) RAILROAD RETIREMENT TAX ACT.—

15 (1) EMPLOYEE CONTRIBUTION.—Section 3201
16 of such Code is amended—

17 (A) by redesignating subsection (c) as sub-
18 section (d); and

19 (B) by inserting after subsection (b) the
20 following:

21 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

22 “(1) IN GENERAL.—In addition to other taxes,
23 there is hereby imposed on the income of each em-
24 ployee a tax equal to the applicable percentage of
25 the compensation received during any calendar year

1 by such employee for services rendered by such em-
2 ployee.

3 “(2) APPLICABLE PERCENTAGE.—For purposes
4 of paragraph (1), the term ‘applicable percentage’
5 means 0.2 percent in the case of compensation re-
6 ceived in any calendar year.”.

7 (2) EMPLOYEE REPRESENTATIVE CONTRIBU-
8 TION.—Section 3211 of such Code is amended—

9 (A) by redesignating subsection (c) as sub-
10 section (d); and

11 (B) by inserting after subsection (b) the
12 following:

13 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

14 “(1) IN GENERAL.—In addition to other taxes,
15 there is hereby imposed on the income of each em-
16 ployee representative a tax equal to the applicable
17 percentage of the compensation received during any
18 calendar year by such employee representative for
19 services rendered by such employee representative.

20 “(2) APPLICABLE PERCENTAGE.—For purposes
21 of paragraph (1), the term ‘applicable percentage’
22 means 0.2 percent in the case of compensation re-
23 ceived in any calendar year.”.

24 (3) EMPLOYER CONTRIBUTION.—Section 3221
25 of such Code is amended—

1 (A) by redesignating subsection (c) as sub-
2 section (d); and

3 (B) by inserting after subsection (b) the
4 following:

5 “(c) FAMILY AND MEDICAL LEAVE INSURANCE.—

6 “(1) IN GENERAL.—In addition to other taxes,
7 there is hereby imposed on every employer an excise
8 tax, with respect to having individuals in his employ,
9 equal to the applicable percentage of the compensa-
10 tion paid during any calendar year by such employer
11 for services rendered to such employer.

12 “(2) APPLICABLE PERCENTAGE.—For purposes
13 of paragraph (1), the term ‘applicable percentage’
14 means 0.2 percent in the case of compensation paid
15 in any calendar year.”.

16 (c) CONFORMING AMENDMENTS.—

17 (1) Section 6413(c) of the Internal Revenue
18 Code of 1986 is amended—

19 (A) in paragraph (1)—

20 (i) by inserting “, section 3101(c),”
21 after “by section 3101(a)”; and

22 (ii) by striking “both” and inserting
23 “each”; and

24 (B) in paragraph (2), by inserting “or
25 3101(c)” after “3101(a)” each place it appears.

1 (2) Section 15(a) of the Railroad Retirement
2 Act of 1974 (45 U.S.C. 231n(a)) is amended by in-
3 serting “(other than sections 3201(c), 3211(c), and
4 3221(c))” before the period at the end.

5 (d) **EFFECTIVE DATE.**—The amendments made by
6 this section shall take effect 120 days after the date of
7 the enactment of this Act.

8 **SEC. 3006. REGULATIONS.**

9 The Commissioner, in consultation with the Secretary
10 of Labor, shall prescribe regulations necessary to carry out
11 this title. In developing such regulations, the Commis-
12 sioner shall consider the input from a volunteer advisory
13 body comprised of not more than 15 individuals, including
14 experts in the relevant subject matter and officials charged
15 with implementing State paid family and medical leave in-
16 surance programs. The Commissioner shall take such pro-
17 grams into account when proposing regulations. Such indi-
18 viduals shall be appointed as follows:

19 (1) Five individuals to be appointed by the
20 President.

21 (2) Three individuals to be appointed by the
22 majority leader of the Senate.

23 (3) Two individuals to be appointed by the mi-
24 nority leader of the Senate.

1 (4) Three individuals to be appointed by the
2 Speaker of the House of Representatives.

3 (5) Two individuals to be appointed by the mi-
4 nority leader of the House of Representatives.

5 **SEC. 3007. GAO STUDY.**

6 As soon as practicable after calendar year 2025, the
7 Comptroller General shall submit to Congress a report on
8 family and medical leave insurance benefits paid under
9 section 3003 for any month during the 1-year period be-
10 ginning on January 1, 2025. The report shall include the
11 following:

12 (1) An identification of the total number of ap-
13 plications for such benefits filed for any month dur-
14 ing such 1-year period, and the average number of
15 days occurring in the period beginning on the date
16 on which such an application is received and ending
17 on the date on which the initial determination of eli-
18 gibility with respect to the application is made.

19 (2) An identification of the total number of re-
20 quests for review of an initial adverse determination
21 of eligibility for such benefits made during such 1-
22 year period, and the average number of days occur-
23 ring in the period beginning on the date on which
24 such review is requested and ending on the date on

1 which the final determination of eligibility with re-
2 spect to such review is made.

3 (3) An identification of the total number of
4 monthly benefit claim reports for such benefits filed
5 during such 1-year period, and the average number
6 of days occurring in the period beginning on the
7 date on which such a claim report is received and
8 ending on the date on which the initial determina-
9 tion of eligibility with respect to the claim report is
10 made.

11 (4) An identification of the total number of re-
12 quests for review of an initial adverse determination
13 relating to a monthly benefit claim report for such
14 benefits made during such 1-year period, and the av-
15 erage number of days occurring in the period begin-
16 ning on the date on which such review is requested
17 and ending on the date on which the final deter-
18 mination of eligibility with respect to such review is
19 made.

20 (5) An identification of any excessive delay in
21 any of the periods described in paragraphs (1)
22 through (4), and a description of the causes for such
23 delay.

1 **TITLE IV—FULLY REFUNDABLE**
2 **CHILD TAX CREDIT**

3 **SEC. 4001. ESTABLISHMENT OF FULLY REFUNDABLE CHILD**
4 **TAX CREDIT.**

5 (a) ELIMINATION OF EXISTING CHILD TAX CRED-
6 IT.—Subpart A of part IV of subchapter A of chapter 1
7 of subtitle A of the Internal Revenue Code of 1986 is
8 amended by striking section 24.

9 (b) ESTABLISHMENT OF FULLY REFUNDABLE
10 CHILD TAX CREDIT.—Subpart C of part IV of subchapter
11 A of chapter 1 of subtitle A of such Code is amended by
12 inserting after section 36B the following new section:

13 **“SEC. 36C. CHILD TAX CREDIT.**

14 “(a) ALLOWANCE OF CREDIT.—In the case of an eli-
15 gible individual, there shall be allowed as a credit against
16 the tax imposed by this chapter for the taxable year an
17 amount equal to the sum of—

18 “(1) with respect to each qualifying child of the
19 taxpayer who has attained 6 years of age before the
20 close of such taxable year and for which the tax-
21 payer is allowed a deduction under section 151, an
22 amount equal to \$3,000, and

23 “(2) with respect to each qualifying child of the
24 taxpayer who has not attained 6 years of age before
25 the close of such taxable year and for which the tax-

1 payer is allowed a deduction under section 151, an
2 amount equal to 120 percent of the dollar amount
3 in paragraph (1).

4 “(b) LIMITATION.—

5 “(1) IN GENERAL.—The amount of the credit
6 allowable under subsection (a) shall be reduced (but
7 not below zero) by the applicable amount for each
8 \$1,000 (or fraction thereof) by which the taxpayer’s
9 modified adjusted gross income exceeds the thresh-
10 old amount. For purposes of the preceding sentence,
11 the term ‘modified adjusted gross income’ means ad-
12 justed gross income increased by any amount ex-
13 cluded from gross income under section 911, 931, or
14 933.

15 “(2) THRESHOLD AMOUNT.—

16 “(A) IN GENERAL.—For purposes of para-
17 graph (1), the term ‘threshold amount’
18 means—

19 “(i) \$180,000 in the case of a joint
20 return,

21 “(ii) \$130,000 in the case of an indi-
22 vidual who is not married, and

23 “(iii) \$90,000 in the case of a married
24 individual filing a separate return.

1 “(B) MARITAL STATUS.—For purposes of
2 this paragraph, marital status shall be deter-
3 mined under section 7703.

4 “(3) APPLICABLE AMOUNT.—For purposes of
5 paragraph (1), the term ‘applicable amount’ means
6 an amount equal to the quotient of—

7 “(A) the amount of the credit allowable
8 under subsection (a), as determined without re-
9 gard to this subsection, divided by

10 “(B) an amount equal to the product of—

11 “(i) \$20, multiplied by

12 “(ii) the total number of qualifying
13 children of the taxpayer.

14 “(c) QUALIFYING CHILD.—For purposes of this sec-
15 tion—

16 “(1) IN GENERAL.—The term ‘qualifying child’
17 means a qualifying child of the taxpayer (as defined
18 in section 152(e)) who has not attained 18 years of
19 age.

20 “(2) EXCEPTION FOR CERTAIN NON-CITI-
21 ZENS.—The term ‘qualifying child’ shall not include
22 any individual who would not be a dependent if sub-
23 paragraph (A) of section 152(b)(3) were applied
24 without regard to all that follows ‘resident of the
25 United States’.

1 “(d) ELIGIBLE INDIVIDUAL.—For purposes of this
2 section, the term ‘eligible individual’ means, with respect
3 to any taxable year, any individual if such individual’s
4 principal place of abode is in the United States (as deter-
5 mined under section 32(c)(4)) for more than one-half of
6 such taxable year.

7 “(e) INFLATION ADJUSTMENT.—

8 “(1) IN GENERAL.—In the case of any taxable
9 year beginning after 2022, the \$3,000 amount in
10 subsection (a)(1) shall be increased by an amount
11 equal to—

12 “(A) such dollar amount, multiplied by

13 “(B) the cost-of-living adjustment deter-
14 mined under paragraph (2) for the calendar
15 year in which the taxable year begins.

16 “(2) COST-OF-LIVING ADJUSTMENT.—For pur-
17 poses of paragraph (1), the cost-of-living adjustment
18 for any calendar year is the percentage (if any) by
19 which—

20 “(A) the CPI for the preceding calendar
21 year (as determined pursuant to section
22 1(f)(4)), exceeds

23 “(B) the CPI for calendar year 2021.

24 “(3) ROUNDING.—If any increase determined
25 under paragraph (1) is not a multiple of \$50, such

1 increase shall be rounded to the nearest multiple of
2 \$50.

3 “(f) PARTIAL NON-REFUNDABLE CREDIT ALLOWED
4 FOR CERTAIN OTHER DEPENDENTS.—

5 “(1) IN GENERAL.—In the case of a taxable
6 year beginning after December 31, 2021, and before
7 January 1, 2026, the aggregate credits allowed to a
8 taxpayer under subpart A shall be increased by \$500
9 for each dependent of the taxpayer (as defined in
10 section 152) other than a qualifying child described
11 in subsection (c). The amount of the credit allowed
12 under this subsection shall not be treated as a credit
13 allowed under this subpart.

14 “(2) EXCEPTION FOR CERTAIN NONCITIZENS.—
15 Paragraph (1) shall not apply with respect to any
16 individual who would not be a dependent if subpara-
17 graph (A) of section 152(b)(3) were applied without
18 regard to all that follows ‘resident of the United
19 States’.

20 “(3) LIMITATION.—

21 “(A) IN GENERAL.—The amount of the
22 credit allowable under paragraph (1) shall be
23 reduced (but not below zero) by \$50 for each
24 \$1,000 (or fraction thereof) by which the tax-

1 payer's modified adjusted gross income exceeds
2 the threshold amount.

3 “(B) MODIFIED ADJUSTED GROSS IN-
4 COME.—For purposes of subparagraph (A), the
5 term ‘modified adjusted gross income’ means
6 adjusted gross income increased by any amount
7 excluded from gross income under section 911,
8 931, or 933.

9 “(C) THRESHOLD AMOUNT.—

10 “(i) IN GENERAL.—For purposes of
11 subparagraph (A), the term ‘threshold
12 amount’ means—

13 “(I) \$200,000 in the case of a
14 joint return,

15 “(II) \$150,000 in the case of an
16 individual who is not married, and

17 “(III) \$100,000 in the case of a
18 married individual filing a separate
19 return.

20 “(ii) MARITAL STATUS.—For pur-
21 poses of this subparagraph, marital status
22 shall be determined under section 7703.

23 “(g) IDENTIFICATION REQUIREMENTS.—

24 “(1) QUALIFYING CHILD AND DEPENDENT
25 IDENTIFICATION REQUIREMENT.—No credit shall be

1 allowed under this section to a taxpayer with respect
2 to any qualifying child or dependent unless the tax-
3 payer includes the name and taxpayer identification
4 number of such qualifying child or dependent on the
5 return of tax for the taxable year and such taxpayer
6 identification number was issued on or before the
7 due date for filing such return.

8 “(2) TAXPAYER IDENTIFICATION REQUIRE-
9 MENT.—No credit shall be allowed under this section
10 if the taxpayer identification number of the taxpayer
11 was issued after the due date for filing the return
12 for the taxable year.

13 “(h) TAXABLE YEAR MUST BE FULL TAXABLE
14 YEAR.—Except in the case of a taxable year closed by rea-
15 son of the death of the taxpayer, no credit shall be allow-
16 able under this section in the case of a taxable year cov-
17 ering a period of less than 12 months.

18 “(i) RESTRICTIONS ON TAXPAYERS WHO IMPROP-
19 ERLY CLAIMED CREDIT IN PRIOR YEAR.—

20 “(1) TAXPAYERS MAKING PRIOR FRAUDULENT
21 OR RECKLESS CLAIMS.—

22 “(A) IN GENERAL.—No credit shall be al-
23 lowed under this section for any taxable year in
24 the disallowance period.

1 “(B) DISALLOWANCE PERIOD.—For pur-
2 poses of subparagraph (A), the disallowance pe-
3 riod is—

4 “(i) the period of 10 taxable years
5 after the most recent taxable year for
6 which there was a final determination that
7 the taxpayer’s claim of credit under this
8 section was due to fraud, and

9 “(ii) the period of 2 taxable years
10 after the most recent taxable year for
11 which there was a final determination that
12 the taxpayer’s claim of credit under this
13 section was due to reckless or intentional
14 disregard of rules and regulations (but not
15 due to fraud).

16 “(2) TAXPAYERS MAKING IMPROPER PRIOR
17 CLAIMS.—In the case of a taxpayer who is denied
18 credit under this section for any taxable year as a
19 result of the deficiency procedures under subchapter
20 B of chapter 63, no credit shall be allowed under
21 this section for any subsequent taxable year unless
22 the taxpayer provides such information as the Sec-
23 retary may require to demonstrate eligibility for
24 such credit.

1 “(j) RECONCILIATION OF CREDIT AND ADVANCE
2 CREDIT.—

3 “(1) IN GENERAL.—The amount of the credit
4 allowed under this section to any taxpayer for any
5 taxable year shall be reduced (but not below zero) by
6 the aggregate amount of payments made under sec-
7 tion 7527A to such taxpayer during such taxable
8 year.

9 “(2) EXCESS ADVANCE PAYMENTS.—If the ag-
10 gregate amount of payments under section 7527A to
11 the taxpayer during the taxable year exceeds the
12 amount of the credit allowed under this section to
13 such taxpayer for such taxable year (determined
14 without regard to paragraph (1)), the tax imposed
15 by this chapter for such taxable year shall be in-
16 creased by the amount of such excess.”.

17 (c) ADVANCE PAYMENT OF CREDIT.—Section 7527A
18 of such Code is amended to read as follows:

19 **“SEC. 7527A. ADVANCE PAYMENT OF CHILD TAX CREDIT.**

20 “(a) IN GENERAL.—As soon as practicable after the
21 date of the enactment of this section, the Secretary shall
22 establish a program for making monthly payments to tax-
23 payers which, in the aggregate during any calendar year,
24 equal the annual advance amount determined with respect
25 to such taxpayer for such calendar year.

1 “(b) ANNUAL ADVANCE AMOUNT.—For purposes of
2 this section—

3 “(1) IN GENERAL.—Except as otherwise pro-
4 vided in this subsection, the term ‘annual advance
5 amount’ means, with respect to any taxpayer for any
6 calendar year, the amount of the credit which would
7 be allowed to such taxpayer under section 36C(a)
8 (determined without regard to subsection (j) thereof)
9 for the taxpayer’s taxable year beginning in such
10 calendar year if—

11 “(A) the taxpayer’s modified adjusted
12 gross income for such taxable year were equal
13 to the taxpayer’s modified adjusted gross in-
14 come for the reference taxable year,

15 “(B) the only qualifying children of such
16 taxpayer are qualifying children properly
17 claimed on the taxpayer’s return of tax for the
18 reference taxable year, and

19 “(C) the age of such qualifying children is
20 determined for such taxable year by taking into
21 account the passage of time since the reference
22 taxable year.

23 “(2) REFERENCE TAXABLE YEAR.—Except as
24 provided in paragraph (3)(A), the term ‘reference
25 taxable year’ means, with respect to any taxpayer

1 for any calendar year, the taxpayer's taxable year
2 beginning in the preceding calendar year or, in the
3 case of taxpayer who did not file a return of tax for
4 such taxable year, the taxpayer's taxable year begin-
5 ning in the second preceding calendar year.

6 “(3) MODIFICATIONS DURING CALENDAR
7 YEAR.—The Secretary may modify, during any cal-
8 endar year, the annual advance amount with respect
9 to any taxpayer for such calendar year to take into
10 account—

11 “(A) a return of tax filed by such taxpayer
12 during such calendar year (and the taxable year
13 to which such return relates may be taken into
14 account as the reference taxable year), and

15 “(B) any other information provided by
16 the taxpayer to the Secretary which allows the
17 Secretary to determine payments under sub-
18 section (a) which, in the aggregate during any
19 taxable year of the taxpayer, more closely total
20 the Secretary's best estimate of the credit al-
21 lowed to the taxpayer under section 36C(a) (de-
22 termined without regard to subsection (i) there-
23 of) for such taxable year.

1 “(c) ON-LINE INFORMATION PORTAL.—The Sec-
2 retary shall establish an on-line portal which allows tax-
3 payers to—

4 “(1) elect not to receive payments under this
5 section, and

6 “(2) provide information to the Secretary which
7 would be relevant to a modification under subsection
8 (b)(3)(B) of the annual advance amount, including
9 information regarding—

10 “(A) a change in the number of the tax-
11 payer’s qualifying children, including by reason
12 of the birth of a child,

13 “(B) a change in the taxpayer’s marital
14 status,

15 “(C) a significant change in the taxpayer’s
16 modified adjusted gross income, and

17 “(D) any other factor which the Secretary
18 may provide.

19 “(d) NOTICE OF PAYMENTS.—Not later than Janu-
20 ary 31 of the calendar year following any calendar year
21 during which the Secretary makes one or more payments
22 to any taxpayer under this section, the Secretary shall pro-
23 vide such taxpayer with a written notice which includes
24 the taxpayer’s taxpayer identity (as defined in section
25 6103(b)(6)), the aggregate amount of such payments

1 made to such taxpayer during such calendar year, and
2 such other information as the Secretary determines appro-
3 priate.

4 “(e) AUTHORITY TO ADJUST INTERVAL OF PAY-
5 MENTS.—If the Secretary determines that it is not admin-
6 istratively feasible to make monthly payments under this
7 section, such payments shall be made on the basis of the
8 shortest interval which the Secretary determines is admin-
9 istratively feasible.”.

10 (d) CONFORMING AMENDMENTS.—

11 (1) The table of sections for subpart A of part
12 IV of subchapter A of chapter 1 of subtitle A of the
13 Internal Revenue Code of 1986 is amended by strik-
14 ing the item relating to section 24.

15 (2) The table of sections for subpart C of part
16 IV of subchapter A of chapter 1 of subtitle A of
17 such Code is amended by inserting after the item re-
18 lating to section 36B the following:

“Sec. 36C. Child tax credit.”.

19 (3) Subparagraph (B) of section 45R(f)(3) of
20 such Code is amended to read as follows:

21 “(B) SPECIAL RULE.—Any amounts paid
22 pursuant to an agreement under section 3121(l)
23 (relating to agreements entered into by Amer-
24 ican employers with respect to foreign affiliates)
25 which are equivalent to the taxes referred to in

1 subparagraph (A) shall be treated as taxes re-
2 ferred to in such subparagraph.”.

3 (4) Section 152(f)(6)(B)(ii) of such Code is
4 amended by striking “section 24” and inserting
5 “section 36C”.

6 (5) Paragraph (26) of section 501(c) of such
7 Code is amended in the flush matter at the end by
8 striking “section 24(c)” and inserting “section
9 36C(e)”.

10 (6) Section 6211(b)(4)(A) of such Code is
11 amended—

12 (A) by striking “24(d),”; and

13 (B) by inserting “36C(a),” after “36B,”.

14 (7) Section 6213(g)(2) of such Code is amend-
15 ed—

16 (A) in subparagraph (I), by striking “sec-
17 tion 24(e)” and inserting “section 36C(g)”;

18 (B) in subparagraph (L), by striking “24,
19 or 32” and inserting “32, or 36C”.

20 (8) Paragraph (2) of section 1324(b) of title
21 31, United States Code, is amended by inserting
22 “36C,” after “36B,”.

23 (e) EFFECTIVE DATE.—The amendments made by
24 this section shall apply to taxable years beginning after
25 December 31, 2021.

1 **SEC. 4002. PAYMENTS TO POSSESSIONS.**

2 (a) MIRROR CODE POSSESSION.—The Secretary of
3 the Treasury shall pay to each possession of the United
4 States with a mirror code tax system amounts equal to
5 the loss to that possession by reason of the application
6 of section 36C of the Internal Revenue Code of 1986 (as
7 added by section 4001) with respect to taxable years be-
8 ginning after 2020. Such amounts shall be determined by
9 the Secretary of the Treasury based on information pro-
10 vided by the government of the respective possession.

11 (b) OTHER POSSESSIONS.—The Secretary of the
12 Treasury shall pay to each possession of the United States
13 which does not have a mirror code tax system amounts
14 estimated by the Secretary of the Treasury as being equal
15 to the aggregate benefits that would have been provided
16 to residents of such possession by reason of the application
17 of section 36C of such Code (as so added) for taxable
18 years beginning after 2021 if a mirror code tax system
19 had been in effect in such possession. The preceding sen-
20 tence shall not apply with respect to any possession of the
21 United States unless such possession has a plan, which
22 has been approved by the Secretary of the Treasury, under
23 which such possession will promptly distribute such pay-
24 ments to the residents of such possession.

25 (c) COORDINATION WITH CREDIT ALLOWED
26 AGAINST UNITED STATES INCOME TAXES.—No credit

1 shall be allowed against United States income taxes for
2 any taxable year under section 36C of the Internal Rev-
3 enue Code of 1986 (as so added) to any person—

4 (1) to whom a credit is allowed against taxes
5 imposed by the possession by reason of the amend-
6 ments made by this section for such taxable year; or

7 (2) who is eligible for a payment under a plan
8 described in subsection (b) with respect to such tax-
9 able year.

10 (d) DEFINITIONS AND SPECIAL RULES.—

11 (1) POSSESSION OF THE UNITED STATES.—For
12 purposes of this section, the term “possession of the
13 United States” includes the Commonwealth of Puer-
14 to Rico and the Commonwealth of the Northern
15 Mariana Islands.

16 (2) MIRROR CODE TAX SYSTEM.—For purposes
17 of this section, the term “mirror code tax system”
18 means, with respect to any possession of the United
19 States, the income tax system of such possession if
20 the income tax liability of the residents of such pos-
21 session under such system is determined by ref-
22 erence to the income tax laws of the United States
23 as if such possession were the United States.

24 (3) TREATMENT OF PAYMENTS.—For purposes
25 of section 1324(b)(2) of title 31, United States

1 Code, the payments under this section shall be treat-
2 ed in the same manner as a refund due from the
3 credit allowed under section 36C of the Internal
4 Revenue Code of 1986.

5 **TITLE V—CHILD CARE IS**
6 **INFRASTRUCTURE**

7 **SEC. 5001. INFRASTRUCTURE GRANTS TO IMPROVE CHILD**
8 **CARE SAFETY.**

9 (a) IN GENERAL.—Part A of title IV of the Social
10 Security Act (42 U.S.C. 601 et seq.) is amended by insert-
11 ing after section 418 the following:

12 **“SEC. 418A. INFRASTRUCTURE GRANTS TO IMPROVE CHILD**
13 **CARE SAFETY.**

14 “(a) SHORT TITLE.—This section may be cited as the
15 ‘Infrastructure Grants To Improve Child Care Safety Act’.

16 “(b) NEEDS ASSESSMENTS.—

17 “(1) IMMEDIATE NEEDS ASSESSMENT.—

18 “(A) IN GENERAL.—The Secretary shall
19 conduct an immediate needs assessment of the
20 condition of child care facilities throughout the
21 United States (with priority given to child care
22 facilities that receive Federal funds), that—

23 “(i) determines the extent to which
24 the COVID–19 pandemic has created im-
25 mediate infrastructure needs, including in-

1 frastructure-related health and safety
2 needs, which must be addressed for child
3 care facilities to operate in compliance with
4 public health guidelines;

5 “(ii) considers the effects of the pan-
6 demic on a variety of child care centers, in-
7 cluding home-based centers; and

8 “(iii) considers how the pandemic has
9 impacted specific metrics, such as—

10 “(I) capacity;

11 “(II) investments in infrastruc-
12 ture changes;

13 “(III) the types of infrastructure
14 changes centers need to implement
15 and their associated costs;

16 “(IV) the price of tuition; and

17 “(V) any changes or anticipated
18 changes in the number and demo-
19 graphic of children attending.

20 “(B) TIMING.—The immediate needs as-
21 sessment should occur simultaneously with the
22 first grant-making cycle under subsection (c).

23 “(C) REPORT.—Not later than 1 year
24 after the date of the enactment of this section,
25 the Secretary shall submit to the Congress a re-

1 port containing the result of the needs assess-
2 ment conducted under subparagraph (A), and
3 make the assessment publicly available.

4 “(2) LONG-TERM NEEDS ASSESSMENT.—

5 “(A) IN GENERAL.—The Secretary shall
6 conduct a long-term assessment of the condition
7 of child care facilities throughout the United
8 States (with priority given to child care facili-
9 ties that receive Federal funds). The assess-
10 ment may be conducted through representative
11 random sampling.

12 “(B) REPORT.—Not later than 4 years
13 after the date of the enactment of this section,
14 the Secretary shall submit to the Congress a re-
15 port containing the results of the needs assess-
16 ment conducted under subparagraph (A), and
17 make the assessment publicly available.

18 “(c) CHILD CARE FACILITIES GRANTS.—

19 “(1) GRANTS TO STATES.—

20 “(A) IN GENERAL.—The Secretary may
21 award grants to States for the purpose of ac-
22 quiring, constructing, renovating, or improving
23 child care facilities, including adapting, re-
24 configuring, or expanding facilities to respond
25 to the COVID–19 pandemic.

1 “(B) PRIORITIZED FACILITIES.—The Sec-
2 retary may not award a grant to a State under
3 subparagraph (A) unless the State involved
4 agrees, with respect to the use of grant funds,
5 to prioritize—

6 “(i) child care facilities primarily serv-
7 ing low-income populations;

8 “(ii) child care facilities primarily
9 serving children who have not attained the
10 age of 5 years;

11 “(iii) child care facilities that made
12 maximum health and safety modifications
13 to account for the impact of the COVID-
14 19 pandemic;

15 “(iv) child care facilities that operate
16 under nontraditional hours; and

17 “(v) child care facilities located in
18 rural or underserved communities.

19 “(C) DURATION OF GRANTS.—A grant
20 under this subsection shall be awarded for a pe-
21 riod of not more than 5 years.

22 “(D) APPLICATION.—To seek a grant
23 under this subsection, a State shall submit to
24 the Secretary an application at such time, in
25 such manner, and containing such information

1 as the Secretary may require, which informa-
2 tion shall—

3 “(i) be disaggregated as the Secretary
4 may require; and

5 “(ii) include a plan to use a portion of
6 the grant funds to report back to the Sec-
7 retary on the impact of using the grant
8 funds to improve child care facilities.

9 “(E) PRIORITY.—In selecting States for
10 grants under this subsection, the Secretary
11 shall prioritize States that—

12 “(i) plan to improve center-based and
13 home-based child care programs, which
14 may include a combination of child care
15 and early Head Start or Head Start pro-
16 grams;

17 “(ii) aim to meet specific needs across
18 urban, suburban, or rural areas as deter-
19 mined by the State; and

20 “(iii) show evidence of collaboration
21 with—

22 “(I) local government officials;

23 “(II) other State agencies;

24 “(III) nongovernmental organiza-
25 tions, such as—

1 “(aa) organizations within
2 the philanthropic community;

3 “(bb) certified community
4 development financial institu-
5 tions, as defined in section 103
6 of the Community Development
7 Banking and Financial Institu-
8 tions Act of 1994 (12 U.S.C.
9 4702); and

10 “(cc) organizations that
11 have demonstrated experience
12 in—

13 “(AA) providing tech-
14 nical or financial assistance
15 for the acquisition, construc-
16 tion, renovation, or improve-
17 ment of child care facilities;

18 “(BB) providing tech-
19 nical, financial, or manage-
20 rial assistance to child care
21 providers; and

22 “(CC) securing private
23 sources of capital financing
24 for child care facilities or

1 other low-income community
2 development projects; and

3 “(IV) local community organiza-
4 tions, such as—

5 “(aa) child care providers;

6 “(bb) community care agen-
7 cies;

8 “(cc) resource and referral
9 agencies; and

10 “(dd) unions.

11 “(F) CONSIDERATION.—In selecting States
12 for grants under this subsection, the Secretary
13 shall consider—

14 “(i) whether the applicant—

15 “(I) has or is developing a plan
16 to address child care facility needs;
17 and

18 “(II) demonstrates the capacity
19 to execute such a plan; and

20 “(ii) after the date the report required
21 by subsection (b)(1)(C) is submitted to the
22 Congress, the needs of the applicants
23 based on the results of the assessment.

24 “(G) DIVERSITY OF AWARDS.—In award-
25 ing grants under this section, the Secretary

1 shall give equal consideration to States with
2 varying capacities under subparagraph (F).

3 “(H) MATCHING REQUIREMENT.—

4 “(i) IN GENERAL.—As a condition for
5 the receipt of a grant under subparagraph
6 (A), a State that is not an Indian tribe
7 shall agree to make available (directly or
8 through donations from public or private
9 entities) contributions with respect to the
10 cost of the activities to be carried out pur-
11 suant to subparagraph (A), which may be
12 provided in cash or in kind, in an amount
13 equal to 10 percent of the funds provided
14 through the grant.

15 “(ii) DETERMINATION OF AMOUNT
16 CONTRIBUTED.—Contributions required by
17 clause (i) may include—

18 “(I) amounts provided by the
19 Federal Government, or services as-
20 sisted or subsidized to any significant
21 extent by the Federal Government; or

22 “(II) philanthropic or private-sec-
23 tor funds.

24 “(I) REPORT.—Not later than 6 months
25 after the last day of the grant period, a State

1 receiving a grant under this paragraph shall
2 submit a report to the Secretary as described in
3 subparagraph (D)—

4 “(i) to determine the effects of the
5 grant in constructing, renovating, or im-
6 proving child care facilities, including any
7 changes in response to the COVID–19
8 pandemic and any effects on access to and
9 quality of child care; and

10 “(ii) to provide such other information
11 as the Secretary may require.

12 “(J) AMOUNT LIMIT.—The annual amount
13 of a grant under this paragraph may not exceed
14 \$35,000,000.

15 “(2) GRANTS TO INTERMEDIARY ORGANIZA-
16 TIONS.—

17 “(A) IN GENERAL.—The Secretary may
18 award grants to intermediary organizations,
19 such as certified community development finan-
20 cial institutions, tribal organizations, or other
21 organizations with demonstrated experience in
22 child care facilities financing, for the purpose of
23 providing technical assistance, capacity build-
24 ing, and financial products to develop or finance
25 child care facilities.

1 “(B) APPLICATION.—A grant under this
2 paragraph may be made only to intermediary
3 organizations that submit to the Secretary an
4 application at such time, in such manner, and
5 containing such information as the Secretary
6 may require.

7 “(C) PRIORITY.—In selecting intermediary
8 organizations for grants under this subsection,
9 the Secretary shall prioritize intermediary orga-
10 nizations that—

11 “(i) demonstrate experience in child
12 care facility financing or related commu-
13 nity facility financing;

14 “(ii) demonstrate the capacity to as-
15 sist States and local governments in devel-
16 oping child care facilities and programs;

17 “(iii) demonstrate the ability to lever-
18 age grant funding to support financing
19 tools to build the capacity of child care
20 providers, such as through credit enhance-
21 ments;

22 “(iv) propose to focus on child care
23 facilities that operate under nontraditional
24 hours;

1 “(v) propose to meet a diversity of
2 needs across States and across urban, sub-
3 urban, and rural areas at varying types of
4 center-based, home-based, and other child
5 care settings, including early care pro-
6 grams located in freestanding buildings or
7 in mixed-use properties; and

8 “(vi) propose to focus on child care
9 facilities primarily serving low-income pop-
10 ulations and children who have not at-
11 tained the age of 5 years.

12 “(D) AMOUNT LIMIT.—The amount of a
13 grant under this paragraph may not exceed
14 \$10,000,000.

15 “(3) REPORT.—Not later than the end of fiscal
16 year 2027, the Secretary shall submit to the Con-
17 gress a report on the effects of the grants provided
18 under this subsection, and make the report pub-
19 lically accessible.

20 “(d) LABOR STANDARDS FOR ALL GRANTS.—The
21 Secretary shall require that each entity, including grantees
22 and subgrantees, that applies for an infrastructure grant
23 for constructing, renovating, or improving child care facili-
24 ties, including adapting, reconfiguring, or expanding such
25 facilities, which is funded in whole or in part under this

1 section, shall include in its application written assurance
2 that all laborers and mechanics employed by contractors
3 or subcontractors in the performance of construction, al-
4 ternation or repair, as part of such project, shall be paid
5 wages at rates not less than those prevailing on similar
6 work in the locality as determined by the Secretary of
7 Labor in accordance with subchapter IV of chapter 31 of
8 title 40, United States Code (commonly referred to as the
9 ‘Davis-Bacon Act’), and with respect to the labor stand-
10 ards specified in this subsection, the Secretary of Labor
11 shall have the authority and functions set forth in Reorga-
12 nization Plan Numbered 14 of 1950 (15 Fed. Reg. 3176;
13 5 U.S.C. App.).

14 “(e) LIMITATIONS ON AUTHORIZATION OF APPRO-
15 PRIATIONS.—

16 “(1) IN GENERAL.—To carry out this section,
17 there is authorized to be appropriated
18 \$10,000,000,000 for fiscal year 2023, which shall
19 remain available through fiscal year 2027.

20 “(2) RESERVATIONS OF FUNDS.—

21 “(A) INDIAN TRIBES.—The Secretary shall
22 reserve 3 percent of the total amount made
23 available to carry out this section, for payments
24 to Indian tribes.

1 “(B) TERRITORIES.—The Secretary shall
2 reserve 3 percent of the total amount made
3 available to carry out this section, for payments
4 to territories.

5 “(3) GRANTS FOR INTERMEDIARY ORGANIZA-
6 TIONS.—Not less than 10 percent and not more
7 than 15 percent of the total amount made available
8 to carry out this section may be used to carry out
9 subsection (c)(2).

10 “(4) LIMITATION ON USE OF FUNDS FOR
11 NEEDS ASSESSMENTS.—Not more than \$5,000,000
12 of the amounts made available to carry out this sec-
13 tion may be used to carry out subsection (b).

14 “(f) DEFINITION OF STATE.—In this section, the
15 term ‘State’ has the meaning provided in section 419, ex-
16 cept that it includes the Commonwealth of the Northern
17 Mariana Islands and any Indian tribe.”.

18 (b) EXEMPTION OF TERRITORY GRANTS FROM LIM-
19 TATION ON TOTAL PAYMENTS TO THE TERRITORIES.—
20 Section 1108(a)(2) of such Act (42 U.S.C. 1308(a)(2))
21 is amended by inserting “418A(c),” after “413(f),”.

1 **SEC. 5002. EARLY CHILDHOOD EDUCATOR LOAN ASSIST-**
2 **ANCE PROGRAM.**

3 Part Q of title III of the Public Health Service Act
4 (42 U.S.C. 280h) is amended by adding at the end the
5 following:

6 **“SEC. 399Z-3. EARLY CHILDHOOD EDUCATOR LOAN ASSIST-**
7 **ANCE PROGRAM.**

8 “(a) **AUTHORITY.**—The Secretary may carry out a
9 program of entering into contracts with eligible early
10 childhood educators under which such educators agree to
11 serve for a period of 5 years as early childhood educators
12 with a qualified employer, in consideration of the Federal
13 Government agreeing to repay, for each year of such serv-
14 ice, not more than \$6,000 of the principal and interest
15 of the educational loans of such educators.

16 “(b) **RECERTIFICATION.**—An eligible early childhood
17 educator seeking to continue to receive payments under
18 this section shall submit on an annual basis to the Sec-
19 retary such information as the Secretary may require to
20 certify that the educator is continuing to meet the criteria
21 to be considered an eligible educator.

22 “(c) **MAXIMUM AMOUNT OF LOAN.**—The total
23 amount of payments received by an eligible early childhood
24 educator under this section may not exceed the total
25 amount of the principal and interest of the educational
26 loans of such educator.

1 “(d) APPLICABILITY OF CERTAIN PROVISIONS.—The
2 following provisions of the National Health Service Corps
3 Loan Assistance Program established in subpart III of
4 part D shall apply to the program established under this
5 section in the same manner and to the same extent as
6 such provisions apply to the National Health Service
7 Corps Loan Assistance Program:

8 “(1) Paragraphs (1) through (3) of section
9 338B(c) (relating to application information, under-
10 standability, and availability).

11 “(2) Section 338B(c)(4) (relating to recruit-
12 ment and retention).

13 “(3) Section 338B(d) (relating to factors con-
14 sidered in providing contracts).

15 “(4) Section 338(e) (relating to the approval re-
16 quired for participation).

17 “(5) Section 338B(f) (relating to contents of
18 contracts).

19 “(6) Section 338B(g) (relating to payments, in-
20 cluding repayment schedule and tax liability).

21 “(e) REPORT TO CONGRESS.—Not later than 5 years
22 after the date of the enactment of this section, the Sec-
23 retary shall submit to Congress a report on the implemen-
24 tation of this section.

25 “(f) DEFINITIONS.—In this section:

1 “(1) The term ‘eligible early childhood educa-
2 tor’ means an individual that—

3 “(A) as of the date on which the agree-
4 ment referred to in subsection (a)(1) is entered
5 into—

6 “(i) has outstanding Federal direct
7 loans obtained for purposes of pursuing an
8 associate’s degree, a 4-year bachelor’s de-
9 gree, a graduate degree, or a combined
10 bachelor and master’s degree, in early
11 childhood education or a related field from
12 an accredited institution (including any
13 such loan for which the individual is en-
14 rolled in an income-based repayment plan);
15 and

16 “(ii) is in good standing with respect
17 to the loans referred to in clause (i); and
18 “(B) agrees to—

19 “(i) serve as an early childhood educa-
20 tor with a qualified employer for a period
21 of not less than 5 years; and

22 “(ii) make timely payments with re-
23 spect to the loans described in subpara-
24 graph (A)(i).

1 “(2) The term ‘qualified employer’ means a
2 childcare provider that receives or is eligible to re-
3 ceive vouchers or assistance under the Child Care
4 and Development Block Grant Act of 1990.

5 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 \$25,000,000 for each of fiscal years 2023 through 2028.”.

8 **SEC. 5003. GRANTS FOR EARLY CHILDHOOD EDUCATORS.**

9 (a) IN GENERAL.—Beginning not later than 180
10 days after the date of the enactment of this Act, the Sec-
11 retary of Education (referred to in this section as the
12 “Secretary”) shall carry out a program under which the
13 Secretary makes payments to institutions of higher edu-
14 cation with a qualified early childhood educator program
15 to enable such institutions to make grants, on a competi-
16 tive basis, to eligible individuals who file an application
17 and agreement in accordance with subsections (b) and (c).

18 (b) APPLICATIONS.—

19 (1) IN GENERAL.—The Secretary shall periodi-
20 cally set dates by which eligible individuals shall file
21 applications for a grant under this section. Each eli-
22 gible individual desiring a grant under this section
23 shall file an application containing such information
24 and assurances as the Secretary may determine nec-

1 essary to enable the Secretary to carry out the func-
2 tions and responsibilities of this section.

3 (2) RENEWAL.—A grant awarded under this
4 section may be renewed for additional one-year peri-
5 ods if—

6 (A) the recipient submits a renewal appli-
7 cation containing such information and assur-
8 ances as the Secretary may determine nec-
9 essary; and

10 (B) the grant is renewed not more than
11 three times, for a total of not more than four
12 academic years for each eligible recipient.

13 (c) SERVICE OBLIGATION.—

14 (1) AGREEMENTS TO SERVE.—Each application
15 under subsection (b) shall include, or be accom-
16 panied by—

17 (A) an agreement by the applicant that—

18 (i) in the event that the applicant re-
19 ceives a grant under this section, the appli-
20 cant shall—

21 (I) serve as a full-time or part-
22 time educator in a licensed early
23 learning program for a total of not
24 less than one academic year, and four
25 additional months for each subsequent

1 grant renewal, within two years after
2 the date on which the period of time
3 covered by the grant is completed; and

4 (II) submit a certification of em-
5 ployment by the employing early
6 learning program in such form as the
7 Secretary may determine necessary;
8 and

9 (ii) in the event that the applicant is
10 determined to have failed or refused to
11 carry out such service obligation, the sum
12 of the amounts of any grants received by
13 such applicant under this section will be
14 treated as a loan and collected from the
15 applicant in accordance with paragraph (3)
16 and the regulations thereunder; and

17 (B) a plain-language disclosure form devel-
18 oped by the Secretary that clearly describes the
19 nature of the grant award, the service obliga-
20 tion, and the loan repayment requirements that
21 are the consequence of the failure to complete
22 the service obligation.

23 (2) TREATMENT OF CONCURRENT SERVICE.—

24 An individual who serves as a full or part-time edu-
25 cator in a licensed early childhood education pro-

1 gram concurrently while enrolled in a qualified early
2 childhood educator program may count such service
3 toward the fulfillment of the service obligation in the
4 agreement under paragraph (1).

5 (3) REPAYMENT FOR FAILURE TO COMPLETE
6 SERVICE.—Except as provided in paragraph (4), in
7 the event that any recipient of a grant under this
8 section fails or refuses to comply with the service ob-
9 ligation in the agreement under paragraph (1), the
10 sum of the amounts of any grants received by such
11 recipient shall, upon a determination of such a fail-
12 ure or refusal in such service obligation, be treated
13 as a Federal Direct Unsubsidized Stafford Loan
14 under part D of title IV of the Higher Education
15 Act of 1965 (20 U.S.C. 1087a et seq.) except that—

16 (A) no interest shall accrue on such
17 amounts; and

18 (B) such amounts shall be subject to re-
19 payment in accordance with—

20 (i) an income-contingent or income-
21 based repayment plan, if the individual
22 meets the eligibility requirements for such
23 a repayment plan; and

1 (ii) such other terms and conditions
2 as are specified by the Secretary in regula-
3 tions promulgated under this section.

4 (4) HARDSHIP EXTENSION.—In the case of a
5 recipient who has made a good faith effort to find
6 employment in a licensed early learning program
7 and has been unable to acquire such employment,
8 the Secretary is authorized to provide a hardship ex-
9 tension for a period of not more than one year to
10 grant recipients who fail to complete their service re-
11 quirement within a 2-year period.

12 (d) GRANT AMOUNT.—An eligible individual selected
13 to receive a grant or a grant renewal under this section
14 shall receive a grant in an amount not to exceed \$3,000
15 for each academic year during which the individual is en-
16 rolled on a full-time or part-time basis in the qualified
17 early childhood educator program for which the grant was
18 awarded.

19 (e) GRANT DISBURSEMENT.—Payments under this
20 section shall be made in accordance with regulations pro-
21 mulgated by the Secretary for such purpose and in such
22 manner as will best accomplish the purposes of this sec-
23 tion, provided—

24 (1) any disbursement made by crediting a grant
25 recipient's account shall be limited to tuition and

1 fees and other materials necessary for the comple-
2 tion of coursework as determined by the Secretary;
3 and

4 (2) not less than 85 percent of any funds pro-
5 vided to an eligible institution under subsection (a)
6 shall be advanced to the eligible institution prior to
7 the start of each payment period and shall be based
8 upon an amount requested by the institution as
9 needed to cover the total cost of grants awarded to
10 eligible recipients until such time as the Secretary
11 determines and publishes in the Federal Register
12 with an opportunity for comment, an alternative
13 payment system that provides payments to institu-
14 tions in an accurate and timely manner, except that
15 this sentence shall not be construed to limit the au-
16 thority of the Secretary to place an institution on a
17 reimbursement system of payment.

18 (f) DIRECT PAYMENT.—Nothing in this section shall
19 be construed to prohibit the Secretary from making a
20 grant directly to an eligible individual in a case in which
21 an institution of higher education with a qualified early
22 childhood educator program does not participate in the
23 program under subsection (a).

24 (g) DEFINITIONS.—In this section:

1 (1) ELIGIBLE INDIVIDUAL.—The term “eligible
2 individual” means an individual who is enrolled on
3 a full-time or part-time basis in a qualified early
4 childhood educator program.

5 (2) INSTITUTION OF HIGHER EDUCATION.—The
6 term “institution of higher education” has the
7 meaning given that term in section 102 of the High-
8 er Education Act of 1965 (20 U.S.C. 1002).

9 (3) QUALIFIED EARLY CHILDHOOD EDUCATOR
10 PROGRAM.—The term “qualified early childhood ed-
11 ucator program” means a course of study leading to
12 an associate’s degree or a certificate in early child-
13 hood education or a related field from an institution
14 of higher education.

15 (4) LICENSED EARLY LEARNING PROGRAM.—
16 The term “licensed early learning program” means
17 any State-licensed or State-regulated program or
18 provider, regardless of setting or funding source,
19 that provides early care and education for children
20 from birth to kindergarten entry, including, but not
21 limited to, programs operated by child care centers
22 and in family child care homes.

23 (h) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—There are authorized to be
2 appropriated to carry out this section \$10,000,000
3 for each of fiscal years 2023 through 2027.

4 (2) LIMITATION.—Of the amount made avail-
5 able under paragraph (1) in any fiscal year, not
6 more than 3 percent may be used for evaluation,
7 monitoring, salaries, and administrative expenses.

8 **SEC. 5004. CCAMPIS REAUTHORIZATION.**

9 Section 419N of the Higher Education Act of 1965
10 (20 U.S.C. 1070e) is amended—

11 (1) in subsection (b)—

12 (A) in paragraph (2)—

13 (i) in subparagraph (A)—

14 (I) by striking “The amount”
15 and inserting “Except as provided in
16 subparagraph (C), the amount”; and

17 (II) by striking “1 percent” and
18 inserting “2 percent”;

19 (ii) in subparagraph (B)(ii), by strik-
20 ing “subsection (g)” and inserting “sub-
21 section (h)”; and

22 (iii) by adding at the end the fol-
23 lowing:

24 “(C) PERFORMANCE BONUS.—

1 “(i) IN GENERAL.—Notwithstanding
2 subparagraph (A), for any fiscal year for
3 which the amount appropriated under sub-
4 section (h) is not less than \$140,000,000,
5 the Secretary may pay a performance
6 bonus to an eligible institution of higher
7 education.

8 “(ii) MAXIMUM AMOUNT.—A bonus
9 paid to an eligible institution of higher
10 education under clause (i) for a fiscal year
11 shall not exceed an amount equal to 20
12 percent of the amount of the annual grant
13 payment received by the institution under
14 paragraph (3)(B) for the fiscal year pre-
15 ceding the fiscal year for which the bonus
16 is paid.

17 “(iii) USE OF BONUS.—A bonus re-
18 ceived by an institution under clause (i)
19 shall be used by the institution in the same
20 manner as a grant under this section and
21 shall be treated as grant funds for pur-
22 poses of the application of paragraph (5),
23 except that the Secretary may extend the
24 grant period as necessary for the institu-
25 tion to use such bonus.

1 “(iv) ELIGIBLE INSTITUTION OF
2 HIGHER EDUCATION.—In this subpara-
3 graph, the term ‘eligible institution of
4 higher education’ means an institution of
5 higher education that—

6 “(I) has received a grant under
7 this section for not less than the pe-
8 riod of three consecutive fiscal years
9 preceding the fiscal year in which the
10 bonus is paid under clause (i);

11 “(II) for each such preceding fis-
12 cal year, has met or exceeded the per-
13 formance levels established by the in-
14 stitution for such year under sub-
15 section (e)(1)(B)(v); and

16 “(III) has demonstrated the need
17 for such bonus.”; and

18 (B) in paragraph (3)—

19 (i) in subparagraph (A), by striking
20 “4 years” and inserting “5 years”; and

21 (ii) in subparagraph (B), by striking
22 “subsection (e)(2)” and inserting “sub-
23 section (e)(3)”;

24 (2) by amending subsection (c) to read as fol-

25 lows:

1 “(c) APPLICATIONS.—

2 “(1) IN GENERAL.—An institution of higher
3 education desiring a grant under this section shall
4 submit an application to the Secretary at such time,
5 in such manner, and accompanied by such informa-
6 tion as the Secretary may require. Such application
7 shall—

8 “(A) demonstrate that the institution is an
9 eligible institution described in subsection
10 (b)(4);

11 “(B) specify the amount of funds re-
12 quested;

13 “(C) demonstrate the need of low-income
14 students at the institution for campus-based
15 child care services by including in the applica-
16 tion—

17 “(i) information regarding student de-
18 mographics, including whether the student
19 is a full-time or part-time student;

20 “(ii) an assessment of child care ca-
21 pacity on or near campus;

22 “(iii) information regarding the wait-
23 ing lists for child care services on or near
24 campus;

1 “(iv) information regarding additional
2 needs created by concentrations of poverty
3 or by geographic isolation;

4 “(v) information about the number of
5 low-income student parents being served
6 through campus-based child care services;
7 and

8 “(vi) other relevant data;

9 “(D) specify the estimated percentage of
10 the institution’s grant that will be used directly
11 to subsidize the fee charged for on-campus and
12 off-campus childcare, respectively, for low-in-
13 come students;

14 “(E) contain a description of the activities
15 to be assisted, including whether the grant
16 funds will support an existing child care pro-
17 gram or a new child care program;

18 “(F) identify the resources, including tech-
19 nical expertise and financial support, that the
20 institution will draw upon to support the child
21 care program and the participation of low-in-
22 come students in the program (such as access-
23 ing social services funding, using student activ-
24 ity fees to help pay the costs of child care,
25 using resources obtained by meeting the needs

1 of parents who are not low-income students,
2 and accessing foundation, corporate, or other
3 institutional support) and demonstrate that the
4 use of the resources will not result in increases
5 in student tuition;

6 “(G) contain an assurance that the institu-
7 tion will meet the child care needs of low-in-
8 come students through the provision of services,
9 or through a contract for the provision of serv-
10 ices;

11 “(H) describe the extent to which the child
12 care program will coordinate with the institu-
13 tion’s early childhood education curriculum, to
14 the extent the curriculum is available, to meet
15 the needs of the students in the early childhood
16 education program at the institution, and the
17 needs of the parents and children participating
18 in the child care program assisted under this
19 section;

20 “(I) in the case of an institution seeking
21 assistance for a new child care program—

22 “(i) provide a timeline, covering the
23 period from receipt of the grant through
24 the provision of the child care services, de-
25 lineating the specific steps the institution

1 will take to achieve the goal of providing
2 low-income students with child care serv-
3 ices;

4 “(ii) specify any measures the institu-
5 tion will take to assist low-income students
6 with child care during the period before
7 the institution provides child care services;
8 and

9 “(iii) include a plan for identifying re-
10 sources needed for the child care services,
11 including space in which to provide child
12 care services, and technical assistance if
13 necessary;

14 “(J) contain an assurance that any child
15 care facility assisted under this section will
16 meet the applicable State and local government
17 licensing, certification, approval, or registration
18 requirements;

19 “(K) in the case of an institution that is
20 awarded a grant under this section after the
21 date of the enactment of the PRO-LIFE Act of
22 2022, provide an assurance that, not later than
23 three years after the date on which such grant
24 is awarded, any child care facility assisted with
25 such grant will—

1 “(i) meet Head Start performance
2 standards under subchapter B of chapter
3 13 of title 45, Code of Federal Regulations
4 (as in effect on the date of enactment of
5 the PRO-LIFE Act of 2022) and any suc-
6 cessor regulations;

7 “(ii) be in the top tier of the quality
8 rating improvement system for such facili-
9 ties used by the State in which the facility
10 is located;

11 “(iii) meet the licensing requirements
12 of the State in which the facility is located
13 and the quality requirements under the
14 Child Care and Development Block Grant
15 Act of 1990 (42 U.S.C. 9858 et seq.); or

16 “(iv) be accredited by a national early
17 childhood accrediting body with dem-
18 onstrated valid and reliable program qual-
19 ity standards;

20 “(L) contain an assurance that the institu-
21 tion, when applicable, will make information
22 available to students receiving child care serv-
23 ices provided under this section about the eligi-
24 bility of such students and their dependents for
25 assistance under the supplemental nutrition as-

1 sistance program under the Food and Nutrition
2 Act of 2008 (7 U.S.C. 2011 et seq.), the special
3 supplemental nutrition program for women, in-
4 fants, and children under the Child Nutrition
5 Act of 1966 (42 U.S.C. 1786), and the pro-
6 gram of block grants for States for temporary
7 assistance for needy families established under
8 part A of title IV of the Social Security Act (42
9 U.S.C. 601 et seq.); and

10 “(M) contain an abstract summarizing the
11 contents of such application and how the insti-
12 tution intends to achieve the purpose under
13 subsection (a).

14 “(2) TECHNICAL ASSISTANCE.—The Secretary
15 may provide technical assistance to eligible institu-
16 tions to help such institutions qualify, apply for, and
17 maintain a grant under this section.”;

18 (3) in subsection (d)—

19 (A) in the matter preceding paragraph (1),
20 by striking “to institutions of higher education
21 that submit applications describing programs
22 that”;

23 (B) by amending paragraph (1) to read as
24 follows:

1 “(1) based on the extent to which institutions
2 of higher education that submit applications for such
3 a grant leverage local or institutional resources, in-
4 cluding in-kind contributions, to support the activi-
5 ties assisted under this section;”;

6 (C) by redesignating paragraph (2) as
7 paragraph (3);

8 (D) by inserting after paragraph (1), the
9 following:

10 “(2) to institutions of higher education that,
11 compared to other institutions of higher education
12 that submit applications for such a grant, dem-
13 onstrate a high likelihood of need for campus-based
14 child care based on student demographics (such as
15 a high proportion of low-income students or inde-
16 pendent students); and”;

17 (E) in paragraph (3) (as redesignated by
18 subparagraph (C)), by inserting “to institutions
19 of higher education that submit applications de-
20 scribing programs that” before “utilize”; and

21 (4) in subsection (e)—

22 (A) in paragraph (1)(B)—

23 (i) by redesignating clauses (ii), (iii),
24 and (iv) as clauses (vi), (vii), and (viii), re-
25 spectively; and

1 (ii) by striking the semicolon at the
2 end of clause (i) and inserting the fol-
3 lowing: “, which shall include—

4 “(I) the number of full- and part-
5 time students, respectively, receiving
6 child care services under this section
7 at least once per week during the aca-
8 demic year;

9 “(II) the number of credits accu-
10 mulated by students receiving such
11 child care services; and

12 “(III) the number of students re-
13 ceiving child care services under this
14 section at least once per week during
15 the academic year who—

16 “(aa) remain enrolled at the
17 institution during the academic
18 year for which they received such
19 services;

20 “(bb) enroll at the institu-
21 tion for the following academic
22 year; and

23 “(cc) graduate or transfer
24 within—

1 “(AA) 150 percent of
2 the normal time for comple-
3 tion of a student’s four-year
4 degree granting program; or

5 “(BB) 200 percent of
6 the normal time for comple-
7 tion of a student’s two-year
8 degree-granting program;

9 “(ii) with respect to the total student
10 enrollment at the institution and the total
11 enrollment of low-income students at the
12 institution, respectively—

13 “(I) the rate at which students
14 who complete an academic year at the
15 institution re-enroll in the institution
16 for the following academic year; and

17 “(II) the percentage of students
18 graduating or transferring within—

19 “(aa) 150 percent of the
20 normal time for completion of a
21 student’s four-year degree grant-
22 ing program; or

23 “(bb) 200 percent of the
24 normal time for completion of a

1 student's two-year degree grant-
2 ing program;

3 “(iii) the percentage of the institu-
4 tion's grant that was used directly to sub-
5 sidize the fee charged for on-campus and
6 off-campus childcare, respectively, for low-
7 income students;

8 “(iv) whether the institution restricts
9 eligibility for child care services to only
10 full-time students;

11 “(v) the sufficiently ambitious levels
12 of performance established for such year
13 by the institution that demonstrate mean-
14 ingful progress and allow for meaningful
15 evaluation of program quality based on the
16 information in clauses (i)(III) and (iii);”;

17 (B) by redesignating paragraph (2) as
18 paragraph (3);

19 (C) by inserting after paragraph (1) the
20 following:

21 “(2) REPORT.—

22 “(A) REPORT REQUIRED.—On an annual
23 basis, the Secretary shall submit to the author-
24 izing committees a report that includes—

1 “(i) a summary of the information de-
2 scribed in paragraph (1); and

3 “(ii) each abstract submitted under
4 subsection (c)(1)(M) by an institution of
5 higher education that receives a grant
6 under this section.

7 “(B) PUBLIC AVAILABILITY.—The Sec-
8 retary shall make each report submitted under
9 subparagraph (A) publicly available.”;

10 (D) in paragraph (3), as so redesignated,
11 by inserting “(other than the information pro-
12 vided under subparagraph (B)(v) of such para-
13 graph)” after “paragraph (1)”; and

14 (E) by adding at the end the following:

15 “(4) TECHNICAL ASSISTANCE.—The Secretary
16 shall provide technical assistance to institutions of
17 higher education receiving grants under this section
18 to help such institutions meet the reporting require-
19 ments under this subsection.”;

20 (5) by redesignating subsection (g) as sub-
21 section (h);

22 (6) by inserting after subsection (f) the fol-
23 lowing:

24 “(g) NONDISCRIMINATION.—No person in the United
25 States shall, on the basis of actual or perceived race, color,

1 religion, national origin, sex (including sexual orientation,
2 gender identity, pregnancy, childbirth, a medical condition
3 related to pregnancy or childbirth, and sex stereotype), or
4 disability, be excluded from participation in, be denied the
5 benefits of, or be subjected to discrimination by any pro-
6 gram funded, in whole or in part, with funds made avail-
7 able under this section or with amounts appropriated for
8 grants, contracts, or certificates administered with such
9 funds.”; and

10 (7) in subsection (h), as so redesignated, by
11 striking “such sums as may be necessary for fiscal
12 year 2009” and inserting “\$200,000,000 for fiscal
13 year 2023”.

14 **SEC. 5005. EVALUATION OF APPLICATIONS FOR ASSIST-**
15 **ANCE UNDER CHOICE NEIGHBORHOODS INI-**
16 **TIATIVE.**

17 In providing assistance for fiscal year 2023 and any
18 fiscal year thereafter under the Choice Neighborhoods Ini-
19 tiative of the Secretary of Housing and Urban Develop-
20 ment (pursuant to section 24 of the United States Hous-
21 ing Act of 1937 (42 U.S.C. 1437v)), the Secretary shall
22 consider early care and learning facilities for children as
23 a neighborhood asset for purposes of evaluating applica-
24 tions for planning and implementation grants, shall ensure
25 that any metric for evaluating such applications gives

1 credit for the provision of early care and learning facilities
2 under a neighborhood plan, and shall include early care
3 and learning facilities as such an asset in any Notice of
4 Funding Availability for any such fiscal year.

5 **TITLE VI—HONORING FAMILY-**
6 **FRIENDLY WORKPLACES**

7 **SEC. 6001. DEFINITIONS.**

8 In this title:

9 (1) EMPLOYEE; EMPLOYER.—The terms “em-
10 ployee” and “employer” have the meanings given
11 such terms in section 3 of the Fair Labor Standards
12 Act of 1938 (29 U.S.C. 203).

13 (2) SECRETARY.—The term “Secretary” means
14 the Secretary of Labor.

15 (3) SERIOUS HEALTH CONDITION.—The term
16 “serious health condition” has the meaning given
17 such term in section 101 of the Family and Medical
18 Leave Act of 1993 (29 U.S.C. 2611).

19 **SEC. 6002. CERTIFICATION PROGRAM ESTABLISHED.**

20 (a) IN GENERAL.—The Secretary shall establish a
21 national certification program to award certifications to
22 recognize employers that have a commitment to helping
23 employees balance employment responsibilities and family
24 obligations (referred to in this section as “family-friendly
25 certifications”).

1 (b) CRITERIA FOR CERTIFICATION.—In order to be
2 eligible to receive a family-friendly certification, an em-
3 ployer shall carry out each of the following family-friendly
4 employment policies and benefits:

5 (1) Assistance paying for, or referring employ-
6 ees to, fertility or adoption services.

7 (2) Paid family leave of not less than 12 weeks
8 per year, including the option to use leave for any
9 of the following reasons:

10 (A) The birth of a child of the employee
11 and in order to care for such child.

12 (B) The placement of a child with the em-
13 ployee for adoption or foster care.

14 (C) To address the serious health condi-
15 tion, including pregnancy, childbirth, or preg-
16 nancy loss, of the employee.

17 (D) To address the serious health condi-
18 tion of a family member.

19 (E) For specific military caregiving and
20 leave.

21 (3) Paid sick days for employees that are sepa-
22 rate from time accrued as part of a paid time off
23 policy.

1 (4) A subsidy for child care or policies that
2 allow parents to work alongside their infants in safe
3 settings.

4 (5) Policies that allow for flexible hours once a
5 parent returns to work after a birth, adoption, or
6 foster care placement.

7 (6) If feasible, policies that allow employees to
8 work remotely as needed for reasons related to the
9 care of a child.

10 (7) Lactation support, such as reimbursement
11 of expressed breastmilk delivery while on travel, ac-
12 cess to pumps, kits, and other lactation supplies and
13 amenities, and access to lactation consultants and
14 support.

15 (c) APPLICATION.—An employer who desires to re-
16 ceive a family-friendly certification from the Secretary
17 under this section shall submit an application to the Sec-
18 retary at such time, containing such information, and in
19 such manner as the Secretary may require.

20 (d) AWARD OF CERTIFICATION.—The Secretary shall
21 review applications submitted under subsection (c) and
22 award a family-friendly certification to an employer whose
23 application demonstrates that the employer has met the
24 requirements established under subsection (b) regarding
25 family-friendly policies and benefits.

1 **TITLE VII—MOTHERS AND OFF-**
2 **SPRING MORTALITY AND**
3 **MORBIDITY AWARENESS**

4 **SEC. 7001. IMPROVING FEDERAL EFFORTS WITH RESPECT**
5 **TO PREVENTION OF MATERNAL MORTALITY.**

6 (a) TECHNICAL ASSISTANCE FOR STATES WITH RE-
7 SPECT TO REPORTING MATERNAL MORTALITY.—Not
8 later than one year after the date of enactment of this
9 Act, the Director of the Centers for Disease Control and
10 Prevention (referred to in this section as the “Director”),
11 in consultation with the Administrator of the Health Re-
12 sources and Services Administration, shall provide tech-
13 nical assistance to States that elect to report comprehen-
14 sive data on maternal mortality and factors relating to
15 such mortality (including oral and mental health), inti-
16 mate partner violence, and breastfeeding health informa-
17 tion, for the purpose of encouraging uniformity in the re-
18 porting of such data and to encourage the sharing of such
19 data among the respective States.

20 (b) BEST PRACTICES RELATING TO PREVENTION OF
21 MATERNAL MORTALITY.—

22 (1) IN GENERAL.—Not later than one year
23 after the date of enactment of this Act—

24 (A) the Director, in consultation with rel-
25 evant patient and provider groups, shall issue

1 best practices to State maternal mortality re-
2 view committees on how best to identify and re-
3 view maternal mortality cases, taking into ac-
4 count any data made available by States relat-
5 ing to maternal mortality, including data on
6 oral, mental, and breastfeeding health, and uti-
7 lization of any emergency services; and

8 (B) the Director, working in collaboration
9 with the Health Resources and Services Admin-
10 istration, shall issue best practices to hospitals,
11 State professional society groups, and perinatal
12 quality collaboratives on how best to prevent
13 maternal mortality.

14 (2) AUTHORIZATION OF APPROPRIATIONS.—For
15 purposes of carrying out this subsection, there is au-
16 thorized to be appropriated \$5,000,000 for each of
17 fiscal years 2023 through 2027.

18 (c) ALLIANCE FOR INNOVATION ON MATERNAL
19 HEALTH GRANT PROGRAM.—

20 (1) IN GENERAL.—Not later than one year
21 after the date of enactment of this Act, the Sec-
22 retary of Health and Human Services (referred to in
23 this subsection as the “Secretary”), acting through
24 the Associate Administrator of the Maternal and
25 Child Health Bureau of the Health Resources and

1 Services Administration, shall establish a grant pro-
2 gram to be known as the Alliance for Innovation on
3 Maternal Health Grant Program (referred to in this
4 subsection as “AIM”) under which the Secretary
5 shall award grants to eligible entities for the purpose
6 of—

7 (A) directing widespread adoption and im-
8 plementation of maternal safety bundles
9 through collaborative State-based teams; and

10 (B) collecting and analyzing process, struc-
11 ture, and outcome data to drive continuous im-
12 provement in the implementation of such safety
13 bundles by such State-based teams with the ul-
14 timate goal of eliminating preventable maternal
15 mortality and severe maternal morbidity in the
16 United States.

17 (2) ELIGIBLE ENTITIES.—In order to be eligi-
18 ble for a grant under paragraph (1), an entity
19 shall—

20 (A) submit to the Secretary an application
21 at such time, in such manner, and containing
22 such information as the Secretary may require;
23 and

24 (B) demonstrate in such application that
25 the entity is an interdisciplinary, multi-stake-

1 holder, national organization with a national
2 data-driven maternal safety and quality im-
3 provement initiative based on implementation
4 approaches that have been proven to improve
5 maternal safety and outcomes in the United
6 States.

7 (3) USE OF FUNDS.—An eligible entity that re-
8 ceives a grant under paragraph (1) shall use such
9 grant funds—

10 (A) to develop and implement, through a
11 robust, multi-stakeholder process, maternal
12 safety bundles to assist States, perinatal quality
13 collaboratives, and health care systems in align-
14 ing national, State, and hospital-level quality
15 improvement efforts to improve maternal health
16 outcomes, specifically the reduction of maternal
17 mortality and severe maternal morbidity;

18 (B) to ensure, in developing and imple-
19 menting maternal safety bundles under sub-
20 paragraph (A), that such maternal safety bun-
21 dles—

22 (i) satisfy the quality improvement
23 needs of a State, perinatal quality collabo-
24 rative, or health care system by factoring
25 in the results and findings of relevant data

1 reviews, such as reviews conducted by a
2 State maternal mortality review committee;
3 and

4 (ii) address topics which may in-
5 clude—

6 (I) information on evidence-based
7 practices to improve the quality and
8 safety of maternal health care in hos-
9 pitals and other health care settings
10 of a State or health care system, in-
11 cluding by addressing topics com-
12 monly associated with health com-
13 plications or risks related to prenatal
14 care, labor care, birthing, and post-
15 partum care;

16 (II) best practices for improving
17 maternal health care based on data
18 findings and reviews conducted by a
19 State maternal mortality review com-
20 mittee that address topics of relevance
21 to common complications or health
22 risks related to prenatal care, labor
23 care, birthing, and postpartum care;

24 (III) information on addressing
25 determinants of health that impact

1 maternal health outcomes for women
2 before, during, and after pregnancy;
3 (IV) obstetric hemorrhage;
4 (V) obstetric and postpartum
5 care for women with substance use
6 disorders, including opioid use dis-
7 order;
8 (VI) maternal cardiovascular sys-
9 tem;
10 (VII) maternal mental health;
11 (VIII) postpartum care basics for
12 maternal safety;
13 (IX) reduction of peripartum ra-
14 cial and ethnic disparities;
15 (X) reduction of primary cae-
16 sarean birth;
17 (XI) severe hypertension in preg-
18 nancy;
19 (XII) severe maternal morbidity
20 reviews;
21 (XIII) support after a severe ma-
22 ternal morbidity event;
23 (XIV) thromboembolism;
24 (XV) optimization of support for
25 breastfeeding;

1 (XVI) maternal oral health; and
2 (XVII) intimate partner violence;
3 and

4 (C) to provide ongoing technical assistance
5 at the national and State levels to support im-
6 plementation of maternal safety bundles under
7 subparagraph (A).

8 (4) MATERNAL SAFETY BUNDLE DEFINED.—
9 For purposes of this subsection, the term “maternal
10 safety bundle” means standardized, evidence-in-
11 formed processes for maternal health care.

12 (5) AUTHORIZATION OF APPROPRIATIONS.—For
13 purposes of carrying out this subsection, there is au-
14 thorized to be appropriated \$10,000,000 for each of
15 fiscal years 2023 through 2027.

16 (d) FUNDING FOR STATE-BASED PERINATAL QUAL-
17 ITY COLLABORATIVES DEVELOPMENT AND SUSTAIN-
18 ABILITY.—

19 (1) IN GENERAL.—Not later than one year
20 after the date of enactment of this Act, the Sec-
21 retary of Health and Human Services (referred to in
22 this subsection as the “Secretary”), acting through
23 the Division of Reproductive Health of the Centers
24 for Disease Control and Prevention, shall establish a
25 grant program to be known as the State-Based

1 Perinatal Quality Collaborative grant program under
2 which the Secretary awards grants to eligible entities
3 for the purpose of development and sustainability of
4 perinatal quality collaboratives in every State, the
5 District of Columbia, and eligible territories, in
6 order to measurably improve perinatal care and
7 perinatal health outcomes for pregnant and
8 postpartum women and their infants.

9 (2) GRANT AMOUNTS.—Grants awarded under
10 this subsection shall be in amounts not to exceed
11 \$250,000 per year, for the duration of the grant pe-
12 riod.

13 (3) STATE-BASED PERINATAL QUALITY COL-
14 LABORATIVE DEFINED.—For purposes of this sub-
15 section, the term “State-based perinatal quality col-
16 laborative” means a network of teams that—

17 (A) is multidisciplinary in nature and in-
18 cludes the full range of perinatal and maternity
19 care providers;

20 (B) works to improve measurable outcomes
21 for maternal and infant health by advancing
22 evidence-informed clinical practices using qual-
23 ity improvement principles;

24 (C) works with hospital-based or out-
25 patient facility-based clinical teams, experts,

1 and stakeholders, including patients and fami-
2 lies, to spread best practices and optimize re-
3 sources to improve perinatal care and outcomes;

4 (D) employs strategies that include the use
5 of the collaborative learning model to provide
6 opportunities for hospitals and clinical teams to
7 collaborate on improvement strategies, rapid-re-
8 sponse data to provide timely feedback to hos-
9 pital and other clinical teams to track progress,
10 and quality improvement science to provide sup-
11 port and coaching to hospital and clinical
12 teams;

13 (E) has the goal of improving population-
14 level outcomes in maternal and infant health;
15 and

16 (F) has the goal of improving outcomes of
17 all birthing people, through the coordination,
18 integration, and collaboration across birth set-
19 tings.

20 (4) AUTHORIZATION OF APPROPRIATIONS.—For
21 purposes of carrying out this subsection, there is au-
22 thorized to be appropriated \$14,000,000 per year
23 for each of fiscal years 2023 through 2027.

24 (e) EXPANSION OF MEDICAID AND CHIP COVERAGE
25 FOR PREGNANT AND POSTPARTUM WOMEN.—

1 (1) REQUIRING COVERAGE OF ORAL HEALTH
2 SERVICES FOR PREGNANT AND POSTPARTUM
3 WOMEN.—

4 (A) MEDICAID.—Section 1905 of the So-
5 cial Security Act (42 U.S.C. 1396d) is amend-
6 ed—

7 (i) in subsection (a)(4)—

8 (I) by striking “; and (F)” and
9 inserting “; (F)”; and

10 (II) by inserting “; and (G) oral
11 health services for pregnant and
12 postpartum women (as defined in sub-
13 section (jj))” after “if otherwise cov-
14 ered under the State plan (or waiver
15 of such plan)”; and

16 (ii) by adding at the end the following
17 new subsection:

18 “(jj) ORAL HEALTH SERVICES FOR PREGNANT AND
19 POSTPARTUM WOMEN.—

20 “(1) IN GENERAL.—For purposes of this title,
21 the term ‘oral health services for pregnant and
22 postpartum women’ means dental services necessary
23 to prevent disease and promote oral health, restore
24 oral structures to health and function, and treat
25 emergency conditions that are furnished to a woman

1 during pregnancy (or during the 1-year period be-
2 ginning on the last day of the pregnancy).

3 “(2) COVERAGE REQUIREMENTS.—To satisfy
4 the requirement to provide oral health services for
5 pregnant and postpartum women, a State shall, at
6 a minimum, provide coverage for preventive, diag-
7 nostic, periodontal, and restorative care consistent
8 with recommendations for perinatal oral health care
9 and dental care during pregnancy from the Amer-
10 ican Academy of Pediatric Dentistry and the Amer-
11 ican College of Obstetricians and Gynecologists.”.

12 (B) CHIP.—Section 2103(c)(6)(A) of the
13 Social Security Act (42 U.S.C.
14 1397cc(c)(6)(A)) is amended by inserting “or a
15 targeted low-income pregnant woman” after
16 “targeted low-income child”.

17 (2) EXTENDING MEDICAID COVERAGE FOR
18 PREGNANT AND POSTPARTUM WOMEN.—Section
19 1902 of the Social Security Act (42 U.S.C. 1396a)
20 is amended—

21 (A) in subsection (e)—

22 (i) in paragraph (5)—

23 (I) by inserting “(including oral
24 health services for pregnant and
25 postpartum women (as defined in sec-

1 tion 1905(hh)))” after “postpartum
2 medical assistance under the plan”;
3 and

4 (II) by striking “60-day” and in-
5 serting “1-year”; and

6 (ii) in paragraph (6), by striking “60-
7 day” and inserting “1-year”; and

8 (B) in subsection (l)(1)(A), by striking
9 “60-day” and inserting “1-year”.

10 (3) EXTENDING MEDICAID COVERAGE FOR
11 LAWFUL RESIDENTS.—Section 1903(v)(4)(A)(i) of
12 the Social Security Act (42 U.S.C.
13 1396b(v)(4)(A)(i)) is amended by striking “60-day”
14 and inserting “1-year”.

15 (4) EXTENDING CHIP COVERAGE FOR PREG-
16 NANT AND POSTPARTUM WOMEN.—Section
17 2112(d)(2)(A) of the Social Security Act (42 U.S.C.
18 1397ll(d)(2)(A)) is amended to read as follows:

19 “(A) during pregnancy and through the
20 end of the month in which the 1-year period
21 (including in the case that subparagraph (A) of
22 section 1902(e)(16) applies to the State child
23 health plan (or waiver of such plan), pursuant
24 to section 2107(e)(1)), beginning on the last
25 day of her pregnancy ends;”.

1 (5) MAINTENANCE OF EFFORT.—

2 (A) MEDICAID.—Section 1902(l) of the So-
3 cial Security Act (42 U.S.C. 1396a(l)) is
4 amended by adding at the end the following
5 new paragraph:

6 “(5) During the period that begins on the date of
7 enactment of this paragraph and ends on the date that
8 is five years after such date of enactment, as a condition
9 for receiving any Federal payments under section 1903(a)
10 for calendar quarters occurring during such period, a
11 State shall not have in effect, with respect to women who
12 are eligible for medical assistance under the State plan
13 or under a waiver of such plan on the basis of being preg-
14 nant or having been pregnant, eligibility standards, meth-
15 odologies, or procedures under the State plan or waiver
16 that are more restrictive than the eligibility standards,
17 methodologies, or procedures, respectively, under such
18 plan or waiver that are in effect on the date of enactment
19 of this paragraph.”.

20 (B) CHIP.—Section 2105(d) of the Social
21 Security Act (42 U.S.C. 1397ee(d)) is amended
22 by adding at the end the following new para-
23 graph:

24 “(4) IN ELIGIBILITY STANDARDS FOR TAR-
25 GETED LOW-INCOME PREGNANT WOMEN.—During

1 the period that begins on the date of enactment of
2 this paragraph and ends on the date that is five
3 years after such date of enactment, as a condition
4 of receiving payments under subsection (a) and sec-
5 tion 1903(a), a State that elects to provide assist-
6 ance to women on the basis of being pregnant (in-
7 cluding pregnancy-related assistance provided to tar-
8 geted low-income pregnant women (as defined in
9 section 2112(d)), pregnancy-related assistance pro-
10 vided to women who are eligible for such assistance
11 through application of section 1902(v)(4)(A)(i)
12 under section 2107(e)(1), or any other assistance
13 under the State child health plan (or a waiver of
14 such plan) which is provided to women on the basis
15 of being pregnant) shall not have in effect, with re-
16 spect to such women, eligibility standards, meth-
17 odologies, or procedures under such plan (or waiver)
18 that are more restrictive than the eligibility stand-
19 ards, methodologies, or procedures, respectively,
20 under such plan (or waiver) that are in effect on the
21 date of enactment of this paragraph.”.

22 (6) INFORMATION ON BENEFITS.—The Sec-
23 retary of Health and Human Services shall make
24 publicly available on the internet website of the De-
25 partment of Health and Human Services, informa-

1 tion regarding benefits available to pregnant and
2 postpartum women and under the Medicaid program
3 and the Children’s Health Insurance Program, in-
4 cluding information on—

5 (A) benefits that States are required to
6 provide to pregnant and postpartum women
7 under such programs;

8 (B) optional benefits that States may pro-
9 vide to pregnant and postpartum women under
10 such programs; and

11 (C) the availability of different kinds of
12 benefits for pregnant and postpartum women,
13 including oral health and mental health bene-
14 fits, under such programs.

15 (7) FEDERAL FUNDING FOR COST OF EX-
16 TENDED MEDICAID AND CHIP COVERAGE FOR
17 POSTPARTUM WOMEN.—

18 (A) MEDICAID.—Section 1905 of the So-
19 cial Security Act (42 U.S.C. 1396d), as amend-
20 ed by paragraph (1), is further amended—

21 (i) in subsection (b), by striking “and

22 (ii)” and inserting “(ii), and (kk)”;

23 (ii) by adding at the end the fol-
24 lowing:

1 “(kk) INCREASED FMAP FOR EXTENDED MEDICAL
2 ASSISTANCE FOR POSTPARTUM WOMEN.—Notwith-
3 standing subsection (b), the Federal medical assistance
4 percentage for a State, with respect to amounts expended
5 by such State for medical assistance for a woman who is
6 eligible for such assistance on the basis of being pregnant
7 or having been pregnant that is provided during the 305-
8 day period that begins on the 60th day after the last day
9 of her pregnancy (including any such assistance provided
10 during the month in which such period ends), shall be
11 equal to—

12 “(1) 100 percent for the first 20 calendar quar-
13 ters during which this subsection is in effect; and

14 “(2) 90 percent for calendar quarters there-
15 after.”.

16 (B) CHIP.—Section 2105(c) of the Social
17 Security Act (42 U.S.C. 1397ee(c)) is amended
18 by adding at the end the following new para-
19 graph:

20 “(13) ENHANCED PAYMENT FOR EXTENDED
21 ASSISTANCE PROVIDED TO PREGNANT WOMEN.—
22 Notwithstanding subsection (b), the enhanced
23 FMAP, with respect to payments under subsection
24 (a) for expenditures under the State child health
25 plan (or a waiver of such plan) for assistance pro-

1 vided under the plan (or waiver) to a woman who is
2 eligible for such assistance on the basis of being
3 pregnant (including pregnancy-related assistance
4 provided to a targeted low-income pregnant woman
5 (as defined in section 2112(d)), pregnancy-related
6 assistance provided to a woman who is eligible for
7 such assistance through application of section
8 1902(v)(4)(A)(i) under section 2107(e)(1), or any
9 other assistance under the plan (or waiver) provided
10 to a woman who is eligible for such assistance on the
11 basis of being pregnant) during the 305-day period
12 that begins on the 60th day after the last day of her
13 pregnancy (including any such assistance provided
14 during the month in which such period ends), shall
15 be equal to—

16 “(A) 100 percent for the first 20 calendar
17 quarters during which this paragraph is in ef-
18 fect; and

19 “(B) 90 percent for calendar quarters
20 thereafter.”.

21 (8) GUIDANCE ON STATE OPTIONS FOR MED-
22 ICAID COVERAGE OF DOULA SERVICES.—Not later
23 than 1 year after the date of the enactment of this
24 Act, the Secretary of Health and Human Services,
25 acting through the Administrator of the Centers for

1 Medicare & Medicaid Services, shall issue guidance
2 for the States concerning options for Medicaid cov-
3 erage and payment for support services provided by
4 doulas.

5 (9) EFFECTIVE DATE.—

6 (A) IN GENERAL.—Subject to subpara-
7 graph (B), the amendments made by this sub-
8 section shall take effect on the first day of the
9 first calendar quarter that begins on or after
10 the date that is one year after the date of en-
11 actment of this Act.

12 (B) EXCEPTION FOR STATE LEGISLA-
13 TION.—In the case of a State plan under title
14 XIX of the Social Security Act or a State child
15 health plan under title XXI of such Act that
16 the Secretary of Health and Human Services
17 determines requires State legislation in order
18 for the respective plan to meet any requirement
19 imposed by amendments made by this sub-
20 section, the respective plan shall not be re-
21 garded as failing to comply with the require-
22 ments of such title solely on the basis of its fail-
23 ure to meet such an additional requirement be-
24 fore the first day of the first calendar quarter
25 beginning after the close of the first regular

1 session of the State legislature that begins after
2 the date of enactment of this Act. For purposes
3 of the previous sentence, in the case of a State
4 that has a 2-year legislative session, each year
5 of the session shall be considered to be a sepa-
6 rate regular session of the State legislature.

7 (f) REGIONAL CENTERS OF EXCELLENCE.—Part P
8 of title III of the Public Health Service Act (42 U.S.C.
9 280g et seq.) is amended by adding at the end the fol-
10 lowing new section:

11 **“SEC. 399V-7. REGIONAL CENTERS OF EXCELLENCE AD-**
12 **DRESSING IMPLICIT BIAS AND CULTURAL**
13 **COMPETENCY IN PATIENT-PROVIDER INTER-**
14 **ACTIONS EDUCATION.**

15 “(a) IN GENERAL.—Not later than one year after the
16 date of enactment of this section, the Secretary, in con-
17 sultation with such other agency heads as the Secretary
18 determines appropriate, shall award cooperative agree-
19 ments for the establishment or support of regional centers
20 of excellence addressing implicit bias, cultural competency,
21 and respectful care practices in patient-provider inter-
22 actions education for the purpose of enhancing and im-
23 proving how health care professionals are educated in im-
24 plicit bias and delivering culturally competent health care.

1 “(b) ELIGIBILITY.—To be eligible to receive a cooper-
2 ative agreement under subsection (a), an entity shall—

3 “(1) be a public or other nonprofit entity speci-
4 fied by the Secretary that provides educational and
5 training opportunities for students and health care
6 professionals, which may be a health system, teach-
7 ing hospital, community health center, medical
8 school, school of public health, school of nursing,
9 dental school, social work school, school of profes-
10 sional psychology, or any other health professional
11 school or program at an institution of higher edu-
12 cation (as defined in section 101 of the Higher Edu-
13 cation Act of 1965) focused on the prevention, treat-
14 ment, or recovery of health conditions that con-
15 tribute to maternal mortality and the prevention of
16 maternal mortality and severe maternal morbidity;

17 “(2) demonstrate community engagement and
18 participation, such as through partnerships with
19 home visiting and case management programs;

20 “(3) demonstrate engagement with groups en-
21 gaged in the implementation of health care profes-
22 sional training in implicit bias and delivering cul-
23 turally competent care, such as departments of pub-
24 lic health, perinatal quality collaboratives, hospital
25 systems, and health care professional groups, in

1 order to obtain input on resources needed for effective
2 implementation strategies; and

3 “(4) provide to the Secretary such information,
4 at such time and in such manner, as the Secretary
5 may require.

6 “(c) DIVERSITY.—In awarding a cooperative agree-
7 ment under subsection (a), the Secretary shall take into
8 account any regional differences among eligible entities
9 and make an effort to ensure geographic diversity among
10 award recipients.

11 “(d) DISSEMINATION OF INFORMATION.—

12 “(1) PUBLIC AVAILABILITY.—The Secretary
13 shall make publicly available on the internet website
14 of the Department of Health and Human Services
15 information submitted to the Secretary under sub-
16 section (b)(3).

17 “(2) EVALUATION.—The Secretary shall evalu-
18 ate each regional center of excellence established or
19 supported pursuant to subsection (a) and dissemi-
20 nate the findings resulting from each such evalua-
21 tion to the appropriate public and private entities.

22 “(3) DISTRIBUTION.—The Secretary shall share
23 evaluations and overall findings with State depart-
24 ments of health and other relevant State level offices
25 to inform State and local best practices.

1 “(e) MATERNAL MORTALITY DEFINED.—In this sec-
 2 tion, the term ‘maternal mortality’ means death of a
 3 woman that occurs during pregnancy or within the one-
 4 year period following the end of such pregnancy.

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
 6 purposes of carrying out this section, there is authorized
 7 to be appropriated \$5,000,000 for each of fiscal years
 8 2023 through 2027.”.

9 (g) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
 10 FOR WOMEN, INFANTS, AND CHILDREN.—Section
 11 17(d)(3)(A)(ii) of the Child Nutrition Act of 1966 (42
 12 U.S.C. 1786(d)(3)(A)(ii)) is amended—

13 (1) by striking the clause designation and head-
 14 ing and all that follows through “A State” and in-
 15 serting the following:

16 “(ii) WOMEN.—

17 “(I) BREASTFEEDING WOMEN.—
 18 A State”;

19 (2) in subclause (I) (as so designated), by strik-
 20 ing “1 year” and all that follows through “earlier”
 21 and inserting “2 years postpartum”; and

22 (3) by adding at the end the following:

23 “(II) POSTPARTUM WOMEN.—A
 24 State may elect to certify a postpar-
 25 tum woman for a period of 2 years.”.

1 (h) DEFINITIONS.—In this section:

2 (1) MATERNAL MORTALITY.—The term “mater-
3 nal mortality” means death of a woman that occurs
4 during pregnancy or within the one-year period fol-
5 lowing the end of such pregnancy.

6 (2) PREGNANCY RELATED DEATH.—The term
7 “pregnancy related death” includes the death of a
8 woman during pregnancy or within one year of the
9 end of pregnancy from a pregnancy complication, a
10 chain of events initiated by pregnancy, or the aggra-
11 vation of an unrelated condition by the physiologic
12 effects of pregnancy.

13 (3) SEVERE MATERNAL MORBIDITY.—The term
14 “severe maternal morbidity” includes unexpected
15 outcomes of labor and delivery that result in signifi-
16 cant short-term or long-term consequences to a
17 woman’s health.

18 **SEC. 7002. INCREASING EXCISE TAXES ON CIGARETTES**
19 **AND ESTABLISHING EXCISE TAX EQUITY**
20 **AMONG ALL TOBACCO PRODUCT TAX RATES.**

21 (a) TAX PARITY FOR ROLL-YOUR-OWN TOBACCO.—
22 Section 5701(g) of the Internal Revenue Code of 1986 is
23 amended by striking “\$24.78” and inserting “\$49.56”.

1 (b) TAX PARITY FOR PIPE TOBACCO.—Section
2 5701(f) of the Internal Revenue Code of 1986 is amended
3 by striking “\$2.8311 cents” and inserting “\$49.56”.

4 (c) TAX PARITY FOR SMOKELESS TOBACCO.—

5 (1) Section 5701(e) of the Internal Revenue
6 Code of 1986 is amended—

7 (A) in paragraph (1), by striking “\$1.51”
8 and inserting “\$26.84”;

9 (B) in paragraph (2), by striking “50.33
10 cents” and inserting “\$10.74”; and

11 (C) by adding at the end the following:

12 “(3) SMOKELESS TOBACCO SOLD IN DISCRETE
13 SINGLE-USE UNITS.—On discrete single-use units,
14 \$100.66 per thousand.”.

15 (2) Section 5702(m) of such Code is amend-
16 ed—

17 (A) in paragraph (1), by striking “or chew-
18 ing tobacco” and inserting “, chewing tobacco,
19 or discrete single-use unit”;

20 (B) in paragraphs (2) and (3), by inserting
21 “that is not a discrete single-use unit” before
22 the period in each such paragraph; and

23 (C) by adding at the end the following:

24 “(4) DISCRETE SINGLE-USE UNIT.—The term
25 ‘discrete single-use unit’ means any product con-

1 taining, made from, or derived from tobacco or nico-
2 tine that—

3 “(A) is not intended to be smoked; and

4 “(B) is in the form of a lozenge, tablet,
5 pill, pouch, dissolvable strip, or other discrete
6 single-use or single-dose unit.”.

7 (d) TAX PARITY FOR SMALL CIGARS.—Paragraph
8 (1) of section 5701(a) of the Internal Revenue Code of
9 1986 is amended by striking “\$50.33” and inserting
10 “\$100.66”.

11 (e) TAX PARITY FOR LARGE CIGARS.—

12 (1) IN GENERAL.—Paragraph (2) of section
13 5701(a) of the Internal Revenue Code of 1986 is
14 amended by striking “52.75 percent” and all that
15 follows through the period and inserting the fol-
16 lowing: “\$49.56 per pound and a proportionate tax
17 at the like rate on all fractional parts of a pound but
18 not less than 10.066 cents per cigar.”.

19 (2) GUIDANCE.—The Secretary of the Treas-
20 ury, or the Secretary’s delegate, may issue guidance
21 regarding the appropriate method for determining
22 the weight of large cigars for purposes of calculating
23 the applicable tax under section 5701(a)(2) of the
24 Internal Revenue Code of 1986.

1 (f) TAX PARITY FOR ROLL-YOUR-OWN TOBACCO
2 AND CERTAIN PROCESSED TOBACCO.—Subsection (o) of
3 section 5702 of the Internal Revenue Code of 1986 is
4 amended by inserting “, and includes processed tobacco
5 that is removed for delivery or delivered to a person other
6 than a person with a permit provided under section 5713,
7 but does not include removals of processed tobacco for ex-
8 portation” after “wrappers thereof”.

9 (g) CLARIFYING TAX RATE FOR OTHER TOBACCO
10 PRODUCTS.—

11 (1) IN GENERAL.—Section 5701 of the Internal
12 Revenue Code of 1986 is amended by adding at the
13 end the following new subsection:

14 “(i) OTHER TOBACCO PRODUCTS.—Any product not
15 otherwise described under this section that has been deter-
16 mined to be a tobacco product by the Food and Drug Ad-
17 ministration through its authorities under the Family
18 Smoking Prevention and Tobacco Control Act shall be
19 taxed at a level of tax equivalent to the tax rate for ciga-
20 rettes on an estimated per use basis as determined by the
21 Secretary.”.

22 (2) ESTABLISHING PER USE BASIS.—For pur-
23 poses of section 5701(i) of the Internal Revenue
24 Code of 1986, not later than 12 months after the
25 later of the date of the enactment of this Act or the

1 date that a product has been determined to be a to-
2 bacco product by the Food and Drug Administra-
3 tion, the Secretary of the Treasury (or the Secretary
4 of the Treasury's delegate) shall issue final regula-
5 tions establishing the level of tax for such product
6 that is equivalent to the tax rate for cigarettes on
7 an estimated per use basis.

8 (h) CLARIFYING DEFINITION OF TOBACCO PROD-
9 UCTS.—

10 (1) IN GENERAL.—Subsection (c) of section
11 5702 of the Internal Revenue Code of 1986 is
12 amended to read as follows:

13 “(c) TOBACCO PRODUCTS.—The term ‘tobacco prod-
14 ucts’ means—

15 “(1) cigars, cigarettes, smokeless tobacco, pipe
16 tobacco, and roll-your-own tobacco, and

17 “(2) any other product subject to tax pursuant
18 to section 5701(i).”.

19 (2) CONFORMING AMENDMENTS.—Subsection
20 (d) of section 5702 of such Code is amended by
21 striking “cigars, cigarettes, smokeless tobacco, pipe
22 tobacco, or roll-your-own tobacco” each place it ap-
23 pears and inserting “tobacco products”.

24 (i) INCREASING TAX ON CIGARETTES.—

1 (1) SMALL CIGARETTES.—Section 5701(b)(1)
2 of such Code is amended by striking “\$50.33” and
3 inserting “\$100.66”.

4 (2) LARGE CIGARETTES.—Section 5701(b)(2)
5 of such Code is amended by striking “\$105.69” and
6 inserting “\$211.38”.

7 (j) TAX RATES ADJUSTED FOR INFLATION.—Section
8 5701 of such Code, as amended by subsection (g), is
9 amended by adding at the end the following new sub-
10 section:

11 “(j) INFLATION ADJUSTMENT.—

12 “(1) IN GENERAL.—In the case of any calendar
13 year beginning after 2022, the dollar amounts pro-
14 vided under this chapter shall each be increased by
15 an amount equal to—

16 “(A) such dollar amount, multiplied by

17 “(B) the cost-of-living adjustment deter-
18 mined under section 1(f)(3) for the calendar
19 year, determined by substituting ‘calendar year
20 2021’ for ‘calendar year 2016’ in subparagraph
21 (A)(ii) thereof.

22 “(2) ROUNDING.—If any amount as adjusted
23 under paragraph (1) is not a multiple of \$0.01, such
24 amount shall be rounded to the next highest multiple
25 of \$0.01.”.

1 (k) FLOOR STOCKS TAXES.—

2 (1) IMPOSITION OF TAX.—On tobacco products
3 manufactured in or imported into the United States
4 which are removed before any tax increase date and
5 held on such date for sale by any person, there is
6 hereby imposed a tax in an amount equal to the ex-
7 cess of—

8 (A) the tax which would be imposed under
9 section 5701 of the Internal Revenue Code of
10 1986 on the article if the article had been re-
11 moved on such date, over

12 (B) the prior tax (if any) imposed under
13 section 5701 of such Code on such article.

14 (2) CREDIT AGAINST TAX.—Each person shall
15 be allowed as a credit against the taxes imposed by
16 paragraph (1) an amount equal to \$500. Such credit
17 shall not exceed the amount of taxes imposed by
18 paragraph (1) on such date for which such person
19 is liable.

20 (3) LIABILITY FOR TAX AND METHOD OF PAY-
21 MENT.—

22 (A) LIABILITY FOR TAX.—A person hold-
23 ing tobacco products on any tax increase date
24 to which any tax imposed by paragraph (1) ap-
25 plies shall be liable for such tax.

1 (B) METHOD OF PAYMENT.—The tax im-
2 posed by paragraph (1) shall be paid in such
3 manner as the Secretary shall prescribe by reg-
4 ulations.

5 (C) TIME FOR PAYMENT.—The tax im-
6 posed by paragraph (1) shall be paid on or be-
7 fore the date that is 120 days after the effective
8 date of the tax rate increase.

9 (4) ARTICLES IN FOREIGN TRADE ZONES.—
10 Notwithstanding the Act of June 18, 1934 (com-
11 monly known as the Foreign Trade Zone Act, 48
12 Stat. 998, 19 U.S.C. 81a et seq.), or any other pro-
13 vision of law, any article which is located in a for-
14 eign trade zone on any tax increase date shall be
15 subject to the tax imposed by paragraph (1) if—

16 (A) internal revenue taxes have been deter-
17 mined, or customs duties liquidated, with re-
18 spect to such article before such date pursuant
19 to a request made under the first proviso of
20 section 3(a) of such Act, or

21 (B) such article is held on such date under
22 the supervision of an officer of the United
23 States Customs and Border Protection of the
24 Department of Homeland Security pursuant to
25 the second proviso of such section 3(a).

1 (5) DEFINITIONS.—For purposes of this sub-
2 section—

3 (A) IN GENERAL.—Any term used in this
4 subsection which is also used in section 5702 of
5 such Code shall have the same meaning as such
6 term has in such section.

7 (B) TAX INCREASE DATE.—The term “tax
8 increase date” means the effective date of any
9 increase in any tobacco product excise tax rate
10 pursuant to the amendments made by this sec-
11 tion (other than subsection (j) thereof).

12 (C) SECRETARY.—The term “Secretary”
13 means the Secretary of the Treasury or the
14 Secretary’s delegate.

15 (6) CONTROLLED GROUPS.—Rules similar to
16 the rules of section 5061(e)(3) of such Code shall
17 apply for purposes of this subsection.

18 (7) OTHER LAWS APPLICABLE.—All provisions
19 of law, including penalties, applicable with respect to
20 the taxes imposed by section 5701 of such Code
21 shall, insofar as applicable and not inconsistent with
22 the provisions of this subsection, apply to the floor
23 stocks taxes imposed by paragraph (1), to the same
24 extent as if such taxes were imposed by such section
25 5701. The Secretary may treat any person who bore

1 the ultimate burden of the tax imposed by para-
2 graph (1) as the person to whom a credit or refund
3 under such provisions may be allowed or made.

4 (1) EFFECTIVE DATES.—

5 (1) IN GENERAL.—Except as provided in para-
6 graphs (2) through (4), the amendments made by
7 this section shall apply to articles removed (as de-
8 fined in section 5702(j) of the Internal Revenue
9 Code of 1986) after the last day of the month which
10 includes the date of the enactment of this Act.

11 (2) DISCRETE SINGLE-USE UNITS AND PROC-
12 ESSED TOBACCO.—The amendments made by sub-
13 sections (c)(1)(C), (c)(2), and (f) shall apply to arti-
14 cles removed (as defined in section 5702(j) of the
15 Internal Revenue Code of 1986) after the date that
16 is 6 months after the date of the enactment of this
17 Act.

18 (3) LARGE CIGARS.—The amendments made by
19 subsection (e) shall apply to articles removed after
20 December 31, 2022.

21 (4) OTHER TOBACCO PRODUCTS.—The amend-
22 ments made by subsection (g)(1) shall apply to prod-
23 ucts removed after the last day of the month which
24 includes the date that the Secretary of the Treasury
25 (or the Secretary of the Treasury's delegate) issues

- 1 final regulations establishing the level of tax for
- 2 such product.

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