

THE MOMNIBUS

THE SOLUTION TO AMERICA'S MATERNAL HEALTH CRISIS

REPRESENTATIVE ALMA ADAMS AND REPRESENTATIVE LAUREN UNDERWOOD

Reminder: Save the Date for Stakeholder Summit

Representative Lauren Underwood (IL-14) announced that the Black Maternal Health Caucus 2024 Stakeholder Summit will be in Joliet, Illinois on Monday, August 26, 2024. The event, hosted in collaboration with Representative Alma Adams (NC-12), will highlight progress in improving maternal health outcomes, spotlight opportunities to advance the Black Maternal Health Momnibus Act and key maternal health legislative priorities, and help build partnerships and strategies to end the maternal health crisis in the United States.

To RSVP, interested members of the media should send an email to BlackMaternalHealthCaucus@mail.house.gov. Interested attendees should fill out the [attendee interest form](#), and those interested in contributing to the programming of the summit should fill out the [participant interest form](#).

A one-page summary of the Momnibus, including a list of the 181 original House cosponsors, can be found here, and additional information about the individual bills in the Momnibus can be found on the [Black Maternal Health Caucus website](#).

Read the full press release for the [2024 Stakeholder Summit](#), as well as the press release for the [2023 Stakeholder Summit](#).

Federal Funding and Other Opportunities For Action

Delta Region Maternal Care Coordination Program Department of Health and Human Services Health Resources and Services Administration

The goal of this program is to enhance and expand care options for pregnant women and new mothers throughout pregnancy and postpartum. Participants are encouraged to explore creative approaches that address the needs and provide support for pregnant women and new mothers.

Who can Apply: Small businesses, special district governments, state governments, nonprofits with or without 501(c)(3) status with the IRS, other than institutions of higher education, County governments, City or township governments, independent school districts, for profit organizations other than small businesses

Deadline to Apply: 8/2/2024

Learn more [here](#).

Community-Based Maternal Behavioral Health Services Program

This program aims to enhance access to culturally appropriate maternal mental health and substance use interventions through strengthening community referral pathways. Recipients will collaborate with pregnancy and postpartum healthcare providers, refer individuals needing behavioral health support to suitable resources, and deliver short-term mental health and substance use services to those unable to access care.

Who can Apply: Eligible applicants are State, local, Tribal, and territorial governments, Tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to address community behavioral health needs worsened by the COVID-19 public health emergency.

Deadline to Apply: 8/26/2024

Learn more [here](#).

Maternity and Child Health Policy Innovation Program

This funding is available to public or private organizations and Tribal governments to provide technical assistance (TA) to intergovernmental stakeholders, including governors' offices, state legislatures, state and local health officials, and other state and local officials to help them develop and implement policy initiatives that improve outcomes and reduce related health disparities. Technical assistance can take the form of (1) convening learning communities (LCs) that engage diverse stakeholders and (2) developing and disseminating informational resources such as (but not limited to) policy briefs, webinars, and/or legislation trackers.

Who can Apply: Public or private organizations, inclusive of Tribal led organizations, or Tribal governments.

Deadline to Apply: 9/1/2024

Learn more [here](#).

Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule:

On July 10, 2024, the Centers for Medicare & Medicaid Services (CMS) proposed new Medicare payment rates for hospital outpatient and Ambulatory Surgical Center services. Notably, CMS is suggesting updated requirements for maternal quality assessment and performance improvement, foundational standards for organizational structure, staffing, and care delivery within obstetrical units, and annual training for staff in maternal health settings. CMS also proposes revisions to improve emergency care and transfer and discharge protocols for pregnant, birthing, and postpartum individuals. These proposals stem from available evidence and stakeholder feedback, and CMS specifically seeks input on extending these requirements to rural emergency hospitals. The Final Rule is released annually in November with a 60-day comment period ending on September 9, 2024.

Who can Comment: the public, specifically regarding extending these requirements into rural emergency hospitals

Deadline to Apply: 9/9/2024

Learn more [here](#) and [here](#).

Transforming Maternal Health (TMaH) Model Department of Health and Human Services Centers for Medicare & Medicaid Services:

This 10-year voluntary service delivery and payment model aims to enhance maternal health care outcomes for Medicaid and Children's Health Insurance Program (CHIP) enrollees. Known as the TMaH Model, it will assess whether focused technical assistance, along with reforms in payment and delivery systems, can promote comprehensive care throughout pregnancy, childbirth, and postpartum, ultimately reducing expenditures for Medicaid and CHIP programs. CMS will choose up to 15 state Medicaid agencies (SMAs or Recipients) to take part in the TMaH Model.

Who can Apply: State governments

Deadline to Apply: 9/20/2024

Learn more [here](#).

If you're applying for one of the funding opportunities above, don't forget to reach out to your Representative and Senators to see if they can provide a letter of support to bolster your application! To find your Members of Congress, visit <https://www.congress.gov/members/find-your-member>.

The Stillbirth Prevention Act signed into law!

A few weeks ago, Congresswoman Adams' Maternal and Child Health Stillbirth Prevention Act was signed into law by President Biden, after passing through Congress with overwhelming bipartisan support.

The law clarifies that stillbirth prevention programs and research may use Title V funds – the largest funding pool that exists for maternal and child health issues in the United States. Despite studies that show nearly one in four stillbirths that occur in the U.S. may be preventable, there has been historic underinvestment in addressing this silent crisis for decades. There are significant racial and ethnic disparities in stillbirth outcomes, with Black women being nearly twice as likely to experience stillbirth.

With Title V funding, community-based organizations and state health departments may use funds towards research and evidence-based programs such as educating pregnant women on the importance of tracking and awareness of fetal movements, screening and surveillance for fetal growth restriction, and home visits or other types of support. One such

program, Count the Kicks, demonstrated a 32% reduction in stillbirths in the first ten years of its campaign in Iowa. This new law will empower similarly successful programs to expand their scope and work towards lowering the stillbirth rate nationally.



NIH IMPROVE Initiative Funds Two Additional Maternal Health Research Centers of Excellence in Illinois and Pennsylvania

The National Institutes of Health (NIH) has announced two additional Maternal Health Research Centers of Excellence funding through NIH IMPROVE (Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone), thanks to funding secured by the Black Maternal Health Caucus (BMHC) through the federal appropriations process. The University of Illinois Chicago and University of Pittsburgh were selected to receive approximately \$2 million in first-year funding. The grants, expected to last six years, will support critical research to reduce preventable causes of maternal deaths and improve health outcomes from women throughout pregnancy.

NIH IMPROVE first launched its [Centers of Excellence program in 2023](#) to support the development and evaluation of innovative approaches to reduce pregnancy-related complications and deaths and promote maternal health equity. Co-Chair Lauren Underwood (D-IL) has worked alongside Brian Fitzpatrick (R-PA) and U.S. Senators Laphonza Butler (D-Calif.) and Katie Britt (R-Ala.) to introduce the [NIH IMPROVE Act](#), which would codify funding for this existing program for the next seven years.

The NIH IMPROVE Initiative announcement on this funding is available [here](#). The full text of the NIH IMPROVE Act can be viewed [here](#). Read the full press release [here](#).

Rep. Underwood and Senator Durbin visit the University of Illinois Chicago (UIC) to celebrate new Maternal Center of Excellence Award by the NIH IMPROVE Initiative

On July 17th, Rep. Underwood and Senator Durbin visited the University of Illinois Chicago (UIC) to celebrate their selection as the latest Maternal Center of Excellence by the National Institutes of Health IMPROVE Initiative. UIC was selected alongside the University of Pittsburgh to receive \$2M in first-year funding to develop and evaluate innovative approaches to reduce pregnancy-related complications and deaths and promote maternal health equity.

At UIC, Rep. Underwood and Senator Durbin participated in a roundtable discussion on the maternal health crisis, NIH IMPROVE, and UIC's award with UIC leadership, research staff, and Dr. Rachel Caskey, the internist who is leading the maternal health project that was selected for funding. During this roundtable, Rep. Underwood emphasized the importance of maternal health research in advancing better care for mothers as well as emphasized the importance of building sustainable funding for the NIH IMPROVE Initiative through her legislation, the [NIH IMPROVE Act](#).

"As we work in Washington to pass the policy solution that will end our maternal health crisis—the Momnibus—it's heartening to see that institutions like UIC are here in communities, dedicated to providing good and equitable care for our moms and families," said Rep. Underwood. "As the newest Maternal Health Research Center of Excellence, UIC is doing urgent and important work that will save mom's lives. These institutions need and deserve our support, and Congress must pass the NIH IMPROVE Act and the Momnibus."

July Community Spotlight

Congressional Black Maternal Health Caucus co-founder and co-chair Rep. Alma Adams, Ph.D. (NC-12) will attend the U.S. Department of Health and Human Services 2024 M.O.M.S. (Maternal Outcomes Matter Showers) Tour stop in Charlotte, North Carolina. This national tour aims to improve maternal health outcomes, particularly among African American and Native American women in communities with high maternal and morbidity rates.

According to the CDC, in 2022, 817 women died of maternal causes in the United States. Black women are three times more likely to die from pregnancy-related causes than White women. Native American women are two times more likely to die from pregnancy-related causes than White women. However, 80% of these deaths were determined to be preventable. Recognizing the early warning signs, getting an accurate and timely diagnosis, and having access to quality care can save lives.

The M.O.M.S. Tour comes as research shows [overdose deaths increased in pregnant and postpartum women from early 2018 to late 2021](#). Among those aged 35 to 44, overdose mortality more than tripled during this period. Other data shows that among the 1,018 pregnancy-related deaths between the period of 2017 and 2019, an underlying cause of death was identified for 987 deaths. [Mental health conditions were the highest percentage \(22.7%\) of the six most frequent underlying causes of pregnancy-related death](#).

The M.O.M.S. Tour targets cities with high maternal mortality and morbidity rates, especially among Black and Native American populations. The Tour brings together mental health professionals, birth workers, medical professionals, and community members to provide resources and support for pregnant and postpartum women and engage in meaningful discussions on maternal health disparities. In addition to baby resources, pregnant women and families will have access to essential health-related services such as healthcare coverage, mental health services, vaccinations, substance use disorder support, local services offered by doulas and midwives, health screenings, toolkits for postpartum depression, nutritious food, and more.

Articles of the Month

- **Journal of Racial and Ethnic Disparities:** [Beyond the First Trimester: Social Determinants of Delayed Prenatal Care at a Community Health Center Using the PRAPARE Tool](#)
- **Women's Health Issues:** [Facilitators and Barriers to Medicaid Doula Benefit Implementation in California: Perspectives From Managed Care Plans and Risk-Bearing Organizations](#)
- **Women's Health Issues:** [Birth Outcomes Among First Nations Birthing Parents Incarcerated While Pregnant: A Linked Administrative Data Study From Manitoba, Canada](#)

General Resources

- The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7, all expecting and new mothers. Call or text at 1-833-TLC-MAMA (or 1-833-853-6262). To learn more about the hotline or access shareable materials, please visit [here](#).
- The Office on Women's Health offers [resources](#) for finding support for postpartum depression.
- The [CDC Hear Her campaign](#) has resources for raising awareness of urgent maternal warning signs during and after pregnancy.

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