

119TH CONGRESS
2D SESSION

H. R. 8089

To amend the Public Health Service Act to grow and diversify the perinatal workforce, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2026

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

A BILL

To amend the Public Health Service Act to grow and diversify the perinatal workforce, 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 “Perinatal Workforce
5 Act”.

1 **SEC. 2. HHS AGENCY DIRECTIVES.**

2 (a) GUIDANCE TO STATES.—

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

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

17 (A) to recruit and retain maternity care
18 providers, mental and behavioral health care
19 providers acting in accordance with State law,
20 and registered dietitians or nutrition profes-
21 sionals (as such term is defined in section
22 1861(vv)(2) of the Social Security Act (42
23 U.S.C. 1395x(vv)(2)))—

24 (i) from racially, ethnically, and lin-
25 guistically diverse backgrounds;

1 (ii) with experience practicing in ra-
2 cially and ethnically diverse communities;
3 and

4 (iii) who have undergone training on
5 implicit bias and racism;

6 (B) to incorporate into maternity care
7 teams—

8 (i) midwives who meet, at a minimum,
9 the international definition of a midwife
10 and global standards for midwifery edu-
11 cation as established by the International
12 Confederation of Midwives;

13 (ii) perinatal health workers;

14 (iii) physician assistants;

15 (iv) advanced practice registered
16 nurses; and

17 (v) lactation consultants certified by
18 the International Board of Lactation Con-
19 sultant Examiners;

20 (C) to provide collaborative, culturally and
21 linguistically congruent 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 AND
4 LINGUISTICALLY CONGRUENT 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 and lin-
10 guistically congruent 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 and linguistically
25 congruent maternal 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 and linguis-
 17 tically congruent maternity care.

18 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE PERINATAL**
 19 **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:

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 accredited schools or pro-
7 grams that provide education and training to indi-
8 viduals seeking appropriate licensing and certifi-
9 cation as—

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

13 “(B) perinatal health workers; or

14 “(C) midwives who meet, at a minimum,
15 the international definition of a midwife and
16 global standards for midwifery education as es-
17 tablished by the International Confederation of
18 Midwives; and

19 “(2) expanding the capacity of existing accred-
20 ited schools or programs described in paragraph (1),
21 for the purposes of increasing the number of stu-
22 dents enrolled in such accredited schools or pro-
23 grams, such as by awarding scholarships for stu-
24 dents (including students from racially, ethnically,
25 and linguistically diverse backgrounds).

1 “(c) PRIORITIZATION.—In awarding grants under
2 this section, the Secretary shall give priority to a school
3 or program described in subsection (b) that—

4 “(1) has demonstrated a commitment to re-
5 cruiting and retaining students and faculty from ra-
6 cial and ethnic minority groups;

7 “(2) has developed a strategy to recruit and re-
8 tain a diverse pool of students into the school or pro-
9 gram described in subsection (b) that is supported
10 by funds received through the grant, particularly
11 from racial and ethnic minority groups and other
12 underserved populations;

13 “(3) has developed a strategy to recruit and re-
14 tain students who plan to practice in a health pro-
15 fessional shortage area designated under section
16 332;

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

21 “(5) includes in the standard curriculum for all
22 students within the school or program described in
23 subsection (b) a bias, racism, or discrimination
24 training program that includes training on implicit
25 bias and racism.

1 “(d) REPORTING.—As a condition on receipt of a
2 grant under this section for a school or program described
3 in subsection (b), an entity shall agree to submit to the
4 Secretary an annual report on the activities conducted
5 through the grant, including—

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

8 “(2) the extent to which students in the school
9 or program are entering careers in—

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

12 “(B) areas with elevated rates of maternal
13 mortality, severe maternal morbidity, maternal
14 health disparities, or other adverse perinatal or
15 childbirth outcomes, to the extent such data are
16 available; and

17 “(3) whether the school or program has in-
18 cluded in the standard curriculum for all students a
19 bias, racism, or discrimination training program that
20 includes explicit and implicit bias, and if so the ef-
21 fectiveness of such training program.

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

24 “(f) APPLICATION.—To seek a grant under this sec-
25 tion, an entity shall submit to the Secretary an application

1 at such time, in such manner, and containing such infor-
2 mation as the Secretary may require, including any infor-
3 mation necessary for prioritization under subsection (c).

4 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
5 provide, directly or by contract, technical assistance to en-
6 tities seeking or receiving a grant under this section on
7 the development, use, evaluation, and postgrant period
8 sustainability of the school or program described in sub-
9 section (b) that is proposed to be, or is being, established
10 or expanded through the grant.

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

17 “(1) recruiting students from racial and ethnic
18 minority groups;

19 “(2) increasing the number of health profes-
20 sionals described in subparagraphs (A), (B), and (C)
21 of subsection (b)(1) from racial and ethnic minority
22 groups and other underserved populations;

23 “(3) increasing the number of such health pro-
24 fessionals working in health professional shortage
25 areas designated under section 332; and

1 “(4) increasing the number of such health pro-
2 fessionals working in areas with significant racial
3 and ethnic disparities in maternal health outcomes,
4 to the extent such data are available.

5 “(i) DEFINITION.—In this section, the term ‘racial
6 and ethnic minority group’ has the meaning given such
7 term in section 1707(g)(1).

8 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section, there is authorized to be appro-
10 priated \$15,000,000 for each of fiscal years 2027 through
11 2031.”.

12 **SEC. 4. GRANTS TO GROW AND DIVERSIFY THE NURSING**
13 **WORKFORCE IN MATERNAL AND PERINATAL**
14 **HEALTH.**

15 Title VIII of the Public Health Service Act is amend-
16 ed by inserting after section 811 (42 U.S.C. 296j) the fol-
17 lowing:

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

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

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

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

3 “(2) certified nurse-midwives; or

4 “(3) clinical nurse specialists whose education
5 includes a focus on maternal and perinatal health.

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

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

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

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

22 “(4) includes in the standard curriculum for all
23 students seeking to enter careers focused on mater-
24 nal and perinatal health a bias, racism, or discrimi-

1 nation training program that includes education on
2 implicit bias and racism.

3 “(d) REPORTING.—As a condition on receipt of a
4 grant under this section, a school of nursing shall agree
5 to submit to the Secretary an annual report on the activi-
6 ties conducted through the grant, including, to the extent
7 practicable—

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

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

13 “(A) health professional shortage areas
14 designated under section 332; and

15 “(B) areas with elevated rates of maternal
16 mortality, severe maternal morbidity, maternal
17 health disparities, or other adverse perinatal or
18 childbirth outcomes, to the extent such data are
19 available; and

20 “(3) whether the standard curriculum for all
21 students seeking to enter careers focused on mater-
22 nal and perinatal health includes a bias, racism, or
23 discrimination training program that includes edu-
24 cation on implicit bias and racism.

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

3 “(f) APPLICATION.—To seek a grant under this sec-
4 tion, an entity shall submit to the Secretary an applica-
5 tion, at such time, in such manner, and containing such
6 information as the Secretary may require, including any
7 information necessary for prioritization under subsection
8 (c).

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

14 “(h) REPORT BY THE SECRETARY.—Not later than
15 4 years after the date of enactment of this section, the
16 Secretary shall prepare and submit to the Congress, and
17 post on the internet website of the Department of Health
18 and Human Services, a report on the effectiveness of the
19 grant program under this section at—

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

22 “(2) increasing the number of advanced prac-
23 tice registered nurses entering careers focused on
24 maternal and perinatal health from racial and ethnic
25 minority groups and other underserved populations;

1 “(3) increasing the number of advanced prac-
2 tice registered nurses entering careers focused on
3 maternal and perinatal health working in health pro-
4 fessional shortage areas designated under section
5 332; and

6 “(4) increasing the number of advanced prac-
7 tice registered nurses entering careers focused on
8 maternal and perinatal health working in areas with
9 significant racial and ethnic disparities in maternal
10 health outcomes, to the extent such data are avail-
11 able.

12 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this section, there is authorized to be appro-
14 priated \$15,000,000 for each of fiscal years 2027 through
15 2031.”.

16 **SEC. 5. GAO REPORT.**

17 (a) IN GENERAL.—Not later than 2 years after the
18 date of enactment of this Act and every 5 years thereafter,
19 the Comptroller General of the United States shall submit
20 to Congress a report on barriers to maternal health edu-
21 cation and access to care in the United States. Such report
22 shall include the information and recommendations de-
23 scribed in subsection (b).

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

1 (1) an assessment of current barriers to enter-
2 ing and successfully completing accredited midwifery
3 education programs, and recommendations for ad-
4 dressing such barriers, particularly for low-income
5 women and women from racial and ethnic minority
6 groups;

7 (2) an assessment of current barriers to enter-
8 ing and successfully completing accredited education
9 programs for other health professional careers re-
10 lated to maternity care, including maternity care
11 providers, mental and behavioral health care pro-
12 viders acting in accordance with State law, and reg-
13 istered dietitians or nutrition professionals (as such
14 term is defined in section 1861(vv)(2) of the Social
15 Security Act (42 U.S.C. 1395x(vv)(2))), particularly
16 for low-income women and women from racial and
17 ethnic minority groups;

18 (3) an assessment of current barriers that pre-
19 vent midwives from meeting the international defini-
20 tion of a midwife and global standards for midwifery
21 education as established by the International Con-
22 federation of Midwives, and recommendations for
23 addressing such barriers, particularly for low-income
24 women and women from racial and ethnic minority
25 groups;

1 (4) an assessment of disparities in access to
2 maternity care providers, mental or behavioral
3 health care providers acting in accordance with
4 State law, and registered dietitians or nutrition pro-
5 fessionals (as such term is defined in section
6 1861(vv)(2) of the Social Security Act (42 U.S.C.
7 1395x(vv)(2))), and perinatal health workers, strati-
8 fied by race, ethnicity, gender identity, primary lan-
9 guage, geographic location, and insurance type and
10 recommendations to promote greater access equity;
11 and

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

17 **SEC. 6. DEFINITIONS.**

18 In this Act:

19 (1) CULTURALLY AND LINGUISTICALLY CON-
20 GRUENT.—The term “culturally and linguistically
21 congruent”, with respect to care or maternity care,
22 means care that is in agreement with the preferred
23 cultural values, beliefs, worldview, language, and
24 practices of the health care consumer and other
25 stakeholders.

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

4 (A) is a physician, a physician assistant, a
5 midwife who meets at a minimum the inter-
6 national definition of a midwife and global
7 standards for midwifery education as estab-
8 lished by the International Confederation of
9 Midwives, an advanced practice registered
10 nurse, a doula accredited by a State to receive
11 reimbursement for doula services under a State
12 plan (or a waiver of such plan) under title XIX
13 of the Social Security Act (42 U.S.C. 1396 et
14 seq.), or a lactation consultant certified by the
15 International Board of Lactation Consultant
16 Examiners; and

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

19 (3) PERINATAL HEALTH WORKER.—The term
20 “perinatal health worker” means a nonclinical health
21 worker focused on maternal or perinatal health, such
22 as a doula, community health worker, peer sup-
23 porter, lactation educator or counselor, nutritionist
24 or dietitian, childbirth educator, social worker, home

1 visitor, patient navigator or coordinator, or language
2 interpreter.

3 (4) POSTPARTUM.—The term “postpartum” re-
4 fers to the 1-year period beginning on the last day
5 of the pregnancy of an individual.

6 (5) 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)).

○