

119TH CONGRESS
2^D SESSION

H. R. 8811

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

IN THE HOUSE OF REPRESENTATIVES

MAY 14, 2026

Ms. CLARKE of New York (for herself, 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, Mr. MENEFEE, Mr. BELL, Mr. MOULTON, 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, Mrs. MCBATH, Mr. LATIMER, Ms. JOHNSON of Texas, Mr. SOTO, Ms. UNDERWOOD, Ms. ADAMS, Ms. POU, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

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”.

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

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services, acting through the Assistant Secretary
5 for Mental Health and Substance Use, shall establish a
6 program to award grants to eligible entities to address ma-
7 ternal mental health conditions and substance use dis-
8 orders, with a focus on demographic groups with elevated
9 rates of maternal mortality, severe maternal morbidity,
10 maternal health disparities, or other adverse perinatal or
11 childbirth outcomes.

12 (b) APPLICATION.—To be eligible to receive a grant
13 under this section, an eligible entity shall submit to the
14 Secretary an application at such time, in such manner,
15 and containing such information as the Secretary may re-
16 quire.

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

20 (1) is, or will partner with, a community-based
21 organization to address maternal mental health con-
22 ditions and substance use disorders described in sub-
23 section (a);

24 (2) is operating in an area with elevated rates
25 of maternal mortality, severe maternal morbidity,

1 maternal health disparities, or other adverse
2 perinatal or childbirth outcomes; and

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

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

9 (1) Establishing or expanding maternity care
10 programs to improve the integration of maternal
11 mental health and behavioral health care services
12 into primary care settings where pregnant individ-
13 uals regularly receive health care services.

14 (2) Establishing or expanding group prenatal
15 care programs or postpartum care programs.

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

23 (4) Providing services and support for pregnant
24 and postpartum individuals with maternal mental
25 health conditions and substance use disorders, in-

1 including referrals to addiction treatment centers that
2 offer evidence-based treatment options.

3 (5) Addressing stigma associated with maternal
4 mental health conditions and substance use dis-
5 orders, with a focus on individuals from demo-
6 graphic groups with elevated rates of maternal mor-
7 tality, severe maternal morbidity, maternal health
8 disparities, or other adverse perinatal or childbirth
9 outcomes.

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

17 (7) Establishing or expanding programs to pre-
18 vent suicide or self-harm among pregnant and
19 postpartum individuals.

20 (8) Offering evidence-aligned programs at free-
21 standing birth centers that provide maternal mental
22 and behavioral health care education, treatments,
23 and services, and other services for individuals
24 throughout the prenatal and postpartum period.

1 (9) Establishing or expanding programs to pro-
2 vide education and training to maternity care pro-
3 viders with respect to—

4 (A) identifying potential warning signs for
5 maternal mental health conditions or substance
6 use disorders in pregnant and postpartum indi-
7 viduals, with a focus on individuals from demo-
8 graphic groups with elevated rates of maternal
9 mortality, severe maternal morbidity, maternal
10 health disparities, or other adverse perinatal or
11 childbirth outcomes; and

12 (B) in the case where such providers iden-
13 tify such warning signs, offering referrals to
14 mental and behavioral health care professionals.

15 (10) Developing a website, or other source, that
16 includes information on health care providers who
17 treat maternal mental health conditions and sub-
18 stance use disorders.

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

1 (12) Carrying out other programs aligned with
2 evidence-based practices for addressing maternal
3 mental health conditions and substance use dis-
4 orders for pregnant and postpartum individuals from
5 demographic groups with elevated rates of maternal
6 mortality, severe maternal morbidity, maternal
7 health disparities, or other adverse perinatal or
8 childbirth outcomes.

9 (e) REPORTING.—

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

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

22 (A) a summary of the reports received
23 under paragraph (1);

24 (B) an evaluation of the effectiveness of
25 grants awarded under this section;

1 (C) recommendations with respect to ex-
2 panding coverage of evidence-based screenings
3 and treatments for maternal mental health con-
4 ditions and substance use disorders; and

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

8 (f) DEFINITIONS.—In this section:

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

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

18 (B) a nonprofit or patient advocacy organi-
19 zation with expertise in maternal mental and
20 behavioral health;

21 (C) a maternity care provider;

22 (D) a mental or behavioral health care pro-
23 vider who treats maternal mental health condi-
24 tions or substance use disorders;

1 (E) a State or local governmental entity,
2 including a State or local public health depart-
3 ment;

4 (F) an Indian Tribe or Tribal organization
5 (as such terms are defined in section 4 of the
6 Indian Self-Determination and Education As-
7 sistance Act (25 U.S.C. 5304)); and

8 (G) an Urban Indian organization (as such
9 term is defined in section 4 of the Indian
10 Health Care Improvement Act (25 U.S.C.
11 1603)).

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

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

1 (4) MATERNITY CARE PROVIDER.—The term
2 “maternity care provider” means a health care pro-
3 vider who—

4 (A) is a physician, a physician assistant, a
5 midwife who meets, at a minimum, the inter-
6 national definition of a midwife and global
7 standards for midwifery education as estab-
8 lished by the International Confederation of
9 Midwives, an advanced practice registered
10 nurse, a doula accredited by a State to receive
11 reimbursement for doula services under a State
12 plan (or a waiver of such plan) under title XIX
13 of the Social Security Act (42 U.S.C. 1396 et
14 seq.), or a lactation consultant certified by the
15 International Board of Lactation Consultant
16 Examiners; and

17 (B) has a focus on maternal or perinatal
18 health.

19 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
20 The terms “postpartum” and “postpartum period”
21 refer to the 1-year period beginning on the last day
22 of the pregnancy of an individual.

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

1 maternal mental and behavioral health care workforce
2 by—

3 “(1) establishing schools or programs that pro-
4 vide education and training to individuals seeking
5 appropriate licensing or certification as mental or
6 behavioral health care providers who will specialize
7 in maternal mental health conditions or substance
8 use disorders; or

9 “(2) expanding the capacity of existing schools
10 or programs described in paragraph (1), for the pur-
11 poses of increasing the number of students enrolled
12 in such schools or programs, including by awarding
13 scholarships for students.

14 “(c) PRIORITIZATION.—In awarding grants under
15 this section, the Secretary shall give priority to any entity
16 that—

17 “(1) has demonstrated a commitment to re-
18 cruiting and retaining students and faculty from ra-
19 cial and ethnic minority groups;

20 “(2) has developed a strategy to recruit and re-
21 tain a diverse pool of students into the maternal
22 mental or behavioral health care workforce program
23 or school supported by funds received through the
24 grant, particularly from racial and ethnic minority
25 groups and other underserved populations;

1 “(3) has developed a strategy to recruit and re-
2 tain students who plan to practice in a health pro-
3 fessional shortage area designated under section
4 332;

5 “(4) has developed a strategy to recruit and re-
6 tain students who plan to practice in an area with
7 significant maternal health disparities, to the extent
8 practicable; and

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

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

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

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

23 “(A) health professional shortage areas
24 designated under section 332; and

1 “(B) areas with significant maternal health
2 disparities, to the extent such data are avail-
3 able; and

4 “(3) whether the program or school has in-
5 cluded in the standard curriculum for all students a
6 bias, racism, or discrimination training program that
7 includes training on implicit bias and racism, and if
8 so the effectiveness of such training program.

9 “(e) PERIOD OF GRANTS.—The period of a grant
10 under this section shall be up to 5 years.

11 “(f) APPLICATION.—To seek a grant under this sec-
12 tion, an entity shall submit to the Secretary an application
13 at such time, in such manner, and containing such infor-
14 mation as the Secretary may require, including any infor-
15 mation necessary for prioritization under subsection (e).

16 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
17 provide, directly or by contract, technical assistance to en-
18 tities seeking or receiving a grant under this section on
19 the development, use, evaluation, and postgrant period
20 sustainability of the maternal mental or behavioral health
21 care workforce programs or schools proposed to be, or
22 being, established or expanded through the grant.

23 “(h) REPORT BY THE SECRETARY.—Not later than
24 4 years after the date of enactment of this section, the
25 Secretary shall prepare and submit to the Congress, and

1 post on the internet website of the Department of Health
2 and Human Services, a report on the effectiveness of the
3 grant program under this section at—

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

6 “(2) increasing the number of mental or behav-
7 ioral health care providers specializing in maternal
8 mental health conditions or substance use disorders
9 from racial and ethnic minority groups and other
10 underserved populations;

11 “(3) increasing the number of mental or behav-
12 ioral health care providers specializing in maternal
13 mental health conditions or substance use disorders
14 working in health professional shortage areas des-
15 igned under section 332; and

16 “(4) increasing the number of mental or behav-
17 ioral health care providers specializing in maternal
18 mental health conditions or substance use disorders
19 working in areas with significant maternal health
20 disparities, to the extent such data are available.

21 “(i) DEFINITIONS.—In this section:

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

1 “(2) MENTAL OR BEHAVIORAL HEALTH CARE
2 PROVIDER.—The term ‘mental or behavioral health
3 care provider’ refers to a health care provider in the
4 field of mental and behavioral health, including sub-
5 stance use disorders, acting in accordance with State
6 law.

7 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section, there is authorized to be appro-
9 priated \$15,000,000 for each of fiscal years 2027 through
10 2031.”.

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