

## MATERNAL HEALTH POLICY UPDATE: NOVEMBER–DECEMBER 2022

### EXECUTIVE SUMMARY

In this issue brief, we provide a roundup of recent policy updates regarding maternal health on the legislative and administrative fronts. The fiscal year (FY) 2023 appropriations bill provides a must-pass vehicle for lawmakers to tack on various measures, such as proposals to improve maternal health. Whether Democrats and Republicans can reach a deal by the expiration of continuing resolution on December 16 on ambitious legislative efforts, such as the Black Maternal Health Momnibus Act of 2021 ([H.R. 959](#)), remain to be seen. The FY 2023 spending bill also includes funding for various maternal health programs. Meanwhile, the Centers for Medicare and Medicaid Services and other agencies continue to implement the [White House Blueprint for Addressing the Maternal Health Crisis](#) – a governmentwide approach to improve maternal health outcomes and reduce inequities during pregnancy, childbirth, and the postpartum period. Regarding actionable opportunities, the Agency for Healthcare Research and Quality is [seeking](#) published and unpublished studies on evidence-based practices for respectful maternity care. The deadline for submissions is December 8, 2022.

### CONGRESS

#### *Policy Provisions in End-of-Year Spending Package*

With Republicans set to take control of the House in 2023, the path forward for new federal investments to address the maternal health crisis is uncertain. Congress must pass the spending package by December 16, the expiration of the current continuing resolution ([P.L. 117-180](#)), to avoid a government shutdown. Because passage requires a 60-vote majority in the Senate, any provision attached to the spending package will need bipartisan support. A key challenge for proponents is paying for the new federal maternal health investments, especially as lawmakers consider other key policy and spending priorities.

- **Black Maternal Health Momnibus Act of 2021 ([H.R. 959](#)):** Several House Democrats are [pushing for passage](#) of the Black Maternal Health Momnibus Act of 2021 ([H.R. 959](#)) in the fiscal year (FY) 2023 omnibus appropriations bill (i.e., end-of-year spending package). The Momnibus is a [compilation of 12 individual bills](#) that aim to address the maternal health crisis in a comprehensive manner. The legislation would authorize the creation of various grants, such as programs to address social determinants of maternal health, support community-based organizations serving Black pregnant and postpartum individuals, and grow and diversity the perinatal workforce. The Momnibus was [passed](#) as part of the Build Back Better Act, but it was ultimately dropped by the Senate in the Inflation Reduction Act of 2022 ([P.L. 117-169](#)) signed into law.
- **Permanent extension of postpartum Medicaid coverage:** Some Democratic lawmakers are also [calling for a permanent extension](#) of postpartum Medicaid coverage from 60 days to 12 months. The American Rescue Plan Act of 2021 ([P.L. 117-2](#)) gives states the option to extend the postpartum coverage period from 60 days to 12 months. The option is available through March 31, 2027. As of now, 33 states (including California) and the District of Columbia have [implemented or plan to implement](#) the extension. A permanent extension would ensure 12 full months of Medicaid coverage after delivery in every single state.

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Notably, the House is scheduled to vote on a pair of bipartisan maternal health bills during the week of November 28, 2022. Both bills are expected to pass. Whether the Senate will vote on these measures as stand-alone bills remains to be seen. They could be folded into the end-of-year package.

- **Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 ([H.R. 8876](#); [section-by-section summary](#)):** Congress must reauthorize the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program by December 16. Congress last extended MIECHV's authority in the current continuing resolution. The bill would reauthorize the MIECHV program for FY 2023 through FY 2027 and provide a \$10 million increase in base funding starting in FY 2023. The bill would also make changes to the program. For example, the Department of Health and Human Services would be required to create and annually update an "outcomes dashboard" to help Congress and the public track MIECHV's success in improving family outcomes in every state or territory. In September, the House Ways and Means Committee passed the bill with overwhelming bipartisan support.
- **Pregnant Women in Custody Act ([H.R. 6878](#); [summary](#)):** The bill includes several provisions to strengthen and promote the safety of pregnant inmates. The bill would provide a national standard of care to address pregnancy-related needs of incarcerated women during pregnancy, labor, delivery and post-partum periods. In September, the House Judiciary Committee advanced the bill with bipartisan support.

## FY 2023 Appropriations

The House-passed appropriations bill ([H.R.8295](#)) represents Democrats' starting point for negotiations with Republicans on the FY 2023 omnibus spending package. The spending package includes funding for various maternal health programs. The largest programs include the following:

- **[HRSA's Maternal and Child Health \(MCH\) Block Grant](#):** The House appropriated \$872.7 million, to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre-and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs. This amount was \$125 million above the FY 2022 enacted level of \$747.7 million. In FY 2022, California [received](#) \$39,383,025 through the MCH grant.
- **[HRSA's Healthy Start Program](#):** The House appropriated \$145 million, to provide grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants. This amount was \$13.16 million above the FY 2022 enacted level of \$131.84 million. In 2020, California received [five awards](#) totaling \$5,456,029 in Healthy Start funding. More recently, California [received](#) \$180,000 through the [Healthy Start Supplement: Community-Based Doula](#) grant opportunity.

For more information on the different programs, please refer to the Appendix.

## BIDEN ADMINISTRATION

In June 2022, the White House released the [White House Blueprint for Addressing the Maternal Health Crisis](#) outlining a governmentwide approach to improve maternal health outcomes and reduce inequities during

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pregnancy, childbirth, and the postpartum period. The Blueprint outlines 5 goals as captured in the table below. Each goal is accompanied by anywhere from 3 to 15 actions items to achieve it.

In late July 2022, the Centers for Medicare and Medicaid Services (CMS) published its [CMS Maternity Care Action Plan](#) to implement the White House's Blueprint. In seeking to address disparities in maternal health, CMS identified five gaps in maternity care related to CMS programs including Medicaid, Medicare, the Children's Health Insurance Program, and the Health Insurance Marketplace. The gaps are as follows:

1. Coverage and access to care
2. Data
3. Quality of care
4. Workforce
5. Social supports

The summary table below outlines the White House's Blueprint goals, CMS-identified gaps in maternity care that are driving disparities, and a sampling of the actions that have been taken or will be taken soon to address them.

White House Blueprint Goal #1: <b>Increase Access to and Coverage of Comprehensive High-Quality Maternal Health Services, Including Behavioral Health Services</b>
CMS-Identified Gap: <b>Coverage and Access to Care</b>
Action Steps
Summary: <i>Expanding access to comprehensive coverage and ensuring that coverage includes access to health care before, during and after pregnancy. This includes a focus on Medicaid, CHIP, the Health Insurance Marketplace, and Medicare.</i>
<b>Expanding Access to Medicaid for 12 Months Postpartum</b> – The American Rescue Plan (ARP) allows states to provide Medicaid and CHIP coverage for 12 months postpartum, up from 60 days prior to the ARP. CMS has already approved 19 proposals to extend coverage, with an additional 9 states waiting for CMS approval. ARP allows states to do this for up to 5 years. Advocates are urging to make it permanent as well as required so that it would be available nationwide.
<b>Protecting Patients' Access to Emergency Care</b> – In the wake of the Dobbs decision in which the Supreme Court overturned Roe v. Wade, CMS issued guidance on the Emergency Medical Treatment and Active Labor Act (EMTALA) reaffirming that patients have the right to stabilizing care including abortion care if they present with an emergency medical condition at a covered hospital's emergency room and that is the stabilizing treatment that is necessary given the emergency medical condition. This applies nationwide in covered hospitals and requires providers to provide necessary stabilizing and life-saving care to patients presenting in an emergency room with emergency medical conditions.
<b>Ensuring Access to the Full Range of Contraception</b> – HHS and the Department of Labor and Treasury sent a <a href="#">letter</a> to group health plans and health insurance providers reminding them that they are required under the ACA to provide contraceptive coverage at no cost.
<b>Helping Pregnant Individuals Maintain Health Coverage During and After Pregnancy</b> – CMS is identifying ways to help individuals maintain health coverage if they are no longer eligible for Medicaid during or after

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pregnancy. This includes looking at the ways that policy, technology and operations can better help individuals understand their health coverage options and link to care including subsidized coverage through Health Insurance Marketplaces. In preparation for the end of the PHE when continuous Medicaid eligibility ends as well, CMS will report on the rate at which individuals who lose Medicaid coverage successfully transition to Marketplace coverage.

**Funding Outreach to Help Pregnant Individuals Enroll in Health Coverage** – CMS’ “Connecting Kids to Coverage” [funding opportunity](#) awarded \$49 million to organizations that connect eligible children, parents, and pregnant individuals to health care coverage through Medicaid and CHIP. CMS added pregnant individuals as a new focus population within this work.

**Protecting Patients from Surprise Medical Bills** – The No Surprises Act protects individuals with health coverage from surprise medical billing when receiving emergency care. It also requires providers to give uninsured and self-pay consumers cost estimates (including for pregnancy-related care) before scheduled services with the intention of giving them the information they need to make informed decisions about their care.

White House Blueprint Goal #2:

## **Ensure Those Giving Birth Are Heard and Are Decisionmakers in Accountable Systems of Care**

CMS-Identified Gap: **Quality of Care**

### Action Steps

Summary: *Expanding quality of care efforts in partnership with states, providers and other stakeholders to improve the quality of care that Medicaid, CHIP, Medicare, and Health Insurance Marketplace enrollees receive before, during and after pregnancy.*

**“Birthing-Friendly” Hospital Designation** – In April 2022 CMS proposed creating a “Birthing-Friendly” hospital designation to create a consumer-friendly display indicating hospital commitments to improving maternal health outcomes through participation in maternity care quality activities. Hospitals that report “yes” to both questions in the Maternal Morbidity Structural Measure would get this designation, although CMS may consider a more robust set of criteria in the future. Related, in August 2022 CMS issued a final rule including three health equity-focused measures in hospital quality programs and the establishment of a “Birthing-Friendly” hospital designation. See [press release](#); [fact sheet](#).

**Hospital Quality Standards** – CMS requested public comments on maternity care quality improvement policies, including how CMS can encourage hospitals to improve quality, to inform future CMS policymaking.

**Maternal and Infant Health Initiative** – CMS’ Maternal and Infant Health Initiative works with states to improve maternal and infant health policies and implement evidence-based best practices. As part of this initiative, in March 2022 CMS announced a new effort to reduce low-risk Cesarean births among people covered by Medicaid and CHIP that could improve outcomes for both moms and babies.

**Access to Chronic Disease Management** – CMS is working to expand access to chronic disease management to help patients improve their health, including before, during, and after pregnancy.

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<b>White House Blueprint Goal #3:</b> <b>Advance data collection, standardization, harmonization, transparency, and research.</b>
CMS-Identified Gap: <b>Data</b>
Action Steps
Summary: <i>Expanding data collection efforts, stratifying data by key demographics to identify disparities in care or outcomes, and coordinating across programs to identify gaps and best practices.</i>
<b>Expanding Hospital Reporting Regarding Maternal Health Quality Measurements</b> – CMS’s Hospital Inpatient Quality Reporting Program is a pay-for-reporting quality program that reduces payment to hospitals that fail to meet program requirements, including submission of quality data. In 2021, CMS finalized a rule requiring hospitals to report about their participation in the maternity care quality collaborative as well as about their implementation of best practices to improve maternal health quality such as initiatives to reduce sepsis or maternal hemorrhage. Hospitals have begun collecting and reporting this data. In 2022, CMS proposed to add two additional maternal health quality measures to the Hospital Inpatient Quality Reporting Program regarding severe obstetric complications and low-risk Cesarean section rates. Hospitals could report additional supplemental data for these measures including race, ethnicity and other key demographics to help identify disparities in care and outcomes.
<b>Medicaid Quality Measures Focus on Maternal Health</b> – CMS currently urges state Medicaid agencies to report on quality measures including the maternity care core set which includes nine measures of maternal and perinatal health. Beginning in 2024, CMS will require states to report a set of quality measures that includes size measures that are part of the maternity core set as well as adult behavioral health measures.
<b>Medicaid Postpartum Care Equity Assessment</b> – CMS is conducting an equity assessment on the quality of postpartum care in Medicaid and CHIP and is identifying disparities and opportunities to address inequities in this area.
<b>White House Blueprint Goal #4:</b> <b>Expand and diversify the perinatal workforce</b>
CMS-Identified Gap: <b>Workforce</b>
Action Steps
Summary: <i>Partnering with states and other agencies to improve access to a diverse maternity care workforce including midwives, doulas and community health workers.</i>
<b>Community-Based Pregnancy and Childbirth Care</b> –State Medicaid programs are permitted to cover community-based maternity services, including doulas and community health workers, and are required to cover services provided by midwives within the scope of their state license. Yet, few states have robust networks in this area. CMS released guidance ( <a href="#">state letter</a> ; <a href="#">press release</a> ; <a href="#">ASPE report</a> ), encouraging states to expand access to doula care in December 2021 and plans to continue working with states to expand access to birth centers midwives, doulas and community health workers.

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White House Blueprint Goal #5:

**Strengthen economic and social supports for people before, during, and after pregnancy**

CMS-Identified Gap: **Social Supports**

## Action Steps

*Summary: Expanding access to social supports by building connections between the care that CMS covers and supports offered by other federal, state and local partners. The goal is to provide whole-person care to the individuals enrolled in CMS' health programs (Medicaid, CHIP, etc.).*

**Medicaid Linkages to Social Supports** – CMS is working to identify approaches for state Medicaid agencies to provide social supports directly such as tenancy-related services, housing vouchers, and nutrition services that will benefit patients during and after pregnancy. These efforts include partnering with the U.S. Department of Agriculture (USDA) to identify gaps in coverage.

**Social Needs Screening, Referral and Data Collection** – CMS created a [screening tool](#) to facilitate social needs screening, referral, and data collection from CMS Innovation Center model participants. Health-related social needs screening is also required in the Innovation Center's current maternal health models.

## ACTIONABLE OPPORTUNITIES

**Request for Information (RFI): Respectful Maternity Care:** The Agency for Healthcare Research and Quality's (AHRQ) Evidence-based Practice Centers (EPC) Program is conducting a review of "Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes." As part of this review they are [seeking](#) published and unpublished studies including information regarding adverse outcomes. The deadline for submissions is **December 8, 2022**.

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## APPENDIX

The **House Appropriations Committee** FY 2023 Labor, Health and Human Services, Education, and Related Agencies [funding bill](#) provides billions of dollars towards maternal and infant health. The White House Blueprint for Addressing the Maternal Health Crisis ([WHG Summary](#)) outlined five goals to address the crisis. Below, the various funding opportunities provided by the funding bill are organized under the relevant goal.

### **Goal 1: Increase Access to and Coverage of Comprehensive High-Quality Maternal Health Services, Including Behavioral Health Services**

- **Maternal and Child Health (MCH) Block Grant:** The Committee recommends \$872,700,000 for the MCH Block Grant, \$125,000,000 above the fiscal year 2022 enacted level. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre-and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.
- **Addressing Emerging Issues and Social Determinants of Maternal Health:** The Committee includes \$10,000,000 to create an innovation fund for community-based organizations to support reducing maternal mortality and adverse maternal outcomes, as described in the fiscal year 2023 budget request. Projects may include expanding access to maternal mental health and SUD services, providing resources to address social determinants of maternal health, developing digital tools to enhance maternal health care, and technology-enabled collaborative learning and capacity building models for pregnant and postpartum women.
- **Pregnancy Medical Home Demonstration:** The Committee includes \$10,000,000 to support a demonstration providing incentives to maternal health care providers to provide integral health care services to pregnant women and new mothers, with the goal of reducing adverse maternal health outcomes and maternal deaths, as described in the fiscal year 2023 budget request. The Integrated Services for Pregnant and Postpartum Women Program will award grants to establish or operate programs to deliver integrated health care services to pregnant and postpartum women to optimize maternal and infant health outcomes.
- **State Maternal Health Innovation Grants:** The Committee includes \$39,000,000, \$10,000,000 above the fiscal year 2022 enacted level, for State Maternal Health Innovation Grants to establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The demonstrations should be representative of the demographic and geographic composition of communities most affected by maternal mortality.
- The Committee recommends \$145,000,000 for the **Healthy Start program**, \$13,160,000 above the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The program provides grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants. The primary purpose of Healthy Start is to reduce maternal and infant mortality and to generally improve maternal and infant health. Grants are awarded to nonprofits, State and local health departments, and community health centers in eligible communities with high rates of infant mortality and other adverse birth outcomes to develop a package of innovative health and social services for pregnant women and infants, and evaluate those services. Funding is provided to both increase funding to existing grantees so they can increase the number of individuals served and to

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support new, additional awards to community-based organizations for targeted initiatives to reduce disparities in maternal and infant health outcomes. The Committee requests an update in the fiscal year 2024 Congressional Justification on existing evaluations of Healthy Start's effectiveness.

- **Screening and Treatment for Maternal Depression and Related Disorders State Grants:** The Committee provides \$11,500,000 for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD), an increase of \$5,000,000 above the fiscal year 2022 enacted level and \$1,500,000 above the fiscal year 2023 budget request. Suicide and overdose, driven by maternal mental health conditions (MMH), are the leading cause of maternal mortality in the first year following pregnancy. MMH conditions impact one in five pregnant or postpartum individuals, including as many as one in three pregnant and postpartum Black individuals. However, 75 percent of those impacted by MMH conditions go untreated. The COVID-19 pandemic has exacerbated the number of individuals experiencing MMH conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. MDRBD trains health care providers to screen, assess, and treat for MMH conditions and provide specialized psychiatric consultation to assist the providers. The Committee directs HRSA to make grants to establish new State programs and improve or maintain existing State programs, prioritizing States with high rates of adverse maternal health outcomes. Grants shall include culturally and linguistically appropriate approaches to assist in the reduction of maternal health inequities. The Committee recognizes the high need amongst States and directs MDRBD to provide technical assistance to non-grantee States.
- **Pediatric Mental Health Access:** The Committee includes \$14,000,000 for Pediatric Mental Health Access, an increase of \$3,000,000 above the fiscal year 2022 enacted level and \$4,000,000 above the fiscal year 2023 budget request. This program supports expanded access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.

## **Goal 2: Ensure Those Giving Birth are Heard and are Decisionmakers in Accountable Systems of Care**

- To help eliminate race-based disparities and drive down the rate of maternal mortality, the bill provides an increase of \$60,000,000 for **CDC's Safe Motherhood and Infant Health programs**. This funding allows for the expansion of Maternal Mortality Review Committees and Perinatal Quality Collaboratives, and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death.

## **Goal 3: Advance Data Collection, Standardization, Harmonization, Transparency, and Research**

- **Hereditary Hemorrhagic Telangiectasia (HHT) Centers of Excellence:** The Committee includes \$2,000,000 for HHT Centers of Excellence. This funding supports coordination and expansion of care for HHT patients and participation in a prospective, longitudinal registry of HHT patients to better understand this rare disease and accelerate the development of new diagnostic and treatment options.
- **Minority-Serving Institutions:** The Committee includes \$5,000,000 to establish a research network to support minority serving institutions to study health disparities in maternal health outcomes, as described in the fiscal year 2022 budget request.



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- **Regional Pediatric Pandemic Network:** The Committee provides \$18,000,000, the same as the fiscal year 2022 enacted level, to continue support for coordination among the Nation's pediatric hospitals and their communities in preparing for and coordinating timely research-informed responses to future pandemics.
- **Fetal, Infant, and Child Death Review (FIDCR):** The Committee includes no less than \$3,100,000, an increase of \$1,000,000 above the fiscal year 2022 enacted level, for the FIDCR program to expand support and technical assistance to States and tribal communities and improve the availability of data on sudden unexpected infant deaths.
- **Uterine Fibroids Public Health Information Dissemination:** The Committee encourages HRSA to work with partners to advance awareness of uterine fibroids and promote evidence-based care for women with fibroids. These efforts may include specific information on minority women, who have an elevated risk to develop uterine fibroids, and the range of available options for the treatment of symptomatic uterine fibroids, including non-hysterectomy drugs and devices approved under the Federal Food, Drug, and Cosmetic Act in these awareness efforts. The Committee encourages HRSA to work with health care-related specialty societies and health systems, as appropriate, to promote awareness of evidence-based care for women with fibroids.
- **Emergency Medical Services for Children:** The Committee includes \$25,000,000 for Emergency Medical Services for Children, an increase of \$2,666,000 above the fiscal year 2022 enacted level. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to support research on and dissemination of best practices.
- **IMPROVE Maternal Health Initiative:** The Committee includes no less than \$30,000,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request. The IMPROVE Initiative advances research to reduce preventable causes of maternal deaths and improve health for pregnant and postpartum individuals before, during, and after delivery.

## Goal 4: Expand and Diversify the Perinatal Workforce

- The bill also provides \$30,000,000 to **recruit and train midwives and doulas.**
- **Bias Training for Health Care Professionals:** The Committee includes \$2,000,000 to make grant awards to train health care providers on identifying and avoiding implicit bias, as described in the fiscal year 2023 budget request.
- **Early Childhood Development Expert Grants:** The Committee includes \$10,000,000, \$5,000,000 above the fiscal year 2022 enacted level, to support the placement of early childhood development experts in pediatric settings with a high percentage of Medicaid and Children's Health Insurance Program patients. Funds will support additional State-level awards and related technical assistance with nationwide reach.
- **Growing and Diversifying the Doula Workforce Program:** The Committee includes \$10,000,000 to provide grants to community-based organizations to develop and/or expand programs to recruit doula candidates, support their training/certification, and then employ them as doulas to support improved birth outcomes in the community, as described in the fiscal year 2023 budget request.
- **Maternal Mortality:** The Committee continues to provide no less than \$15,000,000, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request, for Healthy Start grantees to

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support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

## **Goal 5: Strengthen Economic and Social Supports for People Before, During, and After Pregnancy**

- The bill provides an increase of \$120,000,000 for **HRSA's Maternal and Child Health Services Block Grant**, which includes investments in projects such as an increase of \$10,000,000 for State Maternal Health Innovation Grants, an increase of \$3,300,000 to expand the Alliance for Innovation in Maternal Health Safety Bundles to more States, and an increase of \$3,000,000 to support and expand availability of the Maternal Mental Health Hotline.
- An increase of \$5,000,000 for **Screening and Treatment for Maternal Depression and Related Disorders**
- **Alliance for Innovation in Maternal Health Safety Bundles:** The Committee includes \$15,300,000, an increase of \$3,300,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request, to support continued implementation of the Alliance for Innovation on Maternal Health program's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.
- **Behavioral Health Integration Into Community-Based Settings:** The Committee includes \$40,000,000, the same as the fiscal year 2023 budget request, to provide grants to engage and train community partners in underserved communities to link mothers and children with resources to address their mental and behavioral health needs, as well as children's social and emotional development. This effort will be carried out in partnership with the Behavioral Health Workforce Education and Training program.
- **Group Prenatal and Postpartum Care Programs:** The Committee recognizes the important role of group prenatal and postpartum care (GPC/PC) programs, such as Centering Pregnancy, can have on improving prenatal care and providing support for expecting mothers. GPC/PC programs provide the opportunity for expectant mothers to learn more about pregnancy, a network of social support, educational tools, and ultimately work towards lowering rates of infant and maternal mortality. The Committee includes \$2,000,000 within SPRANS for grants to establish new or support existing GPC/PC programs
- **Infant-Toddler Court Teams:** The Committee includes \$18,000,000 for research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families. The Committee directs HRSA to allocate the funding increase of \$5,000,000 above the fiscal year 2022 enacted level to existing court team grantees.
- **Maternal Mental Health Hotline:** The Committee includes \$7,000,000, an increase of \$3,000,000 above the fiscal year 2022 level and the same as the fiscal year 2023 budget request, to support the maternal mental health hotline. The COVID-19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. The hotline should provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided should also be used to raise public awareness about maternal mental health issues and the hotline.