

119TH CONGRESS
2D SESSION

H. R. 8008

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2026

Mrs. HAYES (for herself, Mr. AMO, Mrs. BEATTY, Mr. BELL, Mr. CARSON, Mrs. CHERFILUS-McCORMICK, Ms. CLARKE of New York, Mr. COHEN, Mr. CONAWAY, Ms. CRAIG, Ms. DELBENE, Mrs. DINGELL, Mr. FIGURES, Mr. GARAMENDI, Mr. GARCÍA of Illinois, Mrs. GRIJALVA, Mr. HORSFORD, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACOBS, Mr. JOHNSON of Georgia, Ms. JOHNSON of Texas, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHY, Mr. LATIMER, Mrs. MCBATH, Mr. MCGARVEY, Mrs. MCIVER, Mr. MENEFEY, Ms. MOORE of Wisconsin, Mr. MOULTON, Ms. NORTON, Ms. PRESSLEY, Mr. SCOTT of Virginia, Ms. SEWELL, Mr. SMITH of Washington, Ms. STANSBURY, Ms. TLAIB, Mr. SOTO, Ms. UNDERWOOD, Mr. VEASEY, Mrs. WATSON COLEMAN, and Ms. WILSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Social Determinants
3 for Moms Act”.

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

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall convene a task force (in this section
8 referred to as the “Task Force”) to develop strategies and
9 coordinate efforts between Federal agencies and other
10 stakeholders to eliminate preventable maternal mortality,
11 severe maternal morbidity, and maternal health disparities
12 in the United States, including actions to address clinical
13 and nonclinical causes of maternal mortality, severe ma-
14 ternal morbidity, and maternal health disparities.

15 (b) EX OFFICIO MEMBERS.—The ex officio members
16 of the Task Force shall consist of the following:

17 (1) The Secretary of Health and Human Serv-
18 ices (or a designee thereof).

19 (2) The Secretary of Housing and Urban Devel-
20 opment (or a designee thereof).

21 (3) The Secretary of Transportation (or a des-
22 ignee thereof).

23 (4) The Secretary of Agriculture (or a designee
24 thereof).

25 (5) The Secretary of Labor (or a designee
26 thereof).

1 (6) The Administrator of the Environmental
2 Protection Agency (or a designee thereof).

3 (7) The Assistant Secretary for the Administra-
4 tion for Children and Families (or a designee there-
5 of).

6 (8) The Administrator of the Centers for Medi-
7 care & Medicaid Services (or a designee thereof).

8 (9) The Director of the Indian Health Service
9 (or a designee thereof).

10 (10) The Director of the National Institutes of
11 Health (or a designee thereof).

12 (11) The Director of the Eunice Kennedy
13 Shriver National Institute of Child Health and
14 Human Development (or a designee thereof).

15 (12) The Director of the Tribal Health Re-
16 search Office of the National Institutes of Health
17 (or a designee thereof).

18 (13) The Administrator of the Health Re-
19 sources and Services Administration (or a designee
20 thereof).

21 (14) The Deputy Assistant Secretary for Minor-
22 ity Health of the Department of Health and Human
23 Services (or a designee thereof).

1 (15) The Deputy Assistant Secretary for Women's Health of the Department of Health and
2 Human Services (or a designee thereof).
3

4 (16) The Director of the Centers for Disease
5 Control and Prevention (or a designee thereof).
6

7 (17) The Director of the Office on Violence
8 Against Women at the Department of Justice (or a
9 designee thereof).
10

11 (c) APPOINTED MEMBERS.—In addition to the ex
12 officio members of the Task Force, the Secretary of
13 Health and Human Services may appoint the following
14 members of the Task Force:
15

16 (1) Representatives of patients, to include—
17

18 (A) a representative of patients who have
19 suffered from severe maternal morbidity; or
20

21 (B) a representative of patients who is a
22 family member of an individual who suffered a
23 pregnancy-related death.
24

25 (2) Leaders of community-based organizations
26 that address maternal mortality, severe maternal
27 morbidity, and maternal health with a specific focus
28 on racial and ethnic disparities. In appointing such
29 leaders under this paragraph, the Secretary of
30 Health and Human Services shall give priority to in-
31 dividuals who are leaders of organizations led by in-

1 individuals from demographic groups with elevated
2 rates of maternal mortality, severe maternal mor-
3 bidity, maternal health disparities, or other adverse
4 perinatal or childbirth outcomes.

5 (3) Leaders from the Indian health care sys-
6 tem, including leaders from Tribal Epidemiology
7 Centers.

8 (4) Perinatal health workers.

9 (5) A professionally and geographically diverse
10 panel of maternity care providers.

11 (6) Other maternal health stakeholders outside
12 of the Federal Government with expertise in mater-
13 nal health, including social determinants of maternal
14 health.

15 (d) CHAIR.—The Secretary of Health and Human
16 Services shall select the chair of the Task Force from
17 among the members of the Task Force.

18 (e) TOPICS.—In developing strategies coordinating
19 efforts between Federal agencies and other stakeholders
20 to eliminate preventable maternal mortality, severe mater-
21 nal morbidity, and maternal health disparities in the
22 United States under this section, the Task Force may ad-
23 dress topics such as—

24 (1) addressing barriers that prevent individuals
25 from attending prenatal and postpartum appoint-

1 ments, accessing maternal health care services, or
2 accessing services and resources related to social de-
3 terminants of maternal health;

4 (2) increasing access to safe, stable, affordable,
5 and adequate housing for pregnant and postpartum
6 individuals and their families;

7 (3) delivering healthy food, infant formula,
8 clean water, diapers, or other perinatal necessities to
9 pregnant and postpartum individuals located in
10 areas that are food deserts;

11 (4) addressing the impacts of water and air
12 quality, exposure to extreme temperatures, environ-
13 mental chemicals, environmental risks in the work-
14 place and the home, and pollution levels, on mater-
15 nal and infant health outcomes;

16 (5) offering free and accessible drop-in
17 childcare services during prenatal and postpartum
18 appointments;

19 (6) addressing the clinical and nonclinical needs
20 of postpartum individuals and their families for the
21 duration of the postpartum period;

22 (7) engaging with nongovernmental entities to
23 address social determinants of maternal health, in-
24 cluding through public-private partnerships;

1 (8) addressing the impact of domestic or inti-
2 mate partner violence on maternal health outcomes;
3 and

4 (9) other topics determined by the chair of the
5 Task Force.

6 (f) REPORT.—Not later than 2 years after the date
7 of enactment of this Act, and every year thereafter, the
8 Task Force shall submit to Congress and make publicly
9 available on the website of the Department of Health and
10 Human Services a report—

11 (1) describing the Task Force’s efforts to de-
12 velop strategies and coordinate efforts between Fed-
13 eral agencies and other stakeholders to eliminate
14 preventable maternal mortality, severe maternal
15 morbidity, and maternal health disparities in the
16 United States;

17 (2) providing an overview of actions taken by
18 each member of the Task Force listed under sub-
19 section (b) to eliminate preventable maternal mor-
20 tality, severe maternal morbidity, and maternal
21 health disparities in the United States;

22 (3) providing recommendations on Federal
23 funding amounts and authorities needed to imple-
24 ment strategies developed by the Task Force to
25 eliminate preventable maternal mortality, severe ma-

1 ternal morbidity, and maternal health disparities in
2 the United States;

3 (4) providing recommendations on actions that
4 stakeholders outside of the Federal Government can
5 take to eliminate preventable maternal mortality, se-
6 vere maternal morbidity, and maternal health dis-
7 parities in the United States; and

8 (5) addressing other topics as determined by
9 the chair of the Task Force.

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

13 **SEC. 3. SUSTAINED FUNDING TO ADDRESS SOCIAL DETER-**
14 **MINANTS OF MATERNAL HEALTH.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (in this section referred to as the “Sec-
17 retary”) shall award grants to eligible entities to address
18 social determinants of maternal health to eliminate mater-
19 nal mortality, severe maternal morbidity, and maternal
20 health disparities.

21 (b) ELIGIBLE ENTITIES.—In this section, the term
22 “eligible entity” means—

23 (1) a community-based organization, Indian
24 Tribe or Tribal organization, or Urban Indian orga-
25 nization;

1 (2) a public health department or nonprofit or-
2 ganization working with an entity listed in para-
3 graph (1); or

4 (3) a consortium of entities listed in paragraph
5 (1) or (2) that includes at minimum one entity listed
6 in paragraph (1).

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

12 (d) PRIORITIZATION.—In awarding grants under
13 subsection (a), the Secretary shall give priority to an eligi-
14 ble entity that is operating in an area with—

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

18 (2) a high poverty rate.

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

22 (1) housing;

23 (2) transportation;

24 (3) nutrition;

1 (4) employment, workplace conditions, and
2 other economic factors;

3 (5) environmental conditions;

4 (6) intimate partner violence; and

5 (7) other nonclinical factors that impact mater-
6 nal health outcomes.

7 (f) TECHNICAL ASSISTANCE.—The Secretary shall
8 provide to grant recipients under this section technical as-
9 sistance to plan for sustaining programs to address social
10 determinants of maternal health after the period of the
11 grant.

12 (g) REPORTING.—

13 (1) GRANTEES.—Not later than 1 year after an
14 eligible entity first receives a grant under this sec-
15 tion, and annually thereafter, an eligible entity shall
16 submit to the Secretary, and make publicly available,
17 a report on the status of activities conducted using
18 the grant. Each such report shall include data on
19 the effects of such activities, disaggregated by race,
20 ethnicity, gender, primary language, geography, so-
21 cioeconomic status, and other relevant factors.

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

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

3 (B) recommendations for future Federal
4 grant allocations to address social determinants
5 of maternal health.

6 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this section
8 \$100,000,000 for each of fiscal years 2027 through 2031.

9 **SEC. 4. DEFINITIONS.**

10 In this Act:

11 (1) 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 (2) 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.

(3) PERINATAL HEALTH WORKER.—The term
“perinatal health worker” means a nonclinical health
worker focused on maternal or perinatal health, such
as a doula, community health worker, peer sup-
porter, lactation educator or counselor, nutritionist
or dietitian, childbirth educator, social worker, home
visitor, patient navigator or coordinator, or language
interpreter.

(4) 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.

(5) PREGNANCY-RELATED DEATH.—The term
“pregnancy-related death” means a death of a preg-

1 nant or postpartum individual that occurs during, or
2 within 1 year following, the individual’s pregnancy,
3 from a pregnancy complication, a chain of events
4 initiated by pregnancy, or the aggravation of an un-
5 related condition by the physiologic effects of preg-
6 nancy.

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

14 (7) SOCIAL DETERMINANTS OF MATERNAL
15 HEALTH DEFINED.—The term “social determinants
16 of maternal health” means nonclinical factors that
17 impact maternal health outcomes.

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