

119TH CONGRESS
2D SESSION

S. 4552

To address maternal mental health conditions and substance use disorders,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 18, 2026

Mrs. GILLIBRAND (for herself, Ms. BLUNT ROCHESTER, 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 address maternal mental health conditions and substance
use disorders, 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 “Moms Matter Act”.

5 **SEC. 2. MATERNAL MENTAL HEALTH EQUITY GRANT PRO-**
6 **GRAM.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services, acting through the Assistant Secretary
9 for Mental Health and Substance Use, shall establish a
10 program to award grants to eligible entities to address ma-

1 ternal mental health conditions and substance use dis-
2 orders, with a focus on demographic groups with elevated
3 rates of maternal mortality, severe maternal morbidity,
4 maternal health disparities, or other adverse perinatal or
5 childbirth outcomes.

6 (b) APPLICATION.—To be eligible to receive a grant
7 under this section, an eligible entity shall submit to the
8 Secretary an application at such time, in such manner,
9 and containing such information as the Secretary may re-
10 quire.

11 (c) PRIORITY.—In awarding grants under this sec-
12 tion, the Secretary shall give priority to an eligible entity
13 that—

14 (1) is, or will partner with, a community-based
15 organization to address maternal mental health con-
16 ditions and substance use disorders described in sub-
17 section (a);

18 (2) is operating in an area with elevated rates
19 of maternal mortality, severe maternal morbidity,
20 maternal health disparities, or other adverse
21 perinatal or childbirth outcomes; and

22 (3) is operating in a health professional short-
23 age area designated under section 332 of the Public
24 Health Service Act (42 U.S.C. 254e).

1 (d) USE OF FUNDS.—An eligible entity that receives
2 a grant under this section shall use the grant for the fol-
3 lowing:

4 (1) Establishing or expanding maternity care
5 programs to improve the integration of maternal
6 mental health and behavioral health care services
7 into primary care settings where pregnant individ-
8 uals regularly receive health care services.

9 (2) Establishing or expanding group prenatal
10 care programs or postpartum care programs.

11 (3) Expanding existing programs that improve
12 maternal mental and behavioral health during the
13 prenatal and postpartum periods, with a focus on in-
14 dividuals from demographic groups with elevated
15 rates of maternal mortality, severe maternal mor-
16 bidity, maternal health disparities, or other adverse
17 perinatal or childbirth outcomes.

18 (4) Providing services and support for pregnant
19 and postpartum individuals with maternal mental
20 health conditions and substance use disorders, in-
21 cluding referrals to addiction treatment centers that
22 offer evidence-based treatment options.

23 (5) Addressing stigma associated with maternal
24 mental health conditions and substance use dis-
25 orders, with a focus on individuals from demo-

1 graphic groups with elevated rates of maternal mor-
 2 tality, severe maternal morbidity, maternal health
 3 disparities, or other adverse perinatal or childbirth
 4 outcomes.

5 (6) Raising awareness of warning signs of ma-
 6 ternal mental health conditions and substance use
 7 disorders, with a focus on pregnant and postpartum
 8 individuals from demographic groups with elevated
 9 rates of maternal mortality, severe maternal mor-
 10 bidity, maternal health disparities, or other adverse
 11 perinatal or childbirth outcomes.

12 (7) Establishing or expanding programs to pre-
 13 vent suicide or self-harm among pregnant and
 14 postpartum individuals.

15 (8) Offering evidence-aligned programs at free-
 16 standing birth centers that provide maternal mental
 17 and behavioral health care education, treatments,
 18 and services, and other services for individuals
 19 throughout the prenatal and postpartum period.

20 (9) Establishing or expanding programs to pro-
 21 vide education and training to maternity care pro-
 22 viders with respect to—

23 (A) identifying potential warning signs for
 24 maternal mental health conditions or substance
 25 use disorders in pregnant and postpartum indi-

viduals, with a focus on individuals from demographic groups with elevated rates of maternal mortality, severe maternal morbidity, maternal health disparities, or other adverse perinatal or childbirth outcomes; and

(B) in the case where such providers identify such warning signs, offering referrals to mental and behavioral health care professionals.

(10) Developing a website, or other source, that includes information on health care providers who treat maternal mental health conditions and substance use disorders.

(11) Establishing or expanding programs in communities to improve coordination between maternity care providers and mental and behavioral health care providers who treat maternal mental health conditions and substance use disorders, including through the use of toll-free hotlines.

(12) Carrying out other programs aligned with evidence-based practices for addressing maternal mental health conditions and substance use disorders for pregnant and postpartum individuals from demographic groups with elevated rates of maternal mortality, severe maternal morbidity, maternal

1 health disparities, or other adverse perinatal or
2 childbirth outcomes.

3 (e) REPORTING.—

4 (1) ELIGIBLE ENTITIES.—An eligible entity
5 that receives a grant under subsection (a) shall sub-
6 mit annually to the Secretary, and make publicly
7 available, a report on the activities conducted using
8 funds received through a grant under this section.
9 Such reports shall include quantitative and quali-
10 tative evaluations of such activities, including the ex-
11 perience of individuals who received health care
12 through such grant.

13 (2) SECRETARY.—Not later than the end of fis-
14 cal year 2030, the Secretary shall submit to Con-
15 gress a report that includes—

16 (A) a summary of the reports received
17 under paragraph (1);

18 (B) an evaluation of the effectiveness of
19 grants awarded under this section;

20 (C) recommendations with respect to ex-
21 panding coverage of evidence-based screenings
22 and treatments for maternal mental health con-
23 ditions and substance use disorders; and

1 (D) recommendations with respect to en-
 2 suring activities described under subsection (d)
 3 continue after the end of a grant period.

4 (f) DEFINITIONS.—In this section:

5 (1) ELIGIBLE ENTITY.—The term “eligible enti-
 6 ty” means—

7 (A) a community-based organization serv-
 8 ing pregnant and postpartum individuals, in-
 9 cluding such organizations serving individuals
 10 from demographic groups with elevated rates of
 11 maternal mortality, severe maternal morbidity,
 12 maternal health disparities, or other adverse
 13 perinatal or childbirth outcomes;

14 (B) a nonprofit or patient advocacy organi-
 15 zation with expertise in maternal mental and
 16 behavioral health;

17 (C) a maternity care provider;

18 (D) a mental or behavioral health care pro-
 19 vider who treats maternal mental health condi-
 20 tions or substance use disorders;

21 (E) a State or local governmental entity,
 22 including a State or local public health depart-
 23 ment;

24 (F) an Indian Tribe or Tribal organization
 25 (as such terms are defined in section 4 of the

1 Indian Self-Determination and Education As-
 2 sistance Act (25 U.S.C. 5304)); and

3 (G) an Urban Indian organization (as such
 4 term is defined in section 4 of the Indian
 5 Health Care Improvement Act (25 U.S.C.
 6 1603)).

7 (2) FREESTANDING BIRTH CENTER.—The term
 8 “freestanding birth center” has the meaning given
 9 that term under section 1905(l) of the Social Secu-
 10 rity Act (42 U.S.C. 1396d(1)).

11 (3) MATERNAL MORTALITY.—The term “mater-
 12 nal mortality” means a death occurring during or
 13 within a 1-year period after pregnancy, caused by
 14 pregnancy-related or childbirth complications, in-
 15 cluding a suicide, overdose, or other death resulting
 16 from a mental health or substance use disorder at-
 17 tributed to or aggravated by pregnancy-related or
 18 childbirth complications.

19 (4) MATERNITY CARE PROVIDER.—The term
 20 “maternity care provider” means a health care pro-
 21 vider who—

22 (A) is a physician, a physician assistant, a
 23 midwife who meets, at a minimum, the inter-
 24 national definition of a midwife and global
 25 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.

(5) 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.

(6) SECRETARY.—The term “Secretary” means
 the Secretary of Health and Human Services.

(7) SEVERE MATERNAL MORBIDITY.—The term
 “severe maternal morbidity” means a health condi-
 tion, including a mental health condition or sub-
 stance use disorder, 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.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
 2 out this section, there is authorized to be appropriated
 3 \$25,000,000 for each of fiscal years 2027 through 2031.

4 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE MATERNAL**
 5 **MENTAL AND BEHAVIORAL HEALTH CARE**
 6 **WORKFORCE.**

7 Title VII of the Public Health Service Act is amended
 8 by inserting after section 757 of such Act (42 U.S.C.
 9 294f) the following new section:

10 **“SEC. 758. MATERNAL MENTAL AND BEHAVIORAL HEALTH**
 11 **CARE WORKFORCE GRANTS.**

12 “(a) IN GENERAL.—The Secretary may award grants
 13 to entities to establish or expand programs described in
 14 subsection (b) to grow and diversify the maternal mental
 15 and behavioral health care workforce.

16 “(b) USE OF FUNDS.—Recipients of grants under
 17 this section shall use the grants to grow and diversify the
 18 maternal mental and behavioral health care workforce
 19 by—

20 “(1) establishing schools or programs that pro-
 21 vide education and training to individuals seeking
 22 appropriate licensing or certification as mental or
 23 behavioral health care providers who will specialize
 24 in maternal mental health conditions or substance
 25 use disorders; or

1 “(2) expanding the capacity of existing schools
2 or programs described in paragraph (1), for the pur-
3 poses of increasing the number of students enrolled
4 in such schools or programs, including by awarding
5 scholarships for students.

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

9 “(1) has demonstrated a commitment to re-
10 cruiting and retaining students and faculty from ra-
11 cial and ethnic minority groups;

12 “(2) has developed a strategy to recruit and re-
13 tain a diverse pool of students into the maternal
14 mental or behavioral health care workforce program
15 or school supported by funds received through the
16 grant, particularly from racial and ethnic minority
17 groups and other underserved populations;

18 “(3) has developed a strategy to recruit and re-
19 tain students who plan to practice in a health pro-
20 fessional shortage area designated under section
21 332;

22 “(4) has developed a strategy to recruit and re-
23 tain students who plan to practice in an area with
24 significant maternal health disparities, to the extent
25 practicable; and

1 “(5) includes in the standard curriculum for all
2 students within the maternal mental or behavioral
3 health care workforce program or school a bias, rac-
4 ism, or discrimination training program that in-
5 cludes training on implicit bias and racism.

6 “(d) REPORTING.—As a condition on receipt of a
7 grant under this section for a maternal mental or behav-
8 ioral health care workforce program or school, an entity
9 shall agree to submit to the Secretary an annual report
10 on the activities conducted through the grant, including—

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

13 “(2) the extent to which students in the pro-
14 gram or school are entering careers in—

15 “(A) health professional shortage areas
16 designated under section 332; and

17 “(B) areas with significant maternal health
18 disparities, to the extent such data are avail-
19 able; and

20 “(3) whether the program or school has in-
21 cluded in the standard curriculum for all students a
22 bias, racism, or discrimination training program that
23 includes training on implicit bias and racism, and if
24 so the effectiveness of such training program.

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 application
5 at such time, in such manner, and containing such infor-
6 mation as the Secretary may require, including any infor-
7 mation necessary for prioritization under subsection (c).

8 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
9 provide, directly or by contract, technical assistance to en-
10 tities seeking or receiving a grant under this section on
11 the development, use, evaluation, and postgrant period
12 sustainability of the maternal mental or behavioral health
13 care workforce programs or schools proposed to be, or
14 being, established or expanded through the grant.

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

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

23 “(2) increasing the number of mental or behav-
24 ioral health care providers specializing in maternal
25 mental health conditions or substance use disorders

1 from racial and ethnic minority groups and other
2 underserved populations;

3 “(3) increasing the number of mental or behav-
4 ioral health care providers specializing in maternal
5 mental health conditions or substance use disorders
6 working in health professional shortage areas des-
7 ignated under section 332; and

8 “(4) increasing the number of mental or behav-
9 ioral health care providers specializing in maternal
10 mental health conditions or substance use disorders
11 working in areas with significant maternal health
12 disparities, to the extent such data are available.

13 “(i) DEFINITIONS.—In this section:

14 “(1) RACIAL AND ETHNIC MINORITY GROUP.—
15 The term ‘racial and ethnic minority group’ has the
16 meaning given such term in section 1707(g)(1).

17 “(2) MENTAL OR BEHAVIORAL HEALTH CARE
18 PROVIDER.—The term ‘mental or behavioral health
19 care provider’ means a health care provider in the
20 field of mental and behavioral health, including sub-
21 stance use disorders, acting in accordance with State
22 law.

23 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
24 carry out this section, there is authorized to be appro-

1 priated \$15,000,000 for each of fiscal years 2027 through
2 2031.”.

