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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To provide support for scaling up global access to multiple micronutrient supplements and other cost effective maternal and child interventions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. KIM introduced the following bill; which was referred to the Committee on _____

A BILL

To provide support for scaling up global access to multiple micronutrient supplements and other cost effective maternal and child interventions, 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.**

4 This Act may be cited as the “Healthy Mothers,
5 Healthy Babies Act of 2026”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Investments in effective programs to pre-
2 vent maternal and child deaths directly advance
3 United States foreign policy and economic interests
4 by promoting stability, increased economic growth
5 and market access and improved diplomatic relations
6 with partner countries.

7 (2) Global maternal and child deaths remain
8 unacceptably high. In 2023, a woman died of preg-
9 nancy related causes every 2 minutes. Millions of
10 children under 5 continue to die every year from
11 preventable causes, with preterm birth, birth com-
12 plications, and childhood diseases, like pneumonia
13 and diarrhea, accounting for more than half of all
14 under-5 deaths worldwide.

15 (3) These deaths are largely preventable
16 through proven, low-cost interventions such as—

17 (A) skilled care before, during, and after
18 birth;

19 (B) treatment of childhood infectious dis-
20 eases;

21 (C) adequate nutrition for pregnant women
22 and children; and

23 (D) immunization.

24 (4) Immunization is a cornerstone of child sur-
25 vival, protecting children from deadly diseases, in-

1 cluding diarrheal disease, pneumonia, measles, polio,
2 diphtheria, pertussis, and meningitis. It remains one
3 of the most cost-effective interventions, delivering a
4 return of at least \$26 for every \$1 invested. The
5 United States Government's partnership with Gavi,
6 the Global Vaccine Alliance, is a major driver in re-
7 ducing the number of childhood deaths from vaccine
8 preventable diseases in lower-income countries, with
9 Gavi's immunization campaigns averting nearly
10 21,000,000 child deaths since 2000.

11 (5) Continued United States leadership in ma-
12 ternal and child health could help save millions more
13 lives by 2030, accelerating progress toward ending
14 preventable child and maternal deaths worldwide.

15 (6) At just \$4 per pregnancy, multiple micro-
16 nutrient supplement (MMS) prenatal vitamins com-
17 bine 15 essential vitamins and minerals into a sin-
18 gle, lifesaving tablet, dramatically improving birth
19 outcomes and reducing maternal anemia.

20 (7) Despite the immense benefits, most women
21 around the world lack access to modern prenatal vi-
22 tamins.

23 (8) Previous guidance from the MMS Global In-
24 vestment Roadmap suggests that there are at least
25 260,000,000 pregnant women in high-burden coun-

1 tries who lack access to MMS prenatal vitamins, and
2 providing access for these women to MMS over the
3 next 5 years would save 600,000 lives, improve birth
4 outcomes for 5,000,000 babies, and prevent anemia
5 in over 15,000,000 pregnant women.

6 (9) 20 years of research and 70 rigorous trials
7 prove modern MMS prenatal vitamins are superior
8 to iron-folic acid tablets in every way-slashing low
9 birthweight by an extra 79 percent, stillbirths by 27
10 percent, and infant deaths by 29 percent.

11 (10) A coalition of philanthropies has come to-
12 gether to commit \$250,000,000 to MMS prenatal vi-
13 tamins, providing leverage to United States Govern-
14 ment investments.

15 (11) MMS prenatal vitamins are American-
16 made, supporting American factory jobs, and high-
17 lighting American ingenuity and compassion.

18 **SEC. 3. STATEMENT OF POLICY.**

19 The following shall be the policy of the United States:

20 (1) To advance foreign policy, national security
21 and economic interests, by strategically supporting
22 partner countries to invest in maternal and child
23 survival and health programs. The United States
24 shall make maternal and child survival a key objec-

1 tive of United States global health and foreign as-
2 sistance strategies and programs.

3 (2) To support programs that reduce prevent-
4 able death among mothers, newborns, and children
5 and enable them to thrive, which promotes more sta-
6 ble and prosperous societies and advances the
7 United State's diplomatic and commercial position
8 with partner countries. United States assistance pro-
9 grams for maternal and child health shall seek to—

10 (A) reduce preventable child and maternal
11 mortality in priority countries to 12 percent or
12 lower of total deaths by 2030; and

13 (B) increase coverage levels for the target
14 set of life-saving interventions listed in sub-
15 section 4 within 10 to 15 priority countries to
16 a level of at least 70 percent by 2030.

17 (3) To prioritize scaling up investments in the
18 procurement and delivery of MMS prenatal vitamins
19 as a highly cost-effective intervention to address ma-
20 ternal and child health and malnutrition.

21 (4) To prioritize the highest impact prevention
22 and treatment interventions targeted towards pre-
23 natal, delivery, postnatal, newborn and child care,
24 including prevention and management of complica-
25 tions and infections during pregnancy, access to

1 skilled birth attendants, breastfeeding support, care
2 of small or sick newborns, screening and treatment
3 for malnutrition, vitamin A and other micronutrient
4 supplements, child immunization, and treatments for
5 childhood diseases including diarrhea and pneu-
6 monia.

7 **SEC. 4. INITIATIVE TO SCALE UP MULTIPLE MICRO-**
8 **NUTRIENT SUPPLEMENT COVERAGE.**

9 (a) IN GENERAL.—The relevant foreign assistance
10 agency shall select foreign countries as priority countries
11 for purposes of increasing the number of women receiving
12 MMS coverage, including prenatal vitamins.

13 (b) CRITERIA.—The selection of priority countries
14 shall be based on the following:

15 (1) The prevalence of malnourished pregnant
16 and lactating women and children under the age of
17 5.

18 (2) The presence of high-need, underserved,
19 marginalized, vulnerable, or impoverished commu-
20 nities.

21 (3) The enabling environment for improved ma-
22 ternal and child health, including presence of na-
23 tional maternal and child health plans and dem-
24 onstration of strong political commitment.

1 (4) Any other criteria that the relevant foreign
2 assistance agency determines to be appropriate.

3 (c) UPDATE.—The relevant foreign assistance agency
4 shall update the selection of priority countries not later
5 than 5 years after the date of the enactment of this Act.

6 (d) REPORT.—

7 (1) IN GENERAL.—Not later than 1 year after
8 the date of the enactment of this Act, and annually
9 thereafter for 5 years, the relevant foreign assistance
10 agency shall submit to the appropriate congressional
11 committees a report that describes progress made
12 towards scaling up MMS coverage.

13 (2) MATTERS TO BE INCLUDED.—The report
14 required by paragraph (1) shall include the fol-
15 lowing:

16 (A) A summary of progress made towards
17 achieving increased coverage levels for MMS.

18 (B) A detailed summary of the criteria
19 used in selecting priority countries for receiving
20 MMS prenatal vitamins.

21 (C) In priority countries—

22 (i) a detailed summary of MMS scale
23 up programs and activities in the previous
24 fiscal year, including a breakdown of the
25 countries to which resources have been al-

1 located and an estimated number of preg-
2 nant women reached with MMS coverage;
3 and

4 (ii) a description of the coordination
5 of MMS programs with other health and
6 development programs.

7 (D) A description of other donor country
8 and host country financial commitments and ef-
9 forts to increase MMS coverage, and how the
10 United States is engaging with donor country
11 and host country governments to increase those
12 commitments and efforts along with other inter-
13 ventions to improve nutrition outcomes.

14 (E) An identification of constraints on im-
15 plementation of programs and activities and les-
16 sons learned from programs and activities from
17 the previous fiscal years.

18 (F) A summary of how United States as-
19 sistance programs to increase MMS coverage
20 levels have advanced United States foreign pol-
21 icy and national security priorities with partner
22 countries.

23 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section up
25 to \$150,000,000 for each of the fiscal years 2026 through

1 2030 from amounts in the Global Health Programs Ac-
2 count of the Department of State.

3 **SEC. 5. MATERNAL AND CHILD HEALTH STRATEGY AND RE-**
4 **PORT.**

5 (a) STRATEGY.—The relevant foreign assistance
6 agency shall establish and publish a 5-year Maternal and
7 Child Health strategy with specific targets for increasing
8 coverage levels for priority interventions and priority coun-
9 tries. The strategy should prioritize investments in the de-
10 livery of interventions with the greatest cost-effectiveness
11 and measurable outcome of lives saved and disability
12 averted.

13 (b) REPORT.—Not later than 1 year after the date
14 of the enactment of this Act, and annually thereafter for
15 5 years, the relevant foreign assistance agency shall sub-
16 mit to the appropriate congressional committees a report
17 that describes progress made towards scaling up Maternal
18 and Child Health interventions. The report shall include
19 the following:

20 (1) Program funding allocations and obligations
21 disaggregated by country and by program area
22 intervention on an annual basis.

23 (2) Baseline data for the 2 fiscal years pre-
24 ceding the date of enactment, including funding lev-

