

[NCUIH Endorses Bicameral Bill to Secure Funding for Native Mothers and Infants](#)

Category: Policy Blog

written by Jeremy Grabiner | January 10, 2024

On May 15, 2023, Senator Cory Booker (D-NJ) and Representative Lauren Underwood (D-IL-14) reintroduced the National Council of Urban Indian Health (NCUIH)-endorsed bicameral **Black Maternal Health Momnibus** ([H.R.3305/S.1606](#)), which now awaits consideration in the House and Senate. The bill addresses the United States' highest maternal mortality rate of any high-income country through historic investments that comprehensively address every driver of maternal mortality, morbidity, and disparities in the United States. Specifically, the legislation includes urban Indian organizations (UIOs) as eligible entities for multiple grant programs that support Native American and Alaska Native mothers and infants.

- [Summary of the Black Maternal Health Momnibus](#)
- [Black Maternal Health Caucus Press Release for H.R. 3305/S.1606](#)

Specifically, the Momnibus includes 13 individual bills that support mothers and infants to reduce maternal mortality:

1. The Social Determinants for Moms Act
 - a. **(UIOs ARE ELIGIBLE)** Makes critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.
2. WIC Extension for New Moms Act
 - a. Extends WIC eligibility in the postpartum and breastfeeding periods.
3. Kira Johnson Act
 - a. Provides funding to community-based organizations that are working to improve maternal health outcomes and promote equity.
4. Maternal Health for Veterans Act
 - a. Increases funding for programs to improve maternal health care for veterans.
5. Perinatal Workforce Act
 - a. Grows and diversifies the perinatal workforce to ensure that every mom in America receives maternal health care and support from people they trust.
6. Data to Save Moms Act
 - a. **(UIOs ARE ELIGIBLE)** Improves data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
7. Moms Matter Act
 - a. **(UIOs ARE ELIGIBLE)** Supports moms with maternal mental health conditions and substance use disorders.
8. Justice for Incarcerated Moms Act
 - a. **(UIOs ARE ELIGIBLE)** Improves maternal health care and support for incarcerated moms.
9. Tech to Save Moms Act
 - a. **(UIOs ARE ELIGIBLE)** Invests in digital tools to improve maternal health outcomes in underserved areas.
10. IMPACT to Save Moms Act
 - a. Includes innovative payment models to incentivize high-quality maternity care and non-

clinical support during and after pregnancy.

11. Maternal Health Pandemic Response Act

- a. **(UIOs ARE ELIGIBLE)** Invests in federal programs to address maternal and infant health risks during public health emergencies.

12. Protecting Moms and Babies Against Climate Change Act

- a. **(UIOs ARE ELIGIBLE)** Invests in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.

13. Maternal Vaccination Act

- a. Promotes maternal vaccinations to protect the health of moms and babies.

Background on Native Mothers and Infant Health Disparities

According to the Office of Minority Health (OMH), Native infants have [almost twice](#) the infant mortality rate as non-Hispanic whites. Native infants are also [almost three times](#) more likely than non-Hispanic whites to die from accidental deaths before the age of one year. Contributing factors to these disparities include cost, discrimination, and lack of cultural competency during prenatal care. Additional ongoing and historical trauma due to colonization, genocide, forced migration, and cultural erasure also contribute to health inequities, including pregnancy-related deaths and other maternal health conditions. Approximately 41% of American Indian and Alaska Native women cite [cost as a barrier](#) to receiving the recommended number of prenatal visits and 23% of American Indian and Alaska Native people report they have faced discrimination in clinical settings due to being an American Indian and Alaska Native. Consequently, American Indian and Alaska Native people are more likely to have underlying chronic health conditions, and they face systemic barriers to care including [higher rates of poverty](#) and needing to travel long distances to receive quality health care services.

NCUIH and UIO Work on Native Maternal and Infant Health

UIOs provide a range of services such as primary care, behavioral health, traditional, and social services— including those for infants, children, and mothers. At least 23 of these clinics provide care for maternal health, infant health, prenatal, and/or family planning. They also provide pediatric services and participate in maternal-child care programs such as WIC and the Health Resources and Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting program (MIECHV).

NCUIH has engaged in extensive advocacy on behalf of American Indian and Alaska Native mothers and infants and [for increased funding and support to UIOs](#). Last year, [NCUIH successfully advocated](#) for the reauthorization of MIECHV and an increase to the Tribal set-aside from 3% to 6% for the Tribal Home Visiting Program in the [FY 2023 final appropriations package](#), and continues to advocate on behalf of American Indian and Alaska Native mothers and infants.

- [NCUIH Blog: Maternal, Infant, and Early Childhood Home Visiting Program Reauthorization Included in Final Appropriations Package with Tribal Set-Aside Increase](#)

Next Steps

This bill has been introduced in the House and Senate and awaits consideration. NCUIH will continue to monitor the bills' progress.