

119TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To address maternal mental health conditions and substance use disorders,  
and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Mrs. GILLIBRAND introduced the following bill; which was read twice and  
referred to the Committee on \_\_\_\_\_

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**A BILL**

To address maternal mental health conditions and substance  
use disorders, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Moms Matter Act”.

5 **SEC. 2. MATERNAL MENTAL HEALTH EQUITY GRANT PRO-**  
6 **GRAM.**

7       (a) IN GENERAL.—The Secretary of Health and  
8 Human Services, acting through the Assistant Secretary  
9 for Mental Health and Substance Use, shall establish a  
10 program to award grants to eligible entities to address ma-

1 ternal mental health conditions and substance use dis-  
2 orders, with a focus on demographic groups with elevated  
3 rates of maternal mortality, severe maternal morbidity,  
4 maternal health disparities, or other adverse perinatal or  
5 childbirth outcomes.

6 (b) APPLICATION.—To be eligible to receive a grant  
7 under this section, an eligible entity shall submit to the  
8 Secretary an application at such time, in such manner,  
9 and containing such information as the Secretary may re-  
10 quire.

11 (c) PRIORITY.—In awarding grants under this sec-  
12 tion, the Secretary shall give priority to an eligible entity  
13 that—

14 (1) is, or will partner with, a community-based  
15 organization to address maternal mental health con-  
16 ditions and substance use disorders described in sub-  
17 section (a);

18 (2) is operating in an area with elevated rates  
19 of maternal mortality, severe maternal morbidity,  
20 maternal health disparities, or other adverse  
21 perinatal or childbirth outcomes; and

22 (3) is operating in a health professional short-  
23 age area designated under section 332 of the Public  
24 Health Service Act (42 U.S.C. 254e).

1 (d) USE OF FUNDS.—An eligible entity that receives  
2 a grant under this section shall use the grant for the fol-  
3 lowing:

4 (1) Establishing or expanding maternity care  
5 programs to improve the integration of maternal  
6 mental health and behavioral health care services  
7 into primary care settings where pregnant individ-  
8 uals regularly receive health care services.

9 (2) Establishing or expanding group prenatal  
10 care programs or postpartum care programs.

11 (3) Expanding existing programs that improve  
12 maternal mental and behavioral health during the  
13 prenatal and postpartum periods, with a focus on in-  
14 dividuals from demographic groups with elevated  
15 rates of maternal mortality, severe maternal mor-  
16 bidity, maternal health disparities, or other adverse  
17 perinatal or childbirth outcomes.

18 (4) Providing services and support for pregnant  
19 and postpartum individuals with maternal mental  
20 health conditions and substance use disorders, in-  
21 cluding referrals to addiction treatment centers that  
22 offer evidence-based treatment options.

23 (5) Addressing stigma associated with maternal  
24 mental health conditions and substance use dis-  
25 orders, with a focus on individuals from demo-

1 graphic groups with elevated rates of maternal mor-  
2 tality, severe maternal morbidity, maternal health  
3 disparities, or other adverse perinatal or childbirth  
4 outcomes.

5 (6) Raising awareness of warning signs of ma-  
6 ternal mental health conditions and substance use  
7 disorders, with a focus on pregnant and postpartum  
8 individuals from demographic groups with elevated  
9 rates of maternal mortality, severe maternal mor-  
10 bidity, maternal health disparities, or other adverse  
11 perinatal or childbirth outcomes.

12 (7) Establishing or expanding programs to pre-  
13 vent suicide or self-harm among pregnant and  
14 postpartum individuals.

15 (8) Offering evidence-aligned programs at free-  
16 standing birth centers that provide maternal mental  
17 and behavioral health care education, treatments,  
18 and services, and other services for individuals  
19 throughout the prenatal and postpartum period.

20 (9) Establishing or expanding programs to pro-  
21 vide education and training to maternity care pro-  
22 viders with respect to—

23 (A) identifying potential warning signs for  
24 maternal mental health conditions or substance  
25 use disorders in pregnant and postpartum indi-

1           viduals, with a focus on individuals from demo-  
2           graphic groups with elevated rates of maternal  
3           mortality, severe maternal morbidity, maternal  
4           health disparities, or other adverse perinatal or  
5           childbirth outcomes; and

6                   (B) in the case where such providers iden-  
7           tify such warning signs, offering referrals to  
8           mental and behavioral health care professionals.

9           (10) Developing a website, or other source, that  
10          includes information on health care providers who  
11          treat maternal mental health conditions and sub-  
12          stance use disorders.

13           (11) Establishing or expanding programs in  
14          communities to improve coordination between mater-  
15          nity care providers and mental and behavioral health  
16          care providers who treat maternal mental health  
17          conditions and substance use disorders, including  
18          through the use of toll-free hotlines.

19           (12) Carrying out other programs aligned with  
20          evidence-based practices for addressing maternal  
21          mental health conditions and substance use dis-  
22          orders for pregnant and postpartum individuals from  
23          demographic groups with elevated rates of maternal  
24          mortality, severe maternal morbidity, maternal

1 health disparities, or other adverse perinatal or  
2 childbirth outcomes.

3 (e) REPORTING.—

4 (1) ELIGIBLE ENTITIES.—An eligible entity  
5 that receives a grant under subsection (a) shall sub-  
6 mit annually to the Secretary, and make publicly  
7 available, a report on the activities conducted using  
8 funds received through a grant under this section.  
9 Such reports shall include quantitative and quali-  
10 tative evaluations of such activities, including the ex-  
11 perience of individuals who received health care  
12 through such grant.

13 (2) SECRETARY.—Not later than the end of fis-  
14 cal year 2030, the Secretary shall submit to Con-  
15 gress a report that includes—

16 (A) a summary of the reports received  
17 under paragraph (1);

18 (B) an evaluation of the effectiveness of  
19 grants awarded under this section;

20 (C) recommendations with respect to ex-  
21 panding coverage of evidence-based screenings  
22 and treatments for maternal mental health con-  
23 ditions and substance use disorders; and

1 (D) recommendations with respect to en-  
2 suring activities described under subsection (d)  
3 continue after the end of a grant period.

4 (f) DEFINITIONS.—In this section:

5 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
6 ty” means—

7 (A) a community-based organization serv-  
8 ing pregnant and postpartum individuals, in-  
9 cluding such organizations serving individuals  
10 from demographic groups with elevated rates of  
11 maternal mortality, severe maternal morbidity,  
12 maternal health disparities, or other adverse  
13 perinatal or childbirth outcomes;

14 (B) a nonprofit or patient advocacy organi-  
15 zation with expertise in maternal mental and  
16 behavioral health;

17 (C) a maternity care provider;

18 (D) a mental or behavioral health care pro-  
19 vider who treats maternal mental health condi-  
20 tions or substance use disorders;

21 (E) a State or local governmental entity,  
22 including a State or local public health depart-  
23 ment;

24 (F) an Indian Tribe or Tribal organization  
25 (as such terms are defined in section 4 of the

1 Indian Self-Determination and Education As-  
2 sistance Act (25 U.S.C. 5304)); and

3 (G) an Urban Indian organization (as such  
4 term is defined in section 4 of the Indian  
5 Health Care Improvement Act (25 U.S.C.  
6 1603)).

7 (2) FREESTANDING BIRTH CENTER.—The term  
8 “freestanding birth center” has the meaning given  
9 that term under section 1905(l) of the Social Secu-  
10 rity Act (42 U.S.C. 1396d(1)).

11 (3) MATERNAL MORTALITY.—The term “mater-  
12 nal mortality” means a death occurring during or  
13 within a 1-year period after pregnancy, caused by  
14 pregnancy-related or childbirth complications, in-  
15 cluding a suicide, overdose, or other death resulting  
16 from a mental health or substance use disorder at-  
17 tributed to or aggravated by pregnancy-related or  
18 childbirth complications.

19 (4) MATERNITY CARE PROVIDER.—The term  
20 “maternity care provider” means a health care pro-  
21 vider who—

22 (A) is a physician, a physician assistant, a  
23 midwife who meets, at a minimum, the inter-  
24 national definition of a midwife and global  
25 standards for midwifery education as estab-

1 lished by the International Confederation of  
2 Midwives, an advanced practice registered  
3 nurse, a doula accredited by a State to receive  
4 reimbursement for doula services under a State  
5 plan (or a waiver of such plan) under title XIX  
6 of the Social Security Act (42 U.S.C. 1396 et  
7 seq.), or a lactation consultant certified by the  
8 International Board of Lactation Consultant  
9 Examiners; and

10 (B) has a focus on maternal or perinatal  
11 health.

12 (5) POSTPARTUM AND POSTPARTUM PERIOD.—  
13 The terms “postpartum” and “postpartum period”  
14 refer to the 1-year period beginning on the last day  
15 of the pregnancy of an individual.

16 (6) SECRETARY.—The term “Secretary” means  
17 the Secretary of Health and Human Services.

18 (7) SEVERE MATERNAL MORBIDITY.—The term  
19 “severe maternal morbidity” means a health condi-  
20 tion, including a mental health condition or sub-  
21 stance use disorder, attributed to or aggravated by  
22 pregnancy or childbirth that results in significant  
23 short-term or long-term consequences to the health  
24 of the individual who was pregnant.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there is authorized to be appropriated  
3 \$25,000,000 for each of fiscal years 2027 through 2031.

4 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE MATERNAL**  
5 **MENTAL AND BEHAVIORAL HEALTH CARE**  
6 **WORKFORCE.**

7 Title VII of the Public Health Service Act is amended  
8 by inserting after section 757 of such Act (42 U.S.C.  
9 294f) the following new section:

10 **“SEC. 758. MATERNAL MENTAL AND BEHAVIORAL HEALTH**  
11 **CARE WORKFORCE GRANTS.**

12 “(a) IN GENERAL.—The Secretary may award grants  
13 to entities to establish or expand programs described in  
14 subsection (b) to grow and diversify the maternal mental  
15 and behavioral health care workforce.

16 “(b) USE OF FUNDS.—Recipients of grants under  
17 this section shall use the grants to grow and diversify the  
18 maternal mental and behavioral health care workforce  
19 by—

20 “(1) establishing schools or programs that pro-  
21 vide education and training to individuals seeking  
22 appropriate licensing or certification as mental or  
23 behavioral health care providers who will specialize  
24 in maternal mental health conditions or substance  
25 use disorders; or

1           “(2) expanding the capacity of existing schools  
2           or programs described in paragraph (1), for the pur-  
3           poses of increasing the number of students enrolled  
4           in such schools or programs, including by awarding  
5           scholarships for students.

6           “(c) PRIORITIZATION.—In awarding grants under  
7           this section, the Secretary shall give priority to any entity  
8           that—

9           “(1) has demonstrated a commitment to re-  
10          cruiting and retaining students and faculty from ra-  
11          cial and ethnic minority groups;

12          “(2) has developed a strategy to recruit and re-  
13          tain a diverse pool of students into the maternal  
14          mental or behavioral health care workforce program  
15          or school supported by funds received through the  
16          grant, particularly from racial and ethnic minority  
17          groups and other underserved populations;

18          “(3) has developed a strategy to recruit and re-  
19          tain students who plan to practice in a health pro-  
20          fessional shortage area designated under section  
21          332;

22          “(4) has developed a strategy to recruit and re-  
23          tain students who plan to practice in an area with  
24          significant maternal health disparities, to the extent  
25          practicable; and

1           “(5) includes in the standard curriculum for all  
2 students within the maternal mental or behavioral  
3 health care workforce program or school a bias, rac-  
4 ism, or discrimination training program that in-  
5 cludes training on implicit bias and racism.

6           “(d) REPORTING.—As a condition on receipt of a  
7 grant under this section for a maternal mental or behav-  
8 ioral health care workforce program or school, an entity  
9 shall agree to submit to the Secretary an annual report  
10 on the activities conducted through the grant, including—

11           “(1) the number and demographics of students  
12 participating in the program or school;

13           “(2) the extent to which students in the pro-  
14 gram or school are entering careers in—

15           “(A) health professional shortage areas  
16 designated under section 332; and

17           “(B) areas with significant maternal health  
18 disparities, to the extent such data are avail-  
19 able; and

20           “(3) whether the program or school has in-  
21 cluded in the standard curriculum for all students a  
22 bias, racism, or discrimination training program that  
23 includes training on implicit bias and racism, and if  
24 so the effectiveness of such training program.

1           “(e) PERIOD OF GRANTS.—The period of a grant  
2 under this section shall be up to 5 years.

3           “(f) APPLICATION.—To seek a grant under this sec-  
4 tion, an entity shall submit to the Secretary an application  
5 at such time, in such manner, and containing such infor-  
6 mation as the Secretary may require, including any infor-  
7 mation necessary for prioritization under subsection (c).

8           “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
9 provide, directly or by contract, technical assistance to en-  
10 tities seeking or receiving a grant under this section on  
11 the development, use, evaluation, and postgrant period  
12 sustainability of the maternal mental or behavioral health  
13 care workforce programs or schools proposed to be, or  
14 being, established or expanded through the grant.

15           “(h) REPORT BY THE SECRETARY.—Not later than  
16 4 years after the date of enactment of this section, the  
17 Secretary shall prepare and submit to Congress, and post  
18 on the website of the Department of Health and Human  
19 Services, a report on the effectiveness of the grant pro-  
20 gram under this section at—

21                   “(1) recruiting students from racial and ethnic  
22 minority groups and other underserved populations;

23                   “(2) increasing the number of mental or behav-  
24 ioral health care providers specializing in maternal  
25 mental health conditions or substance use disorders

1 from racial and ethnic minority groups and other  
2 underserved populations;

3 “(3) increasing the number of mental or behav-  
4 ioral health care providers specializing in maternal  
5 mental health conditions or substance use disorders  
6 working in health professional shortage areas des-  
7 igned under section 332; and

8 “(4) increasing the number of mental or behav-  
9 ioral health care providers specializing in maternal  
10 mental health conditions or substance use disorders  
11 working in areas with significant maternal health  
12 disparities, to the extent such data are available.

13 “(i) DEFINITIONS.—In this section:

14 “(1) RACIAL AND ETHNIC MINORITY GROUP.—  
15 The term ‘racial and ethnic minority group’ has the  
16 meaning given such term in section 1707(g)(1).

17 “(2) MENTAL OR BEHAVIORAL HEALTH CARE  
18 PROVIDER.—The term ‘mental or behavioral health  
19 care provider’ means a health care provider in the  
20 field of mental and behavioral health, including sub-  
21 stance use disorders, acting in accordance with State  
22 law.

23 “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
24 carry out this section, there is authorized to be appro-

1 priated \$15,000,000 for each of fiscal years 2027 through  
2 2031.”.