

[~118H3344]

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(Original Signature of Member)

119TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To end the shackling of pregnant individuals, and for other purposes.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

M \_\_\_\_\_. \_\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To end the shackling of pregnant individuals, and for other  
purposes.

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

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Justice for Incarcer-

5       ated Moms Act”.

6       **SEC. 2. ENDING THE SHACKLING OF PREGNANT INDIVID-**  
7       **UALS.**

8       (a) IN GENERAL.—Beginning on the date that is 6  
9       months after the date of enactment of this Act, and annu-

1 ally thereafter, in each State that receives a grant under  
2 subpart 1 of part E of title I of the Omnibus Crime Con-  
3 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et  
4 seq.) (commonly referred to as the “Edward Byrne Memo-  
5 rial Justice Grant Program”) and that does not have in  
6 effect throughout the State for such fiscal year laws re-  
7 stricting the use of restraints on pregnant individuals in  
8 prison that are substantially similar to the rights, proce-  
9 dures, requirements, effects, and penalties set forth in sec-  
10 tion 4322 of title 18, United States Code, the amount of  
11 such grant that would otherwise be allocated to such State  
12 under such subpart for the fiscal year shall be decreased  
13 by 25 percent.

14 (b) REALLOCATION.—Amounts not allocated to a  
15 State for failure to comply with subsection (a) shall be  
16 reallocated in accordance with subpart 1 of part E of title  
17 I of the Omnibus Crime Control and Safe Streets Act of  
18 1968 (34 U.S.C. 10151 et seq.) to States that have com-  
19 plied with such subsection.

20 **SEC. 3. CREATING MODEL PROGRAMS FOR THE CARE OF**  
21 **INCARCERATED INDIVIDUALS IN THE PRE-**  
22 **NATAL AND POSTPARTUM PERIODS.**

23 (a) IN GENERAL.—Not later than 1 year after the  
24 date of enactment of this Act, the Attorney General, act-  
25 ing through the Director of the Bureau of Prisons, shall

1 establish, in not fewer than 6 Bureau of Prisons facilities,  
2 programs to optimize maternal health outcomes for preg-  
3 nant and postpartum individuals incarcerated in such fa-  
4 cilities. The Attorney General shall establish such pro-  
5 grams in consultation with stakeholders such as—

6           (1) relevant community-based organizations,  
7           particularly organizations that represent incarcer-  
8           ated and formerly incarcerated individuals and orga-  
9           nizations that seek to improve maternal health out-  
10          comes for pregnant and postpartum individuals from  
11          demographic groups with elevated rates of maternal  
12          mortality, severe maternal morbidity, maternal  
13          health disparities, or other adverse perinatal or  
14          childbirth outcomes;

15          (2) relevant organizations representing patients,  
16          with a particular focus on patients from demo-  
17          graphic groups with elevated rates of maternal mor-  
18          tality, severe maternal morbidity, maternal health  
19          disparities, or other adverse perinatal or childbirth  
20          outcomes;

21          (3) organizations representing maternity care  
22          providers and maternal health care education pro-  
23          grams;

24          (4) perinatal health workers; and

1           (5) researchers and policy experts in fields re-  
2       lated to maternal health care for incarcerated indi-  
3       viduals.

4       (b) START DATE.—Each selected facility shall begin  
5       facility programs not later than 18 months after the date  
6       of enactment of this Act.

7       (c) FACILITY PRIORITY.—In carrying out subsection  
8       (a), the Director shall give priority to a facility based on—

9           (1) the number of pregnant and postpartum in-  
10      dividuals incarcerated in such facility and, among  
11      such individuals, the number of pregnant and  
12      postpartum individuals from demographic groups  
13      with elevated rates of maternal mortality, severe ma-  
14      ternal morbidity, maternal health disparities, or  
15      other adverse perinatal or childbirth outcomes; and  
16           (2) the extent to which the leaders of such facil-  
17      ity have demonstrated a commitment to developing  
18      exemplary programs for pregnant and postpartum  
19      individuals incarcerated in such facility.

20      (d) PROGRAM DURATION.—The programs established  
21      under this section shall be for a 5-year period.

22      (e) PROGRAMS.—Bureau of Prisons facilities selected  
23      by the Director shall establish programs for pregnant and  
24      postpartum incarcerated individuals, and such programs  
25      may—

1           (1) provide access to perinatal health workers  
2           from pregnancy through the postpartum period;

3           (2) provide access to healthy foods and coun-  
4           seling on nutrition, recommended activity levels, and  
5           safety measures throughout pregnancy;

6           (3) train correctional officers to ensure that  
7           pregnant incarcerated individuals receive safe and  
8           respectful treatment;

9           (4) train medical personnel to ensure that preg-  
10          nant incarcerated individuals receive trauma-in-  
11          formed, culturally and linguistically congruent care  
12          that promotes the health and safety of the pregnant  
13          individuals;

14          (5) provide counseling and treatment for indi-  
15          viduals who have suffered from—

16                (A) diagnosed mental or behavioral health  
17                conditions, including trauma and substance use  
18                disorders;

19                (B) trauma or violence, including domestic  
20                violence;

21                (C) human immunodeficiency virus;

22                (D) sexual abuse;

23                (E) pregnancy or infant loss; or

24                (F) chronic conditions;

1           (6) provide evidence-based pregnancy and child-  
2       birth education, parenting support, and other rel-  
3       evant forms of health literacy;

4           (7) provide clinical education opportunities to  
5       maternity care providers in training to expand path-  
6       ways into maternal health care careers serving incar-  
7       cerated individuals;

8           (8) offer opportunities for postpartum individ-  
9       uals to maintain contact with the individual's new-  
10      born child to promote bonding, including enhanced  
11      visitation policies, access to prison nursery pro-  
12      grams, or breastfeeding support;

13          (9) provide reentry assistance, particularly to—

14                (A) ensure access to health insurance cov-  
15              erage and transfer of health records to commu-  
16              nity providers if an incarcerated individual exits  
17              the criminal justice system during such individ-  
18              ual's pregnancy or in the postpartum period;  
19              and

20                (B) connect individuals exiting the criminal  
21              justice system during pregnancy or in the  
22              postpartum period to community-based re-  
23              sources, such as referrals to health care pro-  
24              viders, substance use disorder treatments, and

1 social services that address social determinants  
2 of maternal health; or

3 (10) establish partnerships with local public en-  
4 tities, private community entities, community-based  
5 organizations, Indian Tribes and Tribal organiza-  
6 tions (as such terms are defined in section 4 of the  
7 Indian Self-Determination and Education Assistance  
8 Act (25 U.S.C. 5304)), and Urban Indian organiza-  
9 tions (as such term is defined in section 4 of the In-  
10 dian Health Care Improvement Act (25 U.S.C.  
11 1603)) to establish or expand pretrial diversion pro-  
12 grams as an alternative to incarceration for preg-  
13 nant and postpartum individuals. Such programs  
14 may include—

15 (A) evidence-based childbirth education or  
16 parenting classes;

17 (B) prenatal health coordination;

18 (C) family and individual counseling;

19 (D) evidence-based screenings, education,  
20 and, as needed, treatment for mental and be-  
21 havioral health conditions, including drug and  
22 alcohol treatments;

23 (E) family case management services;

24 (F) domestic violence education and pre-  
25 vention;

1 (G) physical and sexual abuse counseling;  
2 and

3 (H) programs to address social deter-  
4 minants of health such as employment, housing,  
5 education, transportation, and nutrition.

6 (f) IMPLEMENTATION AND REPORTING.—A selected  
7 facility shall be responsible for—

8 (1) implementing programs, which may include  
9 the programs described in subsection (e); and

10 (2) not later than 3 years after the date of en-  
11 actment of this Act, and 6 years after the date of  
12 enactment of this Act, reporting results of the pro-  
13 grams to the Director, including information de-  
14 scribing—

15 (A) relevant quantitative indicators of suc-  
16 cess in improving the standard of care and  
17 health outcomes for pregnant and postpartum  
18 incarcerated individuals in the facility, including  
19 data stratified by race, ethnicity, sex, gender,  
20 primary language, age, geography, disability  
21 status, the category of the criminal charge  
22 against such individual, rates of pregnancy-re-  
23 lated deaths, pregnancy-associated deaths, cases  
24 of infant mortality and morbidity, rates of  
25 preterm births and low-birthweight births, cases



1 of severe maternal morbidity, cases of violence  
2 against pregnant or postpartum individuals, di-  
3 agnoses of maternal mental or behavioral health  
4 conditions, and other such information as ap-  
5 propriate;

6 (B) relevant qualitative and quantitative  
7 evaluations from pregnant and postpartum in-  
8 carcerated individuals who participated in such  
9 programs, including measures of patient-re-  
10 ported experience of care; and

11 (C) strategies to sustain such programs  
12 after fiscal year 2031 and expand such pro-  
13 grams to other facilities.

14 (g) REPORT.—Not later than 6 years after the date  
15 of enactment of this Act, the Director shall submit to the  
16 Attorney General and to the Congress a report describing  
17 the results of the programs funded under this section.

18 (h) OVERSIGHT.—Not later than 1 year after the  
19 date of enactment of this Act, the Attorney General shall  
20 award a contract to an independent organization or inde-  
21 pendent organizations to conduct oversight of the pro-  
22 grams described in subsection (e).

23 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
24 authorized to be appropriated to carry out this section  
25 \$10,000,000 for each of fiscal years 2027 through 2031.

1 **SEC. 4. GRANT PROGRAM TO IMPROVE MATERNAL HEALTH**  
2 **OUTCOMES FOR INDIVIDUALS IN STATE AND**  
3 **LOCAL PRISONS AND JAILS.**

4 (a) ESTABLISHMENT.—Not later than 1 year after  
5 the date of enactment of this Act, the Attorney General,  
6 acting through the Director of the Bureau of Justice As-  
7 sistance, shall award Justice for Incarcerated Moms  
8 grants to States to establish or expand programs in State  
9 and local prisons and jails for pregnant and postpartum  
10 incarcerated individuals. The Attorney General shall  
11 award such grants in consultation with stakeholders such  
12 as—

13 (1) relevant community-based organizations,  
14 particularly organizations that represent incarcer-  
15 ated and formerly incarcerated individuals and orga-  
16 nizations that seek to improve maternal health out-  
17 comes for pregnant and postpartum individuals from  
18 demographic groups with elevated rates of maternal  
19 mortality, severe maternal morbidity, maternal  
20 health disparities, or other adverse perinatal or  
21 childbirth outcomes;

22 (2) relevant organizations representing patients,  
23 with a particular focus on patients from demo-  
24 graphic groups with elevated rates of maternal mor-  
25 tality, severe maternal morbidity, maternal health

1       disparities, or other adverse perinatal or childbirth  
2       outcomes;

3           (3) organizations representing maternity care  
4       providers and maternal health care education pro-  
5       grams;

6           (4) perinatal health workers; and

7           (5) researchers and policy experts in fields re-  
8       lated to maternal health care for incarcerated indi-  
9       viduals.

10       (b) APPLICATIONS.—Each applicant for a grant  
11       under this section shall submit to the Director of the Bu-  
12       reau of Justice Assistance an application at such time, in  
13       such manner, and containing such information as the Di-  
14       rector may require.

15       (c) USE OF FUNDS.—A State that is awarded a grant  
16       under this section shall use such grant to establish or ex-  
17       pand programs for pregnant and postpartum incarcerated  
18       individuals, and such programs may—

19           (1) provide access to perinatal health workers  
20       from pregnancy through the postpartum period;

21           (2) provide access to healthy foods and coun-  
22       seling on nutrition, recommended activity levels, and  
23       safety measures throughout pregnancy;

1           (3) train correctional officers to ensure that  
2           pregnant incarcerated individuals receive safe and  
3           respectful treatment;

4           (4) train medical personnel to ensure that preg-  
5           nant incarcerated individuals receive trauma-in-  
6           formed, culturally and linguistically congruent care  
7           that promotes the health and safety of the pregnant  
8           individuals;

9           (5) provide counseling and treatment for indi-  
10          viduals who have suffered from—

11               (A) diagnosed mental or behavioral health  
12               conditions, including trauma and substance use  
13               disorders;

14               (B) trauma or violence, including domestic  
15               violence;

16               (C) human immunodeficiency virus;

17               (D) sexual abuse;

18               (E) pregnancy or infant loss; or

19               (F) chronic conditions;

20          (6) provide evidence-based pregnancy and child-  
21          birth education, parenting support, and other rel-  
22          evant forms of health literacy;

23          (7) provide clinical education opportunities to  
24          maternity care providers in training to expand path-

1 ways into maternal health care careers serving incar-  
2 cerated individuals;

3 (8) offer opportunities for postpartum individ-  
4 uals to maintain contact with the individual's new-  
5 born child to promote bonding, including enhanced  
6 visitation policies, access to prison nursery pro-  
7 grams, or breastfeeding support;

8 (9) provide reentry assistance, particularly to—

9 (A) ensure access to health insurance cov-  
10 erage and transfer of health records to commu-  
11 nity providers if an incarcerated individual exits  
12 the criminal justice system during such individ-  
13 ual's pregnancy or in the postpartum period;  
14 and

15 (B) connect individuals exiting the criminal  
16 justice system during pregnancy or in the  
17 postpartum period to community-based re-  
18 sources, such as referrals to health care pro-  
19 viders, substance use disorder treatments, and  
20 social services that address social determinants  
21 of maternal health; or

22 (10) establish partnerships with local public en-  
23 tities, private community entities, community-based  
24 organizations, Indian Tribes and Tribal organiza-  
25 tions (as such terms are defined in section 4 of the

1 Indian Self-Determination and Education Assistance  
2 Act (25 U.S.C. 5304)), and Urban Indian organiza-  
3 tions (as such term is defined in section 4 of the In-  
4 dian Health Care Improvement Act (25 U.S.C.  
5 1603)) to establish or expand pretrial diversion pro-  
6 grams as an alternative to incarceration for preg-  
7 nant and postpartum individuals. Such programs  
8 may include—

9 (A) evidence-based childbirth education or  
10 parenting classes;

11 (B) prenatal health coordination;

12 (C) family and individual counseling;

13 (D) evidence-based screenings, education,  
14 and, as needed, treatment for mental and be-  
15 havioral health conditions, including drug and  
16 alcohol treatments;

17 (E) family case management services;

18 (F) domestic violence education and pre-  
19 vention;

20 (G) physical and sexual abuse counseling;  
21 and

22 (H) programs to address social deter-  
23 minants of health such as employment, housing,  
24 education, transportation, and nutrition.

1 (d) PRIORITY.—In awarding grants under this sec-  
2 tion, the Director of the Bureau of Justice Assistance  
3 shall give priority to applicants based on—

4 (1) the number of pregnant and postpartum in-  
5 dividuals incarcerated in the State and, among such  
6 individuals, the number of pregnant and postpartum  
7 individuals from demographic groups with elevated  
8 rates of maternal mortality, severe maternal mor-  
9 bidity, maternal health disparities, or other adverse  
10 perinatal or childbirth outcomes; and

11 (2) the extent to which the State has dem-  
12 onstrated a commitment to developing exemplary  
13 programs for pregnant and postpartum individuals  
14 incarcerated in the prisons and jails in the State.

15 (e) GRANT DURATION.—A grant awarded under this  
16 section shall be for a 5-year period.

17 (f) IMPLEMENTING AND REPORTING.—A State that  
18 receives a grant under this section shall be responsible  
19 for—

20 (1) implementing the program funded by the  
21 grant; and

22 (2) not later than 3 years after the date of en-  
23 actment of this Act, and 6 years after the date of  
24 enactment of this Act, reporting results of such pro-

1       gram to the Attorney General, including information  
2       describing—

3               (A) relevant quantitative indicators of the  
4               program's success in improving the standard of  
5               care and health outcomes for pregnant and  
6               postpartum incarcerated individuals in the facil-  
7               ity, including data stratified by race, ethnicity,  
8               sex, gender, primary language, age, geography,  
9               disability status, category of the criminal  
10              charge against such individual, incidence rates  
11              of pregnancy-related deaths, pregnancy-associ-  
12              ated deaths, cases of infant mortality and mor-  
13              bidity, rates of preterm births and low-birth-  
14              weight births, cases of severe maternal mor-  
15              bidity, cases of violence against pregnant or  
16              postpartum individuals, diagnoses of maternal  
17              mental or behavioral health conditions, and  
18              other such information as appropriate;

19              (B) relevant qualitative and quantitative  
20              evaluations from pregnant and postpartum in-  
21              carcerated individuals who participated in such  
22              programs, including measures of patient-re-  
23              ported experience of care; and



1 (C) strategies to sustain such programs be-  
2 yond the duration of the grant and expand such  
3 programs to other facilities.

4 (g) REPORT.—Not later than 6 years after the date  
5 of enactment of this Act, the Attorney General shall sub-  
6 mit to the Congress a report describing the results of such  
7 grant programs.

8 (h) OVERSIGHT.—Not later than 1 year after the  
9 date of enactment of this Act, the Attorney General shall  
10 award a contract to an independent organization or inde-  
11 pendent organizations to conduct oversight of the pro-  
12 grams described in subsection (c).

13 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated to carry out this section  
15 \$10,000,000 for each of fiscal years 2027 through 2031.

16 **SEC. 5. GAO REPORT.**

17 (a) IN GENERAL.—Not later than 2 years after the  
18 date of enactment of this Act, the Comptroller General  
19 of the United States shall submit to Congress a report  
20 on adverse maternal and infant health outcomes among  
21 incarcerated individuals and infants born to such individ-  
22 uals, with a particular focus on racial and ethnic dispari-  
23 ties in maternal and infant health outcomes for incarcer-  
24 ated individuals.

1 (b) CONTENTS OF REPORT.—The report described in  
2 this section shall include—

3 (1) to the extent practicable—

4 (A) the number of pregnant individuals  
5 who are incarcerated in Bureau of Prisons fa-  
6 cilities;

7 (B) the number of incarcerated individuals,  
8 including those incarcerated in Federal, State,  
9 and local correctional facilities, who have expe-  
10 rienced a pregnancy-related death, pregnancy-  
11 associated death, or the death of an infant in  
12 the most recent 10 years of available data;

13 (C) the number of cases of severe maternal  
14 morbidity among incarcerated individuals, in-  
15 cluding those incarcerated in Federal, State,  
16 and local detention facilities, in the most recent  
17 10 years of available data;

18 (D) the number of preterm and low-birth-  
19 weight births of infants born to incarcerated in-  
20 dividuals, including those incarcerated in Fed-  
21 eral, State, and local correctional facilities, in  
22 the most recent 10 years of available data; and

23 (E) statistics on the racial and ethnic dis-  
24 parities in maternal and infant health outcomes  
25 and severe maternal morbidity rates among in-

1           carcerated individuals, including those incarcer-  
2           ated in Federal, State, and local detention fa-  
3           cilities;

4           (2) in the case that the Comptroller General of  
5           the United States is unable determine the informa-  
6           tion required in subparagraphs (A) through (C) of  
7           paragraph (1), an assessment of the barriers to de-  
8           termining such information and recommendations  
9           for improvements in tracking maternal health out-  
10          comes among incarcerated individuals, including  
11          those incarcerated in Federal, State, and local deten-  
12          tion facilities;

13          (3) the implications of pregnant and  
14          postpartum incarcerated individuals being ineligible  
15          for medical assistance under a State plan under title  
16          XIX of the Social Security Act (42 U.S.C. 1396 et  
17          seq.) including information about—

18                (A) the effects of such ineligibility on ma-  
19                ternal health outcomes for pregnant and  
20                postpartum incarcerated individuals, with em-  
21                phasis given to such effects for pregnant and  
22                postpartum individuals from racial and ethnic  
23                minority groups; and

24                (B) potential implications on maternal  
25                health outcomes resulting from temporarily sus-

1           pending, rather than permanently terminating,  
2           such eligibility when a pregnant or postpartum  
3           individual is incarcerated;

4           (4) the extent to which Federal, State, and  
5           local correctional facilities are holding pregnant and  
6           postpartum individuals who test positive for illicit  
7           drug use in detention with special conditions, such  
8           as additional bond requirements, due to the individ-  
9           ual's drug use, and the effect of such detention poli-  
10          cies on maternal and infant health outcomes;

11          (5) causes of adverse maternal health outcomes  
12          that are unique to incarcerated individuals, including  
13          those incarcerated in Federal, State, and local deten-  
14          tion facilities;

15          (6) causes of adverse maternal health outcomes  
16          and severe maternal morbidity that are unique to in-  
17          carcerated individuals from racial and ethnic minor-  
18          ity groups;

19          (7) recommendations to reduce maternal mor-  
20          tality and severe maternal morbidity among incar-  
21          cerated individuals and to address racial and ethnic  
22          disparities in maternal health outcomes for incarcer-  
23          ated individuals in Bureau of Prisons facilities and  
24          State and local prisons and jails; and

1 (8) such other information as may be appro-  
2 priate to reduce the occurrence of adverse maternal  
3 health outcomes among incarcerated individuals and  
4 to address racial and ethnic disparities in maternal  
5 health outcomes for such individuals.

6 **SEC. 6. DEFINITIONS.**

7 In this Act:

8 (1) CULTURALLY AND LINGUISTICALLY CON-  
9 GRUENT.—The term “culturally and linguistically  
10 congruent”, with respect to care or maternity care,  
11 means care that is in agreement with the preferred  
12 cultural values, beliefs, worldview, language, and  
13 practices of the health care consumer and other  
14 stakeholders.

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

23 (3) MATERNITY CARE PROVIDER.—The term  
24 “maternity care provider” means a health care pro-  
25 vider who—

1 (A) is a physician, a physician assistant, a  
2 midwife who meets, at a minimum, the inter-  
3 national definition of a midwife and global  
4 standards for midwifery education as estab-  
5 lished by the International Confederation of  
6 Midwives, an advanced practice registered  
7 nurse, a doula accredited by a State to receive  
8 reimbursement for doula services under a State  
9 plan (or a waiver of such plan) under title XIX  
10 of the Social Security Act (42 U.S.C. 1396 et  
11 seq.), or a lactation consultant certified by the  
12 International Board of Lactation Consultant  
13 Examiners; and

14 (B) has a focus on maternal or perinatal  
15 health.

16 (4) PERINATAL HEALTH WORKER.—The term  
17 “perinatal health worker” means a nonclinical health  
18 worker focused on maternal or perinatal health, such  
19 as a doula, community health worker, peer sup-  
20 porter, lactation educator or counselor, nutritionist  
21 or dietitian, childbirth educator, social worker, home  
22 visitor, patient navigator or coordinator, or language  
23 interpreter.

24 (5) POSTPARTUM AND POSTPARTUM PERIOD.—  
25 The terms “postpartum” and “postpartum period”

1 refer to the 1-year period beginning on the last day  
2 of the pregnancy of an individual.

3 (6) PREGNANCY-ASSOCIATED DEATH.—The  
4 term “pregnancy-associated death” means a death of  
5 a pregnant or postpartum individual, by any cause,  
6 that occurs during, or within 1 year following, the  
7 individual’s pregnancy, regardless of the outcome,  
8 duration, or site of the pregnancy.

9 (7) PREGNANCY-RELATED DEATH.—The term  
10 “pregnancy-related death” means a death of a preg-  
11 nant or postpartum individual that occurs during, or  
12 within 1 year following, the individual’s pregnancy,  
13 from a pregnancy complication, a chain of events  
14 initiated by pregnancy, or the aggravation of an un-  
15 related condition by the physiologic effects of preg-  
16 nancy.

17 (8) RACIAL AND ETHNIC MINORITY GROUP.—  
18 The term “racial and ethnic minority group” has the  
19 meaning given such term in section 1707(g)(1) of  
20 the Public Health Service Act (42 U.S.C. 300u–  
21 6(g)(1)).

22 (9) SEVERE MATERNAL MORBIDITY.—The term  
23 “severe maternal morbidity” means a health condi-  
24 tion, including mental health conditions and sub-  
25 stance use disorders, attributed to or aggravated by

1 pregnancy or childbirth that results in significant  
2 short-term or long-term consequences to the health  
3 of the individual who was pregnant.

4 (10) SOCIAL DETERMINANTS OF MATERNAL  
5 HEALTH.—The term “social determinants of mater-  
6 nal health” means nonclinical factors that impact  
7 maternal health outcomes.