

Appendix Table 2. Comparison of Black Maternal Health Omnibus Act, House Build Back Better Language, FY22 Appropriations, FY23 Appropriations, Consolidated Appropriations Act of FY24, and Proposed Appropriations for FY25

<p>12 components* of Black Maternal Health Omnibus Act * Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3) ✓ means a provision similar to Omnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022) Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022) Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024) Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024) Funding levels compared to FY24 appropriations.</p>
<p>1. Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.</p>	<p>✓ \$100 million in funding for local entities (e.g., community-based organizations, tribal, and other local nonprofit organizations) to address social determinants of maternal health.</p> <p>– Did not include the federal <i>Interagency Task Force</i> proposed in the Omnibus.</p>		<ul style="list-style-type: none"> \$2 million, an increase of \$1 million above FY22 level, for the <i>Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes</i> through HHS Office of Women’s Health. \$55 million, an increase of \$26 million, for State Maternal Health Innovation Grants through HRSA. 	<ul style="list-style-type: none"> \$55 million, same as FY23 level, to fund State Maternal Health Innovation Grants. 	<ul style="list-style-type: none"> Unknown Senate LHHS appropriations bill proposes \$55 million, same as FY24 level, for State Maternal Health Innovation Grants.
<p>2. Provide funding to community-based organizations (CBO) that are working to improve maternal health outcomes and promote equity.</p>	<p>✓ \$75 million grants and contracts to CBOs to address Social Determinants of Health (SDOH), with awards made by the Office of Minority Health.</p>	<ul style="list-style-type: none"> <i>Alternative builds on existing Healthy Start Program</i>: Provides \$132 million, increase of \$4 million above FY21 level. 	<ul style="list-style-type: none"> \$15 million through HRSA for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other MCH advanced practice health professionals. 		<ul style="list-style-type: none"> House Appropriations bill proposes to zero out Healthy Start funding. Senate LHHS appropriations bill proposes \$142 million for Healthy Start overall. Also support for the enhanced Healthy Start model that began in FY2023.

<p>12 components* of Black Maternal Health Momnibus Act * Does not include 13th component on WIC introduced in 2023</p>	<p>House-passed language in the Build Back Better Act (Subtitle I, Part 3) ✓ means a provision similar to Momnibus or other bills included.</p>	<p>FY22 Appropriations Bill (Enacted March 2022) Funding levels compared to FY21 appropriations.</p>	<p>FY23 Appropriations Bill (Enacted December 2022) Funding levels compared to FY22 appropriations.</p>	<p>FY24 Consolidated Appropriations Act (Enacted April 2024) Funding levels compared to FY23 appropriations.</p>	<p>FY 25 LHHS Appropriations (As proposed by House and Senate, not enacted as of October 1, 2024) Funding levels compared to FY24 appropriations.</p>
<p>3. Comprehensively study risks facing pregnant and postpartum veterans and support maternity care coordination.</p>	<ul style="list-style-type: none"> • Did not include provisions related to veterans as proposed in H.R.958/S.796. – Similar provisions passed 11/30/21 in P.L. 117-69. 		<ul style="list-style-type: none"> • Report language directing the Department of Veterans Affairs to “implement and fully resource the Protecting Moms Who Served Act. 	<ul style="list-style-type: none"> • Report language that supports \$15 million for implementation of the Protecting Moms Who Served Act. 	<ul style="list-style-type: none"> • Unknown
<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, doulas, physicians, 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. – \$50 million for Growing and Diversifying the Doula Workforce. – \$25 million for funding identification of maternity care health professional target areas. ✓ \$50 million for anti- 	<ul style="list-style-type: none"> • Authorizing language for Rural MOMS Act (H.R. 769/S.1491) – Expands initiatives to address maternal health in rural areas. • \$6 million, increase of \$1 million above FY 2021 level, for Rural Maternity and Obstetrics Management Strategies (RMOMS) program in HRSA. This provision includes: <ul style="list-style-type: none"> – Rural Obstetric Network grant program (Authorization level set at \$3 million per year FY 23-27.) – Rural maternal and 	<ul style="list-style-type: none"> ✓ \$8 million, a \$2 million increase, through HRSA for the Rural Maternity and Obstetric Management Strategies (RMOMS) program. ✓ \$7 million, through HHS Office of Minority Health for funding (as proposed in the Kira Johnson Act in the Momnibus) to CBOs located in geographic areas with high rates of adverse maternal health outcomes – particularly among people from racial and ethnic minority groups – to achieve maternal health equity. ✓ \$5 million for the education of midwives through the Scholarships 	<ul style="list-style-type: none"> • \$12 million, a \$4 million increase, in funding for HRSA Rural Maternity and Obstetric Management Strategic (RMOMS) program. • \$7 million HHS Office of Minority Health to fund CBOs that are supporting moms in geographic areas with high rates of adverse maternal health outcomes. • \$5 million in funding for midwifery education and training through HRSA. • \$8 million, a \$3 million increase, to HRSA to expand workforce in Maternity Care Target Areas (MCTA). 	<ul style="list-style-type: none"> • Unknown

<p><u>12 components*</u> of Black Maternal Health Omnibus Act</p> <p>* Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3)</p> <p>✓ means a provision similar to Omnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022)</p> <p>Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022)</p> <p>Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024)</p> <p>Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024)</p> <p>Funding levels compared to FY24 appropriations.</p>
	<p>bias trainings among health care professionals</p>	<p>obstetric training demonstration program (Authorization level set at \$5 million per year FY23-27.)</p>	<p>for Disadvantaged Students program.</p> <p>✓ \$8 million to grow and diversify the certified nurse midwife workforce by awarding scholarships to students and registered nurses to cover the total cost of tuition for the duration of a nurse midwifery program, with a focus on increasing the pipeline of practitioners to work in rural and underserved communities.</p>	<ul style="list-style-type: none"> Language directing priority on birth center expansions. Requires HRSA to develop a plan to assist in birth center expansion in rural and urban maternity care deserts. 	

<p>12 components* of Black Maternal Health Momnibus Act * Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3) ✓ means a provision similar to Momnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022) Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022) Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024) Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024) Funding levels compared to FY24 appropriations.</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.</p>	<p>✓ Funds for federal maternal health programs including CDC Safe Motherhood and Infant Health:</p> <ul style="list-style-type: none"> – \$50 million for Maternal Mortality Review Committees. – \$30 million for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM). – \$100 million for Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program. – \$15 million for Pregnancy Risk Assessment Monitoring System (PRAMS). – \$50 million for Perinatal Quality Collaboratives. <p>✓ \$15 million for National Institutes of Health (NIH) to</p>	<ul style="list-style-type: none"> • CDC Safe Motherhood and Infant Health – \$83 million, an increase of \$20 million above FY 2021 level. • NIH Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) initiative, increase of \$30 million to support research on maternal morbidity and mortality. 	<p>✓ CDC Safe Motherhood and Infant Health – \$108 million, an increase of \$25 million, to expand support for ERASE MM, State Maternal Mortality Review Committees, Perinatal Quality Collaboratives and other programs.</p> <p>✓ \$43.4 million, an increase of \$13.4 million for NIH IMPROVE initiative.</p> <p>✓ \$10 million, through HRSA to establish a research network that is comprised of and supports minority-serving institutions to study maternal health disparities. (Based on the Data to Save Moms Act in the Momnibus).</p>	<ul style="list-style-type: none"> • CDC for Safe Motherhood and Infant Health – \$110.5 million, an increase of \$2.5 million. • \$53.4 million, an increase of \$10 million for NIH IMPROVE initiative. • \$10 million through HRSA to fund research grants at minority-serving institutions to study maternal health disparities. 	<ul style="list-style-type: none"> • House LHHS Appropriations bill proposes \$110.5 million, same as FY24 level, for CDC Safe Motherhood and Infant Health. • Senate LHHS appropriations bill proposes \$116.5 million, an increase of \$6 million, for CDC Safe Motherhood and Infant Health. • Overall, the Senate LHHS appropriations bill proposes increases investments in maternal health across CDC, HRSA, and NIH with a \$34 million increase for programs that aim to address maternal mental health, prevent pregnancy-related deaths, and support best practices to improve maternal health outcomes.

<p><u>12 components*</u> of Black Maternal Health Momnibus Act</p> <p>* Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3)</p> <p>✓ means a provision similar to Momnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022)</p> <p>Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022)</p> <p>Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024)</p> <p>Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024)</p> <p>Funding levels compared to FY24 appropriations.</p>
	<p>support research related to pregnant and postpartum individuals, with a focus on people from racial and ethnic minority groups.</p> <p>✓ \$50 million to advance maternal health research at Minority-Serving Institutions (MSIs).</p>				
<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.</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>	<p>✓ <i>Builds on existing HRSA program under 21st Century Cures Act authorized at \$24 million per year: Screening and Treatment for Maternal Depression: \$6.5 million, increase of \$1.5 million, to</i> HRSA to expand health providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals for maternal depression and related behavioral health needs.</p>	<ul style="list-style-type: none"> • \$10 million, an increase of \$3.5 million, to HRSA for Screening and Treatment for Maternal Depression and Related Disorders. • \$38.9 million, an increase of \$4 million, for substance use disorder treatment programs for pregnant and postpartum individuals. • \$7 million, an increase of \$3 million above the FY22 enacted level, for 	<ul style="list-style-type: none"> • \$10 million, same as FY23 level, to HRSA for Screening and Treatment for Maternal Depression and Related Disorders. • \$39 million to fund substance use disorder treatment programs for pregnant and postpartum individuals through SAMHSA. • \$7 million, same as FY23 level, for the 	<ul style="list-style-type: none"> • House LHHS Appropriations bill proposes \$11.5 million, above FY24 level, in funds for Screening and Treatment for Maternal Mental Health and Substance Use Disorder program through HRSA. • House LHHS Appropriations bill proposes \$7.5 million, \$500,000 above FY24 level, in funds for the Maternal Mental Health Hotline.

<p><u>12 components*</u> of Black Maternal Health Omnibus Act</p> <p>* Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3)</p> <p>✓ means a provision similar to Omnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022)</p> <p>Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022)</p> <p>Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024)</p> <p>Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024)</p> <p>Funding levels compared to FY24 appropriations.</p>
			<p>the Maternal Mental Health Hotline through HRSA.</p> <ul style="list-style-type: none"> Omnibus Appropriations included the <i>Into the Light for Maternal Mental Health and Substance Use Disorders Act of 2022</i>, which reauthorized and expanded maternal mental health screening and treatment grants. 	<p>Maternal Mental Health Hotline through HRSA.</p>	<ul style="list-style-type: none"> Senate LHHS Appropriations bill proposes \$8 million, increase of \$1 million above FY24 level, in funds for the Maternal Mental Health Hotline. House directs and Senate encourages HRSA to support service members, veterans, and military spouses/families via the Maternal Mental Health Hotline.
<p>7. Improve maternal health care and support for incarcerated moms.</p>	<ul style="list-style-type: none"> Did not include provisions related to incarcerated mothers. 				
<p>8. Invest in digital tools like telehealth to improve maternal health outcomes in underserved areas.</p>	<p>✓ \$30 million to expand access to digital tools and technologies that promote maternal health equity.</p>				
<p>9. Promote innovative payment models to incentivize high-quality maternity care and continuity of insurance</p>	<p>✓ Mandatory, permanent 12 months of postpartum eligibility in Medicaid and CHIP.</p> <p>✓ Medicaid state option to</p>	<p>✓</p>	<ul style="list-style-type: none"> \$10 million for a Pregnancy Medical Home Demonstration Project through HRSA. 	<ul style="list-style-type: none"> \$10 million, same as FY23 level, for a Pregnancy Medical Home Demonstration Project through HRSA. 	<ul style="list-style-type: none"> House LHHS Appropriations bill proposes \$10 million, same as FY24 level, for the Integrated Maternal Health Services (IMHS)

<p><u>12 components* of Black Maternal Health Momnibus Act</u> * Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3) ✓ means a provision similar to Momnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022) Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022) Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024) Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024) Funding levels compared to FY24 appropriations.</p>
<p>coverage from pregnancy through labor and delivery and up to 1 year postpartum.</p>	<p>provide coordinated care through a “Maternal Health Home” for pregnant and postpartum people.</p>		<ul style="list-style-type: none"> • \$15.3 million, an increase of \$3.3 million, through HRSA for the Alliance for Innovation on Maternal Health (AIM) program. 	<ul style="list-style-type: none"> • \$15.3 million, same as FY23 level, through HRSA for the Alliance for Innovation on Maternal Health (AIM) program. 	<ul style="list-style-type: none"> • program (formerly known as Pregnancy Medical Home demonstration project). • Senate LHHS Appropriations bill proposes \$10 million for the Integrated Services for Pregnant and Postpartum Women • House LHHS Appropriations bill proposes \$15.3 million, same as FY24 level, for the Innovation for Maternal Health program. • Senate LHHS Appropriations bill proposes \$17.8 million, an increase of \$2.5 million over FY23 level, for the Alliance for Innovation on Maternal Health (AIM) program.

<p>12 components* of Black Maternal Health Momnibus Act * Does not include 13th component on WIC introduced in 2023</p>	<p><u>House-passed language in the Build Back Better Act</u> (Subtitle I, Part 3) ✓ means a provision similar to Momnibus or other bills included.</p>	<p><u>FY22 Appropriations Bill</u> (Enacted March 2022) Funding levels compared to FY21 appropriations.</p>	<p><u>FY23 Appropriations Bill</u> (Enacted December 2022) Funding levels compared to FY22 appropriations.</p>	<p><u>FY24 Consolidated Appropriations Act</u> (Enacted April 2024) Funding levels compared to FY23 appropriations.</p>	<p><u>FY 25 LHHS Appropriations</u> (As proposed by House and Senate, not enacted as of October 1, 2024) Funding levels compared to FY24 appropriations.</p>
<p>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.</p>	<p>✓ Provisions to strengthen federal maternal health surveillance, data collection, and emergency preparedness programs at CDC.</p>				<ul style="list-style-type: none"> • Unknown.
<p>11. Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.</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. ✓ As above, proposed \$100 million for Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program.</p>		<ul style="list-style-type: none"> • \$23 million, an increase of \$10 million above FY22 level, for the CDC (SET-NET) program, designed to detect the effects of new health threats like COVID-19 on pregnant people and their babies by collecting key data. (This provision is based on the Maternal Health Pandemic Response Act in the Momnibus.) 	<ul style="list-style-type: none"> • \$23 million, an increase of \$10 million above the FY22 level, for CDC SET-NET, which detects the effects of new health threats like COVID-19 on pregnant people and their babies by collecting key data. 	<ul style="list-style-type: none"> • Unknown.
<p>12. Promote maternal vaccinations to protect the health and other laws related to COVID vaccinations.</p>	<ul style="list-style-type: none"> • Provisions parallel to H.R. 951 /S.345 or S.1117 not included. • Immunizations would be covered under Medicaid and safety of moms and 		<ul style="list-style-type: none"> • \$200,000 to establish an Advisory Committee to monitor and report on the implementation of the recommendations from the 2021 Task Force on Research 	<ul style="list-style-type: none"> • \$200,000 to fund an Advisory Committee to monitor and report on the implementation of the recommendations from the Task Force on Research Specific to 	<ul style="list-style-type: none"> • Unknown.

<p>12 components* of Black Maternal Health Momnibus Act</p> <p>* Does not include 13th component on WIC introduced in 2023</p>	<p>House-passed language in the Build Back Better Act (Subtitle I, Part 3)</p> <p>✓ means a provision similar to Momnibus or other bills included.</p>	<p>FY22 Appropriations Bill</p> <p>(Enacted March 2022)</p> <p>Funding levels compared to FY21 appropriations.</p>	<p>FY23 Appropriations Bill</p> <p>(Enacted December 2022)</p> <p>Funding levels compared to FY22 appropriations.</p>	<p>FY24 Consolidated Appropriations Act</p> <p>(Enacted April 2024)</p> <p>Funding levels compared to FY23 appropriations.</p>	<p>FY 25 LHHS Appropriations</p> <p>(As proposed by House and Senate, not enacted as of October 1, 2024)</p> <p>Funding levels compared to FY24 appropriations.</p>
	<p>babies.</p>		<p>Specific to Pregnant Women and Lactating Women (PRGLAC).</p> <ul style="list-style-type: none"> Funding to advance efforts that promote the safe inclusion of pregnant and lactating individuals in clinical trials for vaccines and therapeutics. 	<p>Pregnant Women and Lactating Women (PRGLAC).</p>	

Analysis prepared by Johnson Policy Consulting. October 2024.