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119TH CONGRESS
2D SESSION

H. R. 8008

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2026

Mrs. HAYES (for herself, Mr. AMO, Mrs. BEATTY, Mr. BELL, Mr. CARSON, Mrs. CHERFILUS-MCCORMICK, Ms. CLARKE of New York, Mr. COHEN, Mr. CONAWAY, Ms. CRAIG, Ms. DELBENE, Mrs. DINGELL, Mr. FIGURES, Mr. GARAMENDI, Mr. GARCÍA of Illinois, Mrs. GRIJALVA, Mr. HORSFORD, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACOBS, Mr. JOHNSON of Georgia, Ms. JOHNSON of Texas, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHI, Mr. LATIMER, Mrs. MCBATH, Mr. MCGARVEY, Mrs. MCIVER, Mr. MENEFEE, Ms. MOORE of Wisconsin, Mr. MOULTON, Ms. NORTON, Ms. PRESSLEY, Mr. SCOTT of Virginia, Ms. SEWELL, Mr. SMITH of Washington, Ms. STANSBURY, Ms. TLAIB, Mr. SOTO, Ms. UNDERWOOD, Mr. VEASEY, Mrs. WATSON COLEMAN, and Ms. WILSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Social Determinants for Moms Act''.

SEC. 2. TASK FORCE TO ADDRESS THE UNITED STATES MATERNAL HEALTH CRISIS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall convene a task force (in this section referred to as the ''Task Force'') to develop strategies and coordinate efforts between Federal agencies and other stakeholders to eliminate preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States, including actions to address clinical and nonclinical causes of maternal mortality, severe maternal morbidity, and maternal health disparities.

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

(1) The Secretary of Health and Human Services (or a designee thereof).

(2) The Secretary of Housing and Urban Development (or a designee thereof).

(3) The Secretary of Transportation (or a designee thereof).

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

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

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

(7) The Assistant Secretary for the Administration for Children and Families (or a designee thereof).

(8) The Administrator of the Centers for Medicare & Medicaid Services (or a designee thereof).

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

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

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

(12) The Director of the Tribal Health Research Office of the National Institutes of Health (or a designee thereof).

(13) The Administrator of the Health Resources and Services Administration (or a designee thereof).

(14) The Deputy Assistant Secretary for Minority Health of the Department of Health and Human Services (or a designee thereof).

(15) The Deputy Assistant Secretary for Women's Health of the Department of Health and Human Services (or a designee thereof).

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

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

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

(1) Representatives of patients, to include—

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

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

(2) Leaders of community-based organizations that address maternal mortality, severe maternal morbidity, and maternal health with a specific focus on racial and ethnic disparities. In appointing such leaders under this paragraph, the Secretary of Health and Human Services shall give priority to individuals who are leaders of organizations led by in-

dividuals from demographic groups with elevated rates of maternal mortality, severe maternal morbidity, maternal health disparities, or other adverse perinatal or childbirth outcomes.

(3) Leaders from the Indian health care system, including leaders from Tribal Epidemiology Centers.

(4) Perinatal health workers.

(5) A professionally and geographically diverse panel of maternity care providers.

(6) Other maternal health stakeholders outside of the Federal Government with expertise in maternal health, including social determinants of maternal health.

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

(e) TOPICS.—In developing strategies coordinating efforts between Federal agencies and other stakeholders to eliminate preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States under this section, the Task Force may address topics such as—

(1) addressing barriers that prevent individuals from attending prenatal and postpartum appoint-

ments, accessing maternal health care services, or accessing services and resources related to social determinants of maternal health;

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

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

(4) addressing the impacts of water and air quality, exposure to extreme temperatures, environmental chemicals, environmental risks in the workplace and the home, and pollution levels, on maternal and infant health outcomes;

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

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

(7) engaging with nongovernmental entities to address social determinants of maternal health, including through public-private partnerships;

(8) addressing the impact of domestic or intimate partner violence on maternal health outcomes; and

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

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

(1) describing the Task Force's efforts to develop strategies and coordinate efforts between Federal agencies and other stakeholders to eliminate preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States;

(2) providing an overview of actions taken by each member of the Task Force listed under subsection (b) to eliminate preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States;

(3) providing recommendations on Federal funding amounts and authorities needed to implement strategies developed by the Task Force to eliminate preventable maternal mortality, severe ma-

ternal morbidity, and maternal health disparities in the United States;

(4) providing recommendations on actions that stakeholders outside of the Federal Government can take to eliminate preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States; and

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

(g) TERMINATION.—Section 1013 of title 5, United States Code, shall not apply to the Task Force with respect to termination.

SEC. 3. SUSTAINED FUNDING TO ADDRESS SOCIAL DETERMINANTS OF MATERNAL HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall award grants to eligible entities to address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities.

(b) ELIGIBLE ENTITIES.—In this section, the term ''eligible entity'' means—

(1) a community-based organization, Indian Tribe or Tribal organization, or Urban Indian organization;

(2) a public health department or nonprofit organization working with an entity listed in paragraph (1); or

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

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

(d) PRIORITIZATION.—In awarding grants under subsection (a), the Secretary shall give priority to an eligible entity that is operating in an area with—

(1) high rates of maternal mortality, severe maternal morbidity, maternal health disparities, or other adverse perinatal or childbirth outcomes; and

(2) a high poverty rate.

(e) ACTIVITIES.—An eligible entity that receives a grant under this section may use the grant to address social determinants of maternal health such as—

(1) housing;

(2) transportation;

(3) nutrition;

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

(5) environmental conditions;

(6) intimate partner violence; and

(7) other nonclinical factors that impact maternal health outcomes.

(f) TECHNICAL ASSISTANCE.—The Secretary shall provide to grant recipients under this section technical assistance to plan for sustaining programs to address social determinants of maternal health after the period of the grant.

(g) REPORTING.—

(1) GRANTEES.—Not later than 1 year after an eligible entity first receives a grant under this section, and annually thereafter, an eligible entity shall submit to the Secretary, and make publicly available, a report on the status of activities conducted using the grant. Each such report shall include data on the effects of such activities, disaggregated by race, ethnicity, gender, primary language, geography, socioeconomic status, and other relevant factors.

(2) SECRETARY.—Not later than the end of fiscal year 2031, the Secretary shall submit to Congress a report that includes—

(A) a summary of the reports under paragraph (1); and

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

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $100,000,000 for each of fiscal years 2027 through 2031.

SEC. 4. DEFINITIONS.

In this Act:

(1) MATERNAL MORTALITY.—The term ''maternal mortality'' means a death occurring during or within a 1-year period after pregnancy, caused by pregnancy-related or childbirth complications, including a suicide, overdose, or other death resulting from a mental health or substance use disorder attributed to or aggravated by pregnancy-related or childbirth complications.

(2) MATERNITY CARE PROVIDER.—The term ''maternity care provider'' means a health care provider who—

(A) is a physician, a physician assistant, a midwife who meets, at a minimum, the international definition of a midwife and global standards for midwifery education as estab-

lished by the International Confederation of Midwives, an advanced practice registered nurse, a doula accredited by a State to receive reimbursement for doula services under a State plan (or a waiver of such plan) under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), or a lactation consultant certified by the International Board of Lactation Consultant Examiners; and

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

(3) PERINATAL HEALTH WORKER.—The term ''perinatal health worker'' means a nonclinical health worker focused on maternal or perinatal health, such as a doula, community health worker, peer supporter, lactation educator or counselor, nutritionist or dietitian, childbirth educator, social worker, home visitor, patient navigator or coordinator, or language interpreter.

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

(5) PREGNANCY-RELATED DEATH.—The term ''pregnancy-related death'' means a death of a preg-

nant or postpartum individual that occurs during, or within 1 year following, the individual's pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

(6) SEVERE MATERNAL MORBIDITY.—The term ''severe maternal morbidity'' means a health condition, including mental health conditions and substance use disorders, attributed to or aggravated by pregnancy or childbirth that results in significant short-term or long-term consequences to the health of the individual who was pregnant.

(7) SOCIAL DETERMINANTS OF MATERNAL HEALTH DEFINED.—The term ''social determinants of maternal health'' means nonclinical factors that impact maternal health outcomes.

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