

119TH CONGRESS
2D SESSION

H. R. 9583

To provide support for scaling up global access to multiple micronutrient supplements and other cost effective maternal and child interventions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 2, 2026

Mrs. KIM (for herself, Ms. TITUS, and Mr. LAWLER) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To provide support for scaling up global access to multiple micronutrient supplements and other cost effective maternal and child interventions, 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 “Healthy Mothers,
5 Healthy Babies Act of 2026”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Investments in effective programs to pre-
9 vent maternal and child deaths directly advance

1 United States foreign policy and economic interests
2 by promoting stability, increased economic growth
3 and market access and improved diplomatic relations
4 with partner countries.

5 (2) Global maternal and child deaths remain
6 unacceptably high. In 2023, a woman died of preg-
7 nancy related causes every 2 minutes. Millions of
8 children under 5 continue to die every year from
9 preventable causes, with preterm birth, birth com-
10 plications, and childhood diseases, like pneumonia
11 and diarrhea, accounting for more than half of all
12 under-5 deaths worldwide.

13 (3) These deaths are largely preventable
14 through proven, low-cost interventions such as—

15 (A) skilled care before, during, and after
16 birth;

17 (B) treatment of childhood infectious dis-
18 eases;

19 (C) adequate nutrition for pregnant women
20 and children; and

21 (D) immunization.

22 (4) Immunization is a cornerstone of child sur-
23 vival, protecting children from deadly diseases, in-
24 cluding diarrheal disease, pneumonia, measles, polio,
25 diphtheria, pertussis, and meningitis. It remains one

1 of the most cost-effective interventions, delivering a
2 return of at least \$26 for every \$1 invested. The
3 United States Government’s partnership with Gavi,
4 the Global Vaccine Alliance, is a major driver in re-
5 ducing the number of childhood deaths from vaccine
6 preventable diseases in lower-income countries, with
7 Gavi’s immunization campaigns averting nearly
8 21,000,000 child deaths since 2000.

9 (5) Continued United States leadership in ma-
10 ternal and child health could help save millions more
11 lives by 2030, accelerating progress toward ending
12 preventable child and maternal deaths worldwide.

13 (6) At just \$4 per pregnancy, multiple micro-
14 nutrient supplement (MMS) prenatal vitamins com-
15 bine 15 essential vitamins and minerals into a sin-
16 gle, lifesaving tablet, dramatically improving birth
17 outcomes and reducing maternal anemia.

18 (7) Despite the immense benefits, most women
19 around the world lack access to modern prenatal vi-
20 tamins.

21 (8) Previous guidance from the MMS Global In-
22 vestment Roadmap suggests that there are at least
23 260,000,000 pregnant women in high-burden coun-
24 tries who lack access to MMS prenatal vitamins, and
25 providing access for these women to MMS over the

1 next 5 years would save 600,000 lives, improve birth
2 outcomes for 5,000,000 babies, and prevent anemia
3 in over 15,000,000 pregnant women.

4 (9) 20 years of research and 70 rigorous trials
5 prove modern MMS prenatal vitamins are superior
6 to iron-folic acid tablets in every way-slashing low
7 birthweight by an extra 79 percent, stillbirths by 27
8 percent, and infant deaths by 29 percent.

9 (10) A coalition of philanthropies has come to-
10 gether to commit \$250,000,000 to MMS prenatal vi-
11 tamins, providing leverage to United States Govern-
12 ment investments.

13 (11) MMS prenatal vitamins are American-
14 made, supporting American factory jobs, and high-
15 lighting American ingenuity and compassion.

16 **SEC. 3. STATEMENT OF POLICY.**

17 The following shall be the policy of the United States:

18 (1) To advance foreign policy, national security
19 and economic interests, by strategically supporting
20 partner countries to invest in maternal and child
21 survival and health programs. The United States
22 shall make maternal and child survival a key objec-
23 tive of United States global health and foreign as-
24 sistance strategies and programs.

1 (2) To support programs that reduce prevent-
2 able death among mothers, newborns, and children
3 and enable them to thrive, which promotes more sta-
4 ble and prosperous societies and advances the
5 United States diplomatic and commercial position
6 with partner countries. United States assistance pro-
7 grams for maternal and child health shall seek to—

8 (A) reduce preventable child and maternal
9 mortality in priority countries to 12 percent or
10 lower of total deaths by 2030; and

11 (B) increase coverage levels for the target
12 set of life-saving interventions listed in sub-
13 section 4 within 10 to 15 priority countries to
14 a level of at least 70 percent by 2030.

15 (3) To prioritize scaling up investments in the
16 procurement and delivery of MMS prenatal vitamins
17 as a highly cost-effective intervention to address ma-
18 ternal and child health and malnutrition.

19 (4) To prioritize the highest impact prevention
20 and treatment interventions targeted towards pre-
21 natal, delivery, postnatal, newborn and child care,
22 including prevention and management of complica-
23 tions and infections during pregnancy, access to
24 skilled birth attendants, breastfeeding support, care
25 of small or sick newborns, screening and treatment

1 for malnutrition, vitamin A and other micronutrient
2 supplements, child immunization, and treatments for
3 childhood diseases including diarrhea and pneu-
4 monia.

5 **SEC. 4. INITIATIVE TO SCALE UP MULTIPLE MICRO-**
6 **NUTRIENT SUPPLEMENT COVERAGE.**

7 (a) IN GENERAL.—The relevant foreign assistance
8 agency shall select foreign countries as priority countries
9 for purposes of increasing the number of women receiving
10 MMS coverage, including prenatal vitamins.

11 (b) CRITERIA.—The selection of priority countries
12 shall be based on the following:

13 (1) The prevalence of malnourished pregnant
14 and lactating women and children under the age of
15 5.

16 (2) The presence of high-need, underserved,
17 marginalized, vulnerable, or impoverished commu-
18 nities.

19 (3) The enabling environment for improved ma-
20 ternal and child health, including presence of na-
21 tional maternal and child health plans and dem-
22 onstration of strong political commitment.

23 (4) Any other criteria that the relevant foreign
24 assistance agency determines to be appropriate.

1 (c) UPDATE.—The relevant foreign assistance agency
2 shall update the selection of priority countries not later
3 than 5 years after the date of the enactment of this Act.

4 (d) REPORT.—

5 (1) IN GENERAL.—Not later than 1 year after
6 the date of the enactment of this Act, and annually
7 thereafter for 5 years, the relevant foreign assistance
8 agency shall submit to the appropriate congressional
9 committees a report that describes progress made
10 towards scaling up MMS coverage.

11 (2) MATTERS TO BE INCLUDED.—The report
12 required by paragraph (1) shall include the fol-
13 lowing:

14 (A) A summary of progress made towards
15 achieving increased coverage levels for MMS.

16 (B) A detailed summary of the criteria
17 used in selecting priority countries for receiving
18 MMS prenatal vitamins.

19 (C) In priority countries—

20 (i) a detailed summary of MMS scale
21 up programs and activities in the previous
22 fiscal year, including a breakdown of the
23 countries to which resources have been al-
24 located and an estimated number of preg-

1 nant women reached with MMS coverage;
2 and

3 (ii) a description of the coordination
4 of MMS programs with other health and
5 development programs.

6 (D) A description of other donor country
7 and host country financial commitments and ef-
8 forts to increase MMS coverage, and how the
9 United States is engaging with donor country
10 and host country governments to increase those
11 commitments and efforts along with other inter-
12 ventions to improve nutrition outcomes.

13 (E) An identification of constraints on im-
14 plementation of programs and activities and les-
15 sons learned from programs and activities from
16 the previous fiscal years.

17 (F) A summary of how United States as-
18 sistance programs to increase MMS coverage
19 levels have advanced United States foreign pol-
20 icy and national security priorities with partner
21 countries.

22 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to carry out this section up
24 to \$150,000,000 for each of the fiscal years 2026 through

1 2030 from amounts in the Global Health Programs Ac-
2 count of the Department of State.

3 **SEC. 5. MATERNAL AND CHILD HEALTH STRATEGY AND RE-**
4 **PORT.**

5 (a) STRATEGY.—The relevant foreign assistance
6 agency shall establish and publish a 5-year Maternal and
7 Child Health strategy with specific targets for increasing
8 coverage levels for priority interventions and priority coun-
9 tries. The strategy should prioritize investments in the de-
10 livery of interventions with the greatest cost-effectiveness
11 and measurable outcome of lives saved and disability
12 averted.

13 (b) REPORT.—Not later than 1 year after the date
14 of the enactment of this Act, and annually thereafter for
15 5 years, the relevant foreign assistance agency shall sub-
16 mit to the appropriate congressional committees a report
17 that describes progress made towards scaling up Maternal
18 and Child Health interventions. The report shall include
19 the following:

20 (1) Program funding allocations and obligations
21 disaggregated by country and by program area
22 intervention on an annual basis.

23 (2) Baseline data for the 2 fiscal years pre-
24 ceding the date of enactment, including funding lev-

