

Comparison of Key Maternal Health Components: Black Maternal Health Momnibus Act, House Build Back Better Language, FY 22 Appropriations and President’s FY23 Budget Proposal

12 components of the Momnibus Act (see fact sheet) and Medicaid extended postpartum coverage bills	House language in the Build Back Better Act (Subtitle J) ✓ means a provision similar to the Momnibus or other maternal health bills was included.	FY 22 Appropriations Bill Compared with FY 2021 funding levels.	President’s FY23 Budget Proposal (HHS Budget Provisions)* Compared to similar provisions in the Build Back Better Act as passed by the House.
1. Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.	<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>		\$55 million (HRSA) for addressing emerging issues and social determinants of maternal health (<i>Combines Sec. 31031 and Sec. 31032 from BBB, and is a much smaller number than the \$175 million from those sections combined</i>)
2. Provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity.	<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>Alternative builds on existing HRSA program: Healthy Start: \$132 million, increase of \$4 million above FY 2021 level.</p>	<p>Alternative builds on existing HRSA program: Healthy Start program (\$32 million, \$17 million above FY 2022 enacted): 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 new Healthy Start model to reduce racial disparities in poor maternal and infant health outcomes.</p> <p>Alternative builds on existing IHS program: Improving Maternal Health (\$10 million): Provides \$4 million above FY 2022 enacted to improve maternal health in AI/AN communities. Funding supports preventive, perinatal, and postpartum care; addresses the needs of pregnant women with opioid or substance use disorder; and advances the quality of services provided to improve health outcomes and reduce maternal morbidity.</p>
3. Comprehensively study the unique maternal health risks facing pregnant and postpartum veterans and support VA maternity care coordination programs.	<p>– Did not include provisions related to veterans as proposed in H.R.958/S.796.</p> <p>Similar provisions passed in Veteran’s legislation 11/30/2021, P.L. 117-69.</p>		

<p>4. Grow and diversify the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support.</p>	<ul style="list-style-type: none"> ✓ Funding to grow and diversify the perinatal health workforce, including nurses, midwives, physicians, doulas, and other health professionals, including: <ul style="list-style-type: none"> – \$170 million for Growing and Diversifying the Nursing Workforce in Maternal and Perinatal Health. (Sec. 31033) – \$50 million for Growing and Diversifying the Doula Workforce (Sec. 31035) – \$25 million for funding identification of maternity care health professional target areas. (Sec. 31040) ✓ \$50 million for anti-bias trainings among health care professionals. (Sec. 31048) 	<ul style="list-style-type: none"> • Authorizing language for Rural MOMS Act (H.R. 769/S.1491): enacted 3/15/22 as part of Consolidated Appropriations Act of 2022. • Appropriation for Rural Maternity and Obstetrics Management Strategies: \$6 million, increase of \$1 million above FY 2021 level. <ul style="list-style-type: none"> - Improving rural maternal and obstetrics care data. - Rural Obstetric Network grant program (Authorization level set at \$3 million per year FY 23-27.) - Telehealth network and resource centers grants. - Rural maternal and obstetric training demonstration program (Authorization level set at \$5 million per year FY 23-27.) 	<ul style="list-style-type: none"> • \$25 million (HRSA) for Growing and Diversifying the Nursing Workforce (<i>compared with \$170 million in BBB, Sec. 31033</i>) • \$20 million (HRSA) for Growing and Diversifying the Doula Workforce (<i>compared with \$50 million in BBB, Sec. 31035</i>) • \$5 million (HRSA) for implicit bias training for health care providers (<i>compared with \$50 million in BBB, Sec. 31048</i>) <p>Alternative builds on existing HRSA project: Maternity Care Target Areas (\$5 million, \$4 million above FY 2022 enacted): to identify geographic areas with maternity care health 30 Health Resources and Services Administration professional shortages to inform efforts to distribute maternity care health professionals to these areas.</p> <p>Alternative builds on existing HRSA project: Rural Maternity and Obstetrics Management Strategies (\$10 million, \$4 million above FY 2022 enacted): to expand maternal and obstetrics care in rural communities.</p>
<p>5. Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.</p>	<ul style="list-style-type: none"> ✓ \$160 million to strengthen federal maternal health programs including the CDC's <ul style="list-style-type: none"> – \$50 million for Maternal Mortality Review Committees to promote representative community engagement. (Sec. 31041) 	<ul style="list-style-type: none"> • CDC Safe Motherhood and Infant Health: \$83 million, an increase of 20 million above FY 2021 level. 	<ul style="list-style-type: none"> • For CDC; \$164 million (<i>compared to \$160 million in BBB</i>), an increase of \$81 million above FY 2022 enacted. Focused on several CDC projects proposed and emphasized in Momnibus and Build Back Better legislation, including:

	<ul style="list-style-type: none"> – \$30 million for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) (Sec. 31043) – \$100 million for Surveillance for Emerging Threats to Mothers and Babies program. (Sec. 31042) – \$15 million for the Pregnancy Risk Assessment Monitoring System (PRAMS). (Sec. 31044) – \$50 million for Perinatal Quality Collaboratives. (Sec. 31034) <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 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. (Sec. 31039)</p>	<ul style="list-style-type: none"> • NIH Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) initiative, increase of \$30 million to support research on maternal morbidity and mortality. 	<ul style="list-style-type: none"> – Maternal Mortality Review Committees, – Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM), to further expanding support for all states and territories and increasing support for Tribes. – New funds directed to expand Perinatal Quality Collaboratives to every state and support community engagement in maternal mortality prevention. – Support the Pregnancy Risk Assessment Monitoring System (PRAMS) to test and implement alternate approaches to data collection to increase response rates, particularly among underrepresented communities. – Expansion of CDC’s Hear Her public awareness campaign. <ul style="list-style-type: none"> • \$10 million (HRSA) to support research and curricula development through Minority-Serving Institutions (<i>compared to \$50 million in BBB, Sec. 31039</i>) • \$3 million for NIHCD to study the effects of COVID-19 on pregnant, postpartum and lactating people, with specific focus on people from racial and ethnic minority groups (<i>compared with \$15 million in BBB, Sec. 31045</i>) • \$1 million for National Academy of Medicine to study and make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and accredited schools of osteopathic medicine (<i>compared to \$50 million in BBB Sec. 31048</i>)
<p>6. Support moms with maternal mental health conditions and substance use disorders.</p>	<p>✓ \$75 million to Grow and Diversify the Maternal Mental Health and Substance Use Disorder Treatment Workforce. (Sec. 31036)</p>	<p>Alternative builds on existing MCHB-HRSA program under 21st Century Cures Act: Screening and Treatment for Maternal Depression: \$6.5 million, increase of \$1.5 million above FY 2021 level.</p>	<p>Alternative builds on existing MCHB-HRSA program under 21st Century Cures Act: Screening and Treatment for Maternal Depression (\$10 million, \$4 million above FY 2022 enacted): to expand health care providers’ capacity to screen, assess, treat, and refer pregnant and postpartum individuals for</p>

	<ul style="list-style-type: none"> ✓ \$100 million for Maternal Mental Health Equity program to award grants and contracts to community-based organizations, tribal organizations, universities, and nonprofit organizations. (Sec. 31037) 		maternal depression and related behavioral health needs
7. Improve maternal health care and support for incarcerated moms .	<ul style="list-style-type: none"> – Did not include provisions related to incarcerated mothers as proposed in H.R.948/S.314. 		
8. Invest in digital tools like telehealth to improve maternal health outcomes in underserved areas.	<ul style="list-style-type: none"> ✓ \$30 million to expand access to digital tools and technologies (e.g., for collaborative learning and capacity building) that promote maternal health equity. (Sec. 31046) ✓ \$30 million for grants and contracts to promote equity in maternal health outcomes through digital tools and increased access to telehealth technologies. 		
9. Promote innovative payment models to incentivize high-quality maternity care and continuity of insurance coverage from pregnancy through labor and delivery and up to 1 year postpartum.	<ul style="list-style-type: none"> ✓ Mandatory, permanent 12 months of postpartum eligibility in Medicaid and CHIP, passed as a state option in the ARPA. (Sec. 30721) ✓ Medicaid state option to provide coordinated care through a “Maternal Health Home” for pregnant and postpartum people. (Sec. 30722) – Did not include innovative payment models as proposed in H.R. 950/S.334 or S.1675. 		<ul style="list-style-type: none"> • \$25 million in HRSA grant funding for a pregnancy medical home demonstration project (not Medicaid option as proposed in BBB, Sec. 30722)
10. Invest in federal programs to address the unique risks for and effects of COVID-19 during and after pregnancy and to advance respectful maternity care in future public health emergencies.	<ul style="list-style-type: none"> ✓ Provisions to strengthen federal maternal health surveillance, data collection, and emergency preparedness programs at CDC. 		
11. Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies .	<ul style="list-style-type: none"> ✓ \$85 million to address the impacts of climate change-related maternal and infant health risks through education and training in health professional schools. (Sec. 31038) 		<p>Alternative builds on existing CDC project, not specific to maternal health: In FY 2023, CDC will dedicate \$110 million, an increase of \$100 million above FY 2022 enacted, to continue the program in all states and territories, identify potential health effects associated with climate change, and implement health adaptation plans.</p>

<p>12. Promote maternal vaccinations to protect the health and safety of moms and babies.</p>	<p>— Provisions as in H.R. 951/S.345 or S.1117 not included specifically in Build Back Better Act. Immunizations would be covered under Medicaid and other laws related to COVID vaccinations.</p>		
<p>Not included in Momnibus but several bills introduced in 116th and 117th Congress focus on quality.</p>		<p>Alternative builds on existing HRSA project: Alliance for Innovation on Maternal Health (AIM): \$12 million, increase of \$3 million above FY 2021 level.</p> <ul style="list-style-type: none"> • Authorizing language for Maternal Quality Improvement Act (H.R.4387/S.1675): enacted 3/15/22 as part of Consolidated Appropriations Act of 2022. New authority includes: <ul style="list-style-type: none"> — - Innovation for maternal health grant program (Authorization level set at \$9 million per year FY23-27.) — Training for health care providers grant program(Authorization level set at \$5 million per year FY 23-27.) — Study on improving training — Integrated Services for Pregnant and Postpartum Women grant program (Authorization level set at \$10 million per year FY 23-27.) — Maternal Vaccination Awareness 	<p>Alternative builds on existing HRSA AIM project: Alliance for Innovation on Maternal Health (\$15 million, \$3 million above FY 2022 enacted): to expand the implementation of maternal safety bundles, which are straightforward sets of evidence-based practices shown to improve patient outcomes, in birthing facilities, community-based organizations and outpatient clinical settings.</p>
<p>Not included in Momnibus but several bills introduced in 116th and 117th Congress focus on emerging threats to maternal health.</p>		<p>Alternative builds on existing CDC project: Emerging Threats to Mothers and Babies: \$13 million, an increase of \$3 million above FY 2021 level.</p>	<p>Alternative builds on existing CDC project: Emerging Threats to Mothers and Babies Within the overall increase, the FY 2023 budget includes \$35 million, which is \$22 million above FY 2022 enacted, to expand activities to protect mothers and babies from emerging threats. The Surveillance for Emerging Threats to Mothers and Babies (SET-NET) initiative</p>
<p>State innovation and support</p>		<p>Alternative builds on existing HRSA project: State Maternal Health Innovation Grants: \$12 million, increase of \$6 million above FY 2021 level.</p> <p>Alternative builds on existing HRSA project: Maternal Health Hotline: \$4 million, increase of \$1 million above FY 2021 level.</p>	<p>Alternative builds on existing HRSA project: State Maternal Health Innovation Grants (\$55 million, \$26 million above FY 2022 enacted): to implement state specific innovative action plans to improve access to maternal care services and address workforce needs.</p> <p>Alternative builds on existing HRSA AIM project: Maternal Health Hotline (\$7 million, \$3</p>

			million above FY 2022 enacted): to expand funding for a vital, easily accessible new maternal mental health resource;
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