

119TH CONGRESS
2D SESSION

S. 4387

To study the extent to which individuals are more at risk of maternal morbidity or mortality as a result of being a victim of intimate partner violence.

IN THE SENATE OF THE UNITED STATES

APRIL 27, 2026

Mrs. SHAHEEN (for herself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To study the extent to which individuals are more at risk of maternal morbidity or mortality as a result of being a victim of intimate partner violence.

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 “Protect Moms From
5 Domestic Violence Act”.

6 **SEC. 2. STUDY BY NATIONAL ACADEMY OF MEDICINE.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services shall seek to enter into an arrangement
9 with the National Academy of Medicine (or, if the Acad-

1 emy declines to enter into such arrangement, another ap-
 2 propriate entity) to study how domestic violence, dating
 3 violence, sexual assault, stalking, human trafficking, sex
 4 trafficking, child sexual abuse, forced marriage, reproduc-
 5 tive coercion, intergenerational violence, trauma, or psy-
 6 chiatric disorders impact risk for maternal morbidity and
 7 maternal mortality, including intimate partner homicide.

8 (b) TOPICS.—The study under subsection (a) shall—

9 (1) examine—

10 (A) whether and how domestic violence,
 11 dating violence, sexual assault, stalking, human
 12 trafficking, sex trafficking, child sexual abuse,
 13 forced marriage, reproductive coercion, inter-
 14 generational violence, trauma, or psychiatric
 15 disorders increase the risk of suicide, homicide,
 16 substance use, drug overdose, or poor birth out-
 17 comes among pregnant and postpartum per-
 18 sons; and

19 (B) the extent to which domestic violence,
 20 dating violence, sexual assault, stalking, human
 21 trafficking, sex trafficking, child sexual abuse,
 22 forced marriage, reproductive coercion, inter-
 23 generational violence, trauma, or psychiatric
 24 disorders are social determinants of health; and

1 (2) give particular focus to impacts among di-
 2 verse communities, including Black and African
 3 American, Hispanic and Latino, American Indian,
 4 Native Hawaiian, Pacific Islander, Alaskan Native,
 5 and LGBTQIA2S+ birthing persons, and adolescent
 6 mothers.

7 **SEC. 3. GRANTS FOR INNOVATIVE APPROACHES TO IM-**
 8 **PROVE MATERNAL AND CHILD HEALTH OUT-**
 9 **COMES.**

10 (a) IN GENERAL.—The Secretary of Health and
 11 Human Services, acting through the Administrator of the
 12 Health Resources and Services Administration, and in col-
 13 laboration with the Assistant Secretary of the Administra-
 14 tion for Children and Families, the Director of the Indian
 15 Health Service, the Assistant Secretary for Mental Health
 16 and Substance Use, and the Secretary of Veterans Affairs,
 17 shall award grants to eligible entities for developing and
 18 implementing innovative approaches, including culturally
 19 relevant public and provider education campaigns, to im-
 20 prove maternal and child health outcomes of victims of
 21 domestic violence, dating violence, sexual assault, stalking,
 22 human trafficking, sex trafficking, child sexual abuse,
 23 forced marriage, reproductive coercion, intergenerational
 24 violence, trauma, or psychiatric disorders.

1 (b) REPORT TO CONGRESS ON BEST PRACTICES.—

2 Not later than 3 years after the date of enactment of this
3 Act, and every 3 years thereafter, the Secretary of Health
4 and Services shall report to Congress on best practices for
5 developing and implementing innovative approaches de-
6 scribed in subsection (a).

7 (c) ELIGIBLE ENTITY.—To seek a grant under this
8 section, an entity shall be—

9 (1) a State, local governmental entity, or feder-
10 ally recognized Tribal government;

11 (2) a nonprofit organization or community-
12 based organization that provides prevention or inter-
13 vention services related to domestic violence, dating
14 violence, sexual assault, stalking, human trafficking,
15 sex trafficking, child sexual abuse, forced marriage,
16 reproductive coercion, intergenerational violence,
17 trauma, or psychiatric disorders;

18 (3) an Indian Tribe, Tribal organization, or
19 Urban Indian organization (as such terms are de-
20 fined in section 4 of the Indian Health Care Im-
21 provement Act (25 U.S.C. 1603));

22 (4) a Tribal epidemiology center described in
23 section 214 of the Indian Health Care Improvement
24 Act (25 U.S.C. 1621m);

1 (5) a federally qualified health center (as de-
2 fined in section 1861(aa) of the Social Security Act
3 (42 U.S.C. 1395x(aa)));

4 (6) a clinic certified as a certified community
5 behavioral health clinic pursuant to section 223 of
6 the Protecting Access to Medicare Act of 2014 (42
7 U.S.C. 1396a);

8 (7) an entity, the principal purpose of which is
9 to provide health care, such as a hospital, clinic,
10 health department, or freestanding birth center;

11 (8) an institution of higher education (as de-
12 fined in section 101 of the Higher Education Act of
13 1965 (20 U.S.C. 1001));

14 (9) a substance use disorder treatment program
15 with specialized services for parents; or

16 (10) a hospital or other health care facility of
17 the Department of Veterans Affairs.

18 (d) PRIORITY IN AWARDING GRANTS.—In awarding
19 grants under this section, the Secretary of Health and
20 Human Services shall give priority to applicants pro-
21 posing—

22 (1) to address domestic violence, dating vio-
23 lence, sexual violence, and mental health and sub-
24 stance use disorders among pregnant persons;

1 (2) to address issues relating to people experi-
2 encing domestic violence and sexual violence who are
3 pregnant, persons at risk for becoming pregnant due
4 to violence or abuse, and postpartum persons experi-
5 encing violence;

6 (3) to develop or implement innovative ap-
7 proaches, including cultural bias training, antiracism
8 training or implicit bias interruption or reduction
9 strategies, and strategies to identify and prevent do-
10 mestic violence within all racial, cultural, ethnic and
11 community groups, including Black or African
12 American, Hispanic or Latino, American Indian,
13 Native Hawaiian, Pacific Islander, Alaskan Native,
14 and LGBTQIA2S+ persons;

15 (4) to develop or implement innovative ap-
16 proaches at Tribal epidemiology centers;

17 (5) to develop or implement innovative ap-
18 proaches relating to the improvement of maternal
19 health surveillance; or

20 (6) to facilitate shared learning and dissemina-
21 tion of information through convening meetings with
22 other grant recipients under this section.

23 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
24 out this section, there is authorized to be appropriated
25 \$15,000,000 for each of fiscal years 2027 through 2029.

1 **SEC. 4. GUIDANCE.**

2 Not later than 2 years after the date of enactment
 3 of this Act, the Secretary of Health and Human Services
 4 shall publish and disseminate to States, Indian Tribes, ter-
 5 ritories, health care providers, and managed care entities
 6 guidance on—

7 (1) developing protocols on and providing—

8 (A) universal education on healthy rela-
 9 tionships and intimate partner violence;

10 (B) routine assessment of intimate partner
 11 violence and mental and behavioral health con-
 12 ditions; and

13 (C) health promotion and strategies for
 14 trauma-informed care plans; and

15 (2) creating sustainable partnerships between
 16 health care providers and community-based organi-
 17 zations that address domestic violence, dating vio-
 18 lence, sexual assault, stalking, human trafficking,
 19 sex trafficking, child sexual abuse, forced marriage,
 20 reproductive coercion, or intergenerational violence.

21 **SEC. 5. DEFINITIONS.**

22 In this Act:

23 (1) **FREESTANDING BIRTH CENTER.**—The term
 24 “freestanding birth center” has the meaning given
 25 that term in section 1905(l) of the Social Security
 26 Act (42 U.S.C. 1396d(1)).

1 (2) MATERNAL MORBIDITY.—The term “mater-
 2 nal morbidity” means a health condition, including
 3 a mental health condition or substance use disorder,
 4 that—

5 (A) is attributed to or aggravated by preg-
 6 nancy or childbirth; and

7 (B) results in significant short-term or
 8 long-term consequences to the health of the in-
 9 dividual who was pregnant.

10 (3) MATERNAL MORTALITY.—The term “mater-
 11 nal mortality”—

12 (A) means death that—

13 (i) occurs during, or within the 1-year
 14 period after, pregnancy; and

15 (ii) is attributed to or aggravated by
 16 pregnancy-related or childbirth complica-
 17 tions; and

18 (B) includes a suicide, drug overdose
 19 death, homicide (including a domestic violence-
 20 related homicide), or other death resulting from
 21 a mental health or substance use disorder at-
 22 tributed to or aggravated by pregnancy-related
 23 or childbirth complications.

- 1 (4) POSTPARTUM.—The term “postpartum”
2 means the 12-month period following childbirth.

