

119TH CONGRESS
2^D SESSION

S. 4149

To require the Secretary of Health and Human Services to convene a task force to develop strategies and coordinate efforts to eliminate preventable maternal mortality, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 19, 2026

Mr. BLUMENTHAL (for himself, Ms. ALSOBROOKS, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to convene a task force to develop strategies and coordinate efforts to eliminate preventable maternal mortality, 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”.

1 **SEC. 2. TASK FORCE TO ADDRESS THE UNITED STATES MA-**
2 **TERNAL HEALTH CRISIS.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (referred to in this Act as the “Sec-
5 retary”) shall convene a task force (referred to in this sec-
6 tion as the “Task Force”) to develop strategies and co-
7 ordinate efforts between Federal agencies and other stake-
8 holders to eliminate preventable maternal mortality, severe
9 maternal morbidity, and maternal health disparities in the
10 United States, including actions to address clinical and
11 nonclinical causes of maternal mortality, severe maternal
12 morbidity, and maternal health disparities.

13 (b) EX OFFICIO MEMBERS.—The Task Force shall
14 consist of the following ex officio members (or a designee
15 thereof):

16 (1) The Secretary.

17 (2) The Secretary of Housing and Urban Devel-
18 opment.

19 (3) The Secretary of Transportation.

20 (4) The Secretary of Agriculture.

21 (5) The Secretary of Labor.

22 (6) The Administrator of the Environmental
23 Protection Agency.

24 (7) The Assistant Secretary for the Administra-
25 tion for Children and Families.

1 (8) The Administrator of the Centers for Medi-
2 care & Medicaid Services.

3 (9) The Director of the Indian Health Service.

4 (10) The Director of the National Institutes of
5 Health.

6 (11) The Director of the Eunice Kennedy
7 Shriver National Institute of Child Health and
8 Human Development.

9 (12) The Director of the Tribal Health Re-
10 search Office at the National Institutes of Health.

11 (13) The Administrator of the Health Re-
12 sources and Services Administration.

13 (14) The Deputy Assistant Secretary for Minor-
14 ity Health of the Department of Health and Human
15 Services.

16 (15) The Deputy Assistant Secretary for Wom-
17 en's Health of the Department of Health and
18 Human Services.

19 (16) The Director of the Centers for Disease
20 Control and Prevention.

21 (17) The Director of the Office on Violence
22 Against Women at the Department of Justice.

23 (c) APPOINTED MEMBERS.—In addition to the ex
24 officio members of the Task Force, the Secretary may ap-
25 point the following members of the Task Force:

1 (1) Representatives of patients, including—

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

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

7 (2) Leaders of community-based organizations
8 that address maternal mortality, severe maternal
9 morbidity, and maternal health with a specific focus
10 on racial and ethnic disparities. In appointing such
11 leaders under this paragraph, the Secretary shall
12 give priority to individuals who are leaders of organi-
13 zations led by individuals from demographic groups
14 with elevated rates of maternal mortality, severe ma-
15 ternal morbidity, maternal health disparities, or
16 other adverse perinatal or childbirth outcomes.

17 (3) Leaders from the Indian health care sys-
18 tem, including leaders from Tribal Epidemiology
19 Centers.

20 (4) Perinatal health workers.

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

23 (6) Other maternal health stakeholders outside
24 of the Federal Government with expertise in mater-

1 nal health, including social determinants of maternal
2 health.

3 (d) CHAIR.—The Secretary shall select the chair of
4 the Task Force from among the members of the Task
5 Force.

6 (e) TOPICS.—In developing strategies and coordi-
7 nating efforts between Federal agencies and other stake-
8 holders to eliminate preventable maternal mortality, severe
9 maternal morbidity, and maternal health disparities in the
10 United States under this section, the Task Force may ad-
11 dress topics such as—

12 (1) addressing barriers that prevent individuals
13 from attending prenatal and postpartum appoint-
14 ments, accessing maternal health care services, or
15 accessing services and resources related to social de-
16 terminants of maternal health;

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

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

24 (4) addressing the impacts of water and air
25 quality, exposure to extreme temperatures, environ-

1 mental chemicals, environmental risks in the work-
2 place and the home, and pollution levels, on mater-
3 nal and infant health outcomes;

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

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

10 (7) engaging with nongovernmental entities to
11 address social determinants of maternal health, in-
12 cluding through public-private partnerships;

13 (8) addressing the impact of domestic or inti-
14 mate partner violence on maternal health outcomes;
15 and

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

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

23 (1) describes the efforts of the Task Force to
24 develop strategies and coordinate efforts between
25 Federal agencies and other stakeholders to eliminate

1 preventable maternal mortality, severe maternal
2 morbidity, and maternal health disparities in the
3 United States;

4 (2) provides an overview of actions taken by
5 each member of the Task Force described in sub-
6 section (b) to eliminate preventable maternal mor-
7 tality, severe maternal morbidity, and maternal
8 health disparities in the United States;

9 (3) provides recommendations on Federal fund-
10 ing amounts and authorities needed to implement
11 strategies developed by the Task Force to eliminate
12 preventable maternal mortality, severe maternal
13 morbidity, and maternal health disparities in the
14 United States;

15 (4) provides recommendations on actions that
16 stakeholders outside of the Federal Government can
17 take to eliminate preventable maternal mortality, se-
18 vere maternal morbidity, and maternal health dis-
19 parities in the United States; and

20 (5) addresses other topics, as determined by the
21 chair of the Task Force.

22 (g) TERMINATION.—Section 1013 of title 5, United
23 States Code, shall not apply to the Task Force with re-
24 spect to termination.

1 **SEC. 3. SUSTAINED FUNDING TO ADDRESS SOCIAL DETER-**
2 **MINANTS OF MATERNAL HEALTH.**

3 (a) **IN GENERAL.**—The Secretary shall award grants
4 to eligible entities to address social determinants of mater-
5 nal health to eliminate maternal mortality, severe mater-
6 nal morbidity, and maternal health disparities.

7 (b) **ELIGIBLE ENTITIES.**—To be eligible to receive a
8 grant under this section, an entity shall be—

9 (1) a community-based organization, Indian
10 Tribe or Tribal organization, or Urban Indian orga-
11 nization;

12 (2) a public health department or nonprofit or-
13 ganization working with an entity described in para-
14 graph (1); or

15 (3) a consortium of entities described in para-
16 graph (1) or (2) that includes at minimum one enti-
17 ty described in paragraph (1).

18 (c) **APPLICATION.**—An eligible entity desiring a grant
19 under this section shall submit to the Secretary an appli-
20 cation at such time, in such manner, and containing such
21 information as the Secretary may require.

22 (d) **PRIORITIZATION.**—In awarding grants under this
23 section, the Secretary shall give priority to an eligible enti-
24 ty that is operating in an area with—

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

4 (2) a high poverty rate.

5 (e) ACTIVITIES.—An eligible entity that receives a
6 grant under this section may use the grant to address so-
7 cial determinants of maternal health such as—

8 (1) housing;

9 (2) transportation;

10 (3) nutrition;

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

13 (5) environmental conditions;

14 (6) intimate partner violence; and

15 (7) other nonclinical factors that impact mater-
16 nal health outcomes.

17 (f) TECHNICAL ASSISTANCE.—The Secretary shall
18 provide to grant recipients under this section technical as-
19 sistance to plan for sustaining programs to address social
20 determinants of maternal health after the period of the
21 grant.

22 (g) REPORTING.—

23 (1) GRANTEES.—Not later than 1 year after an
24 eligible entity first receives a grant under this sec-
25 tion, and annually thereafter, the eligible entity shall

1 submit to the Secretary, and make publicly available,
2 a report that describes the status of activities con-
3 ducted using the grant. Each such report shall in-
4 clude data on the effects of such activities,
5 disaggregated by race, ethnicity, gender, primary
6 language, geography, socioeconomic status, and
7 other relevant factors.

8 (2) SECRETARY.—Not later than the end of fis-
9 cal year 2031, the Secretary shall submit to Con-
10 gress a report that includes—

11 (A) a summary of the reports under para-
12 graph (1); and

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

16 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section
18 \$100,000,000 for each of fiscal years 2027 through 2031.

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