

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025**

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HOUSE BILL 1195

Short Title: MOMnibus 3.5. (Public)

Sponsors: Representatives Johnson-Hostler and Hawkins (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Rules, Calendar, and Operations of the House

May 5, 2026

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

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

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

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

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

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

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

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

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

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

PART I. SUPPORTING COMMUNITY-BASED ORGANIZATIONS

ESTABLISHMENT OF MATERNAL CARE ACCESS GRANT PROGRAM

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



- 1 (1) Culturally respectful congruent. – Sensitive to and respectful of the preferred
2 cultural values, beliefs, world view, and practices of the patient, and aware
3 that cultural differences between patients and health care providers or other
4 service providers must be proactively addressed to ensure that patients receive
5 equitable, high-quality services that meet their needs.
- 6 (2) Department. – The North Carolina Department of Health and Human
7 Services.
- 8 (3) Postpartum. – The one-year period beginning on the last day of a woman's
9 pregnancy.

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

17 **SECTION 1.1.(c)** Outreach and Application Assistance. – Beginning July 1, 2026,
18 the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants
19 under this program and (ii) provide application assistance to eligible applicants on best practices
20 for applying for grants under this program. In conducting the outreach required by this section,
21 the Department shall give special consideration to eligible applicants that meet the following
22 criteria:

- 23 (1) Are based in, and provide support for, communities with high rates of adverse
24 maternal health outcomes and significant racial and ethnic disparities in
25 maternal health outcomes.
- 26 (2) Are led by black women.
- 27 (3) Offer programs and resources that are aligned with evidence-based practices
28 for improving maternal health outcomes for black women.

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

- 35 (1) Meet all of the criteria specified in subdivisions (1) through (3) of subsection
36 (c) of this section.
- 37 (2) Offer programs and resources designed in consultation with and intended for
38 black women.
- 39 (3) Offer programs and resources in the communities in which they are located
40 that include any of the following activities:
 - 41 a. Promoting maternal mental health and maternal substance use disorder
42 treatments that are aligned with evidence-based practices for
43 improving maternal mental health outcomes for black women.
 - 44 b. Addressing social determinants of health for women in the prenatal
45 and postpartum periods, including, but not limited to, any of the
46 following:
 - 47 1. Inadequate housing.
 - 48 2. Transportation barriers.
 - 49 3. Poor nutrition and a lack of access to healthy foods.
 - 50 4. Need for lactation support.

- 1 a. A detailed report on funds expended for the program for the 2027-2028
- 2 fiscal year.
- 3 b. An assessment of the effectiveness of programs funded by grants
- 4 awarded under this section in improving maternal health outcomes for
- 5 black women.
- 6 c. Recommendations for future grant programs to be administered by the
- 7 Department and for future funding opportunities for community-based
- 8 organizations to improve maternal health outcomes for black women
- 9 through programs and resources that are aligned with evidence-based
- 10 practices for improving maternal health outcomes for black women.

11
12 **APPROPRIATIONS TO IMPLEMENT PART I**

13 **SECTION 1.2.(a)** There is appropriated from the General Fund to the Department
14 of Health and Human Services, Division of Public Health, the sum of five million dollars
15 (\$5,000,000) in recurring funds beginning in the 2026-2027 fiscal year to be used and allocated
16 as follows:

- 17 (1) Ninety-three thousand five hundred thirteen dollars (\$93,513) to establish a
- 18 full-time, permanent Public Health Program Coordinator IV position within
- 19 the Department of Health and Human Services dedicated to performing the
- 20 following duties:
 - 21 a. Providing application assistance to Maternal Care Access Grant
 - 22 Program applicants.
 - 23 b. Providing technical assistance to Maternal Care Access Grant Program
 - 24 recipients.
 - 25 c. Preparing the reports due under Section 1.1(f) of this Part.
- 26 (2) Four million nine hundred six thousand four hundred eighty-seven dollars
- 27 (\$4,906,487) 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, 2026.

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, 2026, shall complete the
46 training program no later than December 31, 2027.

47 (2) Health care professionals issued an initial license, registration, accreditation,
48 or certification on or after January 1, 2027, 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 beginning in the 2026-2027 fiscal year to

1 establish and administer the implicit bias training program for health care professionals engaged
2 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, 2026.
4 Section 2.1(b) of this Part becomes effective July 1, 2026.

5
6 **PART III. SUPPORTING AND DIVERSIFYING TRAINING PROGRAMS FOR**
7 **LACTATION SUPPORT PROFESSIONALS**

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 support professionals. – Includes lactation consultants, counselors,
14 peer counselors, and educators trained in breast feeding or chest feeding
15 practices, lactation care, and lactation services.
- 16 (3) Lactation services. – The clinical application of scientific principles and a
17 multidisciplinary body of evidence for evaluation, problem identification,
18 treatment, education, and consultation to childbearing families regarding
19 lactation care and services.
- 20 (4) Maternity care services. – Health care related to an individual's pregnancy,
21 childbirth, or postpartum recovery.

22 **SECTION 3.1.(b)** There is appropriated from the General Fund to the Board of
23 Governors of The University of North Carolina the sum of three million dollars (\$3,000,000) in
24 nonrecurring funds for the 2026-2027 fiscal year for the purposes of recruiting, training, and
25 retaining a diverse workforce of lactation support professionals in North Carolina by supporting
26 the infrastructure and sustainability of training programs for lactation support professionals at
27 Historically Black Colleges and Universities located within the State. These funds shall be
28 distributed equally among Bennett College, Fayetteville State University, Johnson C. Smith
29 University, North Carolina Agricultural & Technical State University, and North Carolina
30 Central University to cover costs incurred by each university for administering a training program
31 for lactation support professionals, including, but not limited to:

- 32 (1) Leasing or other costs for teaching facilities or approved clinical training sites.
33 (2) Student aid or scholarships.
34 (3) Compensation for teachers and preceptors of training programs for lactation
35 support professionals.

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

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

1 **SECTION 3.1.(d)** By May 1, 2029, 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 training programs for lactation support professionals
5 at North Carolina Agricultural & Technical State University and Johnson C. Smith University.
6 The report shall include at least all of the following information and recommendations:

- 7 (1) The total number of lactation support professionals who received training at
8 one of the State-funded HBCU lactation programs, broken down by (i) race
9 and ethnicity 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 services from a health care professional who graduated from one of
13 the State-funded HBCU training programs for lactation support professionals.
14 The review shall address patients' experiences relative to the following:
 - 15 a. Health insurance coverage for maternity care services, including
16 telehealth lactation support 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 support professionals.
 - 22 d. Breast feeding or chest feeding initiation and duration rates of patients
23 who received lactation services from these lactation support
24 professionals.

25 **SECTION 3.2.** This Part becomes effective July 1, 2026.
26

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

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

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

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

42 **SECTION 4.1.(c)** Outreach and Application Assistance. – Beginning September 1,
43 2026, the Department shall (i) conduct outreach to encourage eligible applicants to apply for
44 grants under this program and (ii) provide application assistance to eligible applicants on best
45 practices for applying for grants under this program. In conducting the outreach required by this
46 section, the Department shall give special consideration to eligible applicants that meet the
47 following criteria:

- 48 (1) Are based in, and provide support for, communities with high rates of adverse
49 maternal health outcomes and significant racial and ethnic disparities in
50 maternal health outcomes.
- 51 (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, 2028.

9 **SECTION 4.1.(f)** Report. – By October 1, 2029, 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 2026-2027 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 the 2026-2027 fiscal year to fund the Perinatal Education
24 Grant Program authorized by this section. The Department of Health and Human Services may
25 use up to five percent (5%) of the funds allocated for this grant program for administrative
26 purposes related to establishment and administration of the Perinatal Education Grant Program.

27 **SECTION 4.2.** This Part becomes effective July 1, 2026.
28

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

30 **SECTION 5.1.** There is appropriated from the General Fund to the Department of
31 Health and Human Services, Division of Public Health (DPH), the sum of six million five
32 hundred thousand dollars (\$6,500,000) in nonrecurring funds for the 2026-2027 fiscal year to
33 create a Momni-Bus Initiative. The purpose of the Momni-Bus Initiative is to fund efforts to
34 expand access to maternal and infant health care and parenting programs, supports, and services
35 to families residing in geographic areas of the State where there is limited or no access to
36 maternity care services, including obstetric providers, a hospital or birth center, prenatal care, or
37 postpartum care. As part of this initiative, the Department shall allocate and use the funds
38 appropriated by this section as follows:

- 39 (1) One million five hundred thousand dollars (\$1,500,000) to provide a directed
40 grant to the March of Dimes, Inc., a nonprofit corporation in North Carolina,
41 to support its work toward ending preventable maternal health risks and
42 deaths, ending preventable preterm birth and infant death, and closing the
43 health equity gap.
44 (2) Five million dollars (\$5,000,000) to award directed grants on a competitive
45 basis to nonprofit, community-based, and faith-based organizations that offer
46 programs, supports, and services aligned with evidence-based practices for a
47 healthy pregnancy through the postpartum period, infant health and care, and
48 parenting programs, supports, and services. The DPH shall establish an
49 application process and eligibility criteria for awarding the grants authorized
50 under this subdivision. By October 1, 2028, and October 1, 2029, the DPH
51 shall submit a report to the Joint Legislative Oversight Committee on Health

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

7 **SECTION 5.2.** This Part becomes effective July 1, 2026.

8
9 **PART VI. EFFECTIVE DATE**

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