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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND MATERNAL HEALTH
IMPROVEMENT AND EQUITY ACT OF 2026

Introduced By: Senators Euer, DiPalma, and Ujifusa

Date Introduced: January 30, 2026

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

- 1 SECTION 1. Legislative findings.
- 2 The general assembly hereby finds and declares that:
- 3 (1) The Rhode Island department of health (RIDOH) has been awarded a five-year federal
- 4 Maternal Health Innovation (MHI) grant by the Health Resources and Services Administration
- 5 (HRSA), beginning in late 2023, to improve maternal health outcomes statewide.
- 6 (2) Rhode Island continues to experience racial, ethnic, geographic, and socioeconomic
- 7 disparities in maternal morbidity and mortality.
- 8 (3) The MHI grant establishes and funds the Rhode Island maternal health task force
- 9 (RIMHTF) and supports the development of a statewide maternal health strategic plan.
- 10 (4) Improving maternal health requires data modernization, strengthened workforce
- 11 pipelines including midwives and community birth workers, expanded access to culturally
- 12 congruent perinatal care, and alignment with social and environmental determinants of health.
- 13 (5) Long-term sustainability is essential. Statewide support must continue beyond the five-
- 14 year federal award.
- 15 (6) Rhode Island’s maternal health outcomes directly impact long-term family well-being,
- 16 early childhood outcomes, and community resilience, particularly in coastal and urban areas
- 17 vulnerable to environmental stressors.
- 18 SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby

amended by adding thereto the following chapter:

CHAPTER 13.9

THE RHODE ISLAND MATERNAL HEALTH IMPROVEMENT AND EQUITY ACT OF

2026

23-13.9-1. Short title.

This chapter shall be known and may be cited as "The Rhode Island Maternal Health Improvement and Equity Act of 2026".

23-13.9-2. Definitions.

As used in this chapter, the following terms shall have the following meanings:

(1) "Department" means the Rhode Island department of health.

(2) "Director" means the director of the Rhode Island department of health.

(3) "Maternal health workforce" includes certified nurse-midwives, certified professional midwives, doulas, perinatal community health workers, lactation consultants, and culturally concordant birth workers.

(4) "MHI" means the five (5) year federal Maternal Health Innovation grant by the Health Resources and Service Administration ("HRSA") awarded to the Rhode Island department of health (DOH) beginning in 2023.

(5) "Strategic plan" means the Rhode Island maternal health strategic plan produced under the federal grant.

(6) "Task force" means the Rhode Island maternal health task force established by the department of health under the Health Resources and Services Administration Maternal Health Innovation grant.

23-13.9-3. Creation and duties of advisory board.

(a) The Rhode Island maternal health advisory board ("advisory board") is hereby created and established to perform the duties and exercise the powers set forth in this section. Pursuant to the powers delegated to the department, the department shall have the responsibility for supervising, organizing, and evaluating the advisory board. The advisory board shall consult with the task force to carry out its duties pursuant to subsection (g) of this section.

(b) The advisory board shall consist of seven (7) members. Three (3) members shall be appointed by the governor; two (2) members shall be appointed by the president of the senate; and two (2) members shall be appointed by the speaker of the house of representatives. Due consideration shall be given to appointing persons with expertise and experience in the maternal health workforce.

(c) The members of the advisory board shall be appointed for terms of three (3) years;

1 provided, however, with regard to the initial appointments, three (3) members shall be appointed
2 for a term of one year; two (2) members shall be appointed for a term of two (2) years; and two (2)
3 members shall be appointed for a term of three (3) years. Members may be reappointed, and their
4 appointment shall continue until their successors shall be appointed. A vacancy, other than by
5 expiration, shall be filled in the manner of the original appointment, but only for the unexpired
6 portion of the term.

7 (d) The members of the advisory board shall receive no compensation.

8 (e) The governor shall appoint a chairperson; a vice-chairperson and secretary shall be
9 elected annually by the advisory board members. All officers of the advisory board shall serve until
10 their successors have been duly appointed or elected.

11 (f) The advisory board shall meet at least quarterly or at the call of the chairperson of the
12 advisory board. The chairperson of the advisory board, or designee, shall be present for all advisory
13 board meetings.

14 (g) The advisory board shall have the following purposes and duties:

15 (1) Oversee the implementation of the maternal health strategic plan;

16 (2) Make recommendations as to improvements in maternal care access and outcomes;

17 (3) Review statewide maternal data and disparities;

18 (4) Advise the department in developing and maintaining the maternal health data and
19 surveillance unit pursuant to § 23-13.9-4;

20 (5) Advise the department in establishing a maternal health workforce development
21 program pursuant to § 23-13.9-5;

22 (6) Advise the department in awarding competitive community maternal health access
23 grants pursuant to § 23-13.9-6; and

24 (7) Report annually to the governor, the president of the senate, the speaker of the house of
25 representatives, and the director commencing July 1, 2027, and July 1 annually thereafter.

26 (h) The advisory board shall continue beyond the expiration of the federal MHI grant and
27 report annually by July 1, commencing July 1, 2027, to the governor, the president of the senate,
28 the speaker of the house of representatives, and the director on the progress of MHI grant
29 objectives; funding necessary to sustain programs upon the expiration of the grant; and
30 recommendations to ensure statewide supports become permanent.

31 (i) In addition to sums of money received from the federal government and in addition to
32 appropriations made by the general assembly, the department may accept in the name of and on
33 behalf of the state gifts of money, other than federal and state government allotments or
34 appropriations, which shall be construed as gifts and shall be deposited by the general treasurer in

1 an account or accounts of the department that the director may designate. The provisions of § 35-
2 4-1 shall not apply to this subsection, insofar as they relate to the disposal of money received as
3 gifts.

4 **23-13.9-4. Maternal health data modernization.**

5 (a) The department shall develop and maintain a maternal health data and surveillance unit
6 responsible for:

7 (1) Monitoring maternal morbidity and mortality across prenatal, perinatal, and postpartum
8 periods;

9 (2) Integrating data on social and environmental determinants, including housing stability,
10 transportation access, exposure to extreme heat or flooding, and neighborhood disadvantage;

11 (3) Commencing July 1, 2027, and July 1 annually thereafter, provide a Rhode Island
12 maternal health outcomes report to the governor, the president of the senate, the speaker of the
13 house of representatives, and the director; and

14 (4) Supporting data requirements of the federal MHI grant.

15 (b) The department is authorized to:

16 (1) Contract with academic, clinical, or community partners;

17 (2) Collect data from licensed maternity care providers, hospitals, and community birth
18 workers.

19 **23-13.9-5. Maternal health workforce development program.**

20 (a) The department shall establish a maternal health workforce development program to:

21 (1) Expand training pathways for midwives, community birth workers, and doulas;

22 (2) Support bilingual and culturally concordant workforce pipelines;

23 (3) Provide scholarships, stipends, or loan repayment for trainees who commit to serving
24 in maternal health shortage areas; and

25 (4) Partner with Rhode Island colleges, universities, and community-based organizations.

26 (b) Priority shall be given to workforce expansion in:

27 (1) Aquidneck Island and Newport county;

28 (2) Urban core communities; and

29 (3) Medically underserved coastal areas.

30 (c) The department shall promulgate rules and regulations to carry out the provisions of
31 this section.

32 **23-13.9-6. Community-based maternal health access grants.**

33 (a) The department shall award competitive community maternal health access grants to
34 expand local supports including:

1 (1) Prenatal navigation services;
2 (2) Doula and community birth worker programs;
3 (3) Local transportation assistance for maternal medical appointments; and
4 (4) Programs addressing postpartum mental health, breastfeeding support, and home-
5 visiting services.

6 (b) Eligible entities include community-based nonprofits, health centers, tribal nations,
7 hospitals, and municipalities.

8 **23-13.9-7. Budget.**

9 Beginning FY 2029, the department shall submit a maternal health sustainability plan in
10 its budget request.

11 **23-13.9-8. Appropriations.**

12 (a) Beginning FY 2026, and annually thereafter, there is hereby appropriated, out of any
13 money in the treasury not otherwise appropriated for the fiscal year 2026-2027, the sum of two
14 million seven hundred thousand dollars (\$2,700,000). The monies shall be appropriated as follows:

15 (1) Seven hundred fifty thousand dollars (\$750,000) for the maternal health data and
16 surveillance unit established pursuant to § 23-13.9-4;

17 (2) One million two hundred thousand dollars (\$1,200,000) for the workplace development
18 program established pursuant to § 23-13.9-5;

19 (3) Six hundred thousand dollars (\$600,000) for community maternal health access grants
20 established pursuant to § 23-13.9- 6; and

21 (4) One hundred fifty thousand dollars (\$150,000) for advisory council operations,
22 community engagement and reporting.

23 (b) The amounts appropriated pursuant to this section shall supplement the federal MHI
24 funds and are not intended to supplant federal MHI funds.

25 **23-13.9-9. Regulations.**

26 The department shall promulgate rules and regulations necessary to implement the
27 provisions of this chapter.

28 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND MATERNAL HEALTH
IMPROVEMENT AND EQUITY ACT OF 2026

- 1
- This act would establish the Rhode Island Maternal Health Improvement and Equity Act
- 2
- of 2026, to establish permanent statewide support for maternal health and to implement the
- 3
- maternal health strategic plan improving maternal health care and access. This act would
- 4
- appropriate for FY 26-27 the sum of \$2,700,000 for the program.
- 5
- This act would take effect upon passage.

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