

116TH CONGRESS  
2D SESSION

# H. R. 6132

To address social determinants of health for women in the prenatal and postpartum periods, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2020

Mrs. MCBATH (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. LEWIS, Ms. SEWELL of Alabama, Ms. NORTON, Ms. SCANLON, Ms. MOORE, Mr. CLAY, Mr. KHANNA, Ms. PRESSLEY, and Mr. LAWSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, Agriculture, Transportation and Infrastructure, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To address social determinants of health for women in the prenatal and postpartum periods, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Social Determinants  
5 for Moms Act of 2020”.

1 **SEC. 2. TASK FORCE TO COORDINATE EFFORTS TO AD-**  
2 **DRESS SOCIAL DETERMINANTS OF HEALTH**  
3 **FOR WOMEN IN THE PRENATAL AND**  
4 **POSTPARTUM PERIODS.**

5 (a) IN GENERAL.—The Secretary of Health and  
6 Human Services shall convene a task force (in this section  
7 referred to as the “Task Force”) to develop strategies to  
8 coordinate efforts across the Federal Government to ad-  
9 dress social determinants of health for women in the pre-  
10 natal and postpartum periods.

11 (b) MEMBERS.—The members of the Task Force  
12 shall consist of the following:

13 (1) The Secretary of Health and Human Serv-  
14 ices (or the Secretary’s designee).

15 (2) The Secretary of Housing and Urban Devel-  
16 opment (or the Secretary’s designee).

17 (3) The Secretary of Transportation (or the  
18 Secretary’s designee).

19 (4) The Secretary of Agriculture (or the Sec-  
20 retary’s designee).

21 (5) The Administrator of the Environmental  
22 Protection Agency (or the Administrator’s designee).

23 (6) The Assistant Secretary for the Administra-  
24 tion for Children and Families (or the Assistant Sec-  
25 retary’s designee).

1           (7) The Administrator of the Centers for Medi-  
2           care & Medicaid Services (or the Administrator’s  
3           designee).

4           (8) The Director of the Indian Health Service  
5           (or the Director’s designee).

6           (9) The Director of the National Institutes of  
7           Health (or the Director’s designee).

8           (10) The Administrator of the Health Re-  
9           sources and Services Administration (or the Admin-  
10          istrator’s designee).

11          (11) The Deputy Assistant Secretary for Minor-  
12          ity Health of the Department of Health and Human  
13          Services (or the Deputy Assistant Secretary’s des-  
14          ignee).

15          (12) The Deputy Assistant Secretary for Wom-  
16          en’s Health of the Department of Health and  
17          Human Services (or the Deputy Assistant Sec-  
18          retary’s designee).

19          (13) The Director of the Centers for Disease  
20          Control and Prevention (or the Director’s designee).

21          (14) A woman who has experienced severe ma-  
22          ternal morbidity or a family member of a woman  
23          who has suffered a pregnancy-related death.

24          (15) A leader of a community-based organiza-  
25          tion that addresses maternal mortality and severe

1 maternal morbidity with a specific focus on racial  
2 and ethnic disparities.

3 (16) A maternal health care provider.

4 (c) CHAIR.—The Secretary of Health and Human  
5 Services shall select the Chair of the Task Force from  
6 among the members of the Task Force.

7 (d) REPORT.—Not later than 2 years after the date  
8 of enactment of this Act, the Task Force shall—

9 (1) finalize strategies to coordinate efforts  
10 across the Federal Government to address social de-  
11 terminants of health for women in the prenatal and  
12 postpartum periods; and

13 (2) submit a report on such strategies to the  
14 Congress, including—

15 (A) plans for implementing such strategies;

16 and

17 (B) recommendations on the funding  
18 amounts needed by each department and agen-  
19 cy to implement such strategies.

20 (e) TERMINATION.—Termination under section 14 of  
21 the Federal Advisory Committee Act (5 U.S.C. App.) shall  
22 not apply to the Task Force.

1 **SEC. 3. REQUIREMENTS FOR GUIDANCE RELATING TO SO-**  
2 **CIAL DETERMINANTS OF HEALTH FOR PREG-**  
3 **NANT WOMEN.**

4 (a) IN GENERAL.—Not later than 1 year after the  
5 date of the enactment of this Act, the Secretary of Health  
6 and Human Services shall issue guidance with respect to  
7 how medicaid managed care organizations and State Med-  
8 icaid programs can use payments made pursuant to sec-  
9 tion 1903 of the Social Security Act (42 U.S.C. 1396b)  
10 to address the following issues related to social deter-  
11 minants of health for high-risk mothers during the pre-  
12 sumptive eligibility period for pregnant women:

13 (1) Housing.

14 (2) Transportation.

15 (3) Nutrition.

16 (4) Lactation and other infant feeding options  
17 support.

18 (5) Lead testing and abatement.

19 (6) Air and water quality.

20 (7) Car seat installation.

21 (8) Child care access.

22 (9) Wellness and stress management programs.

23 (10) Other social determinants of health (as de-  
24 termined by the Secretary).

25 (b) DEFINITIONS.—In this section:

1           (1) MEDICAID MANAGED CARE ORGANIZA-  
2           TIONS.—The term “medicaid managed care organi-  
3           zation” has the meaning given such term in section  
4           1903(m)(1)(A) of the Social Security Act (42 U.S.C.  
5           1396b(m)(1)(A)).

6           (2) PRESUMPTIVE ELIGIBILITY PERIOD.—The  
7           term “presumptive eligibility period” has the mean-  
8           ing given such term in section 1920(b)(1) of the So-  
9           cial Security Act (42 U.S.C. 1396r–1(b)(1)).

10 **SEC. 4. DEPARTMENT OF HOUSING AND URBAN DEVELOP-**  
11 **MENT.**

12           The Secretary of Housing and Urban Development  
13 shall establish a new Housing for Moms task force within  
14 the Department that shall be responsible for ensuring that  
15 women in the prenatal and postpartum periods have safe,  
16 stable, affordable, and adequate housing for themselves  
17 and their other children. The task force shall—

18           (1) study how the Department of Housing and  
19           Urban Development can support women in the pre-  
20           natal and postpartum periods and make rec-  
21           ommendations to the Secretary;

22           (2) provide guidance to regional offices of the  
23           Department on measures to ensure that local hous-  
24           ing infrastructure is supportive to women in the pre-

1 natal and postpartum periods, including providing  
2 information on—

- 3 (A) health-promoting housing codes;
- 4 (B) enforcement of housing codes;
- 5 (C) proactive rental inspection programs;
- 6 (D) code enforcement officer training; and
- 7 (E) partnerships between regional offices  
8 of the Department and community organiza-  
9 tions to ensure housing laws are understood  
10 and violations are discovered; and

11 (3) not later than 2 years after the date of en-  
12 actment of this Act, and annually thereafter, submit  
13 to the Congress a report summarizing the activities  
14 of the task force.

15 **SEC. 5. DEPARTMENT OF TRANSPORTATION.**

16 (a) REPORT.—Not later than 1 year after the date  
17 of enactment of this Act, the Secretary of Transportation  
18 shall submit to Congress a report containing—

- 19 (1) an assessment of transportation barriers  
20 preventing individuals from attending prenatal and  
21 postpartum appointments, accessing maternal health  
22 care services, or accessing services and resources re-  
23 lated to social determinants of health that affect ma-  
24 ternal health outcomes, such as healthy foods;

1           (2) recommendations on how to overcome such  
2 barriers; and

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

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

9           (1) women living in a health professional short-  
10 age area designated under section 332 of the Public  
11 Health Service Act (42 U.S.C. 254e); and

12           (2) women living in areas with high maternal  
13 mortality or severe morbidity rates and significant  
14 racial or ethnic disparities in maternal health out-  
15 comes.

16 **SEC. 6. DEPARTMENT OF AGRICULTURE.**

17           (a) SPECIAL SUPPLEMENTAL NUTRITION PRO-  
18 GRAM.—

19           (1) EXTENSION OF POSTPARTUM PERIOD.—  
20 Section 17(b)(10) of the Child Nutrition Act of  
21 1966 (42 U.S.C. 1786(b)(10)) is amended by strik-  
22 ing “six months” and inserting “24 months”.

23           (2) EXTENSION OF BREASTFEEDING PERIOD.—  
24 Section 17(d)(3)(A)(ii) of the Child Nutrition Act of

1 1966 (7 U.S.C. 1431(d)(3)(A)(ii)) is amended by  
2 striking “1 year” and inserting “24 months”.

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

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

11 (B) qualitative evaluations of family expe-  
12 riences 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 (C) the cost effectiveness of such special  
16 supplemental nutrition program.

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

20 (1) IN GENERAL.—The Secretary shall carry  
21 out a grant program to make grants on a competi-  
22 tive basis to eligible entities to carry out the nutri-  
23 tional activities described in paragraph (4).

24 (2) APPLICATION.—To be eligible to receive a  
25 grant under this subsection an eligible entity shall

1 submit to the Secretary an application at such time,  
2 in such manner, and containing such information as  
3 the Secretary may provide.

4 (3) PRIORITY.—In awarding grants under this  
5 subsection, the Secretary shall give priority to an eli-  
6 gible entity that proposes in an application under  
7 paragraph (2) to use the grant funds to carry out  
8 activities in areas with—

9 (A) high maternal mortality or severe ma-  
10 ternal morbidity rates; and

11 (B) significant racial or ethnic disparities  
12 in maternal health outcomes.

13 (4) USE OF FUNDS.—An eligible entity that re-  
14 ceives a grant under this subsection shall use funds  
15 under the grant to deliver healthy food, infant for-  
16 mula, or clean water to pregnant and postpartum  
17 women located in areas that are food deserts, as de-  
18 termined by the Secretary using data from the Food  
19 Access Research Atlas of the Department of Agri-  
20 culture.

21 (5) REPORT.—Not later than 2 years after the  
22 date of the enactment of this section, the Secretary  
23 shall submit to Congress a report that includes—

24 (A) an evaluation of the effect of the grant  
25 program under this subsection on maternal and

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

4 (B) recommendations with respect to en-  
5 suring the activities described in paragraph (4)  
6 continue after the grant period funding such ac-  
7 tivities expires.

8 (6) AUTHORIZATION OF APPROPRIATIONS.—  
9 There are authorized to be appropriated such sums  
10 as may be necessary to carry out this subsection for  
11 fiscal years 2021 through 2023.

12 (c) DEFINITIONS.—In this section:

13 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
14 ty” includes public entities, private community enti-  
15 ties, community-based organizations, Indian tribes  
16 and tribal organizations (as such terms are defined  
17 in section 4 of the Indian Self-Determination and  
18 Education Assistance Act (25 U.S.C. 5304)), and  
19 urban Indian organizations (as such term is defined  
20 in section 4 of the Indian Health Care Improvement  
21 Act (25 U.S.C. 1603)).

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

1 **SEC. 7. ENVIRONMENTAL STUDY THROUGH NATIONAL**  
2 **ACADEMIES.**

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

12 (b) STUDY REQUIREMENTS.—The agreement under  
13 subsection (a) shall direct the National Academies to make  
14 recommendations for—

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

17 (2) reducing or eliminating racial and ethnic  
18 disparities in such outcomes.

19 (c) REPORT.—The agreement under subsection (a)  
20 shall direct the National Academies to complete the study  
21 under this section and transmit to the Congress a report  
22 on the results of the study not later than 24 months after  
23 the date of enactment of this Act.

24 **SEC. 8. CHILD CARE ACCESS.**

25 (a) GRANT PROGRAM.—The Secretary of Health and  
26 Human Services (in this section referred to as the “Sec-

1 retary”) shall award grants to eligible organizations to  
2 provide pregnant and postpartum women with free drop-  
3 in child care services during prenatal and postpartum ap-  
4 pointments.

5 (b) ELIGIBLE ORGANIZATIONS.—To be eligible to re-  
6 ceive a grant under this section, an organization shall—

7 (1) be an organization that carries out pro-  
8 grams providing pregnant and postpartum women  
9 with free and accessible drop-in child care services  
10 during prenatal and postpartum appointments in  
11 areas which the Secretary determines have a high  
12 maternal mortality and severe morbidity rate and  
13 significant racial and ethnic disparities in maternal  
14 health outcomes; and

15 (2) not have previously received a grant under  
16 this section.

17 (c) DURATION.—The Secretary shall commence the  
18 grant program under subsection (a) not later than 1 year  
19 after the date of the enactment of this Act.

20 (d) EVALUATION.—The Secretary shall evaluate each  
21 grant awarded under this section to determine the effects  
22 of the grant on—

23 (1) prenatal and postpartum appointment at-  
24 tendance rates;

1           (2) maternal health outcomes with a specific  
2 focus on racial and ethnic disparities in such out-  
3 comes;

4           (3) pregnant and postpartum women partici-  
5 pating in the funded programs, and the families of  
6 such women; and

7           (4) cost effectiveness.

8           (e) REPORT.—Not later than September 30, 2023,  
9 the Secretary shall submit to the Congress a report con-  
10 taining the following:

11           (1) A summary of the evaluations under sub-  
12 section (d).

13           (2) A description of actions the Secretary can  
14 take to ensure that pregnant and postpartum women  
15 eligible for medical assistance under a State plan  
16 under title XIX of the Social Security Act (42  
17 U.S.C. 1936 et seq.) have access to free drop-in  
18 child care services during prenatal and postpartum  
19 appointments, including identification of the funding  
20 necessary to carry out such 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) build capacity and hire staff to coordinate  
2 efforts of the public health department to address  
3 social determinants of maternal health;

4           (2) develop, and provide for distribution of, re-  
5 source lists of available social services for women in  
6 the prenatal and postpartum periods, which social  
7 services may include—

8                   (A) transportation vouchers;

9                   (B) housing supports;

10                  (C) child care access;

11                  (D) healthy food access;

12                  (E) nutrition counseling;

13                  (F) lactation supports;

14                  (G) lead testing and abatement;

15                  (H) clean water;

16                  (I) infant formula;

17                  (J) maternal mental and behavioral health  
18 care services;

19                  (K) wellness and stress management pro-  
20 grams; and

21                  (L) other social services as determined by  
22 the public health department;

23           (3) in consultation with local stakeholders, es-  
24 tablish or designate a “one-stop” resource center  
25 that provides coordinated social services in a single

1 location for women in the prenatal or postpartum  
2 period; or

3 (4) directly address specific social determinant  
4 needs for the community that are related to mater-  
5 nal health as identified by the public health depart-  
6 ment, such as—

7 (A) transportation;

8 (B) housing;

9 (C) child care;

10 (D) healthy foods;

11 (E) infant formula;

12 (F) nutrition counseling;

13 (G) lactation supports;

14 (H) lead testing and abatement;

15 (I) air and water quality;

16 (J) wellness and stress management pro-  
17 grams; and

18 (K) other social determinants as deter-  
19 mined by the public health department.

20 (c) SPECIAL CONSIDERATION.—In awarding grants  
21 under subsection (a), the Secretary shall give special con-  
22 sideration to State, local, and Tribal public health depart-  
23 ments that—

1           (1) propose to use the grants to reduce or end  
2 racial and ethnic disparities in maternal mortality  
3 and severe morbidity rates; and

4           (2) operate in areas with high rates of—

5                 (A) maternal mortality and severe mor-  
6 bidity; or

7                 (B) significant racial and ethnic disparities  
8 in maternal mortality and severe morbidity  
9 rates.

10         (d) GUIDANCE ON STRATEGIES.—In carrying out this  
11 section, the Secretary shall provide guidance to grantees  
12 on strategies for long-term viability of programs funded  
13 through this section after such funding ends.

14         (e) REPORTING.—

15           (1) BY GRANTEES.—As a condition on receipt  
16 of a grant under this section, a grantee shall agree  
17 to—

18                 (A) evaluate the activities funded through  
19 the grant with respect to—

20                         (i) maternal health outcomes with a  
21 specific focus on racial and ethnic dispari-  
22 ties;

23                         (ii) the subjective assessment of such  
24 activities by the beneficiaries of such ac-

1 activities, including mothers and their fami-  
2 lies; and

3 (iii) cost effectiveness and return on  
4 investment; and

5 (B) not later than 180 days after the end  
6 of the period of the grant, submit a report on  
7 the results of such evaluation to the Secretary.

8 (2) BY SECRETARY.—Not later than the end of  
9 fiscal year 2026, the Secretary shall submit a report  
10 to the Congress—

11 (A) summarizing the evaluations submitted  
12 under paragraph (1); and

13 (B) making recommendations for improv-  
14 ing maternal health and reducing or eliminating  
15 racial and ethnic disparities in maternal health  
16 outcomes, based on the results of grants under  
17 this section.

18 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated to carry out this section  
20 \$15,000,000 for each of fiscal years 2021 through 2025.

21 **SEC. 10. DEFINITION.**

22 In this Act, the term “postpartum” means the one-  
23 year period beginning on the last day of a woman’s preg-  
24 nancy.

○