

119TH CONGRESS
2D SESSION

H. R. 8074

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2026

Ms. ADAMS (for herself, Ms. UNDERWOOD, Mrs. McIVER, Ms. TLAIB, Ms. NORTON, Ms. MOORE of Wisconsin, Mrs. WATSON COLEMAN, Ms. KAMLAGER-DOVE, Mr. JOHNSON of Georgia, Ms. PRESSLEY, Mr. IVEY, Mr. KRISHNAMOORTHY, Mrs. CHERFILUS-McCORMICK, Mr. MENEFEE, Mr. BELL, Mr. MOULTON, Ms. CLARKE of New York, Ms. DELBENE, Mr. GARAMENDI, Mr. COHEN, Ms. STANSBURY, Mrs. DINGELL, Ms. JACOBS, Mr. FIGURES, Mr. HORSFORD, Mr. GARCÍA of Illinois, Mr. VEASEY, Mrs. BEATTY, Mr. SMITH of Washington, Ms. SEWELL, Ms. WILSON of Florida, Mr. JACKSON of Illinois, Mr. CONAWAY, Mr. SCOTT of Virginia, Mrs. HAYES, Ms. CRAIG, Mr. MCGARVEY, Mrs. GRIJALVA, Mr. CARSON, Mr. TAKANO, Mrs. MCBATH, Mr. LATIMER, Ms. JOHNSON of Texas, Mr. SOTO, Mr. DAVID SCOTT of Georgia, Ms. BARRAGÁN, Ms. McCLELLAN, Mr. SCHNEIDER, Mr. MULLIN, Ms. STRICKLAND, Mr. TONKO, Ms. DEAN of Pennsylvania, Mrs. SYKES, Ms. SALINAS, Mr. LIEU, and Ms. SCANLON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, 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 “Kira Johnson Act”.

3 **SEC. 2. SUSTAINED FUNDING FOR COMMUNITY-BASED OR-**
4 **GANIZATIONS TO ADVANCE MATERNAL**
5 **HEALTH EQUITY.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this section referred to as the “Sec-
8 retary”) shall award grants to eligible entities to establish
9 or expand programs to advance maternal health equity.

10 (b) TIMING.—Following the 1-year period described
11 in subsection (d), the Secretary shall commence awarding
12 the grants authorized by subsection (a).

13 (c) ELIGIBLE ENTITIES.—To be eligible to seek a
14 grant under this section, an entity shall be a community-
15 based organization offering programs and resources
16 aligned with evidence-based practices for improving mater-
17 nal health outcomes for demographic groups with elevated
18 rates of maternal mortality, severe maternal morbidity,
19 maternal health disparities, or other adverse perinatal or
20 childbirth outcomes.

21 (d) OUTREACH AND TECHNICAL ASSISTANCE PE-
22 RIOD.—During the 1-year period beginning on the date
23 of enactment of this Act, the Secretary shall—

24 (1) conduct outreach to encourage eligible enti-
25 ties to apply for grants under this section; and

1 (2) provide technical assistance to eligible enti-
2 ties on best practices for applying for grants under
3 this section.

4 (e) SPECIAL CONSIDERATION.—

5 (1) OUTREACH.—In conducting outreach under
6 subsection (d), the Secretary shall give special con-
7 sideration to eligible entities that—

8 (A) are based in, and provide support for,
9 communities with elevated rates of maternal
10 mortality, severe maternal morbidity, maternal
11 health disparities, or other adverse perinatal or
12 childbirth outcomes, to the extent such data are
13 available;

14 (B) are led by individuals from demo-
15 graphic groups with elevated rates of maternal
16 mortality, severe maternal morbidity, maternal
17 health disparities, or other adverse perinatal or
18 childbirth outcomes; and

19 (C) offer programs and resources that are
20 aligned with evidence-based practices for im-
21 proving maternal health outcomes for individ-
22 uals from demographic groups with elevated
23 rates of maternal mortality, severe maternal
24 morbidity, maternal health disparities, or other
25 adverse perinatal or childbirth outcomes.

1 (2) AWARDS.—In awarding grants under this
2 section, the Secretary shall give special consideration
3 to eligible entities that—

4 (A) are described in subparagraphs (A),
5 (B), and (C) of paragraph (1);

6 (B) offer programs and resources designed
7 in consultation with and intended for individ-
8 uals from demographic groups with elevated
9 rates of maternal mortality, severe maternal
10 morbidity, maternal health disparities, or other
11 adverse perinatal or childbirth outcomes;

12 (C) offer programs and resources in the
13 communities in which the respective eligible en-
14 tities are located that—

15 (i) promote maternal mental health
16 and maternal substance use disorder treat-
17 ments and supports that are aligned with
18 evidence-based practices for improving ma-
19 ternal mental and behavioral health out-
20 comes for individuals from demographic
21 groups with elevated rates of maternal
22 mortality, severe maternal morbidity, ma-
23 ternal health disparities, or other adverse
24 perinatal or childbirth outcomes;

1 (ii) address social determinants of ma-
2 ternal health;

3 (iii) promote evidence-based health lit-
4 eracy and pregnancy, childbirth, and par-
5 enting education;

6 (iv) provide support from perinatal
7 health workers;

8 (v) provide culturally and linguis-
9 tically congruent training to perinatal
10 health workers;

11 (vi) conduct or support research on
12 maternal health issues disproportionately
13 impacting individuals from demographic
14 groups with elevated rates of maternal
15 mortality, severe maternal morbidity, ma-
16 ternal health disparities, or other adverse
17 perinatal or childbirth outcomes;

18 (vii) offer group prenatal care or
19 group postpartum care;

20 (viii) coordinate mutual aid efforts
21 during infant formula shortages, including
22 community milk depots, donor human milk
23 banks and exchanges, and forums for com-
24 munity outreach and education;

1 (ix) provide support to individuals or
2 family members of individuals who suffered
3 a pregnancy loss, pregnancy-associated
4 death, or pregnancy-related death; or

5 (x) operate midwifery practices that
6 provide culturally and linguistically con-
7 gruent maternal health care and support,
8 including for the purposes of—

9 (I) supporting additional edu-
10 cation, training, and certification pro-
11 grams, including support for distance
12 learning;

13 (II) providing financial support
14 to current and future midwives to ad-
15 dress education costs, debts, and
16 other needs;

17 (III) clinical site investments;

18 (IV) supporting preceptor devel-
19 opment trainings;

20 (V) expanding the midwifery
21 practice; or

22 (VI) related needs identified by
23 the midwifery practice and described
24 in the practice's application; and

1 (D) have developed other programs and re-
2 sources that address community-specific needs
3 for pregnant and postpartum individuals and
4 are aligned with evidence-based practices for
5 improving maternal health outcomes for individ-
6 uals from demographic groups with elevated
7 rates of maternal mortality, severe maternal
8 morbidity, maternal health disparities, or other
9 adverse perinatal or childbirth outcomes.

10 (f) TECHNICAL ASSISTANCE.—The Secretary shall
11 provide to grant recipients under this section technical as-
12 sistance on—

13 (1) capacity building to establish or expand pro-
14 grams to advance maternal health equity;

15 (2) best practices in data collection, measure-
16 ment, evaluation, and reporting; and

17 (3) planning for sustaining programs to ad-
18 vance maternal health equity after the period of the
19 grant.

20 (g) EVALUATION.—Not later than the end of fiscal
21 year 2031, the Secretary shall submit to the Congress an
22 evaluation of the grant program under this section that—

23 (1) assesses the effectiveness of outreach efforts
24 during the application process in diversifying the
25 pool of grant recipients;

1 (2) makes recommendations for future outreach
2 efforts to diversify the pool of grant recipients for
3 Department of Health and Human Services grant
4 programs and funding opportunities related to ma-
5 ternal health;

6 (3) assesses the effectiveness of programs fund-
7 ed by grants under this section in improving mater-
8 nal health outcomes for individuals from demo-
9 graphic groups with elevated rates of maternal mor-
10 tality, severe maternal morbidity, maternal health
11 disparities, or other adverse perinatal or childbirth
12 outcomes, to the extent practicable; and

13 (4) makes recommendations for future Depart-
14 ment of Health and Human Services grant programs
15 and funding opportunities that deliver funding to
16 community-based organizations that provide pro-
17 grams and resources that are aligned with evidence-
18 based practices for improving maternal health out-
19 comes for individuals from demographic groups with
20 elevated rates of maternal mortality, severe maternal
21 morbidity, maternal health disparities, or other ad-
22 verse perinatal or childbirth outcomes.

23 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
24 out this section, there is authorized to be appropriated
25 \$100,000,000 for each of fiscal years 2027 through 2031.

1 **SEC. 3. RESPECTFUL MATERNITY CARE TRAINING FOR ALL**
2 **EMPLOYEES IN MATERNITY CARE SETTINGS.**

3 Part B of title VII of the Public Health Service Act
4 (42 U.S.C. 293 et seq.) is amended by adding at the end
5 the following new section:

6 **“SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**
7 **ALL EMPLOYEES IN MATERNITY CARE SET-**
8 **TINGS.**

9 “(a) GRANTS.—The Secretary shall award grants for
10 programs to reduce and prevent bias, racism, and dis-
11 crimination in maternity care settings and to advance re-
12 spectful, culturally and linguistically congruent, trauma-
13 informed care.

14 “(b) SPECIAL CONSIDERATION.—In awarding grants
15 under subsection (a), the Secretary shall give special con-
16 sideration to applications for programs that would—

17 “(1) apply to all maternity care providers and
18 any employees who interact with pregnant and
19 postpartum individuals in the provider setting, in-
20 cluding front desk employees, sonographers, sched-
21 ulers, health care professionals, hospital or health
22 system administrators, security staff, and other em-
23 ployees;

24 “(2) emphasize periodic, as opposed to one-
25 time, trainings for all birthing professionals and em-
26 ployees described in paragraph (1);

1 “(3) address implicit bias, racism, and cultural
2 humility;

3 “(4) be delivered in ongoing education settings
4 for providers maintaining their licenses, with a pref-
5 erence for trainings that provide continuing edu-
6 cation units;

7 “(5) include trauma-informed care best prac-
8 tices and an emphasis on shared decision making be-
9 tween providers and patients;

10 “(6) include antiracism training and programs;

11 “(7) be delivered in undergraduate programs
12 that funnel into health professions schools;

13 “(8) be delivered in settings that apply to pro-
14 viders of the special supplemental nutrition program
15 for women, infants, and children under section 17 of
16 the Child Nutrition Act of 1966;

17 “(9) integrate bias training in obstetric emer-
18 gency simulation trainings or related trainings;

19 “(10) include training for emergency depart-
20 ment employees and emergency medical technicians
21 on recognizing warning signs for severe pregnancy-
22 related complications;

23 “(11) offer training to all maternity care pro-
24 viders on the value of racially, ethnically, and profes-

1 sionally diverse maternity care teams to provide cul-
2 turally and linguistically congruent care; or

3 “(12) be based on one or more programs de-
4 signed by a historically Black college or university or
5 other minority-serving institution.

6 “(c) APPLICATION.—To seek a grant under sub-
7 section (a), an entity shall submit an application at such
8 time, in such manner, and containing such information as
9 the Secretary may require.

10 “(d) REPORTING.—Each recipient of a grant under
11 this section shall annually submit to the Secretary a report
12 on the status of activities conducted using the grant, in-
13 cluding, as applicable, a description of the impact of train-
14 ing provided through the grant on patient outcomes and
15 patient experience for pregnant and postpartum individ-
16 uals from racial and ethnic minority groups and their fam-
17 ilies.

18 “(e) BEST PRACTICES.—Based on the annual reports
19 submitted pursuant to subsection (d), the Secretary—

20 “(1) shall produce an annual report on the find-
21 ings resulting from programs funded through this
22 section;

23 “(2) shall disseminate such report to all recipi-
24 ents of grants under this section and to the public;
25 and

1 “(3) may include in such report findings on
2 best practices for improving patient outcomes and
3 patient experience for pregnant and postpartum in-
4 dividuals from racial and ethnic minority groups and
5 their families in maternity care settings.

6 “(f) DEFINITIONS.—In this section:

7 “(1) The term ‘postpartum’ means the 1-year
8 period beginning on the last day of an individual’s
9 pregnancy.

10 “(2) The term ‘culturally and linguistically con-
11 gruent’ means in agreement with the preferred cul-
12 tural values, beliefs, worldview, language, and prac-
13 tices of the health care consumer and other stake-
14 holders.

15 “(3) The term ‘racial and ethnic minority
16 group’ has the meaning given such term in section
17 1707(g)(1).

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there is authorized to be appro-
20 priated \$5,000,000 for each of fiscal years 2027 through
21 2031.”.

1 **SEC. 4. STUDY ON REDUCING AND PREVENTING BIAS, RAC-**
2 **ISM, AND DISCRIMINATION IN MATERNITY**
3 **CARE SETTINGS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services shall seek to enter into an agreement,
6 not later than 90 days after the date of enactment of this
7 Act, with the National Academies of Sciences, Engineer-
8 ing, and Medicine (referred to in this section as the “Na-
9 tional Academies”) under which the National Academies
10 agree to—

11 (1) conduct a study on the design and imple-
12 mentation of programs to reduce and prevent bias,
13 racism, and discrimination in maternity care settings
14 and to advance respectful, culturally and linguis-
15 tically congruent, trauma-informed care; and

16 (2) not later than 24 months after the date of
17 enactment of this Act—

18 (A) complete the study; and

19 (B) transmit a report on the results of the
20 study to the Congress.

21 (b) POSSIBLE TOPICS.—The agreement entered into
22 pursuant to subsection (a) may provide for the study of
23 any of the following:

24 (1) The development of a scorecard or other
25 evaluation standards for programs designed to re-
26 duce and prevent bias, racism, and discrimination in

1 maternity care settings to assess the effectiveness of
2 such programs in improving patient outcomes and
3 patient experience for pregnant and postpartum in-
4 dividuals from racial and ethnic minority groups and
5 their families.

6 (2) Determination of the types and frequency of
7 training to reduce and prevent bias, racism, and dis-
8 crimination in maternity care settings that are dem-
9 onstrated to improve patient outcomes or patient ex-
10 perience for pregnant and postpartum individuals
11 from racial and ethnic minority groups and their
12 families.

13 **SEC. 5. RESPECTFUL MATERNITY CARE COMPLIANCE PRO-**
14 **GRAM.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (referred to in this section as the “Sec-
17 retary”) shall award grants to accredited hospitals, health
18 systems, and other maternity care settings to establish as
19 an integral part of quality implementation initiatives with-
20 in one or more hospitals or other birth settings a respect-
21 ful maternity care compliance program.

22 (b) PROGRAM REQUIREMENTS.—A respectful mater-
23 nity care compliance program funded through a grant
24 under this section shall—

1 (1) institutionalize mechanisms to allow pa-
2 tients receiving maternity care services, the families
3 of such patients, or perinatal health workers sup-
4 porting such patients to report instances of racism
5 or evidence of bias on the basis of race, ethnicity, or
6 another protected class;

7 (2) institutionalize response mechanisms
8 through which representatives of the program can
9 directly follow up with the patient, if possible, and
10 the patient's family in a timely manner;

11 (3) prepare and make publicly available a
12 hospital- or health system-wide strategy to reduce
13 bias on the basis of race, ethnicity, or another pro-
14 tected class in the delivery of maternity care that in-
15 cludes—

16 (A) information on the training programs
17 to reduce and prevent bias, racism, and dis-
18 crimination on the basis of race, ethnicity, or
19 another protected class for all employees in ma-
20 ternity care settings;

21 (B) information on the number of cases re-
22 ported to the compliance program; and

23 (C) the development of methods to rou-
24 tinely assess the extent to which bias, racism,
25 or discrimination on the basis of race, ethnicity,

1 or another protected class is present in the de-
2 livery of maternity care to patients from racial
3 and ethnic minority groups;

4 (4) develop mechanisms to routinely collect and
5 publicly report hospital-level data related to patient-
6 reported experience of care; and

7 (5) provide annual reports to the Secretary with
8 information about each case reported to the compli-
9 ance program over the course of the year containing
10 such information as the Secretary may require, such
11 as—

12 (A) deidentified demographic information
13 on the patient in the case, such as race, eth-
14 nicity, gender identity, and primary language;

15 (B) the content of the report from the pa-
16 tient or the family of the patient to the compli-
17 ance program;

18 (C) the response from the compliance pro-
19 gram; and

20 (D) to the extent applicable, institutional
21 changes made as a result of the case.

22 (c) SECRETARY REQUIREMENTS.—

23 (1) PROCESSES.—Not later than 180 days after
24 the date of enactment of this Act, the Secretary
25 shall establish processes for—

1 (A) disseminating best practices for estab-
2 lishing and implementing a respectful maternity
3 care compliance program within a hospital or
4 other birth setting;

5 (B) promoting coordination and collabora-
6 tion between hospitals, health systems, and
7 other maternity care delivery settings on the es-
8 tablishment and implementation of respectful
9 maternity care compliance programs; and

10 (C) evaluating the effectiveness of respect-
11 ful maternity care compliance programs on ma-
12 ternal health outcomes and patient and family
13 experiences, especially for patients from racial
14 and ethnic minority groups and their families.

15 (2) STUDY.—

16 (A) IN GENERAL.—Not later than 2 years
17 after the date of enactment of this Act, the Sec-
18 retary shall, through a contract with an inde-
19 pendent research organization, conduct a study
20 on strategies to address—

21 (i) racism or bias on the basis of race,
22 ethnicity, or another protected class in the
23 delivery of maternity care services; and

24 (ii) successful implementation of re-
25 spectful care initiatives.

1 (B) COMPONENTS OF STUDY.—The study
2 shall include the following:

3 (i) An assessment of the reports sub-
4 mitted to the Secretary from the respectful
5 maternity care compliance programs pur-
6 suant to subsection (b)(5).

7 (ii) Based on such assessment, rec-
8 ommendations for potential accountability
9 mechanisms related to cases of racism or
10 bias on the basis of race, ethnicity, or an-
11 other protected class in the delivery of ma-
12 ternity care services at hospitals and other
13 birth settings. Such recommendations shall
14 take into consideration medical and non-
15 medical factors that contribute to adverse
16 patient experiences and maternal health
17 outcomes.

18 (C) REPORT.—The Secretary shall submit
19 to the Congress and make publicly available a
20 report on the results of the study under this
21 paragraph.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there are authorized to be appropriated
24 such sums as may be necessary for fiscal years 2027
25 through 2032.

1 **SEC. 6. GAO REPORT.**

2 (a) IN GENERAL.—Not later than 2 years after the
3 date of enactment of this Act and annually thereafter, the
4 Comptroller General of the United States shall submit to
5 the Congress and make publicly available a report on the
6 establishment of respectful maternity care compliance pro-
7 grams within hospitals, health systems, and other mater-
8 nity care settings.

9 (b) MATTERS INCLUDED.—The report under sub-
10 section (a) shall include the following:

11 (1) Information regarding the extent to which
12 hospitals, health systems, and other maternity care
13 settings have elected to establish respectful mater-
14 nity care compliance programs, including—

15 (A) which hospitals and other birth set-
16 tings elect to establish compliance programs
17 and when such programs are established;

18 (B) to the extent practicable, impacts of
19 the establishment of such programs on mater-
20 nal health outcomes and patient and family ex-
21 periences in the hospitals and other birth set-
22 tings that have established such programs, es-
23 pecially for patients from racial and ethnic mi-
24 nority groups and their families;

25 (C) information on geographic areas, and
26 types of hospitals or other birth settings, where

1 respectful maternity care compliance programs
2 are not being established and information on
3 factors contributing to decisions to not establish
4 such programs; and

5 (D) recommendations for establishing re-
6 spectful maternity care compliance programs in
7 geographic areas, and types of hospitals or
8 other birth settings, where such programs are
9 not being established.

10 (2) Whether the funding made available to
11 carry out this section has been sufficient and, if ap-
12 plicable, recommendations for additional appropria-
13 tions to carry out this section.

14 (3) Such other information as the Comptroller
15 General determines appropriate.

16 **SEC. 7. DEFINITIONS.**

17 In this Act:

18 (1) CULTURALLY AND LINGUISTICALLY CON-
19 GRUENT.—The term “culturally and linguistically
20 congruent”, with respect to care or maternity care,
21 means care that is in agreement with the preferred
22 cultural values, beliefs, worldview, language, and
23 practices of the health care consumer and other
24 stakeholders.

1 (2) MATERNAL MORTALITY.—The term “mater-
2 nal mortality” means a death occurring during or
3 within a 1-year period after pregnancy, caused by
4 pregnancy-related or childbirth complications, in-
5 cluding a suicide, overdose, or other death resulting
6 from a mental health or substance use disorder at-
7 tributed to or aggravated by pregnancy-related or
8 childbirth complications.

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

17 (4) POSTPARTUM.—The term “postpartum” re-
18 fers to the 1-year period beginning on the last day
19 of the pregnancy of an individual.

20 (5) PREGNANCY-ASSOCIATED DEATH.—The
21 term “pregnancy-associated death” means a death of
22 a pregnant or postpartum individual, by any cause,
23 that occurs during, or within 1 year following, the
24 individual’s pregnancy, regardless of the outcome,
25 duration, or site of the pregnancy.

1 (6) PREGNANCY-RELATED DEATH.—The term
2 “pregnancy-related death” means a death of a preg-
3 nant or postpartum individual that occurs during, or
4 within 1 year following, the individual’s pregnancy,
5 from a pregnancy complication, a chain of events
6 initiated by pregnancy, or the aggravation of an un-
7 related condition by the physiologic effects of preg-
8 nancy.

9 (7) RACIAL AND ETHNIC MINORITY GROUP.—
10 The term “racial and ethnic minority group” has the
11 meaning given such term in section 1707(g)(1) of
12 the Public Health Service Act (42 U.S.C. 300u–
13 6(g)(1)).

14 (8) SEVERE MATERNAL MORBIDITY.—The term
15 “severe maternal morbidity” means a health condi-
16 tion, including mental health conditions and sub-
17 stance use disorders, attributed to or aggravated by
18 pregnancy or childbirth that results in significant
19 short-term or long-term consequences to the health
20 of the individual who was pregnant.

21 (9) SOCIAL DETERMINANTS OF MATERNAL
22 HEALTH.—The term “social determinants of mater-
23 nal health” means nonclinical factors that impact
24 maternal health outcomes.

○