

A photograph of a woman with dark hair, wearing a light-colored, textured cardigan, smiling warmly as she holds a young child. The child is also smiling and looking towards the camera. The background is a plain, light-colored wall. The overall mood is positive and intimate.

# **BECOMING AN ADVOCATE**

**FOR MATERNAL HEALTH OF  
BIPOC COMMUNITIES**

**HEALTHY  
MOMS.  
STRONG  
BABIES.**



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# INTRODUCTION

As one of the richest nations on Earth, moms are dying at one of the highest rates in the developed world—and the rate continues to grow. This crisis is the most severe for Black moms in the U.S. who are dying at 3 times the rate of their White counterparts. According to The Centers for Disease Control and Prevention (CDC), more than 60 percent of pregnancy-related deaths in the U.S. are preventable. The Black Maternal Health Momnibus Act (Momnibus Act) is a comprehensive legislative package composed of 12 individual bills that address every dimension of this U.S. maternal health crisis.

March of Dimes designed this toolkit to help you advocate for BIPOC (Black, Indigenous, people of color) maternal health policy solutions and create impactful change. It's full of resources and customizable tools, including factsheets, talking points and more to support all advocates (novice or experienced) in their advocacy efforts to support the Momnibus. The ultimate goal is to reinforce BIPOC maternal health and create a movement of empowered individuals to help pass these significant policy solutions.

## **Collectively, we can make a difference.**

In addition to this toolkit, March of Dimes will host a virtual “advocacy power” training. The training will give an “Advocacy 101” overview, demystify the legislative process and equip participants with the critical knowledge to become an impactful advocate for BIPOC maternal health policy solutions. After the training, you’ll be able to use the new skills and knowledge to educate your elected officials and advocate for impactful BIPOC maternal health policies.

Learn more at [marchofdimes.org/momnibus](https://marchofdimes.org/momnibus).

# **BECOMING AN ADVOCATE**

# CONTACT YOUR REPRESENTATIVE



## WHAT IS IT?

There are a variety of ways to express your views about March of Dimes policy priorities, ranging in ease from tweeting, calling and writing your elected officials to meeting them in person.

This toolkit aims to guide you through the process of contacting your representatives by providing advocacy activities and communication tips.

## WHY IS IT IMPORTANT?

Your voice and opinions are powerful. Members of Congress are elected to represent your concerns. It's your responsibility to make your voice heard. You can make a difference, big or small, by communicating with your Members of Congress and their Congressional staff. If you take the time to thoughtfully express your views and follow up with them, your message will have a great impact.

## HOW YOU CAN DO IT:

**Call:** Calling your elected officials is an efficient way to get your message across, even if you don't directly speak with them. Find a sample Congressional telephone call [here](#).

**Write a letter or email:** Writing a letter and emailing are other effective ways to communicate your concerns. Remember to keep your message clear and short, introduce yourself and your credentials, use specific examples, suggest recommendations and thank them.

- Find a sample Congressional letter [here](#)

**Attend a town hall meeting:** Attending town hall meetings are an opportunity to ask questions and demonstrate your commitment. It's important to come prepared with questions, make a point of talking with the Members of Congress or their staff at the meeting, take notes during and follow up afterwards.

- Learn about upcoming constituent events by visiting the websites of your Members of Congress, calling the local district offices or viewing the [Congressional calendar](#) and [Congress Days in Session](#)

**Schedule a meeting:** Meeting your Members of Congress in person or virtually is an effective way to influence them and their decisions. Steps include:

- Request a meeting—here's a [sample Congressional meeting request email](#)
- Research your Member of Congress
- Map out your "ask" and create your message—here's a [message worksheet](#)
- Prepare documents to leave behind—visit [tips for creating a leave-behind-document](#)
- Come prepared by bringing business cards, one-pagers, a notebook and pen; and make sure to dress professionally
- If the meeting is virtual, make sure to designate a leader for the video call to help with the flow of the meeting

## QUICK LINKS

- To find your representative, visit this [website](#)
- To find your senator, visit this [website](#)
- [Policy priorities](#)
- More resources can be found at [marchofdimes.org](http://marchofdimes.org)

## COMMUNICATION TIPS

- Know the correct pronunciation of your legislator's name.
- Know whether he/she/they is a Representative or Senator and use their title when addressing them.
- Review relevant committee assignments.
- Be personable, courteous and non-confrontational.
- Begin by thanking the legislator for their hard work and representation.
- Do NOT make your political affiliation apparent, but underscore your role on behalf of March of Dimes.
- Use this opportunity to educate. Never guess or exaggerate facts. Speak in plain terms. Back up your talking points.
- Brevity is important. Get to the point of your visit.

## SHARE YOUR STORY AND CONNECT

### UNSPOKEN STORIES

#UnspokenStories gives voice to experiences of pregnancy from the joys of parenting to the heartbreak of loss. The supportive community is made up of parents, medical professionals, grandparents, would-be parents and friends who want to share with each other one story at a time. Visit [www.unspokenstories.org](http://www.unspokenstories.org).

### SHARE YOUR STORY

[ShareYourStory.org](http://ShareYourStory.org) is a welcoming environment for families to share their story and connect with other moms, dads and families who understand first-hand the challenges and triumphs that can happen throughout the pregnancy journey.

## COMMUNICATION TIPS

- To meet your elected officials and to tell them what you care about and why you care
- To educate lawmakers on March of Dimes' core issues, such as maternal health, access to care and Newborn Screening
- To encourage lawmakers to promote public policies that improve the health of all moms and babies

Learn about March of Dimes advocacy campaigns and sign up for our [Action Network](#).

# TIPS FOR EFFECTIVE LEGISLATIVE VISITS



## BEFORE THE MEETING...

- Do your homework.
- Know the correct spelling and pronunciation of the legislator's name.
- Research committee assignments if possible.
- Review your legislator's voting record and any publicly stated views or opinions.
- Anticipate how the legislator(s) may respond and have rebuttals prepared.



## AT THE MEETING...

- Be on time.
- Don't be insulted if you meet with the legislator's staff.
- Staff are extremely important.
- Staff often have the "ear" of the legislator—thousands of bills are filed, and they'll turn to staff for more information (though different officials operate differently).
- Make limited small talk and keep the tone and climate of the meeting casual and friendly—not defensive or accusatory.
- Introduce, inquire, inform and request.
- State your purpose clearly: "I'm here to talk about X and/or to ask for your support specifically on..."
- Make the issue real, connect it to real life and use "human" examples when possible.
- Stay at "30,000" feet and do not get too technical unless talking to someone who has expertise in the area.
- Summarize your main points before leaving.
- Say thank you and leave on time—don't prolong meeting past requested time unless legislator is asking questions.



## AFTER THE MEETING...

- Send a thank you note via mail or email.
- Even though the meeting is over, this isn't the end. This is the beginning of an ongoing relationship with your legislator(s) that will allow you to voice your opinion in the future.
- Send updated information as it becomes available.

# HOW DOES A BILL BECOME A LAW?

Source: usa.gov

## 1 EVERY LAW STARTS WITH AN IDEA

That idea can come from anyone, even you! Contact your elected officials to share your idea. If they want to try to make it a law, they'll write a bill.

## 2 THE BILL IS INTRODUCED

A bill can start in either house of Congress when it's introduced by its primary sponsor, a Senator or a Representative. In the House of Representatives, bills are placed in a wooden box called "the hopper." Here, the bill is assigned a legislative number before the Speaker of the House sends it to a committee.

## 3 THE BILL GOES TO COMMITTEE

Representatives or Senators meet in a small group to research, talk about and make changes to the bill. They vote to accept or reject the bill and its changes before sending it to the House or Senate floor for debate or to a subcommittee for further research.

## 4 CONGRESS DEBATES AND VOTES

Members of the House or Senate can now debate the bill and propose changes or amendments before voting. If the majority vote for and pass the bill, it moves to the other house to go through a similar process of committees, debate and voting. Both houses have to agree on the same version of the final bill before it goes to the president.

## 5 PRESIDENTIAL ACTION

When the bill reaches the president, he or she can:

### APPROVE AND PASS

The president signs and approves the bill. The bill is law.

### CHOOSE NO ACTION

The President can decide to do nothing. If Congress is in session, after 10 days of no answer from the president, the bill then automatically becomes law.

The president can also:

### VETO

The president rejects the bill and returns it to Congress with the reasons for the veto. Congress can override the veto with  $\frac{2}{3}$  vote of those present in both the House and the Senate and the bill will become law.

### POCKET VETO

If Congress adjourns (goes out of session) within the 10 day period after giving the president the bill, the president can choose not to sign it and the bill will not become law.

# **LEGISLATIVE ONE PAGERS**

# SOCIAL DETERMINANTS FOR MOMS ACT



## BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), social determinants of health are the conditions where people live, learn, work and play—conditions that affect a wide range of health risks and outcomes.<sup>1</sup> Research from the Robert Wood Johnson Foundation has found that these social determinants “can drive as much as 80 percent of health outcomes.”<sup>2</sup> Addressing social determinants is especially important for reducing rates of maternal mortality and severe maternal morbidity for Black birthing people, who are more than three times as likely to die from pregnancy-related causes as their white counterparts.<sup>3</sup> According to the National Perinatal Task Force, “focusing on the social determinants of health is an important step to addressing root causes for these unwavering gaps in maternal and infant health.”<sup>4</sup> The **Social Determinants for Moms Act** makes key investments in social determinants to save moms and end disparities in maternal health outcomes.



## BILL SUMMARY

The **Social Determinants for Moms Act** will:

1. Establish a **task force across agencies and departments** to coordinate federal efforts to address social determinants of health for pregnant and postpartum people.
2. Provide funding for safe, stable, adequate, quality **housing for pregnant and postpartum people**.
3. Study the **transportation barriers** that prevent pregnant and postpartum people from attending maternity care appointments and accessing important social services.
4. **Extend WIC eligibility periods for new moms** so they can access nutritious foods, information on healthy eating and health care referrals when they need them most.
5. Provide funding to establish and scale programs that deliver **nutritious food, infant formula, clean water and diapers** to pregnant and postpartum people in food deserts.
6. Study the effects of **environmental risks** to maternal and infant health outcomes and make recommendations for steps to end racial and ethnic disparities.
7. Provide funding for free, drop-in **child care** access for pregnant and postpartum people.
8. Provide **grants to community-based organizations and public health departments** to address unique social determinants of health needs in their communities.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood’s office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>Centers for Disease Control and Prevention: [Social Determinants of Health](#)

<sup>2</sup>Robert Wood Johnson Foundation: [Medicaid’s Role in Addressing Social Determinants of Health](#)

<sup>3</sup>Centers for Disease Control and Prevention: [Racial/Ethnic Disparities in Pregnancy-Related Deaths](#)

<sup>4</sup>National Perinatal Task Force: [Building a Movement to Birth a More Just and Loving World](#)

# KIRA JOHNSON ACT



## BACKGROUND

On April 12th, 2016, Kira Johnson checked into a hospital with her husband Charles to give birth to their second child, Langston. Kira—an entrepreneur, world traveler, mother of one healthy boy already and a Black woman—didn't make it out alive. Despite being in excellent health, Kira died from a hemorrhage approximately 12 hours after delivering Langston. Kira deserved better, and so do all the Black moms across the United States who are dying at disproportionately high rates.<sup>1</sup>

Although the maternal mortality crisis for Black moms and other birthing people of color in the U.S. is disturbing, it's not hopeless: in communities all across the country, there are local organizations working tirelessly to ensure that moms don't lose their lives in an attempt to bring life into the world. The **Kira Johnson Act** makes investments in community-based organizations that are leading the charge to support moms. The bill also supports bias and racism training programs, research and the establishment of Respectful Maternity Care Compliance Programs to address bias and racism, and to promote accountability in maternity care settings.



## BILL SUMMARY

The **Kira Johnson Act** will:

1. Provide funding to **community-based organizations** to improve maternal health outcomes for Black pregnant and postpartum people and women of color, as well as birthing people from other underserved communities, including investments in:
  - Support for pregnant and postpartum people with **maternal mental health conditions and substance use disorders**.
  - Addressing **social determinants of health** like housing, transportation and nutrition.
  - Support for **midwifery practices**.
  - **Doulas and other perinatal health workers** who support pregnant and postpartum people.
2. Provide funding for grant programs to implement and study **consistent bias, racism and discrimination trainings for all employees in maternity care settings**.
3. Provide funding to **establish Respectful Maternity Care Compliance Programs** within hospitals to provide mechanisms for pregnant and postpartum patients to report instances of disrespect or evidence of racial, ethnic or other types of bias and promote accountability.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood's office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>Centers for Disease Control and Prevention: [Racial/Ethnic Disparities in Pregnancy-Related Deaths](#)

# PROTECTING MOMS WHO SERVED ACT



## BACKGROUND

There are nearly two million women veterans in the United States, and more than 500,000 of those individuals are under the age of 40.<sup>1</sup> Women are currently the fastest-growing group within the veteran population.<sup>2</sup> At the same time that more American women are serving, more American women are also dying from giving birth: our country has the highest maternal mortality rate in the developed world, and the only rate that's rising.<sup>3</sup> Yet despite the growing attention that America's maternal health crisis is receiving, little is known about adverse maternal health outcomes among veterans.

The **Protecting Moms Who Served Act** will commission the first-ever comprehensive study of the scope of America's maternal health crisis among veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes. It will also support maternity care coordination programs for veterans at Department of Veterans Affairs (VA) facilities so that moms who served can get the care they've earned.



## BILL SUMMARY

The **Protecting Moms Who Served Act** will:

1. Codify **maternity care coordination programs at VA facilities**, which include:
  - Ensuring effective **coordination between VA facilities and non-VA facilities** in the delivery of maternity care and other health care services.
  - Facilitating access to **community resources to address social determinants of health** like housing, nutrition and employment status.
  - Identifying **mental and behavioral health risk factors** in the prenatal and postpartum periods and ensuring that pregnant and postpartum veterans get the treatments they need.
  - Offering **childbirth preparation classes, parenting classes, nutrition counseling, breastfeeding support, lactation classes and breast pumps**.
2. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among veterans**, with a particular focus on racial and ethnic disparities in maternal health outcomes. The study will make recommendations for the improvement of maternal health data collection processes and steps to reduce adverse maternal health outcomes among veterans, including those with coverage through VA, their employers or other private insurance plans, Tricare and Medicaid, as well as uninsured veterans.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood's office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>U.S. Department of Veterans Affairs: [National Center for Veterans Analysis and Statistics](#)

<sup>2</sup>U.S. Department of Veterans Affairs: [Women Veterans Health Care](#)

<sup>3</sup>National Institutes of Health Office of Research on Women's Health: [Maternal Morbidity and Mortality](#)

# PERINATAL WORKFORCE ACT



## BACKGROUND

In the last 25 years, while pregnancy-related mortality ratios fell 44 percent around the world, the American maternal mortality rate increased: moms are now more likely to die from pregnancy-related causes in the United States than any other high-income country in the world.<sup>1</sup> The situation is even worse for Black birthing people, who are three to four times more likely to die from giving birth than their white counterparts.<sup>2</sup>

While the causes of the crisis are complex, one driving force is a lack of access to maternity care, and to culturally congruent maternity care and support specifically. More than one-third of U.S. counties are “maternity care deserts,” with no hospitals offering obstetric care and zero obstetric providers.<sup>3</sup> Maternity care access is limited in both rural and urban communities: more than one million American women live in maternity care deserts located in large metropolitan areas or urban settings.<sup>4</sup>

One solution to this glaring shortage is to grow and diversify the perinatal health workforce. The **Perinatal Workforce Act** establishes grant programs to increase the number of maternity care providers and non-clinical perinatal health workers who offer culturally congruent support to women throughout their pregnancies, labor and delivery and the postpartum period.



## BILL SUMMARY

The **Perinatal Workforce Act** will:

1. Require the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of racially, ethnically and professionally **diverse maternity care teams** and (2) to study how **culturally congruent maternity care** promotes better outcomes for moms, especially in communities of color.
2. Provide funding to **establish and scale programs that will grow and diversify the maternal health workforce**, increasing the number of nurses, physician assistants and other perinatal health workers who moms can trust throughout their pregnancies, labor and delivery and the postpartum period.
3. Study the **barriers that prevent women—particularly women of color—from entering maternity care professions** and receiving equitable compensation.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood’s office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>National Institutes of Health Office of Research on Women’s Health: [Maternal Morbidity and Mortality](#)

<sup>2</sup>Centers for Disease Control and Prevention: [Pregnancy Mortality Surveillance System](#)

<sup>3</sup>March of Dimes: [Nowhere to Go](#)

<sup>4</sup>March of Dimes: [Nowhere to Go](#)

# DATA TO SAVE MOMS ACT



## BACKGROUND

On December 21, 2018, the Preventing Maternal Deaths Act was signed into law, providing funding to Maternal Mortality Review Committees (MMRCs) in states across the country. The **Data to Save Moms Act** builds on that bipartisan legislation by promoting greater levels of representative community engagement in MMRCs. The bill also promotes improvements in data collection processes, quality measures for maternity care and maternal health research at Minority-Serving Institutions (MSIs).

Finally, the **Data to Save Moms Act** responds to the urgent maternal health crisis among Native Americans.<sup>1</sup> The legislation commissions the first-ever comprehensive study to understand the scope of the Native American maternal health crisis and provides funding to establish the first Tribal MMRC.



## BILL SUMMARY

The **Data to Save Moms Act** will:

1. Promote greater diversity and community engagement in state and Tribal **Maternal Mortality Review Committees**.
2. Conduct a comprehensive review of **maternal health data collection process and quality measures** through engagement with key stakeholders to consider issues such as:
  - The extent to which states have implemented systematic processes of listening to the stories of pregnant and postpartum people and their family members.
  - The extent to which Maternal Mortality Review Committee recommendations are leading to meaningful reforms to improve outcomes and achieve equity.
  - The extent to which maternal health quality measures promote safe, culturally congruent, patient-centered maternity care.
3. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among Native American pregnant and postpartum people**.
4. Invest in **maternal health research at Minority-Serving Institutions (MSIs)** like Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-Serving Institutions (HSIs) and Asian American and Pacific Islander Serving Institutions (AAPISIs).



## CONTACT

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<sup>1</sup>Centers for Disease Control and Prevention: [Racial/Ethnic Disparities in Pregnancy-Related Deaths](#)

# MOMS MATTER ACT



## BACKGROUND

According to Maternal Mortality Review Committees (MMRCs) that examine pregnancy-related deaths in their respective states, “mental health conditions are one of the leading causes of pregnancy-related death.”<sup>1</sup> MMRCs have also been assessing substance use disorder as a contributing factor in maternal deaths, recognizing the overall national trend of drug overdose deaths tripling from 1999-2014.<sup>2</sup>

These challenges are most acute for low-income and minority families: according to the Center for Law and Social Policy (CLASP), more than half of poor infants live with a mom who has some level of depressive symptoms.<sup>3</sup> Research published in November 2020 found that from 2006-2017, suicidal ideation and intentional self-harm increased significantly for Black birthing people during their pregnancies and up to one year postpartum.<sup>4</sup>

The **Moms Matter Act** will make investments in programs to support moms with maternal mental health conditions and substance use disorders. It also provides funding to grow and diversify the maternal mental and behavioral health care workforce.



## BILL SUMMARY

The **Moms Matter Act** will:

1. Invest in **community-based programs that provide mental and behavioral health treatments and support** to moms with maternal mental health conditions or substance use disorder, including:
  - Group prenatal and postpartum care models;
  - Collaborative maternity care models;
  - Initiatives to address stigma and raise awareness about warning signs for maternal mental and behavioral health conditions;
  - Programs at freestanding birth centers; and
  - Suicide prevention programs.
2. Provide funding for programs to **grow and diversify the maternal mental and behavioral health care workforce** to expand access to culturally congruent care and support for pregnant and postpartum people with maternal mental health conditions and substance use disorders.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood’s office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup> CDC Foundation: [Report from Nine Maternal Mortality Review Committees](#)

<sup>2</sup> CDC Foundation: [Report from Nine Maternal Mortality Review Committees](#)

<sup>3</sup> CLASP: [Maternal Depression and Young Adult Mental Health](#)

<sup>4</sup> Admon, Dalton, & Kolenic: [Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017](#)

# JUSTICE FOR INCARCERATED MOMS ACT



## BACKGROUND

From 1980 to 2016, the number of women in prisons across the United States increased 742 percent: there are now more than 100,000 incarcerated women, and three-quarters of them are of childbearing age.<sup>1</sup> Women in prison are at a heightened risk for maternal mortality and severe maternal morbidity: “Incarcerated pregnant women are more likely to have...risk factors for poor perinatal outcomes than are nonincarcerated pregnant women.”<sup>1</sup> The threat is particularly acute for Black women, who are imprisoned at twice the rate of white women.<sup>2</sup>

The **Justice for Incarcerated Moms Act** provides funding to promote exemplary care for pregnant and postpartum people who are incarcerated. The bill also commissions a comprehensive study to understand the scope of the maternal health crisis among incarcerated people and to make recommendations to prevent maternal mortality and severe maternal morbidity in American prisons and jails. Finally, the bill ties federal funding for state and local prisons and jails to prohibitions on the use of restraints for incarcerated pregnant people to end the practice of shackling.



## BILL SUMMARY

The **Justice for Incarcerated Moms Act** will:

1. Use financial incentives for all state and local prisons and jails **to end the practice of shackling pregnant people.**
2. Provide funding for federal, state and local prisons and jails to establish programs for pregnant and postpartum women in their facilities, including access to support for **doulas and other perinatal health workers, counseling, reentry assistance, maternal-infant bonding opportunities and diversionary programs to prevent incarceration for pregnant and postpartum people.**
3. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among incarcerated people,** with a particular focus on racial and ethnic disparities in maternal health outcomes.
4. Study the **negative health implications of Medicaid coverage termination** for incarcerated moms.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood's office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>Sufrin, Beal, Clarke, Jones, & Mosher: [Pregnancy Outcomes in US Prisons, 2016-2017](#)

<sup>2</sup>Sufrin, Beal, Clarke, Jones, & Mosher: [Pregnancy Outcomes in US Prisons, 2016-2017](#)

# TECH TO SAVE MOMS ACT



## BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) has offered several recommendations to leverage the use of telehealth to improve maternal health outcomes, including expanding remote patient monitoring and promoting virtual training and capacity building models.<sup>1</sup> Digital tools are not the only solution to America's maternal health crisis, but they can play an important role in addressing specific challenges facing patients and providers, particularly in underserved areas. The **Tech to Save Moms Act** makes investments to promote the integration and development of telehealth and other digital tools to reduce maternal mortality and severe maternal morbidity, and close racial and ethnic gaps in maternal health outcomes.



## BILL SUMMARY

The **Tech to Save Moms Act** will:

1. Require the Center for Medicare & Medicaid Innovation to consider models that improve the **integration of telehealth services in maternal health care.**
2. Provide funding for **technology-enabled collaborative learning and capacity building models** that will develop and disseminate instructional programming and training for maternity care providers in underserved areas. Grants can be used to ensure access to high-speed, reliable internet for grantees. The models will cover topics such as:
  - Safety and quality improvement.
  - Trainings on implicit bias and racism.
  - Best practices in screening for and treating maternal mental health conditions and substance use disorders.
  - Identifying social determinants of health risks in the prenatal and postpartum periods.
  - The use of remote patient monitoring tools for common complications in pregnancy and after delivery.
3. Establish a grant program to promote **digital tools designed to address racial and ethnic disparities in maternal health outcomes**, particularly in underserved communities.
4. Study the use of **new technologies, like artificial intelligence**, in maternal health care to prevent racial and ethnic biases from being built into maternity care innovations.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood's office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>Centers for Medicare and Medicaid Services: [Improving Access to Maternal Health Care in Rural Communities](#)

# IMPACT TO SAVE MOMS ACT



## BACKGROUND

Maternity care payment models can significantly impact outcomes for moms and babies. Recognizing the potential for innovative payment models in improving outcomes, the Centers for Medicare & Medicaid Services (CMS) announced the Strong Start for Mothers and Newborn Initiative in 2012<sup>1</sup> and the Maternal Opioid Misuse (MOM) Model in 2018.<sup>2</sup> States have also taken steps towards alternative maternity care payment models that promote optimal and equitable birth outcomes. The **IMPACT to Save Moms Act** establishes a new CMS Innovation Center demonstration project to promote equity and quality in maternal health outcomes for moms covered by Medicaid.

The bill also promotes continuity of health insurance coverage for moms from the start of their pregnancies through the entire yearlong postpartum period and beyond. Leading maternal health care researchers have written that “continuous insurance coverage is critical for ensuring that women have access to timely diagnosis, monitoring and treatment before, during and after pregnancy.”<sup>3</sup> The **IMPACT to Save Moms Act** recognizes that the way we pay for maternity care will affect maternal health outcomes: we must promote equity and demand excellent results on behalf of every mom.



## BILL SUMMARY

The **IMPACT to Save Moms Act** will:

1. Create an innovative **perinatal care alternative payment model demonstration project** to address clinical and non-clinical factors in payments for maternity care. The project will be developed in coordination with a diverse group of stakeholders and will focus on directly addressing racial and ethnic disparities in maternal health outcomes.
2. Develop strategies for ensuring **continuity of health insurance coverage** for pregnant and postpartum people, including consideration of:
  - **Presumptive eligibility** for Medicaid/CHIP when a pregnant person’s application for such programs is being processed.
  - **Automatic reenrollment** in Medicaid/CHIP for birthing people who remain eligible for coverage after pregnancy.
  - **Measures to prevent any disruptions in coverage** during pregnancy, labor and delivery and up to one year postpartum.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood’s office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup>CMS: [Strong Start for Mothers and Newborns Initiative](#)

<sup>2</sup>CMS: [CMS model addresses opioid misuse among expectant and new mothers](#)

<sup>3</sup>Daw, Kozhimannil, & Admon: [High Rates of Perinatal Insurance Churn Persist After The ACA](#)

# MATERNAL HEALTH PANDEMIC RESPONSE ACT



## BACKGROUND

Even before COVID-19, the United States had the highest maternal mortality rate in the developed world and significant racial and ethnic disparities in outcomes.<sup>1</sup> The pandemic threatens to worsen this crisis and exacerbate these disparities, underscoring the need for policies to directly address the unique risks for and effects of coronavirus infection during and after pregnancy. Recent data from the Centers for Disease Control and Prevention show “pregnant women were at significantly higher risk for severe [COVID-19-associated] outcomes compared with nonpregnant women” and “Black women experienced a disproportionate number of deaths.”<sup>2</sup>

The **Maternal Health Pandemic Response Act** makes targeted investments to advance safe and respectful maternity care and improve data collection, surveillance and research on maternal health outcomes during the COVID-19 pandemic and beyond.



## BILL SUMMARY

The **Maternal Health Pandemic Response Act** will:

1. Authorize robust funding for existing federal programs that support **maternal and infant health surveillance, data collection and research during public health emergencies like COVID-19**: the Surveillance for Emerging Threats to Mothers and Babies Program, ERASE MM Program, PRAMS, and National Institute of Child Health and Human Development.
2. **Require COVID-19 data collection to be disaggregated by pregnancy status** to ensure that we have the data necessary to fully understand the risks for and effects of COVID-19 in pregnant and postpartum people.
3. Ensure **COVID-19 treatments and vaccines are safe and effective for pregnant people and lactating people**.
4. Launch a **public health education effort** to share important COVID-19 information for pregnant people, their employers and their health care providers.
5. Establish a **task force on birthing experiences and safe, respectful maternity care** during the COVID-19 public health emergency and future infectious disease outbreaks.
6. Commission a comprehensive study on **maternal health and public health emergency preparedness**.



## CONTACT

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<sup>1</sup> [https://orwh.od.nih.gov/sites/orwh/files/docs/ORWH\\_MMM\\_Booklet\\_508C.pdf](https://orwh.od.nih.gov/sites/orwh/files/docs/ORWH_MMM_Booklet_508C.pdf)

<sup>2</sup> [https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm?s\\_cid=mm6944e3\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm?s_cid=mm6944e3_w)

# PROTECTING MOMS AND BABIES AGAINST CLIMATE CHANGE ACT



## BACKGROUND

Recent research assessing more than 32 million births in the United States found that “exacerbation of air pollution and heat exposure related to climate change may be significantly associated with risk to pregnancy outcomes in the U.S.” and the “subpopulations at highest risk were persons with asthma and minority groups, especially [Black] mothers.”<sup>1</sup> The **Protecting Moms and Babies Against Climate Change Act** will address these climate change-related risks, making robust investments in initiatives to reduce levels of and exposure to extreme heat, air pollution and other environmental threats to pregnant and postpartum people and their infants.



## BILL SUMMARY

The **Protecting Moms and Babies Against Climate Change Act** will:

1. Invest in **community-based programs to identify climate change-related risks for pregnant and postpartum people and their infants, provide supports to those patients and mitigate levels of and exposure to those risks**, particularly in communities of color. This funding supports initiatives such as:
  - Providing **training to health care providers** to be able to identify climate change-related risks for patients;
  - **Supporting doulas, community health workers and other perinatal health workers** who can identify climate change-related risks and support patients;
  - Providing patients with **air conditioning units, appliances, filtration systems, weatherization support and direct financial assistance**;
  - Providing support, including housing and transportation assistance, for patients who face the risk of **extreme weather events** like hurricanes, wildfires and droughts;
  - Promoting **community forestry initiatives** and tree canopy covers;
  - Improving **infrastructure and blacktop surfaces**; and
  - Improving **monitoring systems and data sharing** for climate change-related risks.
2. **Provide funding to health professional schools** to prepare future nurses, doctors and other health care workers to address climate climate-related risks for patients.
3. Establish an **NIH consortium to advance research on climate change and maternal and infant health**.
4. Design a program to **identify and designate climate change risk zones** for pregnant and postpartum people and their babies.



## CONTACT

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<sup>1</sup><https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767260>

# MATERNAL VACCINATION ACT



## BACKGROUND

Maternal vaccinations are important for the health of both moms and babies.<sup>1</sup> However, only half of pregnant people get their flu vaccines and less than half get Tdap vaccinations to protect against pertussis.<sup>2</sup> With pertussis on the rise and outbreaks occurring across the United States,<sup>3</sup> we need to invest in initiatives to promote maternal immunizations and address racial and ethnic disparities in maternal vaccination rates. Currently, white adults have higher vaccination coverage than Black, Hispanic, Asian and Native American adults.<sup>4</sup>

The **Maternal Vaccination Act** provides funding for programs to increase maternal vaccination rates, protecting both new moms and their babies.



## BILL SUMMARY

The **Maternal Vaccination Act** will:

1. Provide funding for a **national campaign to raise awareness about maternal vaccinations and increase maternal vaccination rates**, particularly for pregnant people from communities with historically low vaccination rates. This includes funding for:
  - Engaging with birthing people in underserved communities to develop maternal vaccination campaigns and assess their effectiveness;
  - Providing evidence-based, culturally congruent resources; and
  - Building partnerships with community-based organizations, community health centers, maternity care providers, perinatal health workers and other trusted local leaders.



## CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood's office at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov)

<sup>1</sup> <https://www.cdc.gov/pertussis/pregnant/hcp/rationale-vacc-pregnant-women.html>

<sup>2</sup> <https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/maternal-vaccination-coverage.html>

<sup>3</sup> <https://www.cdc.gov/pertussis/pregnant/hcp/rationale-vacc-pregnant-women.html>

<sup>4</sup> <https://www.cdc.gov/flu/fluview/coverage-1819estimates.htm>

# **MOMNIBUS**

## **Q&A**

# MOMNIBUS Q&A

## WHAT IS THE BLACK MATERNAL HEALTH MOMNIBUS ACT OF 2021 OR “MOMNIBUS ACT”?

- The Momnibus Act is a legislative package composed of 12 bills that comprehensively address the maternal health care crisis in the United States.
- The bill includes provisions that will end racial and ethnic disparities in maternal health outcomes and achieve maternal health justice for BIPOC women.

## WHAT IS MARCH OF DIMES’ POSITION ON THE ACT?

- March of Dimes supports the Momnibus Act to address maternal health care for all pregnant women, especially those most negatively impacted by adverse outcomes such as “maternity care deserts,” systemic racism and bias in health care.

## WHAT ARE THE MAJOR INDIVIDUAL BILLS IN THE PACKAGE AND WHAT DO THEY AIM TO ACCOMPLISH?

- **Moms Matter Act**—Establishes a Maternal Mental and Behavioral Health Task Force to improve mental and behavioral health outcomes for women throughout pregnancy and up to one year postpartum. It also provides \$10 million a year over five years to promote innovative approaches to improving maternal health, such as group prenatal and postpartum care programs. Group prenatal care matches pregnant women with similar due dates together in small groups for prenatal care. [March of Dimes Supportive Pregnancy Care](#), which is one form of group care, could help more women in more communities across the country through this legislation.
- **Kira Johnson Act**—Provides funding for community-based organizations to support moms with mental health conditions and substance use disorders, as well as addressing social determinants of health (housing, transportation, nutrition and other factors) and improving health literacy and education. Importantly, it provides funds to support implicit bias training in maternity care settings. March of Dimes is leading the way with a new, compelling implicit bias training for maternal care providers and health systems that will be available this spring.
- **Data to Save Moms Act**—Promotes greater diversity and community engagement in state and Tribal Maternal Mortality Review Committees. It also establishes a task force on Maternal Health Data and Quality Measures and will commission a comprehensive study on maternal mortality and severe maternal morbidity among Native American women.
- **Social Determinants for Moms Act**—Establishes a task force across agencies and departments to coordinate federal efforts to address social determinants of health for pregnant and postpartum women. It will also provide guidance on Medicaid funding to address social determinants of health for pregnant and postpartum women and study transportation barriers and the effects of air and water pollution on maternal and infant health outcomes, among other things.
- **Maternal Health Pandemic Response Act**—Makes targeted investments to advance safe and respectful maternity care. It aims to improve data collection, surveillance and research on maternal health outcomes during the COVID-19 pandemic and beyond by authorizing robust funding for existing federal programs that support maternal and infant health surveillance, data collection and research during public health emergencies.
- Full list of bills and their descriptions available [here](#)

## WHY IS THE ACT IMPORTANT? WHY ARE THE INDIVIDUAL BILLS IMPORTANT?

- The Momnibus is important because the legislation will make critical investments in addressing social determinants of health, funding community-based organizations, growing and diversifying the perinatal workforce and improving in data collection processes.
- The individual bills represent targeted, specific critical solutions to the ongoing maternal health crisis, with an equity lens in each bill that recognizes the systemic and foundational issues to be addressed for BIPOC populations.

## WHEN WAS IT PREVIOUSLY INTRODUCED IN CONGRESS?

- The bill was introduced during the 116th Congress on March 3, 2020.

## WHY DIDN'T THE PACKAGE PASS IN 2020?

- There are a number of reasons that the entire package wasn't passed last Congress, due mostly in part to the ongoing pandemic. We're pleased the current package includes and addresses COVID-19 support, and are hopeful a majority of the bills pass this session of Congress.

## WHO ARE THE CO-SPONSORS OF THE ACT?

- U.S. Representatives Lauren Underwood (D-Ill.) and Alma Adams (D-NC) and U.S. Senator Cory Booker (D-NJ) introduced the Momnibus.
- There are 132 co-sponsors for the House and Senate bills combined.

## DO YOU FORESEE CHALLENGES TO GETTING THE MOMNIBUS ACT PASSED IN 2021?

- One challenge to getting the Momnibus Act passed is that the House will want to have hearings and mark-up of all twelve bills. Currently, all of these bills sit in different committees of jurisdiction—eight—and so with competing priorities on the Hill, the act/and or individual bills may not be slated for hearings until later in the year.

## HOW CAN I SUPPORT THE ACT?

- Call Members of Congress and ask them to support the Momnibus.
- Use social media to encourage elected officials.

## WHAT CAN MEMBERS OF CONGRESS DO TO SUPPORT THE ACT?

- Co-sponsor the Momnibus.
- Ask for hearings and mark-ups on the individual bills in the committee of jurisdiction.

## WHAT ARE THE EFFECTS OF HEALTH INEQUITY?

- The United States has one of the highest maternal mortality rates in the developed world.
- The maternal mortality rate is significantly higher among Black women, who are 3 times more likely than White women to die from pregnancy-related complications. Other women of color, including Hispanic, Native American and Asian American and Pacific Islander (AAPI) also suffer from disproportionately high rates of adverse maternal health outcomes.

## WHAT DOES MARCH OF DIMES DO TO SUPPORT HEALTH EQUITY?

- March of Dimes supports policies that ensure equal access to care for all women, regardless of color.

# **ONLINE ADVOCATE TOOLKIT WITH CUSTOMIZABLE MATERIALS**

# ONLINE ADVOCATE TOOLKIT WITH CUSTOMIZABLE MATERIALS

Below is an overview of additional materials specific to Black maternal health available for you to customize at [marchofdimes.org/momnibus](https://marchofdimes.org/momnibus).

## **FACTSHEET** >

Factsheets are common when advocating on a particular issue or bill. A factsheet helps identify your organization or group with a particular issue; answers frequently-asked questions; and provides statistics and other facts to inform and educate elected officials. This factsheet is designed as a template. You can add state specific information, group or organization information or add graphics and charts.

## **TALKING POINTS** >

Brief speaking points to aid advocates in meeting with policymakers.

## **OP-ED** >

A sample opinion piece written for publication in a local magazine or newspaper that argues our position(s) on Momnibus.

## **RESOURCES LIST** >

Additional resources and links to more information on BIPOC maternal health.