

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH40325-MGa-112

Short Title: MOMnibus 3.0.

(Public)

Sponsors: Representative von Haefen.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO ENACT THE NORTH CAROLINA MOMNIBUS ACT.

3 Whereas, every person should be entitled to dignity and respect during and after
4 pregnancy and childbirth, and patients should receive the best care possible regardless of age,
5 race, ethnicity, color, religion, ancestry, disability, medical condition, genetic information,
6 marital status, sex, gender identity, gender expression, sexual orientation, socioeconomic status,
7 citizenship, nationality, immigration status, primary language, or language proficiency; and

8 Whereas, the United States has the highest maternal mortality rate in the developed
9 world, where about 700 women die each year from childbirth and another 50,000 suffer from
10 severe complications; and

11 Whereas, the federal Centers for Disease Control and Prevention finds that the
12 majority of pregnancy-related deaths are preventable; and

13 Whereas, pregnancy-related deaths among black birthing people are also more likely
14 to be miscoded; and

15 Whereas, access to prenatal care, socioeconomic status, and general physical health
16 do not fully explain the disparity seen in maternal mortality and morbidity rates among black
17 individuals, and there is a growing body of evidence that black people are often treated unfairly
18 and unequally in the health care system; and

19 Whereas, implicit bias is a key driver of health disparities in communities of color;
20 and

21 Whereas, health care providers in North Carolina are not required to undergo any
22 implicit bias testing or training; and

23 Whereas, currently there does not exist any system to track the number of incidents
24 where implicit prejudice and implicit stereotypes led to negative birth and maternal health
25 outcomes; and

26 Whereas, it is in the interest of this State to reduce the effects of implicit bias in
27 pregnancy, childbirth, and postnatal care so that all people are treated with dignity and respect
28 by their health care providers; Now, therefore,
29 The General Assembly of North Carolina enacts:

30
31 **PART I. SUPPORTING COMMUNITY-BASED ORGANIZATIONS**

32
33 **ESTABLISHMENT OF MATERNAL CARE ACCESS GRANT PROGRAM**

34 **SECTION 1.1.(a)** Definitions. – The following definitions apply in this section:

- 35 (1) Culturally respectful congruent. – Sensitive to and respectful of the preferred
36 cultural values, beliefs, world view, and practices of the patient, and aware



1 that cultural differences between patients and health care providers or other
2 service providers must be proactively addressed to ensure that patients receive
3 equitable, high-quality services that meet their needs.

4 (2) Department. – The North Carolina Department of Health and Human
5 Services.

6 (3) Postpartum. – The one-year period beginning on the last day of a woman's
7 pregnancy.

8 **SECTION 1.1.(b)** Establishment of Grant Program. – The Department shall
9 establish and administer a Maternal Care Access Grant Program to award competitive grants to
10 eligible entities to establish or expand programs for the prevention of maternal mortality and
11 severe maternal morbidity among black women. The Department shall establish eligibility
12 requirements for program participation which shall, at a minimum, require that applicants be
13 community-based organizations offering programs and resources aligned with evidence-based
14 practices for improving maternal health outcomes for black women.

15 **SECTION 1.1.(c)** Outreach and Application Assistance. – Beginning July 1, 2025,
16 the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants
17 under this program and (ii) provide application assistance to eligible applicants on best practices
18 for applying for grants under this program. In conducting the outreach required by this section,
19 the Department shall give special consideration to eligible applicants that meet the following
20 criteria:

21 (1) Are based in, and provide support for, communities with high rates of adverse
22 maternal health outcomes and significant racial and ethnic disparities in
23 maternal health outcomes.

24 (2) Are led by black women.

25 (3) Offer programs and resources that are aligned with evidence-based practices
26 for improving maternal health outcomes for black women.

27 **SECTION 1.1.(d)** Grant Awards. – In awarding grants under this section, the
28 Department shall, to the extent possible, award grants to recipients to reflect different areas of
29 the State. The Department shall not award a single grant for less than ten thousand dollars
30 (\$10,000) or more than fifty thousand dollars (\$50,000) per grant recipient. In selecting grant
31 recipients, the Department shall give special consideration to eligible applicants that meet all of
32 the following criteria:

33 (1) Meet all of the criteria specified in subdivisions (1) through (3) of subsection
34 (c) of this section.

35 (2) Offer programs and resources designed in consultation with and intended for
36 black women.

37 (3) Offer programs and resources in the communities in which they are located
38 that include any of the following activities:

39 a. Promoting maternal mental health and maternal substance use disorder
40 treatments that are aligned with evidence-based practices for
41 improving maternal mental health outcomes for black women.

42 b. Addressing social determinants of health for women in the prenatal
43 and postpartum periods, including, but not limited to, any of the
44 following:

45 1. Inadequate housing.

46 2. Transportation barriers.

47 3. Poor nutrition and a lack of access to healthy foods.

48 4. Need for lactation support.

49 5. Need for lead abatement and other efforts to improve air and
50 water quality.

51 6. Lack of access to child care.

- 1 7. Need for baby supplies such as diapers, formula, clothing, baby
- 2 and child equipment, and safe car seat installation.
- 3 8. Need for wellness and stress management programs.
- 4 9. Education about maternal health and well-being.
- 5 10. Need for coordination across safety net and social support
- 6 services and programs.
- 7 11. Barriers to employment.
- 8 c. Promoting evidence-based health literacy and pregnancy, childbirth,
- 9 and parenting education for women in the prenatal and postpartum
- 10 periods, including group-based programs and peer support groups.
- 11 d. Providing individually tailored support from doulas and other perinatal
- 12 health workers to women from pregnancy through the postpartum
- 13 period.
- 14 e. Providing culturally respectful congruent training to perinatal health
- 15 workers such as doulas, community health workers, peer supporters,
- 16 certified lactation consultants, nutritionists and dietitians, social
- 17 workers, home visitors, and navigators.
- 18 f. Conducting or supporting research on issues affecting black maternal
- 19 health.
- 20 g. Developing other programs and resources that address
- 21 community-specific needs for women in the prenatal and postpartum
- 22 periods and are aligned with evidence-based practices for improving
- 23 maternal health outcomes for black women.

24 **SECTION 1.1.(e)** Technical Assistance to Grant Recipients. – The Department shall
25 provide technical assistance to grant recipients regarding all of the following:

- 26 (1) Capacity building to establish or expand programs to prevent adverse maternal
- 27 health outcomes among black women.
- 28 (2) Best practices in data collection, measurement, evaluation, and reporting.
- 29 (3) Planning centered around sustaining programs implemented with grant funds
- 30 to prevent maternal mortality and severe maternal morbidity among black
- 31 women when the grant funds have been expended.

32 **SECTION 1.1.(f)** Reports. – The Department shall submit the following reports on
33 the grant program authorized by this section to the Joint Legislative Oversight Committee on
34 Health and Human Services and the Fiscal Research Division:

- 35 (1) A report by October 1, 2026, that includes at least all of the following
- 36 components:
 - 37 a. A detailed report on funds expended for the program for the 2025-2026
 - 38 fiscal year.
 - 39 b. An assessment of the effectiveness of outreach efforts by the
 - 40 Department during the application process in diversifying the pool of
 - 41 grant recipients.
 - 42 c. Recommendations for future outreach efforts to diversify the pool of
 - 43 grant recipients for this program and other related grant programs, as
 - 44 well as for funding opportunities related to the social determinants of
 - 45 maternal health.
- 46 (2) A report by October 1, 2027, that includes at least all of the following
- 47 components:
 - 48 a. A detailed report on funds expended for the program for the 2026-2027
 - 49 fiscal year.

- 1 b. An assessment of the effectiveness of programs funded by grants
2 awarded under this section in improving maternal health outcomes for
3 black women.
4 c. Recommendations for future grant programs to be administered by the
5 Department and for future funding opportunities for community-based
6 organizations to improve maternal health outcomes for black women
7 through programs and resources that are aligned with evidence-based
8 practices for improving maternal health outcomes for black women.
9

10 APPROPRIATIONS TO IMPLEMENT PART I

11 **SECTION 1.2.(a)** There is appropriated from the General Fund to the Department
12 of Health and Human Services, Division of Public Health, the sum of five million dollars
13 (\$5,000,000) in recurring funds for each year of the 2025-2027 fiscal biennium to be used and
14 allocated as follows:

- 15 (1) Ninety-three thousand five hundred thirteen dollars (\$93,513) in recurring
16 funds for each year of the 2025-2027 fiscal biennium to establish a full-time,
17 permanent Public Health Program Coordinator IV position within the
18 Department of Health and Human Services dedicated to performing the
19 following duties:
20 a. Providing application assistance to Maternal Care Access Grant
21 Program applicants.
22 b. Providing technical assistance to Maternal Care Access Grant Program
23 recipients.
24 c. Preparing the reports due under Section 1.1(f) of this Part.
25 (2) Four million nine hundred six thousand four hundred eighty-seven dollars
26 (\$4,906,487) in recurring funds for each year of the 2025-2027 fiscal
27 biennium to be allocated to the Maternal Care Access Grant Program
28 authorized by Section 1.1 of this Part. The Department of Health and Human
29 Services may use up to one percent (1%) of these funds for administrative
30 purposes related to the grant program. The balance of these funds shall be used
31 to operate the grant program.

32 **SECTION 1.2.(b)** The Department of Health and Human Services is authorized to
33 hire one full-time, permanent Public Health Program Coordinator IV position to perform the
34 duties described in subsection (a) of this section.

35 **SECTION 1.3.** This Part becomes effective July 1, 2025.
36

37 PART II. IMPLICIT BIAS IN HEALTH CARE

38 **SECTION 2.1.(a)** Part 5 of Article 1B of Chapter 130A of the General Statutes is
39 amended by adding two new sections to read:

40 **"§ 130A-33.62. Department to establish implicit bias training program for health care
41 professionals engaged in perinatal care.**

42 (a) The following definitions apply in this section:

- 43 (1) Health care professional. – A licensed physician or other health care provider
44 licensed, registered, accredited, or certified to perform perinatal care and
45 regulated under the authority of a health care professional licensing authority.
46 (2) Health care professional licensing authority. – The Department of Health and
47 Human Services or an agency, board, council, or committee with the authority
48 to impose training or education requirements or licensure fees as a condition
49 of practicing in this State as a health care professional.
50 (3) Implicit bias. – A bias in judgment or behavior that results from subtle
51 cognitive processes, including implicit prejudice and implicit stereotypes, that

1 often operate at a level below conscious awareness and without intentional
2 control.

3 (4) Implicit prejudice. – Prejudicial negative feelings or beliefs about a group that
4 a person holds without being aware of them.

5 (5) Implicit stereotypes. – The unconscious attributions of particular qualities to
6 a member of a certain social group that are influenced by experience and based
7 on learned associations between various qualities and social categories,
8 including race and gender.

9 (6) Perinatal care. – The provision of care during pregnancy, labor, delivery, and
10 postpartum and neonatal periods.

11 (7) Perinatal facility. – A hospital, clinic, or birthing center that provides perinatal
12 care in this State.

13 (b) The Department, in collaboration with (i) community-based organizations led by
14 black women that serve primarily black birthing people and (ii) a historically black college or
15 university or other institution that primarily serves minority populations, shall create or identify
16 an evidence-based implicit bias training program for health care professionals involved in
17 perinatal care. The implicit bias training program shall include, at a minimum, all of the following
18 components:

19 (1) Identification of previous or current unconscious biases and misinformation.

20 (2) Identification of personal, interpersonal, institutional, structural, and cultural
21 barriers to inclusion.

22 (3) Corrective measures to decrease implicit bias at the interpersonal and
23 institutional levels, including ongoing policies and practices for that purpose.

24 (4) Information about the effects of implicit bias, including, but not limited to,
25 ongoing personal effects of racism and the historical and contemporary
26 exclusion and oppression of minority communities.

27 (5) Information about cultural identity across racial or ethnic groups.

28 (6) Information about how to communicate more effectively across identities,
29 including racial, ethnic, religious, and gender identities.

30 (7) Information about power dynamics and organizational decision making.

31 (8) Trauma-informed care best practices and an emphasis on shared decision
32 making between providers and patients.

33 (9) Information about health inequities within the perinatal care field, including
34 information on how implicit bias impacts maternal and infant health
35 outcomes.

36 (10) Perspectives of diverse, local constituency groups and experts on particular
37 racial, identity, cultural, and provider-community relations issues in the
38 community.

39 (11) Information about socioeconomic bias.

40 (12) Information about reproductive justice.

41 (c) Notwithstanding any provision of Chapter 90 or Chapter 93B of the General Statutes,
42 or any other provision of law to the contrary, all health care professionals are required to complete
43 the implicit bias training program established under this section as follows:

44 (1) Health care professionals who hold a current license, registration,
45 accreditation, or certification on December 31, 2025, shall complete the
46 training program no later than December 31, 2026.

47 (2) Health care professionals issued an initial license, registration, accreditation,
48 or certification on or after January 1, 2026, shall complete the training
49 program no later than one year after the date of issuance.

50 A health care professional licensing authority shall not renew the license, registration,
51 accreditation, or certification of a health care professional unless the health care professional

1 provides proof of completion of the training program established under this section within the
2 24-month period leading up to the date of the renewal application.

3 (d) The Department is encouraged to seek opportunities to make the implicit bias training
4 program established under this section available to all health care professionals and to promote
5 its use among the following groups:

6 (1) All maternity care providers and any employees who interact with pregnant
7 and postpartum individuals in the provider setting, including front desk
8 employees, sonographers, schedulers, health system-employed lactation
9 consultants, hospital or health system administrators, security staff, and other
10 employees.

11 (2) Undergraduate programs that funnel into health professions schools.

12 (3) Providers of the special supplemental nutrition program for women, infants,
13 and children under section 17 of the Child Nutrition Act of 1966.

14 (4) Obstetric emergency simulation trainings or related trainings.

15 (5) Emergency department employees, emergency medical technicians, and other
16 specialized health care providers who interact with pregnant and postpartum
17 individuals.

18 (e) The Department shall collect the following information for the purpose of informing
19 ongoing improvements to the implicit bias training program:

20 (1) Data on the causes of maternal mortality.

21 (2) Rates of maternal mortality, including rates distinguished by age, race,
22 ethnicity, socioeconomic status, and geographic location within this State.

23 (3) Other factors the Department deems relevant for assessing and improving the
24 implicit bias training program.

25 **§ 130A-33.63. Rights of perinatal care patients.**

26 (a) A patient receiving care at a perinatal care facility, defined as a hospital, clinic, or
27 birthing center that provides perinatal care in this State, has the following rights:

28 (1) To be informed of continuing health care requirements following discharge.

29 (2) To be informed that, if the patient so authorizes, and to the extent permitted
30 by law, the hospital or health care facility may provide to a friend or family
31 member information about the patient's continuing health care requirements
32 following discharge.

33 (3) To actively participate in decisions regarding the patient's medical care and
34 the right to refuse treatment.

35 (4) To receive appropriate pain assessment and treatment.

36 (5) To receive care and treatment free from discrimination on the basis of age,
37 race, ethnicity, color, religion, ancestry, disability, medical condition, genetic
38 information, marital status, sex, gender identity, gender expression, sexual
39 orientation, socioeconomic status, citizenship, nationality, immigration status,
40 primary language, or language proficiency.

41 (6) To receive information on how to file a complaint with the Division of Health
42 Service Regulation or the Human Rights Commission or both about any
43 violation of these rights.

44 (b) Each perinatal care facility shall provide to each perinatal care patient upon admission
45 to the facility, or as soon as reasonably practical following admission to the facility, a written
46 copy of the rights enumerated in subsection (a) of this section. The facility may provide this
47 information to the patient by electronic means, and it may be provided with other notices
48 regarding patient rights."

49 **SECTION 2.1.(b)** There is appropriated from the General Fund to the Department
50 of Health and Human Services, Division of Public Health, the sum of two million five hundred
51 thousand dollars (\$2,500,000) in recurring funds for each year of the 2025-2027 fiscal biennium

1 to establish and administer the implicit bias training program for health care professionals
2 engaged in perinatal care authorized by G.S. 130A-33.62, as enacted by this act.

3 **SECTION 2.2.** Section 2.1(a) of this Part becomes effective October 1, 2025.
4 Section 2.1(b) of this Part becomes effective July 1, 2025.

5
6 **PART III. SUPPORTING AND DIVERSIFYING LACTATION CONSULTANT**
7 **TRAINING PROGRAMS**

8 **SECTION 3.1.(a)** The following definitions apply in this section:

- 9 (1) Historically Black Colleges and Universities or HBCUs. – Institutions of
10 higher education that were founded to educate black citizens who were
11 historically restricted from attending predominantly white institutions of
12 higher education.
- 13 (2) Lactation consultants. – Educators or counselors trained in breast feeding or
14 chest feeding practices, lactation care, and lactation services.
- 15 (3) Lactation services. – The clinical application of scientific principles and a
16 multidisciplinary body of evidence for evaluation, problem identification,
17 treatment, education, and consultation to childbearing families regarding
18 lactation care and services.
- 19 (4) Maternity care services. – Health care related to an individual's pregnancy,
20 childbirth, or postpartum recovery.
- 21 (5) Preceptor. – A person who is a certified lactation consultant and meets the
22 requirements of the International Board of Lactation Consultant Examiners to
23 supervise lactation consultants-in-training during the training period.

24 **SECTION 3.1.(b)** There is appropriated from the General Fund to the Board of
25 Governors of The University of North Carolina the sum of three million dollars (\$3,000,000) in
26 nonrecurring funds for each year of the 2025-2027 fiscal biennium for the purposes of recruiting,
27 training, and retaining a diverse workforce of lactation consultants in North Carolina by
28 supporting the infrastructure and sustainability of lactation consultant training programs at
29 Historically Black Colleges and Universities located within the State. These funds shall be
30 distributed equally among Bennett College, Fayetteville State University, Johnson C. Smith
31 University, North Carolina Agricultural & Technical State University, and North Carolina
32 Central University to cover costs incurred by each university for administering a lactation
33 training program, including, but not limited to:

- 34 (1) Leasing or other costs for teaching facilities or approved clinical training sites.
- 35 (2) Student aid or scholarships.
- 36 (3) Compensation for lactation consultant training program teachers and
37 preceptors.

38 **SECTION 3.1.(c)** The Department of Health and Human Services shall provide
39 technical assistance to Bennett College, Fayetteville State University, Johnson C. Smith
40 University, North Carolina Agricultural & Technical State University, and North Carolina
41 Central University with respect to the following:

- 42 (1) Developing culturally appropriate training content for the lactation consultant
43 training programs funded by State appropriations.
- 44 (2) Recruiting persons from historically marginalized populations to enroll in the
45 lactation consultant training programs offered at these universities.
- 46 (3) Recruiting historically underutilized providers to serve as teachers and
47 preceptors in the lactation consultant training programs offered at these
48 universities.
- 49 (4) Identifying rural and medically underserved areas of the State experiencing a
50 shortage of lactation consultants in order to recruit program graduates to work
51 in these areas.

1 **SECTION 3.1.(d)** By May 1, 2028, the Department of Health and Human Services
2 shall evaluate and submit a report to the Joint Legislative Oversight Committee on Health and
3 Human Services and the Joint Legislative Education Oversight Committee on the benefits
4 received by the State as a result of funding the lactation consultant training programs at North
5 Carolina Agricultural & Technical State University and Johnson C. Smith University. The report
6 shall include at least all of the following information and recommendations:

- 7 (1) The total number of lactation consultants who received training at one of the
8 State-funded HBCU lactation programs, broken down by (i) race and ethnicity
9 and (ii) chosen work site, such as hospital, provider office, or
10 community-based organization.
- 11 (2) A review of the prenatal and postpartum experiences of patients who received
12 lactation consultant services from a health care professional who graduated
13 from one of the State-funded HBCU lactation consultant programs. The
14 review shall address patients' experiences relative to the following:
 - 15 a. Health insurance coverage for maternity care services, including
16 telehealth lactation consultant services.
 - 17 b. Contributing factors to population-based disparities in breast feeding
18 and chest feeding outcomes, including bias and discrimination toward
19 patients who are members of racial and ethnic minority groups.
 - 20 c. Patient satisfaction with the services received from these lactation
21 consultants.
 - 22 d. Breast feeding or chest feeding initiation and duration rates of patients
23 who received services from these lactation consultants.

24 **SECTION 3.2.** This Part becomes effective July 1, 2025.
25

26 **PART IV. PERINATAL EDUCATION GRANT PROGRAM**

27 **SECTION 4.1.(a)** Definitions. – The following definitions apply in this section:

- 28 (1) Department. – The North Carolina Department of Health and Human
29 Services.
- 30 (2) Perinatal education program. – A program that operates for the primary
31 purpose of educating pregnant women and their families about healthy
32 pregnancy, preparation for labor and birth, breast feeding, newborn care, or
33 any combination of these.

34 **SECTION 4.1.(b)** Establishment of Grant Program. – The Department shall
35 establish and administer a Perinatal Education Grant Program to award competitive grants to
36 eligible entities to establish or expand perinatal education programs in rural, underserved, or
37 low-wealth areas of the State. The Department shall establish eligibility requirements for
38 program participation which shall, at a minimum, require that applicants be community-based
39 organizations that offer perinatal education and resources aligned with evidence-based practices
40 for improving maternal health outcomes for black women.

41 **SECTION 4.1.(c)** Outreach and Application Assistance. – Beginning September 1,
42 2025, the Department shall (i) conduct outreach to encourage eligible applicants to apply for
43 grants under this program and (ii) provide application assistance to eligible applicants on best
44 practices for applying for grants under this program. In conducting the outreach required by this
45 section, the Department shall give special consideration to eligible applicants that meet the
46 following criteria:

- 47 (1) Are based in, and provide support for, communities with high rates of adverse
48 maternal health outcomes and significant racial and ethnic disparities in
49 maternal health outcomes.
- 50 (2) Are led by black women.

- 1 (3) Offer programs and resources that are aligned with evidence-based practices
2 for improving maternal health outcomes for black women.

3 **SECTION 4.1.(d)** Grant Awards. – In awarding grants under this section, to the
4 extent possible, the grant recipients shall reflect different areas of the State. The Department shall
5 not award a single grant for less than ten thousand dollars (\$10,000) or more than fifty thousand
6 dollars (\$50,000) per grant recipient.

7 **SECTION 4.1.(e)** Termination of Grant Program. – The Perinatal Grant Program
8 authorized by this section expires on June 30, 2027.

9 **SECTION 4.1.(f)** Report. – By October 1, 2028, the Department shall submit a report
10 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal
11 Research Division that includes at least all of the following components:

- 12 (1) A detailed report on funds expended for the program for the 2025-2026 fiscal
13 year.
14 (2) An assessment of the effectiveness of programs funded by grants awarded
15 under this section in improving maternal health outcomes for black women.
16 (3) Recommendations for future grant programs to be administered by the
17 Department and for future funding opportunities for community-based
18 organizations to improve maternal health outcomes for black women through
19 programs and resources that are aligned with evidence-based practices for
20 improving maternal health outcomes for black women.

21 **SECTION 4.1.(g)** There is appropriated from the General Fund to the Department
22 of Health and Human Services, Division of Public Health, the sum of three million dollars
23 (\$3,000,000) in nonrecurring funds for each year of the 2025-2027 fiscal biennium to fund the
24 Perinatal Education Grant Program authorized by this section. Each fiscal year, the Department
25 of Health and Human Services may use up to five percent (5%) of the funds allocated for this
26 grant program for administrative purposes related to establishment and administration of the
27 Perinatal Education Grant Program.

28 **SECTION 4.2.** This Part becomes effective July 1, 2025.
29

30 **PART V. MOMNI-BUS INITIATIVE**

31 **SECTION 5.1.** There is appropriated from the General Fund to the Department of
32 Health and Human Services, Division of Public Health (DPH), the sum of six million five
33 hundred thousand dollars (\$6,500,000) for each year of the 2025-2027 fiscal biennium to create
34 a Momni-Bus Initiative. The purpose of the Momni-Bus Initiative is to fund efforts to expand
35 access to maternal and infant health care and parenting programs, supports, and services to
36 families residing in geographic areas of the State where there is limited or no access to maternity
37 care services, including obstetric providers, a hospital or birth center, prenatal care, or postpartum
38 care. As part of this initiative, the Department shall allocate and use the funds appropriated by
39 this section as follows:

- 40 (1) One million five hundred thousand dollars (\$1,500,000) to provide a directed
41 grant to the March of Dimes, Inc., a nonprofit corporation in North Carolina,
42 to support its work toward ending preventable maternal health risks and
43 deaths, ending preventable preterm birth and infant death, and closing the
44 health equity gap.
45 (2) Five million dollars (\$5,000,000) to award directed grants on a competitive
46 basis to nonprofit, community-based, and faith-based organizations that offer
47 programs, supports, and services aligned with evidence-based practices for a
48 healthy pregnancy through the postpartum period, infant health and care, and
49 parenting programs, supports, and services. The DPH shall establish an
50 application process and eligibility criteria for awarding the grants authorized
51 under this subdivision. By October 1, 2027, and October 1, 2028, the DPH

- 1 shall submit a report to the Joint Legislative Oversight Committee on Health
- 2 and Human Services and the Fiscal Research Division on grants awarded
- 3 under this subdivision. The report shall include at least all of the following:
- 4 a. The identity and a brief description of the community health activities
- 5 performed by each grantee.
- 6 b. The amount of funding awarded to each grantee.
- 7 c. The number of persons served by each grantee.

8 **SECTION 5.2.** This Part becomes effective July 1, 2025.

9
10 **PART VI. EFFECTIVE DATE**

11 **SECTION 6.1.** Except as otherwise provided, this act is effective when it becomes
12 law.