



CARE For Moms Act Section-by-Section

Community, Access, Resources, Empowerment

Summary: This bill aims to improve Federal efforts with respect to the prevention of maternal mortality.

Section 1. Short Title

The short title of this bill is the “CARE for Moms Act”.

Section 2. Findings

This section outlines national trends in maternal mortality along the lines of race, ethnicity, socioeconomic status, educational background, geography, and other demographic indicators.

Section 3. Improving Federal Efforts with Respect to Prevention of Maternal Mortality

Subsection (a) Funding for State-Based Perinatal Quality Collaboratives Development and Sustainability: This subsection requires the Secretary of HHS to establish the State-Based Perinatal Quality Collaborative grant program to develop and sustain perinatal collaboratives in every State, the District of Columbia, and eligible territories to improve perinatal care and perinatal health outcomes for pregnant and postpartum women and their infants. Grants awarded under this subsection can be up to, but not exceeding \$250,000 per year for the duration of the grant period. In total, \$14,000,000 per year has been appropriated for each of fiscal years 2021 through 2025 to meet these requirements.

Subsection (b) Medicaid and CHIP Expansions: This subsection requires Medicaid and CHIP to cover oral health for Pregnant and Postpartum women. Oral health services include, but are not limited to preventive, diagnostic, periodontal, and restorative care. This subsection also requires Medicaid and CHIP coverage will be extended for postpartum women for one year. Information regarding these changes will be posted on the website by the Secretary, who will also issue guidance to the States on Medicaid coverage and payment for support services provided by doulas. The amendments made in this subsection take effect on the first day of the first quarter that begins on or after one year of the enactment of this Act.

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Subsection (c) Regional Centers of Excellence: This subsection requires the Secretary of HHS and other agency heads to award cooperative agreements for the establishment or support of regional centers of excellence addressing implicit bias, cultural competency, and respectful care practices in patient-provider interactions education. This would enhance how health care professionals are educated in implicit bias and delivering culturally competent health care. Public or other nonprofit entities such as health systems, teaching hospitals, community health centers, and health professional schools or programs are eligible to receive a cooperative agreement. They must demonstrate community engagement and participation and provide the Secretary of HHS information when requested.

Subsection (d) Special Supplemental Nutrition Program for Women, Infants, and Children: This subsection amends the Child Nutrition Act of 1966 to extend WIC benefits to women for up to 2 years postpartum, and for a period of 2 years if they are breastfeeding.

Subsection (e): Definitions defines the following terms: “maternal mortality”, “pregnancy related death”, “severe maternal morbidity”.

Section 4. Funding to Grow and Diversify the Full Spectrum Doula Workforce

This subsection requires the Secretary of Health and Human Services to award grants or contracts to health professions schools, academic health centers, State or local governments, territories, Indian Tribes and Tribal organizations, Urban Indian organizations, Native Hawaiian organizations, or other appropriate public or private nonprofit entities (or consortia of any such entities, including entities promoting multidisciplinary approaches), to establish or expand programs to grow and diversify full spectrum doula workforce, including through improving the capacity and supply of health care providers.

Section 5. Grants for Rural Obstetric Mobile Health Units

The Secretary, acting through the Administrator of the Health Resources and Services Administration shall establish a pilot program under which the Secretary shall make grants to States to purchase and equip rural mobile health units for the purpose of providing pre-conception, pregnancy, postpartum, and obstetric emergency services in rural and underserved communities.

Section 6. Requiring Notification of Impending Hospital Obstetric Unit Closure

Beginning 180 days after the date of the enactment of this subparagraph, in the case of a hospital, to notify the Secretary not less than 90 days prior to the closure of any obstetric unit of the hospital with required information as determined by the Secretary.



Section 7. Report on Maternal Health Needs:

Not later than 24 months after the date of enactment of this Act, the Secretary of Health and Human Services shall prepare, and submit to the Congress, a report on—where the maternal health needs are greatest in the United States compared to the Federal expenditures made to address such needs.

Section 8. Increasing Excise Taxes of Cigarettes and Establishing Excise Tax Equity Among All Tobacco Product Tax Rates

The Secretary of the Treasury can establish the level of tax for tobacco products including, but not exclusive to cigars, cigarettes, smokeless tobacco, pipe tobacco, and roll-your-own tobacco.