

119TH CONGRESS
2D SESSION

S. _____

To amend the Public Health Service Act to improve maternal health and promote safe motherhood.

IN THE SENATE OF THE UNITED STATES

Mr. KAINE introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Public Health Service Act to improve maternal health and promote safe motherhood.

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 “Mothers and Newborns
5 Success Act”.

6 **SEC. 2. FINDINGS AND SENSE OF THE SENATE.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Among developed nations, the United States
9 has disturbingly high rates of maternal and infant
10 mortality.

1 (2) The United States maternal mortality rate
2 in 2020 was 23.8 deaths per 100,000 live births,
3 which is significantly higher than the Organisation
4 for Economic Co-operation and Development (re-
5 ferred to in this section as the “OECD”) average of
6 9.8, according to the Commonwealth Fund.

7 (3) The United States infant mortality rate in
8 2020 was 5.4 deaths per 1,000 live births, while the
9 OECD average was 4.1 deaths per 1,000 live births.

10 (4) In the United States, there are significant
11 maternal mortality and infant mortality inequities.

12 (5) The maternal mortality rate for non-His-
13 panic Black women in 2020 was 55.3 deaths per
14 100,000 live births. This rate is 2.89 times higher
15 than the maternal mortality rate of 19.1 deaths per
16 100,000 live births for non-Hispanic white women
17 and more than 3 times higher than the maternal
18 mortality rate of 18.2 deaths per 100,000 live births
19 for Hispanic women of any race.

20 (6) The Centers for Disease Control and Pre-
21 vention data from 2016 through 2018 shows that
22 American Indian/Alaska Native women also have
23 significantly higher rates of pregnancy-related
24 deaths than white, Hispanic, and Asian/Pacific Is-
25 lander women. American Indian/Alaska Native

1 women had a rate of 26.5 pregnancy-related deaths
2 per 100,000 live births from 2016 through 2018,
3 which is 1.9 times higher than the rate of 13.7
4 deaths per 100,000 live births for white women dur-
5 ing the same time period.

6 (7) The mortality rate for infants of non-His-
7 panic Black women is 10.6 deaths per 1,000 live
8 births and for infants of American Indian or Alaska
9 Native women it is 7.9 deaths per 1,000 live births.
10 These rates are significantly higher than the infant
11 mortality rate of non-Hispanic white infants at 4.5
12 deaths per 1,000 live births and the infant mortality
13 rate of Hispanic infants of any race at 5 deaths per
14 1,000 live births.

15 (b) SENSE OF THE SENATE.—It is the sense of the
16 Senate that the following should apply:

17 (1) The United States should dramatically re-
18 duce maternal and infant mortality, ensure that all
19 infants can grow up healthy and safe, and protect
20 women's health before, during, and after pregnancy.

21 (2) Any pregnant woman choosing to have a
22 child should be able to do so safely without regard
23 to income, race, ethnicity, employment status, geo-
24 graphic location, ability, or any other socio-economic
25 factor. United States policy should support women's

1 health so that women thrive and newborns have the
2 maximum chance for a healthy life.

3 (3) The evidence of serious racial inequities in
4 maternal and infant mortality, especially between
5 Black women and white women demonstrates the
6 persistence of racism and racial bias in our society
7 and health care system. A 2017 systemic review of
8 implicit bias in health care professionals found that
9 35 studies found evidence of negative implicit biases
10 towards people of color among health care profes-
11 sionals. Those biases were correlated with “lower
12 quality of care”. Therefore, the programs authorized
13 by this Act should be specifically deployed in ways
14 to counter such inequities.

15 (4) In the next 5 years, the United States
16 should aim to reduce its overall maternal and infant
17 mortality rates such that they are no higher than
18 the OECD average. The United States should dra-
19 matically reduce the maternal mortality and infant
20 mortality inequities between Black and American In-
21 dian/Alaskan Native women and white women.

22 (5) By advancing evidence-based policies to im-
23 prove maternal and infant health outcomes, the
24 United States can work to reduce and eliminate pre-

1 ventable maternal and infant mortality and severe
2 maternal morbidity.

3 **SEC. 3. STATE MATERNAL HEALTH INNOVATION.**

4 Title III of the Public Health Service Act is amended
5 by inserting after section 330P (42 U.S.C. 254c–22) the
6 following:

7 **“SEC. 330Q. STATE MATERNAL HEALTH INNOVATION.**

8 “(a) IN GENERAL.—The Secretary, acting through
9 the Administrator of the Health Resources and Services
10 Administration, shall continue in effect the State Maternal
11 Health Innovation Program and the Supporting Maternal
12 Health Innovation Program to award competitive grants
13 to eligible entities for the purpose of assisting States to
14 implement State-specific actions that address racial, eth-
15 nic and geographic inequities in maternal health and im-
16 prove maternal health outcomes, including the prevention
17 and reduction of maternal mortality and severe maternal
18 morbidity.

19 “(b) USE OF FUNDS.—An entity receiving a grant
20 under this section may use such funds—

21 “(1) to translate recommendations on address-
22 ing maternal mortality and severe maternal mor-
23 bidity into action through activities which may in-
24 clude—

1 “(A) establishing a State- or regional
2 multi-State-focused Maternal Health Task
3 Force to create and implement a strategic plan;

4 “(B) improving the collection, analysis,
5 and application of State- or regional multi-
6 State-level data on maternal mortality and se-
7 vere maternal morbidity; and

8 “(C) promoting and executing innovation
9 in maternal health service delivery, such as im-
10 proving access to maternal health care services,
11 identifying and addressing workforce needs, in-
12 cluding maternal health provider shortages;
13 identifying and addressing implicit and explicit
14 bias based on race or ethnicity; or supporting
15 postpartum and inter-pregnancy care services;
16 or

17 “(2) to provide support to entities receiving as-
18 sistance under paragraph (1), and other initiatives
19 of the Department of Health and Human Services to
20 improve maternal health outcomes as the Secretary
21 determines appropriate, States, multi-State regions
22 and other stakeholders working to reduce and pre-
23 vent maternal mortality and severe maternal mor-
24 bidity through activities which may include—

1 “(A) providing capacity-building assistance
2 to such entities to implement innovative and
3 evidence-informed strategies; and

4 “(B) establishing or continuing the oper-
5 ation of a resource center to provide national
6 guidance to such entities, States, and key stake-
7 holders to improve maternal health.

8 “(c) ALIGNMENT OF ACTIVITIES.—An entity carrying
9 out activities under subsection (b)(1) shall coordinate and
10 align such activities with the activities to improve mater-
11 nal health outcomes carried out by such entities under title
12 V of the Social Security Act.

13 “(d) ELIGIBLE ENTITIES.—To be eligible for a grant
14 under subsection (a), a domestic public or non-profit pri-
15 vate entity, Indian Tribe, or Tribal serving organization,
16 such as a Tribal health department or other organization
17 fulfilling similar functions for the Tribe, shall submit to
18 the Secretary an application at such time, in such manner,
19 and containing such information as the Secretary may re-
20 quire. In the case of applicants intending to carry out ac-
21 tivities described in subsection (b)(1), such applicants
22 shall demonstrate in such application that the entity has
23 a commitment from a State or group of States to collabo-
24 rate as part of the project on strengthening State-level ca-
25 pacity in achieving the program aims.

1 “(e) REPORT TO CONGRESS.—Not later than Janu-
2 ary 1, 2030, the Secretary shall submit to the Committee
3 on Health, Education, Labor, and Pensions of the Senate
4 and the Committee on Energy and Commerce of the
5 House of Representatives, and make publicly available, a
6 report concerning the impact of the programs continued
7 under this section on addressing inequities in maternal
8 health and improving maternal health outcomes, including
9 the prevention and reduction of maternal mortality and
10 severe maternal morbidity, together with recommendations
11 on whether to expand such programs to additional recipi-
12 ents and the estimated amount of funds needed to expand
13 such programs.

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
15 carry out this section, including carrying out the programs
16 referred to in subsection (a) on a national basis (subject
17 to the availability of appropriations), there is authorized
18 to be appropriated \$53,000,000 for each of fiscal years
19 2027 through 2030.”.

20 **SEC. 4. SAFE MOTHERHOOD.**

21 Section 317K of the Public Health Service Act (42
22 U.S.C. 247b–12) is amended—

23 (1) by redesignating subsections (f) and (g) as
24 subsections (i) and (j), respectively; and

1 (2) by inserting after subsection (e) the fol-
2 lowing:

3 “(f) LEVELS OF MATERNAL AND NEONATAL
4 CARE.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, shall establish or continue
8 in effect a program to award competitive grants to
9 eligible entities to assist with the classification of
10 birthing facilities based on the level of risk-appro-
11 priate maternal and neonatal care such entities can
12 provide in order to strategically improve maternal
13 and infant care delivery and health outcomes.

14 “(2) USE OF FUNDS.—An eligible entity receiv-
15 ing a grant under this subsection shall use such
16 funds to—

17 “(A) coordinate an assessment of the risk-
18 appropriate maternal and neonatal care of a
19 State, jurisdiction, or region, based on the most
20 recent guidelines and policy statements issued
21 by the professional associations representing
22 relevant clinical specialties, including obstetrics
23 and gynecology and pediatrics; and

24 “(B) work with relevant stakeholders, such
25 as hospitals, hospital associations, perinatal

1 quality collaboratives, members of the commu-
2 nities most affected by racial, ethnic, and geo-
3 graphic maternal health inequities, maternal
4 mortality review committees, and maternal and
5 neonatal health care providers and community-
6 based birth workers to review the findings of
7 the assessment made of activities carried out
8 under paragraph (1) and implement changes, as
9 appropriate, based on identified gaps in
10 perinatal services and differences in maternal
11 and neonatal outcomes in the State, jurisdic-
12 tion, or region for which such an assessment
13 was conducted to support the provision of risk-
14 appropriate care.

15 “(3) ELIGIBLE ENTITIES.—To be eligible for a
16 grant under this subsection, a State health depart-
17 ment, Indian Tribe or other Tribal serving organiza-
18 tion, such as a Tribal health department or other or-
19 ganization fulfilling similar functions for the Tribe,
20 shall submit to the Secretary an application at such
21 time, in such manner, and containing such informa-
22 tion as the Secretary may require.

23 “(4) PERIOD.—A grant awarded under this
24 subsection shall be made for a period of 3 years.
25 Any supplemental award made to a grantee under

1 this subsection may be made for a period of less
2 than 3 years.

3 “(5) REPORT TO CONGRESS.—Not later than
4 January 1, 2029, the Secretary shall submit to the
5 Committee on Health, Education, Labor, and Pen-
6 sions of the Senate and the Committee on Energy
7 and Commerce of the House of Representatives, and
8 make publicly available, a report concerning the im-
9 pact of the programs established or continued under
10 this subsection.

11 “(g) PREGNANCY CHECKBOX QUALITY ASSUR-
12 ANCE.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, may establish or continue a
16 program to award competitive grants and provide
17 technical assistance to eligible entities to implement
18 a quality assurance process to improve the validity
19 of the pregnancy checkbox data from death certifi-
20 cates.

21 “(2) USE OF FUNDS.—Eligible entities receiv-
22 ing a grant under this subsection shall use grant
23 funds to implement a quality assurance process to
24 improve the validity of the pregnancy checkbox data
25 from death certificates in the State or within the In-

1 dian Tribe. Activities funded under the grant may
2 include the following:

3 “(A) Reviewing death certificates for
4 women of reproductive age and individuals with
5 a pregnancy checkbox marked.

6 “(B) Attempting to confirm the pregnancy
7 of a decedent by searching for a matching birth
8 or fetal death record (or other matching state
9 administrative data source), contacting the
10 death certifier, or reviewing the medical record.

11 “(C) Amending death certificates or death
12 record files, as appropriate, and sending the up-
13 dated file to the National Center for Health
14 Statistics.

15 “(D) Providing training to death certifiers
16 about completing the death certificate.

17 “(E) Building awareness among death cer-
18 tifiers and health department staff about the
19 pregnancy checkbox.

20 “(F) Coordinating quality assurance activi-
21 ties among State maternal and child health pro-
22 grams, State vital records offices, and maternal
23 mortality review committee members and ab-
24 stractors.

1 “(3) ELIGIBLE ENTITIES.—To be eligible for a
2 grant under this subsection, a State health depart-
3 ment, Indian Tribe, or other Tribal serving organi-
4 zation, such as a Tribal health department or other
5 organization fulfilling similar functions for the
6 Tribe, shall submit to the Secretary an application
7 at such time, in such manner, and containing such
8 information as the Secretary may require.

9 “(4) REPORT TO CONGRESS.—Not later than
10 January 1, 2029, the Secretary shall submit to the
11 Committee on Health, Education, Labor, and Pen-
12 sions of the Senate and the Committee on Energy
13 and Commerce of the House of Representatives, and
14 make publicly available, a report concerning the im-
15 pact of the programs established or continued under
16 this subsection.”.

17 **SEC. 5. PREGNANCY RISK ASSESSMENT MONITORING SYS-**
18 **TEM.**

19 Section 317K of the Public Health Service Act (42
20 U.S.C. 247b–12) is amended by inserting after subsection
21 (g) (as added by section 4) the following:

22 “(h) PREGNANCY RISK ASSESSMENT MONITORING
23 SYSTEM.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Director of the Centers for Disease

1 Control and Prevention, may establish or continue
2 activities to collect data on maternal attitudes and
3 experiences during the prepregnancy, pregnancy,
4 labor and delivery, and postpartum periods. The
5 Secretary may expand data collection to all States,
6 Indian Tribes, and territories, and to the extent
7 practicable, compile and publish population-based
8 findings on the health and well-being of women,
9 mothers and infants.

10 “(2) ENHANCED SURVEILLANCE ACTIVITIES
11 AND TECHNICAL ASSISTANCE.—The Secretary, act-
12 ing through the Director of the Centers for Disease
13 Control and Prevention may support enhanced sur-
14 veillance activities and provide technical assistance
15 to States and Indian Tribes to improve data collec-
16 tion and ensure an adequate representation of racial,
17 ethnic and other communities of color in related
18 datasets.”.

19 **SEC. 6. POSTPARTUM CARE COORDINATION PILOT PRO-**
20 **GRAM.**

21 Title III of the Public Health Service Act is amended
22 by inserting after section 330Q (as added by section 3)
23 the following:

1 **“SEC. 330R. POSTPARTUM CARE COORDINATION PILOT**
2 **PROGRAM.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Administrator of the Health Resources and Services
5 Administration, and in consultation with experts rep-
6 resenting a variety of clinical specialties, including obstet-
7 rics and gynecology, State, Tribal, or local public health
8 officials, and in coordination with existing efforts to ad-
9 dress postpartum care, including activities conducted
10 under section 330H, shall establish a program to award
11 competitive grants to not more than 10 eligible entities
12 for the purpose of—

13 “(1) identifying and disseminating best prac-
14 tices to improve care and outcomes for women, in-
15 cluding women with chronic health conditions
16 prepregnancy and those with ongoing pregnancy-re-
17 lated conditions, in the postpartum period of at least
18 one year following birth, which may include—

19 “(A) information on evidence-based and
20 evidence-informed practices to improve the
21 quality of care;

22 “(B) best practices for connecting women
23 to primary or specialized care, including behav-
24 ioral health services, in the postpartum period;

1 “(C) information on addressing social and
2 clinical determinants of health that impact
3 women in the postpartum period; and

4 “(D) information on the most appropriate
5 course of care during the postpartum period, in-
6 cluding continued access to maternity care pro-
7 viders and ways to strengthen capabilities of
8 primary care providers and specialists, includ-
9 ing cardiologists and endocrinologists to recog-
10 nize and treat conditions that may result from
11 or be exacerbated by pregnancy;

12 “(2) collaborating with State-based maternal
13 mortality review committees, State-based perinatal
14 quality care collaboratives and other relevant initia-
15 tives to—

16 “(A) identify risk factors and systems
17 issues for the development of best practices;
18 and

19 “(B) disseminate best practices;

20 “(3) providing technical assistance and sup-
21 porting the implementation of best practices identi-
22 fied in paragraph (1) to entities and providers pro-
23 viding health care and social support services to
24 postpartum women;

1 “(4) identifying, developing, and evaluating new
2 models of care that improve maternal health out-
3 comes, which may include the integration of commu-
4 nity-based services, behavioral health, and clinical
5 care, including interprofessional education for team-
6 based care; and

7 “(5) developing condition-specific consumer ma-
8 terials directed toward women to help them better
9 manage their physical and behavioral health in the
10 postpartum period.

11 “(b) ELIGIBLE ENTITIES.—To be eligible for a grant
12 under subsection (a), an entity shall—

13 “(1) submit to the Secretary an application at
14 such time, in such manner, and containing such in-
15 formation as the Secretary may require; and

16 “(2) demonstrate in such application that the
17 entity is capable of carrying out data-driven mater-
18 nal safety and quality improvement initiatives in the
19 areas of obstetrics and gynecology or maternal
20 health.

21 “(c) REPORT TO CONGRESS.—Not later than Janu-
22 ary 1, 2031, the Secretary shall submit to the Committee
23 on Health, Education, Labor, and Pensions of the Senate
24 and the Committee on Energy and Commerce of the
25 House of Representatives, and make publicly available, a

1 report concerning the impact of the programs established
2 or continued under this section.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there is authorized to be appro-
5 priated \$5,000,000 for each of fiscal years 2027 through
6 2031.”.

7 **SEC. 7. MATERNAL HEALTH RESEARCH NETWORK.**

8 Subpart 7 of part C of title IV of the Public Health
9 Service Act (42 U.S.C. 285g et seq.) is amended by adding
10 at the end the following:

11 **“SEC. 452H. MATERNAL HEALTH RESEARCH NETWORK.**

12 “(a) ESTABLISHMENT.—The Secretary, acting
13 through the Director of the National Institutes of Health,
14 shall establish a National Maternal Health Research Net-
15 work (referred to in this section as the ‘Network’), to more
16 effectively support innovative research to reduce maternal
17 mortality and promote maternal health.

18 “(b) ACTIVITIES.—The Secretary, acting through the
19 Network, may carry out activities to support mechanistic,
20 translational, clinical, behavioral, or epidemiologic re-
21 search, as well as community-informed research on struc-
22 tural risk factors to address unmet maternal health re-
23 search needs specific to the underlying causes of maternal
24 mortality and severe maternal morbidity and their treat-
25 ment. Such activities should be focused on optimizing im-

1 proved diagnostics and clinical treatments, improving
2 health outcomes, and reducing inequities.

3 “(c) EXISTING NETWORKS.—In carrying out this sec-
4 tion, the Secretary may utilize or coordinate with the Ma-
5 ternal Fetal Medicine Units Network and the Obstetric-
6 Fetal Pharmacology Research Centers Network.

7 “(d) USE OF FUNDS.—Amounts appropriated to
8 carry out this section may be used to support the Network
9 for activities related to maternal mortality or severe ma-
10 ternal morbidity that lead to potential therapies or clinical
11 practices that will improve maternal health outcomes and
12 reduce inequities. Amounts provided to such Network shall
13 be used to supplement, and not supplant, other funding
14 provided to such Network for such activities.

15 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there is authorized to be appro-
17 priated \$50,000,000 for each of fiscal years 2027 through
18 2031.”.

19 **SEC. 8. TELEHEALTH DEMONSTRATION PROGRAM.**

20 Section 330A of the Public Health Service Act (42
21 U.S.C. 254c) is amended—

22 (1) by redesignating subsections (h) through (j)
23 as subsections (i) through (k), respectively; and

24 (2) by inserting after subsection (g), the fol-
25 lowing:

1 “(h) TELEHEALTH DEMONSTRATION PROGRAM.—

2 “(1) IN GENERAL.—The Secretary, acting
3 through the Administrator of the Health Resources
4 and Services Administration, shall continue in effect
5 the Rural Maternity and Obstetrics Management
6 Strategies (RMOMS) Program to award competitive
7 grants to eligible entities for the purpose of improv-
8 ing access to, and continuity of, maternal and ob-
9 stetrics care in rural communities.

10 “(2) USE OF FUNDS.—An entity receiving a
11 grant under this subsection shall use grant funds to
12 develop a sustainable consortium approach to coordi-
13 nate maternal and obstetrics care within a rural re-
14 gion—

15 “(A) through a focus on—

16 “(i) rural regional approaches to risk
17 appropriate care;

18 “(ii) an approach to coordinating a
19 continuum of care for prepregnancy, preg-
20 nancy, labor and delivery, postpartum, and
21 interpregnancy services;

22 “(iii) leveraging telehealth and spe-
23 cialty care to enhance case management of
24 higher-risk expectant mothers living in
25 geographically isolated areas; and

1 “(iv) demonstrating financial sustain-
2 ability through improved maternal and
3 neonatal outcomes and potential cost sav-
4 ings; and

5 “(B) by testing and improving upon strate-
6 gies to improve access to, and continuity of, ob-
7 stetrics care in rural communities and reduce
8 geographic inequities in maternal health
9 through the use of data and outcome measures
10 spanning the continuum of care from
11 prepregnancy through pregnancy, labor, deliv-
12 ery, and the postpartum period.

13 “(3) ELIGIBLE ENTITIES.—To be eligible for a
14 grant under paragraph (1), a domestic public or
15 non-profit private entity, including Indian Tribes,
16 and Tribal serving organizations such as a Tribal
17 health department or other organization fulfilling
18 similar functions for the Tribe, shall—

19 “(A) submit to the Secretary an applica-
20 tion at such time, in such manner, and con-
21 taining such information as the Secretary may
22 require;

23 “(B) propose to carry out activities that
24 exclusively target populations residing in rural
25 counties or rural census tracts in urban coun-

1 ties as designated by the Health Resources and
2 Services Administration; and

3 “(C) demonstrate a formal arrangement
4 among a consortium of three or more entities,
5 including the applicant, to build a rural based
6 system of perinatal and maternal care.

7 “(4) REPORT TO CONGRESS.—Not later than
8 January 1, 2029, the Secretary shall submit to the
9 Committee on Health, Education, Labor, and Pen-
10 sions of the Senate and the Committee on Energy
11 and Commerce of the House of Representatives, and
12 make publicly available, a report concerning the im-
13 pact of the programs continued under this sub-
14 section together with recommendations on whether
15 to expand such programs and the estimated amount
16 of funds needed to expand such programs.

17 “(5) AUTHORIZATION OF APPROPRIATIONS.—
18 To carry out this subsection, there is authorized to
19 be appropriated \$12,000,000 for each of fiscal years
20 2027 through 2029.”.

21 **SEC. 9. PUBLIC AND PROVIDER AWARENESS CAMPAIGN**

22 **PROMOTING MATERNAL AND CHILD HEALTH.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services, acting through the Director of the Cen-
25 ters for Disease Control and Prevention, and in coordina-

1 tion with State, local, territorial, health departments, In-
2 dian Tribes, Tribal serving organizations, public health ex-
3 perts and associations, the medical and allied professional
4 community, and minority health organizations, shall
5 award competitive grants to eligible entities to establish
6 a national evidence-based public and provider awareness
7 campaign on the importance of maternal and child health,
8 including identifying and responding to maternal health
9 warning signs and vaccinations for the health of pregnant
10 women and their children, with the goal of increasing vac-
11 cination rates among pregnant women and children, re-
12 ducing racism and racial, ethnic, and geographic inequities
13 in maternal and child health, and reducing maternal mor-
14 tality and severe maternal morbidity.

15 (b) USE OF FUNDS.—An entity receiving a grant
16 under this section shall use grant funds to supplement,
17 not supplant, any Federal, State, or local funds supporting
18 the establishment of a national evidence-based public and
19 provider awareness campaign with all resources in an ac-
20 cessible format that—

21 (1) increases awareness and knowledge of ma-
22 ternal health warning signs and how to respond to
23 those signs as well as the safety and effectiveness of
24 vaccines for pregnant women and their children;

1 (2) provides targeted evidence-based, culturally-
2 and linguistically-appropriate resources to pregnant
3 women, particularly in communities with low rates of
4 vaccination and in rural and underserved areas; and

5 (3) provides evidence-based information and re-
6 sources on the importance of maternal and child
7 health, including maternal health warning signs and
8 the safety of vaccinations for pregnant women and
9 their children to public health departments and
10 health care providers that care for pregnant women.

11 (c) ELIGIBLE ENTITIES.—To be eligible for a grant
12 under this section, a public or private entity shall submit
13 to the Secretary of Health and Human Services an appli-
14 cation at such time, in such manner, and containing such
15 information as the Secretary may require.

16 (d) COLLABORATION.—The Secretary of Health and
17 Human Services shall ensure that the information and re-
18 sources developed for the campaign under this section are
19 disseminated to other divisions of the Department of
20 Health and Human Services working to improve maternal
21 and child health outcomes.

22 (e) EVALUATION.—Not later than January 1, 2030,
23 the Secretary of Health and Human Services shall estab-
24 lish quantitative and qualitative metrics to evaluate the
25 campaign under this section and shall submit a report de-

1 tailing the campaign's impact to the Committee on Health,
2 Education, Labor, and Pensions of the Senate and the
3 Committee on Energy and Commerce of the House of
4 Representatives.

5 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there is authorized to be appropriated
7 \$2,000,000 for each of fiscal years 2027 through 2031.