

**Table 1. Comparison of Key Maternal Health Policy Components: Black Maternal Health Momnibus Act, House Build Back Better Language, FY 22 Appropriations, President’s FY23 Budget Proposal, and Senate Proposed FY 23 Appropriations**

<p><a href="#">12 policy components</a> of the <b>Black Maternal Health Momnibus Act</b></p>	<p><a href="#">House-passed language in the Build Back Better Act</a> (Subtitle I, Part 3)</p> <p>✓ means a provision similar to the Momnibus or other maternal health bills was included.</p>	<p><a href="#">Enacted FY 22 Appropriations Bill</a> (Enacted 3/15/22)</p> <p>Increase compared with FY 2021 funding levels.</p>	<p><a href="#">President’s FY23 Budget Proposal</a> (Pending as of 3/28/22)</p> <p>Increase compared to enacted FY 2022 funding levels.</p>	<p><a href="#">Proposed Senate FY 23 LHHS Appropriations Bill</a> (Pending as of 7/28/22)</p> <p>Increase compared to enacted FY 2022 funding levels.</p>
<p>1. Make critical investments in <b>social determinants of health</b> that influence maternal health outcomes, like housing, transportation, and nutrition.</p>	<p>✓ \$100 million in funding for grants and contracts to local entities (e.g., community-based organizations, tribal organizations, other local nonprofit organizations) to address social determinants of maternal health. (Sec. 31031)</p> <p>– Does not include the federal interagency task force proposed in the Momnibus Act.</p>			
<p>2. Provide funding to <b>community-based organizations</b> that are working to improve maternal health outcomes and promote equity.</p>	<p>✓ \$75 million grants and contracts to community-based organizations to address Social Determinants of Health, with awards made by the Office of Minority Health. (Section 31032)</p>	<p><i>Alternative builds on existing HRSA Healthy Start program: <a href="#">Provides</a> \$132 million, increase of \$4 million above FY 2021 level.</i></p>	<ul style="list-style-type: none"> <li>Increased funding for HRSA Healthy Start program to 1) support an existing initiative to provide clinical services, such as well-woman care and maternity care services at Healthy Start sites and 2) expand a recent Healthy Start initiative to reduce</li> </ul>	<ul style="list-style-type: none"> <li>Proposes \$30 million in <a href="#">new funding</a> for HRSA’s Addressing Social Determinants of Maternal Health program to support community-based organizations in reducing maternal mortality and adverse maternal outcomes.</li> </ul>

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			<p>racial disparities in poor maternal and infant health outcomes. <a href="#">Proposes</a> \$32 million.</p> <ul style="list-style-type: none"> <li>• <a href="#">Increased</a> funding for Indian Health Service to improve maternal health in AI/AN communities to improve health outcomes and reduce maternal morbidity. Proposes \$10 million, increase of \$4 million above FY 2022 enacted.</li> </ul>	
<p>3. Comprehensively study the unique maternal health risks facing <b>pregnant and postpartum veterans</b> and support VA maternity care coordination programs.</p>	<p>– Does not include provisions related to veterans as proposed in <a href="#">H.R.958/S.796</a>.</p> <p>Similar provisions passed in Veteran's legislation 11/30/2021, <a href="#">P.L. 117-69</a>.</p>			
<p>4. Grow and diversify the <b>perinatal workforce</b> to ensure that every mom in America receives culturally congruent</p>	<p>✓ Funding to grow and diversify the perinatal health workforce, including nurses, midwives, physicians, doulas,</p>	<ul style="list-style-type: none"> <li>• Authorizing language for <a href="#">Rural MOMS Act (H.R. 769/S.1491)</a> – Expands initiatives to</li> </ul>	<p><a href="#">New HRSA programs and initiatives:</a></p> <ul style="list-style-type: none"> <li>– \$20 million for growing and diversifying the doula workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Proposes \$25 million in <a href="#">new funding</a> for HRSA to grow and diversify the maternal and perinatal health workforce by increasing and</li> </ul>

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<p>maternity care and support.</p>	<p>and other health professionals, including:</p> <ul style="list-style-type: none"> <li>- \$170 million for Growing and Diversifying the Nursing Workforce in Maternal and Perinatal Health. (Sec. 31033)</li> <li>- \$50 million for Growing and Diversifying the Doula Workforce (Sec. 31035)</li> <li>- \$25 million for funding identification of maternity care health professional target areas. (<a href="#">Sec. 31040</a>)</li> </ul> <p>✓ \$50 million for anti-bias trainings among health care professionals.</p>	<p>address maternal health in rural areas.</p> <ul style="list-style-type: none"> <li>• Increase in overall funding for <a href="#">Rural Maternity and Obstetrics Management Strategies</a> program in HRSA. <a href="#">\$6 million</a>, increase of \$1 million above FY 2021 level. This provision includes: <ul style="list-style-type: none"> <li>- Improving rural maternal and obstetrics care data.</li> <li>- Rural Obstetric Network grant program (Authorization level set at \$3 million per year FY 23-27.)</li> <li>- Telehealth network and resource centers grants.</li> <li>- Rural maternal and obstetric training demonstration program (Authorization level set at \$5 million per year FY 23-27.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- \$25 million for Growing and Diversifying the Nursing Workforce</li> <li>- \$5 million for implicit bias training for health care providers.</li> <li>• <i>Alternative builds on existing HRSA project:</i> Increased funding for <a href="#">Maternity Care Target Areas</a> to identify geographic areas with maternity care health professional shortages. Provides \$5 million, \$4 million above FY 2022 enacted.</li> <li>• Increased funding for HRSA <a href="#">Rural Maternity and Obstetrics Management Strategies (RMOMS)</a> to expand maternal and obstetrics care in rural communities. <a href="#">Proposes</a> \$10 million, \$4 million above FY 2022 enacted.</li> </ul>	<p>diversifying the number of Certified Nurse Midwives, with a focus on practitioners working in rural and underserved communities.</p> <ul style="list-style-type: none"> <li>• Proposes \$5 million in <a href="#">new HRSA funding</a> to provide training to primary care physicians in counseling and the provision of care for all forms of highly effective reversible contraception methods.</li> </ul>
<p><b>5. Improve data collection</b></p>	<p>✓ \$160 million to strengthen federal maternal</p>		<ul style="list-style-type: none"> <li>• Increased funding for CDC; projects to address</li> </ul>	<ul style="list-style-type: none"> <li>• CDC's <a href="#">Safe Motherhood and Infant Health</a></li> </ul>

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<p><b>processes and quality measures</b> to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.</p>	<p>health programs including the CDC's</p> <ul style="list-style-type: none"> <li>- \$50 million for Maternal Mortality Review Committees to promote representative community engagement.</li> <li>- \$30 million for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM).</li> <li>- \$100 million for Surveillance for Emerging Threats to Mothers and Babies program.</li> <li>- \$15 million for the Pregnancy Risk Assessment Monitoring System (PRAMS).</li> <li>- \$50 million for Perinatal Quality Collaboratives.</li> </ul> <p>✓ \$15 million for the National Institute of Child Health and Human Development (NICHD) to conduct or support research related to pregnant and postpartum individuals, with a</p>	<ul style="list-style-type: none"> <li>• CDC Safe Motherhood and Infant Health – <a href="#">Provides</a> \$83 million, an increase of 20 million above FY 2021 level.</li> <li>• NIH Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) <a href="#">initiative</a>, increase of \$30 million to support research on maternal morbidity and mortality.</li> </ul>	<p>maternal health. Proposes \$164 million, an increase of \$81 million above FY 2022 enacted. <a href="#">Priorities</a> include:</p> <ul style="list-style-type: none"> <li>- Maternal Mortality Review Committees,</li> <li>- Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM), to further expanding support for all states and territories and increasing support for Tribes.</li> <li>- New funds directed to expand Perinatal Quality Collaboratives to every state and support community engagement in maternal mortality prevention.</li> <li>- Support for the Pregnancy Risk Assessment Monitoring System (PRAMS) to test and implement alternate approaches to data collection to increase response rates, particularly among</li> </ul>	<p><a href="#">programs</a> – Proposes \$164 million, an increase of \$81 million, to expand support for: State Maternal Mortality Review Committees, Perinatal Quality Collaboratives and other programs.</p> <ul style="list-style-type: none"> <li>• Agency for Healthcare Quality and Research (AHRQ) – Proposes \$6.5 million to <a href="#">fund research</a> to ensure healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death.</li> </ul>

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	<p>particular focus on people from racial and ethnic minority groups. (Sec. 31045)</p> <p>✓ \$50 million to advance maternal health research at Minority-Serving Institutions (MSIs) such as Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities, Hispanic-Serving Institutions, and AAPISIs. (<a href="#">Sec. 31039</a>)</p>		<p>underrepresented communities.</p> <ul style="list-style-type: none"> <li>- Expansion of CDC's Hear Her public awareness campaign.</li> <li>• \$10 million (HRSA) to <a href="#">support</a> maternal health research and curricula development through Minority-Serving Institutions</li> <li>• \$3 million for NIHCD to <a href="#">study</a> the effects of COVID-19 on pregnant, postpartum and lactating people, with specific focus on people from racial and ethnic minority groups.</li> <li>• \$1 million for National Academy of Medicine to study and make <a href="#">recommendations</a> for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and accredited</li> </ul>	

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			<p>schools of osteopathic medicine.</p>	
<p>6. Support moms with <b>maternal mental health</b> conditions and substance use disorders.</p>	<p>✓ \$75 million to Grow and Diversify the Maternal Mental Health and Substance Use Disorder Treatment Workforce. (<a href="#">Sec. 31036</a>)</p> <p>✓ \$100 million for Maternal Mental Health Equity program to award grants and contracts to community-based organizations, tribal organizations, universities, and nonprofit organizations.</p>	<ul style="list-style-type: none"> <li>• <i>Alternative builds on existing MCHB-HRSA program under 21<sup>st</sup> Century Cures Act: Screening and Treatment for Maternal Depression: <a href="#">Increase</a> in HRSA funding to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals for maternal depression and related behavioral health needs. Provides \$6.5 million, increase of \$1.5 million above FY 2021 level.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Screening and Treatment for Maternal Depression</a> – Funds to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals for maternal depression and related behavioral health needs. Proposes \$10 million, \$4 million above FY 2022 enacted.</li> </ul>	
<p>7. Improve maternal health care and support for <b>incarcerated moms</b>.</p>	<p>– Did not include provisions related to incarcerated mothers as proposed in <a href="#">H.R.948/S.314</a>.</p>			
<p>8. Invest in <b>digital tools</b> like telehealth to improve maternal</p>	<p>✓ \$30 million to expand access to digital tools and technologies (e.g., for collaborative learning and</p>			

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<p>health outcomes in underserved areas.</p>	<p>capacity building) that promote maternal health equity.</p> <p>✓ \$30 million for grants and contracts to promote equity in maternal health outcomes through digital tools and increased access to telehealth technologies.</p>			
<p>9. Promote <b>innovative payment models</b> to incentivize high-quality maternity care and <b>continuity of insurance coverage</b> from pregnancy through labor and delivery and up to 1 year postpartum.</p>	<p>✓ <a href="#">Mandatory, permanent 12 months of postpartum</a> eligibility in Medicaid and CHIP (<a href="#">Sec. 30721</a>).</p> <ul style="list-style-type: none"> <li>• <a href="#">Enacted</a> as a temporary state option in the ARPA.</li> </ul> <p>✓ Medicaid state option to provide coordinated care through a “Maternal Health Home” for pregnant and postpartum people (<a href="#">Sec. 30722</a>).</p> <p>– Did not include innovative payment models as proposed in <a href="#">H.R. 950/S.334</a> or <a href="#">S.1675</a>.</p>		<ul style="list-style-type: none"> <li>• New \$25 million grant funding for a HRSA <a href="#">pregnancy medical home demonstration project</a>.</li> </ul>	

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<p>10. Invest in federal programs to address the unique risks for and effects of <b>COVID-19 during and after pregnancy</b> and to advance respectful maternity care in future public health emergencies.</p>	<p>✓ Provisions to strengthen federal maternal health surveillance, data collection, and emergency preparedness programs at CDC.</p>			
<p>11. Invest in community-based initiatives to reduce levels of and exposure to <b>climate change-related risks for moms and babies</b>.</p>	<p>✓ \$85 million to address the impacts of climate change-related maternal and infant health risks through education and training in health professional schools.</p>		<ul style="list-style-type: none"> <li>• <i>Alternative builds on existing CDC project:</i> Not specific to maternal health, <a href="#">proposal</a> for CDC to dedicate \$110 million (an increase of \$100 million above FY 2022 enacted), to continue the program and identify potential health effects associated with climate change, and implement health adaptation plans.</li> </ul>	
<p>12. Promote <b>maternal vaccinations</b> to protect the health and</p>	<p>– Provisions parallel to <a href="#">H.R. 951/S.345</a> or <a href="#">S.1117</a>; not included specifically in Build Back Better Act. Immunizations would be covered under Medicaid and</p>			

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<p>safety of moms and babies.</p>	<p>other laws related to COVID vaccinations.</p>			

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