

119TH CONGRESS
2D SESSION

H. R. 9817

To end the shackling of pregnant individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 21, 2026

Ms. PRESSLEY (for herself, Ms. UNDERWOOD, Mrs. McIVER, Ms. NORTON, Ms. MOORE of Wisconsin, Mrs. WATSON COLEMAN, Ms. KAMLAGER-DOVE, Mr. JOHNSON of Georgia, Mr. IVEY, Mr. KRISHNAMOORTHY, 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, Ms. LEE of Pennsylvania, Mrs. BEATTY, Mr. SMITH of Washington, Ms. SEWELL, Ms. WILSON of Florida, Mr. JACKSON of Illinois, Mr. CONAWAY, Mr. SCOTT of Virginia, Mrs. HAYES, Ms. CRAIG, Mr. MCGARVEY, Mrs. GRIJALVA, Mr. CARSON, Mrs. MCBATH, Mr. LATIMER, Ms. JOHNSON of Texas, Mr. SOTO, Ms. POU, Ms. TLAIB, and Ms. ADAMS) introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To end the shackling of pregnant individuals, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Justice for Incarcer-
5 ated Moms Act”.

1 **SEC. 2. ENDING THE SHACKLING OF PREGNANT INDIVID-**
2 **UALS.**

3 (a) IN GENERAL.—Beginning on the date that is 6
4 months after the date of enactment of this Act, and annu-
5 ally thereafter, in each State that receives a grant under
6 subpart 1 of part E of title I of the Omnibus Crime Con-
7 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et
8 seq.) (commonly referred to as the “Edward Byrne Memo-
9 rial Justice Grant Program”) and that does not have in
10 effect throughout the State for such fiscal year laws re-
11 stricting the use of restraints on pregnant individuals in
12 prison that are substantially similar to the rights, proce-
13 dures, requirements, effects, and penalties set forth in sec-
14 tion 4322 of title 18, United States Code, the amount of
15 such grant that would otherwise be allocated to such State
16 under such subpart for the fiscal year shall be decreased
17 by 25 percent.

18 (b) REALLOCATION.—Amounts not allocated to a
19 State for failure to comply with subsection (a) shall be
20 reallocated in accordance with subpart 1 of part E of title
21 I of the Omnibus Crime Control and Safe Streets Act of
22 1968 (34 U.S.C. 10151 et seq.) to States that have com-
23 plied with such subsection.

1 **SEC. 3. CREATING MODEL PROGRAMS FOR THE CARE OF**
2 **INCARCERATED INDIVIDUALS IN THE PRE-**
3 **NATAL AND POSTPARTUM PERIODS.**

4 (a) IN GENERAL.—Not later than 1 year after the
5 date of enactment of this Act, the Attorney General, act-
6 ing through the Director of the Bureau of Prisons, shall
7 establish, in not fewer than 6 Bureau of Prisons facilities,
8 programs to optimize maternal health outcomes for preg-
9 nant and postpartum individuals incarcerated in such fa-
10 cilities. The Attorney General shall establish such pro-
11 grams in consultation with stakeholders such as—

12 (1) relevant community-based organizations,
13 particularly organizations that represent incarcer-
14 ated and formerly incarcerated individuals and orga-
15 nizations that seek to improve maternal health out-
16 comes for pregnant and postpartum individuals from
17 demographic groups with elevated rates of maternal
18 mortality, severe maternal morbidity, maternal
19 health disparities, or other adverse perinatal or
20 childbirth outcomes;

21 (2) relevant organizations representing patients,
22 with a particular focus on patients from demo-
23 graphic groups with elevated rates of maternal mor-
24 tality, severe maternal morbidity, maternal health
25 disparities, or other adverse perinatal or childbirth
26 outcomes;

1 (3) organizations representing maternity care
2 providers and maternal health care education pro-
3 grams;

4 (4) perinatal health workers; and

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

8 (b) START DATE.—Each selected facility shall begin
9 facility programs not later than 18 months after the date
10 of enactment of this Act.

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

13 (1) the number of pregnant and postpartum in-
14 dividuals incarcerated in such facility and, among
15 such individuals, the number of pregnant and
16 postpartum individuals from demographic groups
17 with elevated rates of maternal mortality, severe ma-
18 ternal morbidity, maternal health disparities, or
19 other adverse perinatal or childbirth outcomes; and

20 (2) the extent to which the leaders of such facil-
21 ity have demonstrated a commitment to developing
22 exemplary programs for pregnant and postpartum
23 individuals incarcerated in such facility.

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

1 (e) PROGRAMS.—Bureau of Prisons facilities selected
2 by the Director shall establish programs for pregnant and
3 postpartum incarcerated individuals, and such programs
4 may—

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

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

10 (3) train correctional officers to ensure that
11 pregnant incarcerated individuals receive safe and
12 respectful treatment;

13 (4) train medical personnel to ensure that preg-
14 nant incarcerated individuals receive trauma-in-
15 formed, culturally and linguistically congruent care
16 that promotes the health and safety of the pregnant
17 individuals;

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

20 (A) diagnosed mental or behavioral health
21 conditions, including trauma and substance use
22 disorders;

23 (B) trauma or violence, including domestic
24 violence;

25 (C) human immunodeficiency virus;

1 (D) sexual abuse;

2 (E) pregnancy or infant loss; or

3 (F) chronic conditions;

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

7 (7) provide clinical education opportunities to
8 maternity care providers in training to expand path-
9 ways into maternal health care careers serving incar-
10 cerated individuals;

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

16 (9) provide reentry assistance, particularly to—

17 (A) ensure access to health insurance cov-
18 erage and transfer of health records to commu-
19 nity providers if an incarcerated individual exits
20 the criminal justice system during such individ-
21 ual's pregnancy or in the postpartum period;
22 and

23 (B) connect individuals exiting the criminal
24 justice system during pregnancy or in the
25 postpartum period to community-based re-

1 sources, such as referrals to health care pro-
2 viders, substance use disorder treatments, and
3 social services that address social determinants
4 of maternal health; or

5 (10) establish partnerships with local public en-
6 tities, private community entities, community-based
7 organizations, Indian Tribes and Tribal organiza-
8 tions (as such terms are defined in section 4 of the
9 Indian Self-Determination and Education Assistance
10 Act (25 U.S.C. 5304)), and Urban Indian organiza-
11 tions (as such term is defined in section 4 of the In-
12 dian Health Care Improvement Act (25 U.S.C.
13 1603)) to establish or expand pretrial diversion pro-
14 grams as an alternative to incarceration for preg-
15 nant and postpartum individuals. Such programs
16 may include—

17 (A) evidence-based childbirth education or
18 parenting classes;

19 (B) prenatal health coordination;

20 (C) family and individual counseling;

21 (D) evidence-based screenings, education,
22 and, as needed, treatment for mental and be-
23 havioral health conditions, including drug and
24 alcohol treatments;

25 (E) family case management services;

1 (F) domestic violence education and pre-
2 vention;

3 (G) physical and sexual abuse counseling;
4 and

5 (H) programs to address social deter-
6 minants of health such as employment, housing,
7 education, transportation, and nutrition.

8 (f) IMPLEMENTATION AND REPORTING.—A selected
9 facility shall be responsible for—

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

12 (2) not later than 3 years after the date of en-
13 actment of this Act, and 6 years after the date of
14 enactment of this Act, reporting results of the pro-
15 grams to the Director, including information de-
16 scribing—

17 (A) relevant quantitative indicators of suc-
18 cess in improving the standard of care and
19 health outcomes for pregnant and postpartum
20 incarcerated individuals in the facility, including
21 data stratified by race, ethnicity, sex, gender,
22 primary language, age, geography, disability
23 status, the category of the criminal charge
24 against such individual, rates of pregnancy-re-
25 lated deaths, pregnancy-associated deaths, cases

1 of infant mortality and morbidity, rates of
2 preterm births and low-birthweight births, cases
3 of severe maternal morbidity, cases of violence
4 against pregnant or postpartum individuals, di-
5 agnoses of maternal mental or behavioral health
6 conditions, and other such information as ap-
7 propriate;

8 (B) relevant qualitative and quantitative
9 evaluations from pregnant and postpartum in-
10 carcerated individuals who participated in such
11 programs, including measures of patient-re-
12 ported experience of care; and

13 (C) strategies to sustain such programs
14 after fiscal year 2031 and expand such pro-
15 grams to other facilities.

16 (g) REPORT.—Not later than 6 years after the date
17 of enactment of this Act, the Director shall submit to the
18 Attorney General and to the Congress a report describing
19 the results of the programs funded under this section.

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

1 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$10,000,000 for each of fiscal years 2027 through 2031.

4 **SEC. 4. GRANT PROGRAM TO IMPROVE MATERNAL HEALTH**
5 **OUTCOMES FOR INDIVIDUALS IN STATE AND**
6 **LOCAL PRISONS AND JAILS.**

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

16 (1) relevant community-based organizations,
17 particularly organizations that represent incarcer-
18 ated and formerly incarcerated individuals and orga-
19 nizations that seek to improve maternal health out-
20 comes for pregnant and postpartum individuals from
21 demographic groups with elevated rates of maternal
22 mortality, severe maternal morbidity, maternal
23 health disparities, or other adverse perinatal or
24 childbirth outcomes;

1 (2) relevant organizations representing patients,
2 with a particular focus on patients from demo-
3 graphic groups with elevated rates of maternal mor-
4 tality, severe maternal morbidity, maternal health
5 disparities, or other adverse perinatal or childbirth
6 outcomes;

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 and linguistically congruent care
10 that promotes the health and safety of the pregnant
11 individuals;

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

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

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

19 (C) human immunodeficiency virus;

20 (D) sexual abuse;

21 (E) pregnancy or infant loss; or

22 (F) chronic conditions;

23 (6) provide evidence-based pregnancy and child-
24 birth education, parenting support, and other rel-
25 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 organiza-
2 tions (as such terms are defined in section 4 of the
3 Indian Self-Determination and Education Assistance
4 Act (25 U.S.C. 5304)), and Urban Indian organiza-
5 tions (as such term is defined in section 4 of the In-
6 dian Health Care Improvement Act (25 U.S.C.
7 1603)) to establish or expand pretrial diversion pro-
8 grams as an alternative to incarceration for preg-
9 nant and postpartum individuals. Such programs
10 may include—

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 demographic groups with elevated
11 rates of maternal mortality, severe maternal mor-
12 bidity, maternal health disparities, or other adverse
13 perinatal or childbirth outcomes; and

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

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

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

23 (1) implementing the program funded by the
24 grant; and

1 (2) not later than 3 years after the date of en-
2 actment of this Act, and 6 years after the date of
3 enactment of this Act, reporting results of such pro-
4 gram to the Attorney General, including information
5 describing—

6 (A) relevant quantitative indicators of the
7 program’s success in improving the standard of
8 care and health outcomes for pregnant and
9 postpartum incarcerated individuals in the facil-
10 ity, including data stratified by race, ethnicity,
11 sex, gender, primary language, age, geography,
12 disability status, category of the criminal
13 charge against such individual, incidence rates
14 of pregnancy-related deaths, pregnancy-associ-
15 ated deaths, cases of infant mortality and mor-
16 bidity, rates of preterm births and low-birth-
17 weight births, cases of severe maternal mor-
18 bidity, cases of violence against pregnant or
19 postpartum individuals, diagnoses of maternal
20 mental or behavioral health conditions, and
21 other such information as appropriate;

22 (B) relevant qualitative and quantitative
23 evaluations from pregnant and postpartum in-
24 carcerated individuals who participated in such

1 programs, including measures of patient-re-
2 ported experience of care; and

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

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

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

15 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated to carry out this section
17 \$10,000,000 for each of fiscal years 2027 through 2031.

18 **SEC. 5. GAO REPORT.**

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

1 ties in maternal and infant health outcomes for incarcer-
2 ated individuals.

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

5 (1) to the extent practicable—

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

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

15 (C) the number of cases of severe maternal
16 morbidity among incarcerated individuals, in-
17 cluding those incarcerated in Federal, State,
18 and local detention facilities, in the most recent
19 10 years of available data;

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

1 (E) statistics on the racial and ethnic dis-
2 parities in maternal and infant health outcomes
3 and severe maternal morbidity rates among in-
4 carcerated individuals, including those incarcer-
5 ated in Federal, State, and local detention fa-
6 cilities;

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

16 (3) the implications of pregnant and
17 postpartum incarcerated individuals being ineligible
18 for medical assistance under a State plan under title
19 XIX of the Social Security Act (42 U.S.C. 1396 et
20 seq.) including information about—

21 (A) the effects of such ineligibility on ma-
22 ternal health outcomes for pregnant and
23 postpartum incarcerated individuals, with em-
24 phasis given to such effects for pregnant and

1 postpartum individuals from racial and ethnic
2 minority groups; and

3 (B) potential implications on maternal
4 health outcomes resulting from temporarily sus-
5 pending, rather than permanently terminating,
6 such eligibility when a pregnant or postpartum
7 individual is incarcerated;

8 (4) the extent to which Federal, State, and
9 local correctional facilities are holding pregnant and
10 postpartum individuals who test positive for illicit
11 drug use in detention with special conditions, such
12 as additional bond requirements, due to the individ-
13 ual's drug use, and the effect of such detention poli-
14 cies on maternal and infant health outcomes;

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

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

23 (7) recommendations to reduce maternal mor-
24 tality and severe maternal morbidity among incar-
25 cerated individuals and to address racial and ethnic

1 disparities in maternal health outcomes for incarcerated
2 ated individuals in Bureau of Prisons facilities and
3 State and local prisons and jails; and

4 (8) such other information as may be appropriate 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.

9 **SEC. 6. DEFINITIONS.**

10 In this Act:

11 (1) CULTURALLY AND LINGUISTICALLY CONGRUENT.—The term “culturally and linguistically
12 congruent”, with respect to care or maternity care,
13 means care that is in agreement with the preferred
14 cultural values, beliefs, worldview, language, and
15 practices of the health care consumer and other
16 stakeholders.

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

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

7 (6) PREGNANCY-ASSOCIATED DEATH.—The
8 term “pregnancy-associated death” means a death of
9 a pregnant or postpartum individual, by any cause,
10 that occurs during, or within 1 year following, the
11 individual’s pregnancy, regardless of the outcome,
12 duration, or site of the pregnancy.

13 (7) PREGNANCY-RELATED DEATH.—The term
14 “pregnancy-related death” means a death of a preg-
15 nant or postpartum individual that occurs during, or
16 within 1 year following, the individual’s pregnancy,
17 from a pregnancy complication, a chain of events
18 initiated by pregnancy, or the aggravation of an un-
19 related condition by the physiologic effects of preg-
20 nancy.

21 (8) RACIAL AND ETHNIC MINORITY GROUP.—
22 The term “racial and ethnic minority group” has the
23 meaning given such term in section 1707(g)(1) of
24 the Public Health Service Act (42 U.S.C. 300u–
25 6(g)(1)).

1 (9) SEVERE MATERNAL MORBIDITY.—The term
2 “severe maternal morbidity” means a health condi-
3 tion, including mental health conditions and sub-
4 stance use disorders, attributed to or aggravated by
5 pregnancy or childbirth that results in significant
6 short-term or long-term consequences to the health
7 of the individual who was pregnant.

8 (10) SOCIAL DETERMINANTS OF MATERNAL
9 HEALTH.—The term “social determinants of mater-
10 nal health” means nonclinical factors that impact
11 maternal health outcomes.

○