

## Maternal CARE Act

Senator Kirsten Gillibrand and Representative Alma Adams

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*In America, Black women are dying in pregnancy, childbirth, and during the postpartum period at astounding rates. The United States is one of only thirteen countries in the world where the rate of maternal mortality is now worse than it was 25 years ago. For Black women, the risk of death from pregnancy-related causes is a staggering two to three times higher than for white women. Black women are also twice as likely to suffer from life-threatening pregnancy complications. This disparity transcends income and education status, and can't be explained away by risk factors such as genetics or lack of health care access.*

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Health equity for Black women can only happen if we recognize and address persistent biases in our health system and do more to ensure women have access to culturally competent, holistic care to reduce preventable maternal mortality. The **Maternal Care Access and Reducing Emergencies (Maternal CARE) Act** would address these issues by creating two new grant programs and directing a study focused on reducing racial health disparities in maternal health.

### Implicit Bias Training Grants

Addresses implicit bias—specifically bias in judgment or behavior resulting from implicit attitudes and stereotypes—in maternal health care by establishing a \$25 million competitive grant program directed to medical schools, nursing schools, and other health professional training programs to support evidence-based implicit bias training. Grant priority is given for training in obstetrics and gynecology.

### Pregnancy Medical Home Demonstration Project

Allocates \$125 million to establish a demonstration project to assist up to 10 states with implementing and sustaining pregnancy medical home (PMH) programs, which incentivize maternal health care providers to deliver integrated health care services to pregnant women and new mothers and reduce adverse maternal health outcomes, maternal deaths, and racial health disparities in maternal mortality and morbidity.

- States work with relevant stakeholders to develop and carry out the program, including state and local health and social services agencies, health care providers serving pregnant women, community-based health workers like perinatal health workers and doulas, and community-based organizations.
- PMH programs will conduct standardized medical, obstetric, and psychosocial risk assessments for each pregnant patient and connect high-risk patients with a care manager that coordinates health care and social services.
- The bill follows the model used in North Carolina, which has the only statewide PMH program in the nation. Between 2004 and 2013, the pregnancy-related mortality rate for Black women in North Carolina dropped from 51.1 to 24.3 pregnancy-related deaths per 100,000 live births. The state's PMH program has been credited with the reduced maternal mortality rates for Black women in North Carolina.

### National Academy of Medicine Study

Directs the National Academy of Medicine to study and make recommendations for incorporating bias recognition in clinical skills testing for U.S. medical schools.