

.....
(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

To facilitate support and services to women who find themselves with an unexpected pregnancy, to meet the emotional, physical, social, financial, and other needs women encounter during pregnancy, childbirth, and child-rearing, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. FORTENBERRY introduced the following bill; which was referred to the Committee on _____

A BILL

To facilitate support and services to women who find themselves with an unexpected pregnancy, to meet the emotional, physical, social, financial, and other needs women encounter during pregnancy, childbirth, and child-rearing, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Care for Her Act”.

1 (b) TABLE OF CONTENTS.—The table of contents for
2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Sense of Congress.
- Sec. 3. Definitions.
- Sec. 4. Applicability of certain provisions.
- Sec. 5. Religious and moral objections.

TITLE I—PREGNANCY AND PARENTING SUPPORT
COLLABORATIVE

- Sec. 101. Establishment.
- Sec. 102. Pregnant and Parenting Women’s Care Information Service.
- Sec. 103. Education and training support.
- Sec. 104. Toll-free number.
- Sec. 105. Annual review of successful models.
- Sec. 106. Recognizing successful workplace policies and practices.
- Sec. 107. Public Health Service Act programs.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Sec. 201. Pregnancy and parenting support and services.
- Sec. 202. Housing.
- Sec. 203. Assessing outcomes and applying optimal incentives to improve ma-
ternal and child health outcomes.

TITLE III—INTERNAL REVENUE SERVICE

- Sec. 301. Child tax credit improvements.

3 **SEC. 2. SENSE OF CONGRESS.**

4 It is the sense of Congress that—

5 (1) many women find themselves with an unex-
6 pected pregnancy without knowledge of what re-
7 sources might be available to them at the local,
8 State, and Federal levels to support emotional, phys-
9 ical, social, financial, and other needs that they may
10 encounter during pregnancy, childbirth, and child-
11 rearing;

12 (2) gaps exist in support and services provided
13 throughout communities;

1 (3) Federal and State governments, according
2 to the Supreme Court ruling in *Harris v. McRae*,
3 448 U.S. 297 (1980), have a vested interest in as-
4 suring optimal support and outcomes for women and
5 their children, and this ruling supports the decided
6 interest of the United States Government to help a
7 woman through childbirth and child-rearing;

8 (4) women and communities alike have univer-
9 sally voiced the need for safe, affordable, and sup-
10 portive housing for expectant mothers;

11 (5) maternity housing needs in rural and urban
12 communities differ, and, as a result, community
13 needs should be evaluated and gaps filled where lack
14 of housing support and services exist;

15 (6) group housing has been shown to be valu-
16 able to improve health outcomes;

17 (7) institutions of higher education should pro-
18 vide information regarding resources available for
19 parenting and pregnant students;

20 (8) communities should work together to pro-
21 vide support and services, and fulfill unmet needs of
22 pregnant and parenting students;

23 (9) expectant mothers begin to provide for their
24 child as soon as they come to learn of their preg-
25 nancy, and expenses may include clothing, furniture,

1 toys, and food, and, for this reason, a child tax cred-
2 it for women who are pregnant should be applied;

3 (10) information on support and services avail-
4 able should be readily available to women during
5 pregnancy, birth, and child-rearing;

6 (11) health care services are covered through
7 various insurances including the Medicaid program;

8 (12) linking health care services to broader sup-
9 port and services for a mother and her child, includ-
10 ing housing, nutrition, education, job training, job
11 placement, and childcare, is critical to help facilitate
12 a woman through her journey;

13 (13) a committed community of care working
14 with State and Federal governments has an oppor-
15 tunity to build comprehensive support systems that
16 improve pregnancy outcomes significantly;

17 (14) a community of care can help with—

18 (A) health care and material support;

19 (B) mentorship and parenting resources
20 during pregnancy and following the birth of a
21 child;

22 (C) opportunities for completion of edu-
23 cation, employment, and job training;

24 (D) safe, affordable, and supportive hous-
25 ing during pregnancy; and

1 (E) workplace and college campus accom-
2 modation, including child care and lactation
3 support; and

4 (15) to assure consistent access to information
5 about available support and services for a woman
6 with an unexpected pregnancy, to fill additional gaps
7 that exist in support and services, and to support ex-
8 pectant mothers, Congress proposes—

9 (A) a new Federal-State entity to assure
10 all parties are satisfied with the context of sup-
11 port and services;

12 (B) a clearinghouse with geographically
13 relevant programs for women seeking support
14 during pregnancy;

15 (C) an assessment of gaps within support
16 and services;

17 (D) an assessment and sharing of success-
18 ful models in local, State, and Federal pro-
19 grams;

20 (E) provision of grants to support certain
21 services such as maternity housing, mentorship
22 programs, job-training programs, and childcare;

23 (F) engagement with women who have ex-
24 perienced available support and services to un-

1 derstand what services are useful and gaps that
2 exist in services and support;

3 (G) an annual report from the Department
4 of Health and Human Services on successes
5 and opportunities for improvement;

6 (H) a pregnancy child tax credit; and

7 (I) establishing new incentives structures
8 to improve maternal and child outcomes.

9 **SEC. 3. DEFINITIONS.**

10 In this Act:

11 (1) The terms “Collaborative” and “State Preg-
12 nancy Collaborative” mean the Pregnancy Support
13 Collaborative established under section 101.

14 (2) The terms “pregnancy and parenting sup-
15 port and services” and “pregnancy or parenting sup-
16 port or services” refer to support or services, as ap-
17 plicable, offered during or after pregnancy to preg-
18 nant women or new mothers in order to help such
19 women to alleviate the physical, financial, social,
20 emotional, and other difficulties that may be encoun-
21 tered during or after pregnancy, including the fol-
22 lowing:

23 (A) Material assistance, including mater-
24 nity and baby clothing, diapers and wipes, food

1 supporting a child's nutrition, baby furniture,
2 and car seats.

3 (B) Housing for women and children.

4 (C) Provision of information on available
5 resources regarding pregnancy and childbirth,
6 infant feeding, time management, parenting
7 special needs children, and nutrition during and
8 after pregnancy.

9 (D) Referrals for secondary and postsec-
10 ondary education, including with respect to vo-
11 cational training and community college, job
12 training and placement, housing, personal safe-
13 ty, food stamps, adoption, and other govern-
14 mental assistance.

15 (E) Wrap-around health care and social
16 support services for a woman carrying a child
17 to term, and neonatal care services.

18 (F) Access to nutrition programs for preg-
19 nant women and mothers, including the pro-
20 gram under section 17 of the Child Nutrition
21 Act of 1966 (42 U.S.C. 1786; commonly known
22 as "WIC"), the program under section 4 of the
23 Food and Nutrition Act of 2008 (7 U.S.C.
24 2013; commonly known as "SNAP"), the con-
25 solidated block grants for Puerto Rico and

1 American Samoa under section 19 of the Food
2 and Nutrition Act of 2008 (7 U.S.C. 2028),
3 and similar programs for the Commonwealth of
4 the Northern Mariana Islands.

5 (G) Legal services, including pro bono, to
6 assist women who wish to give birth and par-
7 ents with newborn children.

8 (H) Childcare services.

9 (I) Pursuing collection of child support and
10 alimony from uncooperative parents.

11 (J) Services to assist parents—

12 (i) to care for, and prepare to care
13 for, a newborn, including a newborn with
14 Down syndrome or another prenatally di-
15 agnosed condition or disability; and

16 (ii) to facilitate the adoption of such
17 children according to the desire of the
18 mother.

19 (K) Life-skills mentoring, including to en-
20 hance the following competencies:

21 (i) Strengthening capacities for fos-
22 tering long-term relationships with others.

23 (ii) Communication and conflict man-
24 agement.

1 (iii) Decisionmaking and relationship-
2 building skills prior to marriage.

3 (iv) High-risk behavior awareness.

4 (L) Life-skills counseling.

5 (M) Mammograms and services for
6 postpartum depression treatment.

7 (N) Provision of any of the services identi-
8 fied in subparagraphs (A) through (M) through
9 pregnancy support centers.

10 (3) The term “Secretary” means the Secretary
11 of Health and Human Services.

12 (4) The term “State” includes, in addition to
13 the several States, the District of Columbia and each
14 territory or possession of the United States.

15 **SEC. 4. APPLICABILITY OF CERTAIN PROVISIONS.**

16 Sections 506 and 507 of division A of the Further
17 Consolidated Appropriations Act, 2020 (Public Law 116–
18 94; 133 Stat. 2534, 2606–2607) apply with respect to any
19 funds made available to carry out this Act to the same
20 extent and in the same manner as such sections apply with
21 respect to funds appropriated to carry out such division
22 A.

1 **SEC. 5. RELIGIOUS AND MORAL OBJECTIONS.**

2 A provider, including a faith-based provider, that is
3 otherwise eligible to be listed in the clearinghouse under
4 section 102, or to receive assistance under this Act—

5 (1) shall not be required, as a condition of such
6 listing or receiving such assistance, to endorse, uti-
7 lize, make a referral to, become integrated with, or
8 otherwise participate in any program or activity to
9 which the provider has a religious or moral objec-
10 tion; and

11 (2) shall not be discriminated against in the so-
12 licitation or issuance of grants, contracts, or cooper-
13 ative agreements under this Act for refusing to meet
14 any requirement described in paragraph (1).

15 **TITLE I—PREGNANCY AND PAR-**
16 **ENTING SUPPORT COLLABO-**
17 **RATIVE**

18 **SEC. 101. ESTABLISHMENT.**

19 (a) **IN GENERAL.**—The Secretary shall establish
20 within the Department of Health and Human Services a
21 Federal-State collaborative, to be known as the Pregnancy
22 Support Collaborative.

23 (b) **MEMBERSHIP.**—The members of the Collabo-
24 rative shall consist of the following:

25 (1) The Secretary (or the Secretary's designee),
26 who shall serve as the chair of the Collaborative.

1 (2) The chief executive officer of each State
2 that chooses to participate in the Collaborative (or
3 the chief executive officer's designee).

4 (c) STAFF; SINGLE POINT OF CONTACT; FEDERAL
5 EXPERTS.—The Secretary—

6 (1) shall assign to the Collaborative such per-
7 sonnel as the Secretary determines appropriate to
8 assist the Collaborative in carrying out its duties
9 under this Act;

10 (2) from among the personnel assigned pursu-
11 ant to paragraph (1), shall designate an Executive
12 Director of the Collaborative;

13 (3) may request that Federal departments and
14 agencies detail relevant experts to the Collaborative
15 to assist the Collaborative in carrying out its duties
16 under this Act; and

17 (4) on an annual basis, shall publish a list of
18 the members of the Collaborative.

19 (d) TWO-THIRDS VOTE REQUIRED.—The Collabo-
20 rative may not take any action or make any recommenda-
21 tion or decision unless such action, decision, or rec-
22 ommendation is authorized by a vote of at least two-thirds
23 of the members of the Collaborative.

24 (e) RESPONSIBILITIES.—The Collaborative shall—

1 (1) work with States and localities to learn
2 about existing successful models for pregnancy and
3 parenting support and services;

4 (2) on an annual basis, submit a report to the
5 Congress—

6 (A) describing the activities of the Collabo-
7 rative, the funds expended on such activities,
8 and the results achieved through such activities;
9 and

10 (B) recommending—

11 (i) how to fill gaps experienced by
12 women who have benefited from pregnancy
13 and parenting support and services; and

14 (ii) how to maintain and expand Fed-
15 eral funding levels for pregnancy and par-
16 enting support and services;

17 (3) develop and maintain the Pregnant and
18 Parenting Women’s Care Information Service, in ac-
19 cordance with section 102;

20 (4) provide educational support in accordance
21 with section 103;

22 (5) provide for a toll-free number in accordance
23 with section 104;

24 (6) conduct an annual review of nationwide suc-
25 cessful models in accordance with section 105; and

1 (7) recognize successful workplace policies and
2 practices in accordance with section 106.

3 (f) AVOIDING DUPLICATION OF EFFORT.—The Col-
4 laborative shall, where possible, avoid duplicating the pro-
5 grams and activities of other entities.

6 **SEC. 102. PREGNANT AND PARENTING WOMEN'S CARE IN-**
7 **FORMATION SERVICE.**

8 (a) IN GENERAL.—The Collaborative shall develop
9 and maintain a comprehensive, publicly accessible, and
10 user friendly clearinghouse to be known as the Pregnant
11 and Parenting Women's Care Information Service (in this
12 section referred to as the "clearinghouse") to serve as a
13 consolidated source of information on qualified public and
14 private service providers that provide pregnancy and par-
15 enting support and services, including in low-income,
16 urban, suburban, and rural areas.

17 (b) IDENTIFICATION OF PROVIDERS, SUPPORT, AND
18 SERVICES.—The Collaborative—

19 (1) shall request that each State identify, and
20 enter into a template provided by the Collaborative,
21 each provider, support, and service in the State to
22 be included in the clearinghouse; and

23 (2) shall not include in the clearinghouse any
24 provider, support, or service in a State unless the
25 State involved has requested pursuant to paragraph

1 (1) (and not withdrawn its request) to include such
2 provider, support, or service in the clearinghouse.

3 (c) QUALIFIED PROVIDERS.—For a provider to be
4 qualified to be listed in the clearinghouse—

5 (1) the provider shall have been engaged in pro-
6 viding pregnancy or parenting support or services
7 for mothers and infants for a minimum of 3 con-
8 secutive years; and

9 (2) pregnancy support or services for mothers
10 and infants shall be the primary focus of the pro-
11 vider’s work.

12 (d) INPUT.—In developing and maintaining the clear-
13 inghouse, the Collaborative shall seek the input of—

14 (1) qualified experts involved in providing preg-
15 nancy and parenting support and services; and

16 (2) relevant State officials.

17 (e) CONTENTS.—Subject to subsections (b)(2) and
18 (c), the clearinghouse shall include each of the following:

19 (1) A complete list of Federal, State, and local
20 programs that provide pregnancy and parenting sup-
21 port and services.

22 (2) A rating system that allows clients to rate
23 qualified providers of pregnancy and parenting sup-
24 port and services after receiving such services.

1 (3) Information on qualified providers of preg-
2 nancy and parenting resources, including—

3 (A) contact information;

4 (B) years in service;

5 (C) qualifications;

6 (D) references;

7 (E) women’s ratings under the system
8 under paragraph (2); and

9 (F) links to the providers’ websites.

10 (4) Information on the education and training
11 opportunities identified pursuant to section 103.

12 **SEC. 103. EDUCATION AND TRAINING SUPPORT.**

13 (a) IN GENERAL.—The Collaborative, in collabora-
14 tion with State and local governments, shall—

15 (1) identify, assess, and increase understanding
16 and awareness of—

17 (A) appropriate education and training op-
18 portunities to ensure that women have access to
19 all available programs, funding, and support to
20 maximize their employment opportunities; and

21 (B) specific supports and services for
22 women during pregnancy, nursing, and child-
23 rearing; and

1 (2) direct individuals to information on such op-
2 portunities, and such supports and services, in a
3 manner that is geographically relevant.

4 (b) SUPPORT FOR STUDENTS.—The Collaborative
5 shall work with secondary schools, institutions of higher
6 education, and other entities providing education or job
7 training to maximize support within the learning setting,
8 including with respect to—

9 (1) child-care services, family housing, health
10 insurance (for students and their families), flexible
11 academic scheduling (such as telecommuting pro-
12 grams), parenting classes and programs, and
13 postpartum counseling and support groups;

14 (2) access to locations designated for
15 breastfeeding within the learning setting;

16 (3) identifying scholarships, financial and in-
17 kind resources, grants, and loans for which such stu-
18 dents may be eligible;

19 (4) job placement and apprenticeship;

20 (5) working with employers to optimize work
21 site support for child care and breastfeeding, trans-
22 portation, or other services to assist a mother to
23 achieve successful employment; and

24 (6) options for tele-education.

1 (c) PROVISION OF INFORMATION.—As a condition on
2 receipt of Federal funds for providing education or job
3 training, an entity shall agree to provide to the Collabo-
4 rative such information as the Collaborative may request
5 on education and training opportunities for purposes of
6 carrying out subsections (a) and (b).

7 **SEC. 104. TOLL-FREE NUMBER.**

8 If approved by a vote of at least two-thirds of the
9 members of the Collaborative, as described in section
10 101(d), the Collaborative shall enter into a contract,
11 through the use of competitive procedures, with an entity
12 to establish and operate a toll-free number to provide
13 women with referrals for obtaining pregnancy and par-
14 enting support and services, including services to support
15 mental and emotional health.

16 **SEC. 105. ANNUAL REVIEW OF SUCCESSFUL MODELS.**

17 (a) ANNUAL REVIEW.—The Collaborative shall con-
18 duct an annual review of nationwide successful models in
19 women’s pregnancy and parenting support and services.

20 (b) INPUT.—In conducting each annual review under
21 subsection (a), the Collaborative shall—

22 (1) gather input from qualified providers listed
23 in the clearinghouse under section 102 and qualified
24 experts referred to in section 102(d), including such
25 providers and experts from—

- 1 (A) State and local governments;
- 2 (B) the private and faith-based sectors;
- 3 (C) prenatal and parenting care centers;
- 4 and
- 5 (D) other qualified providers; and
- 6 (2) in gathering such input, encourage such
- 7 qualified providers and experts—
 - 8 (A) to share information on successful
 - 9 models in pregnancy and parenting support and
 - 10 services; and
 - 11 (B) to identify and address—
 - 12 (i) key burdens or adverse cir-
 - 13 cumstances facing pregnant women; and
 - 14 (ii) the challenges for providers.

15 **SEC. 106. RECOGNIZING SUCCESSFUL WORKPLACE POLI-**
16 **CIES AND PRACTICES.**

- 17 (a) IN GENERAL.—The Collaborative shall—
 - 18 (1) recognize employers that successfully imple-
 - 19 ment innovative policies and practices to meet the
 - 20 needs of pregnant and parenting employees with re-
 - 21 spect to children below school age;
 - 22 (2) make recommendations regarding such in-
 - 23 novative policies and practices; and
 - 24 (3) publicize such policies and practices that
 - 25 prove to be successful.

1 (b) POLICIES AND PRACTICES.—The innovative poli-
2 cies and practices referred to in subsection (a) may in-
3 clude—

4 (1) family friendly policies proposed by both
5 employees and the employer;

6 (2) childcare facilities;

7 (3) family cafeterias and separate areas for
8 those who do not have children and may prefer not
9 to eat with other families;

10 (4) small employer family leave policies not cov-
11 ered by the Family and Medical Leave Act of 1993
12 (29 U.S.C. 2601 et seq.);

13 (5) paid family leave policies for larger employ-
14 ers with a sliding scale for medium-sized companies;

15 (6) rooms set aside for mothers to breastfeed in
16 comfort, with refrigerators for the storage of breast
17 milk;

18 (7) telecommuting and flexible work schedules
19 for jobs that do not require being on-site, and meet-
20 ing times set for the convenience of caregivers, im-
21 plemented in a manner that is not at the expense of
22 traditional full-time employees; and

23 (8) establishment of a committee comprised of
24 employers, human resource staff, and employees at

1 all levels to discuss matters related to employer sup-
2 port for employees who are pregnant or parenting.

3 **SEC. 107. PUBLIC HEALTH SERVICE ACT PROGRAMS.**

4 (a) SAFE MOTHERHOOD.—Section 317K of the Pub-
5 lic Health Service Act (42 U.S.C. 247b–12) is amended—

6 (1) in subsection (a)(2), by adding at the end
7 the following:

8 “(E) Assessment of the role of the State
9 Pregnancy Collaborative in—

10 “(i) improving perinatal outcomes, in-
11 cluding maternal and infant morbidity and
12 mortality; and

13 “(ii) data collection for the community
14 shared savings accounts under section
15 203(c) of the Care for Her Act.”;

16 (2) in subsection (b)(2)—

17 (A) in subparagraph (L), by striking
18 “and” at the end;

19 (B) in subparagraph (M), by striking the
20 period at the end and inserting “; and”; and

21 (C) by adding at the end the following:

22 “(N) the prevention role of the State Preg-
23 nancy Collaborative for mothers and children
24 based on the support of the whole community.”;

1 (3) by amending subsection (c)(3) to read as
2 follows:

3 “(3) activities to promote community support
4 services for pregnant women, including providers
5 listed in the clearinghouse of the State Pregnancy
6 Collaborative under section 102 of the Care for Her
7 Act; and”;

8 (4) in subsection (e), by adding at the end the
9 following:

10 “(4) The term ‘State Pregnancy Collaborative’
11 has the meaning given to that term in section 3 of
12 the Care for Her Act.”.

13 (b) INFANT MORTALITY GRANTS.—Section 330(f) of
14 the Public Health Service Act (42 U.S.C. 254b(f)) is
15 amended—

16 (1) in the matter before subparagraph (A) in
17 paragraph (1), by striking “health centers” each
18 place it appears and inserting “health centers and
19 providers listed in the clearinghouse of the State
20 Pregnancy Collaborative under section 102 of the
21 Care for Her Act (in this subsection referred to as
22 ‘listed providers’)”;

23 (2) except in the matter before subparagraph
24 (A) in paragraph (1), by striking “health centers”

1 each place it appears and inserting “health centers
2 and listed providers”;

3 (3) by striking “such centers” each place it ap-
4 pears and inserting “such centers and providers”;

5 (4) by striking “the health center” each place
6 it appears and inserting “the health center or listed
7 provider”;

8 (5) by striking “the center” each place it ap-
9 pears and inserting “the center or listed provider”;
10 and

11 (6) in paragraph (2)—

12 (A) by striking “shall give priority to
13 health centers” and inserting “shall give pri-
14 ority to—

15 “(A) health centers”;

16 (B) by striking the period at the end and
17 inserting “; and”; and

18 (C) by adding at the end the following:

19 “(B) listed providers that offer support
20 services for a mother and infant as a known
21 benefit for improving pregnancy outcomes.”.

22 (c) CERTAIN SERVICES FOR PREGNANT WOMEN.—
23 Section 330F(a)(1) of the Public Health Service Act (42
24 U.S.C. 254c-6(a)(1)) is amended by striking “to train the
25 designated staff of eligible health centers” and inserting

1 “to train the designated staff of eligible health centers and
2 providers listed in the clearinghouse of the State Preg-
3 nancy Collaborative under section 102 of the Care for Her
4 Act”.

5 (d) PROJECTS TO IMPROVE MATERNAL, INFANT,
6 AND CHILD HEALTH.—

7 (1) IN GENERAL.—Section 399(a)(1) of the
8 Public Health Service Act (42 U.S.C. 280e–6(a)(1))
9 is amended by striking “shall make grants to eligible
10 entities to pay the Federal share of the cost of pro-
11 viding” and inserting “shall make grants to eligible
12 entities, including providers listed in the clearing-
13 house of the State Pregnancy Collaborative under
14 section 102 of the Care for Her Act, to pay the Fed-
15 eral share of the cost of providing”.

16 (2) REQUIREMENT OF STATUS AS MEDICAID
17 PROVIDER.—Section 399(a)(3) of the Public Health
18 Service Act (42 U.S.C. 280e–6(a)(3)) is amended by
19 inserting after “only if, in the case of any service
20 under such paragraph that is covered in the State
21 plan approved under title XIX of the Social Security
22 Act for the State involved” the following: “, the
23 State plan includes providers listed in the clearing-
24 house of the State Pregnancy Collaborative under
25 section 102 of the Care for Her Act, and”.

1 (3) HOME VISITING SERVICES FOR ELIGIBLE
2 FAMILIES.—The matter before paragraph (1) is sec-
3 tion 399(b) of the Public Health Service Act (42
4 U.S.C. 280c–6(b)) is amended by inserting after
5 “directly or through arrangement with other public
6 or nonprofit private entities,” the following: “includ-
7 ing providers listed in the clearinghouse of the State
8 Pregnancy Collaborative under section 102 of the
9 Care for Her Act,”.

10 **TITLE II—DEPARTMENT OF**
11 **HEALTH AND HUMAN SERVICES**

12 **SEC. 201. PREGNANCY AND PARENTING SUPPORT AND**
13 **SERVICES.**

14 (a) HEALTHY BIRTH AND HEALTHY LIFE
15 GRANTS.—

16 (1) IN GENERAL.—The Secretary, with the ap-
17 proval of the Collaborative, may award grants to
18 qualified providers listed in the clearinghouse under
19 section 102 to provide pregnancy and parenting sup-
20 port and services.

21 (2) SUPPLEMENT, NOT SUPPLANT.—The Sec-
22 retary may award a grant to a qualified provider
23 under this subsection only if the qualified provider
24 agrees that the grant will be used to supplement,

1 and not supplant, pregnancy and parenting support
2 and services.

3 (b) MENTORSHIP AND JOB TRAINING GRANTS.—The
4 Secretary, with the approval of the Collaborative, shall
5 award grants to qualified providers listed in the clearing-
6 house under section 102 for the exclusive purpose of pro-
7 viding mentorships or job training to pregnant women and
8 new mothers.

9 **SEC. 202. HOUSING.**

10 (a) IDENTIFICATION OF GAPS.—The Secretary, with
11 the approval of the Collaborative, shall identify gaps in
12 maternity housing within rural and urban communities.

13 (b) GRANTS.—The Secretary, with approval of the
14 Collaborative, shall award grants to qualified public and
15 private service providers listed in the clearinghouse under
16 section 102 for addressing gaps in maternity housing iden-
17 tified pursuant to subsection (a).

18 **SEC. 203. ASSESSING OUTCOMES AND APPLYING OPTIMAL**
19 **INCENTIVES TO IMPROVE MATERNAL AND**
20 **CHILD HEALTH OUTCOMES.**

21 (a) MAKING EPIDEMIOLOGY AND HEALTH ENCOUN-
22 TER DATA RELEVANT TO MATERNAL CHILD HEALTH IM-
23 PROVEMENT.—Beginning not later than April 1, 2022, the
24 Secretary, acting through the Director of the Centers for
25 Disease Control and Prevention in collaboration with the

1 Administrator of the Centers for Medicare & Medicaid
2 Services, in conjunction with local programs supporting
3 pregnant women, shall provide for the maintenance of a
4 database of deidentified epidemiological and claims health
5 information for the purpose of making such information
6 available in a useful and informative manner to partici-
7 pating communities in participating States to assess the
8 outcome impact of maternity homes in improving preg-
9 nancy outcomes and reducing maternal mortality; and im-
10 proving infant mortality including reduction of preterm
11 deliveries, and low-birth-rate incidence. In carrying out
12 this subsection, the Secretary shall provide—

13 (1) for a mechanism that enables the integra-
14 tion of such epidemiological and claims health infor-
15 mation within the Medicaid program under title XIX
16 of the Social Security Act (42 U.S.C. 1396 et seq.);

17 (2) that pregnancy and newborns will be as-
18 sessed based on clinical outcomes and costs related
19 to the Medicaid program under title XIX of the So-
20 cial Security Act (42 U.S.C. 1396 et seq.);

21 (3) that such epidemiological and claims health
22 information is made available to participating States
23 in a manner that enables participating communities
24 within such States to access such information that

1 is relevant to improving maternal child health out-
2 comes in such communities; and

3 (4) for a mechanism by which the Secretary,
4 working in collaboration with the Governor of the re-
5 spective State of each participating community,
6 may—

7 (A) update such information specific to
8 each participating community, to the extent
9 practicable, in real-time or near real-time and
10 as specified by the Secretary;

11 (B) verify the validity of such information
12 and the validity of the changes in such informa-
13 tion for each such participating community over
14 a specified period; and

15 (C) assess and measure the extent of such
16 changes for each participating community, in-
17 cluding—

18 (i) the amount of any reductions in
19 expenditures under the State plan under
20 the Medicaid program under title XIX of
21 the Social Security Act (42 U.S.C. 1396 et
22 seq.); and

23 (ii) the extent to which such reduc-
24 tions are attributable to such changes with
25 respect to each participating community.

1 (b) LOCALIZED COMMUNITY HEALTH IMPROVEMENT
2 PROGRAM GRANTS.—

3 (1) IN GENERAL.—The Collaborative shall
4 award grants to States for purposes of carrying out
5 localized community health improvement programs
6 described in paragraph (3).

7 (2) APPLICATION.—To be eligible for a grant
8 under this subsection, a State shall—

9 (A) submit to the Collaborative an applica-
10 tion in such manner, at such time, and con-
11 taining such information as specified by the
12 Collaborative; and

13 (B) enter into an arrangement with the
14 Collaborative under which—

15 (i) the State agrees to establish and
16 maintain a localized community health im-
17 provement program described in paragraph
18 (3);

19 (ii) the Collaborative agrees to provide
20 the State with integrated epidemiological
21 and claims health information maintained
22 in the database established under sub-
23 section (a) specific to each participating
24 community within the State;

1 (iii) the State and each participating
2 community in the State will assess the im-
3 pact of the localized community health im-
4 provement program on outcomes, including
5 reductions in cost to the Medicaid program
6 under title XIX of the Social Security Act
7 (42 U.S.C. 1396 et seq.);

8 (iv) each participating community in
9 the State has a community shared savings
10 board that will establish and maintain a
11 community shared savings account in ac-
12 cordance with subsection (c), including the
13 terms listed in subsection (c)(2);

14 (v) 70 percent of savings from health
15 improvements and cost reductions will be
16 verified by the Collaborative and trans-
17 ferred to the community shared savings ac-
18 count of the respective participating com-
19 munities in accordance with subsection
20 (c)(2)(A); and

21 (vi) savings in a community shared
22 savings account will be used for pregnancy
23 and parenting support and services.

24 (3) LOCALIZED COMMUNITY HEALTH IMPROVE-
25 MENT PROGRAM.—For purposes of this section, a lo-

1 calized community health improvement program of a
2 State is a program under which the State—

3 (A) maintains the integrated health infor-
4 mation provided to the State by the Collabo-
5 rative pursuant to the arrangement described in
6 paragraph (2)(B);

7 (B) makes such information available to
8 qualifying communities (as defined in para-
9 graph (4)) within such State which request
10 such information and agree to the terms de-
11 scribed in subsection (c), in a secure manner
12 and format that is most informative to such
13 communities in assisting such communities in
14 analyzing and applying such data to the specific
15 needs of such communities to reduce the rates
16 of illness and reduce the costs of health care
17 within such communities;

18 (C) submits such data as is required by
19 the Collaborative to assess the extent to which
20 the health care interventions implemented to
21 address needs of such communities identified
22 through the program are affecting the rates of
23 illness and costs of health care within the State
24 and communities within the State; and

1 (D) requires that in order for communities
2 to participate in such program, the communities
3 agree—

4 (i) to provide for a secure method to
5 make such information available to health
6 care and other relevant community work-
7 ers, including through an interactive dash-
8 board system; and

9 (ii) to submit such data as is required
10 by the State or Collaborative to assess the
11 extent to which health care interventions
12 implemented to address needs of such com-
13 munities identified through the program
14 are affecting the rates of illness and costs
15 of health care within the communities.

16 (c) COMMUNITY SHARED SAVINGS ACCOUNTS.—

17 (1) IN GENERAL.—For purposes of this section,
18 a community shared savings account shall, with re-
19 spect to a participating community within a partici-
20 pating State, be a trust created or organized in the
21 United States for the exclusive benefit of the com-
22 munity, as defined by the community shared savings
23 board for such participating community, but only if
24 the written governing instrument creating the trust
25 meets the following requirements:

1 (A) The trustee is—

2 (i) a bank (as defined in section
3 408(n) of the Internal Revenue Code of
4 1986 (26 U.S.C. 408(n)); or

5 (ii) a person who demonstrates to the
6 satisfaction of the State that the manner
7 in which such person will administer the
8 trust will be consistent with the require-
9 ments of this section.

10 (B) Withdrawals may only be made by the
11 fiduciary agent referred to in paragraph (3)(C)
12 pursuant to a plan—

13 (i) developed by the community; and

14 (ii) approved by the State and local
15 governments.

16 (2) TERMS.—For purposes of subsection
17 (b)(2)(B)(iv), the terms described in this subsection,
18 with respect to the Collaborative, a participating
19 State, and participating communities within such
20 State, are the following:

21 (A) In the case that the database main-
22 tained under subsection (a), through the mecha-
23 nism provided for under subsection (a)(4), dem-
24 onstrates for any specified period (as deter-
25 mined by the Collaborative) that there are

1 verified reductions in expenditures under the
2 State plan under title XIX of the Social Secu-
3 rity Act (42 U.S.C. 1396 et seq.), which results
4 in reductions in expenditures by the Federal
5 Government under such title, and attributes
6 such reductions to one or more of the partici-
7 pating communities within such State, the Col-
8 laborative shall transfer to the community
9 shared savings account established pursuant to
10 subparagraph (B) an amount equal to 70 per-
11 cent of the amount of such reduction so dem-
12 onstrated for such specified period.

13 (B) The respective community shared sav-
14 ings board establishes such a community shared
15 savings account in accordance with paragraph
16 (1) for receipt of amounts transferred pursuant
17 to subparagraph (A).

18 (C) Each participating community in such
19 State shall—

20 (i) establish a community shared sav-
21 ings board described in paragraph (3) that
22 determines how funds transferred to such
23 community under subparagraph (A) are to
24 be used for purposes of promoting the
25 health and wellness of pregnant women,

1 new mothers, and their children of such
2 community; and

3 (ii) uses such funds only for such pur-
4 poses and in accordance with the uses de-
5 termined by such board.

6 (3) COMMUNITY SHARED SAVINGS BOARD.—For
7 purposes of this section, a community shared savings
8 board, with respect to a participating community
9 within a participating State, shall be a board—

10 (A) consisting of at least 7 members, ap-
11 pointed by the governing officials of the com-
12 munity through a process that is specified by
13 the community (and approved by the State), in-
14 cluding—

15 (i) at least 1 member with public
16 health experience; and

17 (ii) members with business, civic, edu-
18 cational, or faith-based experience;

19 (B) that is representative of the geographic
20 components that are included in the commu-
21 nity; and

22 (C) that hires a fiduciary agent to manage
23 a community shared savings account on behalf
24 of the board.

25 (d) DEFINITIONS.—In this section:

1 (1) The term “community shared savings ac-
2 count” means a community shared savings account
3 meeting the criteria in subsection (c)(1).

4 (2) The term “community shared savings
5 board” means a community shared savings board
6 meeting the criteria of subsection (c)(4).

7 (3) The term “participating community” means
8 a qualifying community that enters into an agree-
9 ment with a participating State as described in sub-
10 section (b)(3)(B).

11 (4) The term “participating State” means a
12 State receiving a grant under subsection (b)(1).

13 (5) The term “qualifying community” means a
14 local community—

15 (A) that has the capacity to assess health
16 data, including epidemiology and health encoun-
17 ter data, for a census tract or block that can
18 be extrapolated into a geographic information
19 system to support analysis of health outcomes;
20 and

21 (B) whose geographic boundary cor-
22 responds to the boundary of—

23 (i) a municipality;

24 (ii) a county; or

25 (iii) a high school feeder pattern.

1 **TITLE III—INTERNAL REVENUE**
2 **SERVICE**

3 **SEC. 301. CHILD TAX CREDIT IMPROVEMENTS.**

4 (a) **IN GENERAL.**—Section 24(c)(1) of the Internal
5 Revenue Code of 1986 is amended by adding at the end
6 the following new sentence: “Such term shall include a
7 child of an eligible taxpayer for the taxable year imme-
8 diately preceding the year in which such child is born, if
9 such child is born alive on or before the due date of the
10 return of tax for such taxable year (not including exten-
11 sions)”.

12 (b) **EFFECTIVE DATE.**—The amendment made by
13 this section shall apply to taxable years beginning after
14 December 31, 2020.