

117TH CONGRESS
1ST SESSION

S. 1804

To amend the Public Health Service Act to improve maternal health and promote safe motherhood.

IN THE SENATE OF THE UNITED STATES

MAY 25, 2021

Mr. KAINE (for himself 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 amend the Public Health Service Act to improve maternal health and promote safe motherhood.

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 “Mothers and Newborns
5 Success Act”.

6 **SEC. 2. FINDINGS AND SENSE OF THE SENATE.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Among developed nations, the United States
9 has disturbingly high rates of maternal and infant
10 mortality.

1 (2) The United States published an official ma-
2 ternal mortality rate from vital statistics for the first
3 time since 2007 in 2018. The United States mater-
4 nal mortality rate of 17.4 per 100,000 live births, is
5 significantly higher than the Organisation for Eco-
6 nomic Co-operation and Development (referred to in
7 this section as the “OECD”) average of 14.0 in
8 2017, according to modeling by the World Bank.

9 (3) The United States infant mortality rate in
10 2017 was 5.8 per 1,000 live births, while the OECD
11 average was 3.8 per 1,000 live births.

12 (4) In the United States, there are significant
13 maternal mortality and infant mortality inequities.

14 (5) The maternal mortality rate for non-His-
15 panic Black women in 2018 was 37.1 per 100,000
16 live births. This rate is more than 2.5 times higher
17 than the maternal mortality rate of 14.7 for non-
18 Hispanic white women and more than 3.1 times
19 higher than the maternal mortality rate of 11.8 for
20 Hispanic women of any race.

21 (6) The Centers for Disease Control and Pre-
22 vention data from 2007 through 2016 shows that
23 American Indian/Alaska Native women also have
24 significantly higher rates of pregnancy-related
25 deaths than white, Hispanic, and Asian/Pacific Is-

1 lander women. American Indian/Alaska Native
 2 women had a rate of 29.7 pregnancy-related deaths
 3 per 100,000 live births from 2007 through 2016,
 4 which is 2.3 times higher than the rate of 12.7
 5 deaths per 100,000 live births for white women dur-
 6 ing the same time period.

7 (7) The mortality rate for infants of non-His-
 8 panic Black women is 11.0 per 1,000 live births and
 9 9.2 per 1,000 live births for infants of American In-
 10 dian or Alaska Native women. This rate is more
 11 than 2.3 times higher than the infant mortality rate
 12 of non-Hispanic white infants at 4.7 and more than
 13 2.1 times higher than the infant mortality rate of
 14 Hispanic infants of any race at 5.1 per 1,000 live
 15 births.

16 (b) SENSE OF THE SENATE.—It is the sense of the
 17 Senate that the following should apply:

18 (1) The United States should dramatically re-
 19 duce maternal and infant mortality, ensure that all
 20 infants can grow up healthy and safe, and protect
 21 women’s health before, during, and after pregnancy.

22 (2) Any pregnant woman choosing to have a
 23 child should be able to do so safely without regard
 24 to income, race, ethnicity, employment status, geo-
 25 graphic location, ability, or any other socio-economic

1 factor. United States policy should support women's
2 health so that women thrive and newborns have the
3 maximum chance for a healthy life.

4 (3) The evidence of serious racial inequities in
5 maternal and infant mortality, especially between
6 Black women and white women demonstrates the
7 persistence of racism and racial bias in our society
8 and health care system. A 2015 study funded by the
9 National Institute for Biomedical and Bio-
10 engineering of the National Institutes of Health
11 found that most health care providers appear to har-
12 bor negative implicit biases towards people of color.
13 These biases were found to impact patient-provider
14 interactions, treatment decisions, treatment adher-
15 ence, and patient health outcomes. Therefore, the
16 programs authorized by this Act should be specifi-
17 cally deployed in ways to counter such inequities.

18 (4) In the next 5 years, the United States
19 should aim to reduce its overall maternal and infant
20 mortality rates such that they are no higher than
21 the OECD average. The United States should dra-
22 matically reduce the maternal mortality and infant
23 mortality inequities between Black and American In-
24 dian/Alaskan Native women and white women.

1 (5) By advancing evidence-based policies to im-
 2 prove maternal and infant health outcomes, the
 3 United States can work to reduce and eliminate pre-
 4 ventable maternal and infant mortality and severe
 5 maternal morbidity.

6 **SEC. 3. STATE MATERNAL HEALTH INNOVATION.**

7 Title III of the Public Health Service Act is amended
 8 by inserting after section 330N (42 U.S.C. 254c–20) the
 9 following:

10 **“SEC. 330O. STATE MATERNAL HEALTH INNOVATION.**

11 “(a) IN GENERAL.—The Secretary, acting through
 12 the Administrator of the Health Resources and Services
 13 Administration, shall continue in effect the State Maternal
 14 Health Innovation Program and the Supporting Maternal
 15 Health Innovation Program to award competitive grants
 16 to eligible entities for the purpose of assisting States to
 17 implement State-specific actions that address racial, eth-
 18 nic and geographic inequities in maternal health and im-
 19 prove maternal health outcomes, including the prevention
 20 and reduction of maternal mortality and severe maternal
 21 morbidity.

22 “(b) USE OF FUNDS.—An entity receiving a grant
 23 under this section may use such funds—

24 “(1) to translate recommendations on address-
 25 ing maternal mortality and severe maternal mor-

1 bidity into action through activities which may in-
2 clude—

3 “(A) establishing a State- or regional
4 multi-State-focused Maternal Health Task
5 Force to create and implement a strategic plan;

6 “(B) improving the collection, analysis,
7 and application of State- or regional multi-
8 State-level data on maternal mortality and se-
9 vere maternal morbidity; and

10 “(C) promoting and executing innovation
11 in maternal health service delivery, such as im-
12 proving access to maternal health care services,
13 identifying and addressing workforce needs, in-
14 cluding maternal health provider shortages;
15 identifying and addressing implicit and explicit
16 bias based on race or ethnicity; or supporting
17 postpartum and inter-pregnancy care services;
18 or

19 “(2) to provide support to entities receiving as-
20 sistance under paragraph (1), and other initiatives
21 of the Department of Health and Human Services to
22 improve maternal health outcomes as the Secretary
23 determines appropriate, States, multi-State regions
24 and other stakeholders working to reduce and pre-

1 vent maternal mortality and severe maternal mor-
2 bidity through activities which may include—

3 “(A) providing capacity-building assistance
4 to such entities to implement innovative and
5 evidence-informed strategies; and

6 “(B) establishing or continuing the oper-
7 ation of a resource center to provide national
8 guidance to such entities, States, and key stake-
9 holders to improve maternal health.

10 “(c) ALIGNMENT OF ACTIVITIES.—An entity carrying
11 out activities under subsection (b)(1) shall coordinate and
12 align such activities with the activities to improve mater-
13 nal health outcomes carried out by such entities under title
14 V of the Social Security Act.

15 “(d) ELIGIBLE ENTITIES.—To be eligible for a grant
16 under subsection (a), a domestic public or non-profit pri-
17 vate entity, Indian Tribe, or Tribal serving organization,
18 such as a Tribal health department or other organization
19 fulfilling similar functions for the Tribe, shall submit to
20 the Secretary an application at such time, in such manner,
21 and containing such information as the Secretary may re-
22 quire. In the case of applicants intending to carry out ac-
23 tivities described in subsection (b)(1), such applicants
24 shall demonstrate in such application that the entity has
25 a commitment from a State or group of States to collabo-

1 rate as part of the project on strengthening State-level ca-
 2 pacity in achieving the program aims.

3 “(e) REPORT TO CONGRESS.—Not later than Janu-
 4 ary 1, 2025, the Secretary shall submit to the Committee
 5 on Health, Education, Labor, and Pensions of the Senate
 6 and the Committee on Energy and Commerce of the
 7 House of Representatives, and make publicly available, a
 8 report concerning the impact of the programs continued
 9 under this section on addressing inequities in maternal
 10 health and improving maternal health outcomes, including
 11 the prevention and reduction of maternal mortality and
 12 severe maternal morbidity, together with recommendations
 13 on whether to expand such programs to additional recipi-
 14 ents and the estimated amount of funds needed to expand
 15 such programs.

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
 17 carry out this section, including carrying out the programs
 18 referred to in subsection (a) on a national basis (subject
 19 to the availability of appropriations), there is authorized
 20 to be appropriated \$53,000,000 for each of fiscal years
 21 2022 through 2025.”.

22 **SEC. 4. SAFE MOTHERHOOD.**

23 Section 317K of the Public Health Service Act (42
 24 U.S.C. 247b–12) is amended—

1 (1) by redesignating subsections (e) and (f) as
2 subsections (h) and (i), respectively;

3 (2) by inserting after subsection (d) the fol-
4 lowing:

5 “(e) LEVELS OF MATERNAL AND NEONATAL
6 CARE.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Director of the Centers for Disease
9 Control and Prevention, shall establish or continue
10 in effect a program to award competitive grants to
11 eligible entities to assist with the classification of
12 birthing facilities based on the level of risk-appro-
13 priate maternal and neonatal care such entities can
14 provide in order to strategically improve maternal
15 and infant care delivery and health outcomes.

16 “(2) USE OF FUNDS.—An eligible entity receiv-
17 ing a grant under this subsection shall use such
18 funds to—

19 “(A) coordinate an assessment of the risk-
20 appropriate maternal and neonatal care of a
21 State, jurisdiction, or region, based on the most
22 recent guidelines and policy statements issued
23 by the professional associations representing
24 relevant clinical specialties, including obstetrics
25 and gynecology and pediatrics; and

1 “(B) work with relevant stakeholders, such
2 as hospitals, hospital associations, perinatal
3 quality collaboratives, members of the commu-
4 nities most affected by racial, ethnic, and geo-
5 graphic maternal health inequities, maternal
6 mortality review committees, and maternal and
7 neonatal health care providers and community-
8 based birth workers to review the findings of
9 the assessment made of activities carried out
10 under paragraph (1) and implement changes, as
11 appropriate, based on identified gaps in
12 perinatal services and differences in maternal
13 and neonatal outcomes in the State, jurisdic-
14 tion, or region for which such an assessment
15 was conducted to support the provision of risk-
16 appropriate care.

17 “(3) ELIGIBLE ENTITIES.—To be eligible for a
18 grant under this subsection, a State health depart-
19 ment, Indian Tribe or other Tribal serving organiza-
20 tion, such as a Tribal health department or other or-
21 ganization fulfilling similar functions for the Tribe,
22 shall submit to the Secretary an application at such
23 time, in such manner, and containing such informa-
24 tion as the Secretary may require.

1 “(4) PERIOD.—A grant awarded under this
2 subsection shall be made for a period of 3 years.
3 Any supplemental award made to a grantee under
4 this subsection may be made for a period of less
5 than 3 years.

6 “(5) REPORT TO CONGRESS.—Not later than
7 January 1, 2024, the Secretary shall submit to the
8 Committee on Health, Education, Labor, and Pen-
9 sions of the Senate and the Committee on Energy
10 and Commerce of the House of Representatives, and
11 make publicly available, a report concerning the im-
12 pact of the programs established or continued under
13 this subsection.

14 “(f) PREGNANCY CHECKBOX QUALITY ASSUR-
15 ANCE.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Director of the Centers for Disease
18 Control and Prevention, may establish or continue a
19 program to award competitive grants and provide
20 technical assistance to eligible entities to implement
21 a quality assurance process to improve the validity
22 of the pregnancy checkbox data from death certifi-
23 cates.

24 “(2) USE OF FUNDS.—Eligible entities receiv-
25 ing a grant under this subsection shall use grant

1 funds to implement a quality assurance process to
2 improve the validity of the pregnancy checkbox data
3 from death certificates in the State or within the In-
4 dian Tribe. Activities funded under the grant may
5 include the following:

6 “(A) Reviewing death certificates for
7 women of reproductive age and individuals with
8 a pregnancy checkbox marked.

9 “(B) Attempting to confirm the pregnancy
10 of a decedent by searching for a matching birth
11 or fetal death record (or other matching state
12 administrative data source), contacting the
13 death certifier, or reviewing the medical record.

14 “(C) Amending death certificates or death
15 record files, as appropriate, and sending the up-
16 dated file to the National Center for Health
17 Statistics.

18 “(D) Providing training to death certifiers
19 about completing the death certificate.

20 “(E) Building awareness among death cer-
21 tifiers and health department staff about the
22 pregnancy checkbox.

23 “(F) Coordinating quality assurance activi-
24 ties among State maternal and child health pro-
25 grams, State vital records offices, and maternal

1 mortality review committee members and ab-
2 stractors.

3 “(3) ELIGIBLE ENTITIES.—To be eligible for a
4 grant under this subsection, a State health depart-
5 ment, Indian Tribe, or other Tribal serving organi-
6 zation, such as a Tribal health department or other
7 organization fulfilling similar functions for the
8 Tribe, shall submit to the Secretary an application
9 at such time, in such manner, and containing such
10 information as the Secretary may require.

11 “(4) REPORT TO CONGRESS.—Not later than
12 January 1, 2024, the Secretary shall submit to the
13 Committee on Health, Education, Labor, and Pen-
14 sions of the Senate and the Committee on Energy
15 and Commerce of the House of Representatives, and
16 make publicly available, a report concerning the im-
17 pact of the programs established or continued under
18 this subsection.”; and

19 (3) in subsection (i) (as so redesignated), by
20 striking “\$58,000,000 for each of fiscal years 2019
21 through 2023” and inserting “\$81,000,000 for each
22 of fiscal years 2022 through 2024”.

1 **SEC. 5. PREGNANCY RISK ASSESSMENT MONITORING SYS-**
2 **TEM.**

3 Section 317K of the Public Health Service Act (42
4 U.S.C. 247b–12) is amended by inserting after subsection
5 (f) (as added by section 4) the following:

6 “(g) PREGNANCY RISK ASSESSMENT MONITORING
7 SYSTEM.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Director of the Centers for Disease
10 Control and Prevention, may establish or continue
11 activities to collect data on maternal attitudes and
12 experiences during the prepregnancy, pregnancy,
13 labor and delivery, and postpartum periods. The
14 Secretary may expand data collection to all States,
15 Indian Tribes, and territories, and to the extent
16 practicable, compile and publish population-based
17 findings on the health and well-being of women,
18 mothers and infants.

19 “(2) ENHANCED SURVEILLANCE ACTIVITIES
20 AND TECHNICAL ASSISTANCE.—The Secretary, act-
21 ing through the Director of the Centers for Disease
22 Control and Prevention may support enhanced sur-
23 veillance activities and provide technical assistance
24 to States and Indian Tribes to improve data collec-
25 tion and ensure an adequate representation of racial,

1 ethnic and other communities of color in related
2 datasets.”.

3 **SEC. 6. POSTPARTUM CARE COORDINATION PILOT PRO-**
4 **GRAM.**

5 Title III of the Public Health Service Act is amended
6 by inserting after section 330O (as added by section 3)
7 the following:

8 **“SEC. 330P. POSTPARTUM CARE COORDINATION PILOT**
9 **PROGRAM.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Administrator of the Health Resources and Services
12 Administration, and in consultation with experts rep-
13 resenting a variety of clinical specialties, including obstet-
14 rics and gynecology, State, Tribal, or local public health
15 officials, and in coordination with existing efforts to ad-
16 dress postpartum care, including activities conducted
17 under section 330H, shall establish a program to award
18 competitive grants to not more than 10 eligible entities
19 for the purpose of—

20 “(1) identifying and disseminating best prac-
21 tices to improve care and outcomes for women, in-
22 cluding women with chronic health conditions
23 prepregnancy and those with ongoing pregnancy-re-
24 lated conditions, in the postpartum period of at least
25 one year following birth, which may include—

1 “(A) information on evidence-based and
2 evidence-informed practices to improve the
3 quality of care;

4 “(B) best practices for connecting women
5 to primary or specialized care, including behav-
6 ioral health services, in the postpartum period;

7 “(C) information on addressing social and
8 clinical determinants of health that impact
9 women in the postpartum period; and

10 “(D) information on the most appropriate
11 course of care during the postpartum period, in-
12 cluding continued access to maternity care pro-
13 viders and ways to strengthen capabilities of
14 primary care providers and specialists, includ-
15 ing cardiologists and endocrinologists to recog-
16 nize and treat conditions that may result from
17 or be exacerbated by pregnancy;

18 “(2) collaborating with State-based maternal
19 mortality review committees, State-based perinatal
20 quality care collaboratives and other relevant initia-
21 tives to—

22 “(A) identify risk factors and systems
23 issues for the development of best practices;
24 and

25 “(B) disseminate best practices;

1 “(3) providing technical assistance and sup-
 2 porting the implementation of best practices identi-
 3 fied in paragraph (1) to entities and providers pro-
 4 viding health care and social support services to
 5 postpartum women;

6 “(4) identifying, developing, and evaluating new
 7 models of care that improve maternal health out-
 8 comes, which may include the integration of commu-
 9 nity-based services, behavioral health, and clinical
 10 care, including interprofessional education for team-
 11 based care; and

12 “(5) developing condition-specific consumer ma-
 13 terials directed toward women to help them better
 14 manage their physical and behavioral health in the
 15 postpartum period.

16 “(b) ELIGIBLE ENTITIES.—To be eligible for a grant
 17 under subsection (a), an entity shall—

18 “(1) submit to the Secretary an application at
 19 such time, in such manner, and containing such in-
 20 formation as the Secretary may require; and

21 “(2) demonstrate in such application that the
 22 entity is capable of carrying out data-driven mater-
 23 nal safety and quality improvement initiatives in the
 24 areas of obstetrics and gynecology or maternal
 25 health.

1 “(c) REPORT TO CONGRESS.—Not later than Janu-
 2 ary 1, 2026, the Secretary shall submit to the Committee
 3 on Health, Education, Labor, and Pensions of the Senate
 4 and the Committee on Energy and Commerce of the
 5 House of Representatives, and make publicly available, a
 6 report concerning the impact of the programs established
 7 or continued under this section.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
 9 carry out this section, there is authorized to be appro-
 10 priated \$5,000,000 for each of fiscal years 2022 through
 11 2026.”.

12 **SEC. 7. MATERNAL HEALTH RESEARCH NETWORK.**

13 Subpart 7 of part C of title IV of the Public Health
 14 Service Act (42 U.S.C. 285g et seq.) is amended by adding
 15 at the end the following:

16 **“SEC. 452H. MATERNAL HEALTH RESEARCH NETWORK.**

17 “(a) ESTABLISHMENT.—The Secretary, acting
 18 through the Director of the National Institutes of Health,
 19 shall establish a National Maternal Health Research Net-
 20 work (referred to in this section as the ‘Network’), to more
 21 effectively support innovative research to reduce maternal
 22 mortality and promote maternal health.

23 “(b) ACTIVITIES.—The Secretary, acting through the
 24 Network, may carry out activities to support mechanistic,
 25 translational, clinical, behavioral, or epidemiologic re-

1 search, as well as community-informed research on struc-
2 tural risk factors to address unmet maternal health re-
3 search needs specific to the underlying causes of maternal
4 mortality and severe maternal morbidity and their treat-
5 ment. Such activities should be focused on optimizing im-
6 proved diagnostics and clinical treatments, improving
7 health outcomes, and reducing inequities.

8 “(c) EXISTING NETWORKS.—In carrying out this sec-
9 tion, the Secretary may utilize or coordinate with the Ma-
10 ternal Fetal Medicine Units Network and the Obstetric-
11 Fetal Pharmacology Research Centers Network.

12 “(d) USE OF FUNDS.—Amounts appropriated to
13 carry out this section may be used to support the Network
14 for activities related to maternal mortality or severe ma-
15 ternal morbidity that lead to potential therapies or clinical
16 practices that will improve maternal health outcomes and
17 reduce inequities. Amounts provided to such Network shall
18 be used to supplement, and not supplant, other funding
19 provided to such Network for such activities.

20 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
21 carry out this section, there is authorized to be appro-
22 priated \$50,000,000 for each of fiscal years 2022 through
23 2026.”.

1 **SEC. 8. TELEHEALTH DEMONSTRATION PROGRAM.**

2 Section 330A of the Public Health Service Act (42
3 U.S.C. 254c) is amended—

4 (1) by redesignating subsections (h) through (j)
5 as subsections (i) through (k), respectively; and

6 (2) by inserting after subsection (g), the fol-
7 lowing:

8 “(h) TELEHEALTH DEMONSTRATION PROGRAM.—

9 “(1) IN GENERAL.—The Secretary, acting
10 through the Administrator of the Health Resources
11 and Services Administration, shall continue in effect
12 the Rural Maternity and Obstetrics Management
13 Strategies (RMOMS) Program to award competitive
14 grants to eligible entities for the purpose of improv-
15 ing access to, and continuity of, maternal and ob-
16 stetrics care in rural communities.

17 “(2) USE OF FUNDS.—An entity receiving a
18 grant under this subsection shall use grant funds to
19 develop a sustainable consortium approach to coordi-
20 nate maternal and obstetrics care within a rural re-
21 gion—

22 “(A) through a focus on—

23 “(i) rural regional approaches to risk
24 appropriate care;

25 “(ii) an approach to coordinating a
26 continuum of care for prepregnancy, preg-

1 nancy, labor and delivery, postpartum, and
 2 interpregnancy services;

3 “(iii) leveraging telehealth and spe-
 4 cialty care to enhance case management of
 5 higher-risk expectant mothers living in
 6 geographically isolated areas; and

7 “(iv) demonstrating financial sustain-
 8 ability through improved maternal and
 9 neonatal outcomes and potential cost sav-
 10 ings; and

11 “(B) by testing and improving upon strate-
 12 gies to improve access to, and continuity of, ob-
 13 stetrics care in rural communities and reduce
 14 geographic inequities in maternal health
 15 through the use of data and outcome measures
 16 spanning the continuum of care from
 17 prepregnancy through pregnancy, labor, deliv-
 18 ery, and the postpartum period.

19 “(3) ELIGIBLE ENTITIES.—To be eligible for a
 20 grant under paragraph (1), a domestic public or
 21 non-profit private entity, including Indian Tribes,
 22 and Tribal serving organizations such as a Tribal
 23 health department or other organization fulfilling
 24 similar functions for the Tribe, shall—

1 “(A) submit to the Secretary an applica-
2 tion at such time, in such manner, and con-
3 taining such information as the Secretary may
4 require;

5 “(B) propose to carry out activities that
6 exclusively target populations residing in rural
7 counties or rural census tracts in urban coun-
8 ties as designated by the Health Resources and
9 Services Administration; and

10 “(C) demonstrate a formal arrangement
11 among a consortium of three or more entities,
12 including the applicant, to build a rural based
13 system of perinatal and maternal care.

14 “(4) REPORT TO CONGRESS.—Not later than
15 January 1, 2024, the Secretary shall submit to the
16 Committee on Health, Education, Labor, and Pen-
17 sions of the Senate and the Committee on Energy
18 and Commerce of the House of Representatives, and
19 make publicly available, a report concerning the im-
20 pact of the programs continued under this sub-
21 section together with recommendations on whether
22 to expand such programs and the estimated amount
23 of funds needed to expand such programs.

24 “(5) AUTHORIZATION OF APPROPRIATIONS.—
25 To carry out this subsection, there is authorized to

1 be appropriated \$12,000,000 for each of fiscal years
2 2022 through 2024.”.

3 **SEC. 9. PUBLIC AND PROVIDER AWARENESS CAMPAIGN**
4 **PROMOTING MATERNAL AND CHILD HEALTH.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services, acting through the Director of the Cen-
7 ters for Disease Control and Prevention, and in coordina-
8 tion with State, local, territorial, health departments, In-
9 dian Tribes, Tribal serving organizations, public health ex-
10 perts and associations, the medical and allied professional
11 community, and minority health organizations, shall
12 award competitive grants to eligible entities to establish
13 a national evidence-based public and provider awareness
14 campaign on the importance of maternal and child health,
15 including identifying and responding to maternal health
16 warning signs and vaccinations for the health of pregnant
17 women and their children, with the goal of increasing vac-
18 cination rates among pregnant women and children, re-
19 ducing racism and racial, ethnic, and geographic inequities
20 in maternal and child health, and reducing maternal mor-
21 tality and severe maternal morbidity.

22 (b) USE OF FUNDS.—An entity receiving a grant
23 under this section shall use grant funds to supplement,
24 not supplant, any Federal, State, or local funds supporting
25 the establishment of a national evidence-based public and

1 provider awareness campaign with all resources in an ac-
2 cessible format that—

3 (1) increases awareness and knowledge of ma-
4 ternal health warning signs and how to respond to
5 those signs as well as the safety and effectiveness of
6 vaccines for pregnant women and their children;

7 (2) provides targeted evidence-based, culturally-
8 and linguistically-appropriate resources to pregnant
9 women, particularly in communities with low rates of
10 vaccination and in rural and underserved areas; and

11 (3) provides evidence-based information and re-
12 sources on the importance of maternal and child
13 health, including maternal health warning signs and
14 the safety of vaccinations for pregnant women and
15 their children to public health departments and
16 health care providers that care for pregnant women.

17 (c) ELIGIBLE ENTITIES.—To be eligible for a grant
18 under this section, a public or private entity shall submit
19 to the Secretary of Health and Human Services an appli-
20 cation at such time, in such manner, and containing such
21 information as the Secretary may require.

22 (d) COLLABORATION.—The Secretary of Health and
23 Human Services shall ensure that the information and re-
24 sources developed for the campaign under this section are
25 disseminated to other divisions of the Department of

1 Health and Human Services working to improve maternal
2 and child health outcomes.

3 (e) EVALUATION.—Not later than January 1, 2026,
4 the Secretary of Health and Human Services shall estab-
5 lish quantitative and qualitative metrics to evaluate the
6 campaign under this section and shall submit a report de-
7 tailing the campaign’s impact to the Committee on Health,
8 Education, Labor, and Pensions of the Senate and the
9 Committee on Energy and Commerce of the House of
10 Representatives.

11 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
12 out this section, there is authorized to be appropriated
13 \$2,000,000 for each of fiscal years 2022 through 2026.

○