

FAILED



NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
Senate Bill 257

AMENDMENT NO. A22
(to be filled in by
Principal Clerk)

S257-AMGa-4 [v.5]

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Amends Title [NO]
Second Edition

Date _____, 2025

Senator Murdock

1 moves to amend the bill on page 10, line 4, by decreasing the unappropriated balance for each
2 year of the 2025-2027 fiscal biennium by twelve million five hundred thousand dollars
3 (\$12,500,000) in nonrecurring funds; and

4
5 on page 159, lines 5-6, by inserting between the lines a new section to read:

6
7 **"REDUCE FUNDS FOR OPPORTUNITY SCHOLARSHIPS**

8 **SECTION 8A.11.(a)** G.S. 115C-562.8 reads as rewritten:

9 **"§ 115C-562.8. The Opportunity Scholarship Grant Fund Reserve.**

10 ...

11 (b) ~~The General Assembly finds that, due to the critical need in this State to provide~~
12 ~~opportunity for school choice for North Carolina students, it is imperative that the State provide~~
13 ~~an increase of funds for 15 years to the Opportunity Scholarship Grant Fund Reserve. Therefore,~~
14 ~~there~~ There is appropriated from the General Fund to the Reserve the following amounts for each
15 fiscal year to be used for the purposes set forth in this section:

Fiscal Year	Appropriation
...	
2027-2028	\$700,000,000 \$692,500,000
2028-2029	\$725,000,000 \$717,500,000
2029-2030	\$750,000,000 \$742,500,000
2030-2031	\$775,000,000 \$767,500,000
2031-2032	\$800,000,000 \$792,500,000

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23 For the 2032-2033 fiscal year and each fiscal year thereafter, there is appropriated from the
24 General Fund to the Reserve the sum of ~~eight hundred twenty-five million dollars~~
25 ~~(\$825,000,000)~~ eight hundred seventeen million five hundred thousand dollars (\$817,500,000) to
26 be used for the purposes set forth in this section. When developing the base budget, as defined
27 by G.S. 143C-1-1, for each fiscal year specified in this subsection, the Director of the Budget
28 shall include the appropriated amount specified in this subsection for that fiscal year.

29"

30 **SECTION 8A.11.(b)** Notwithstanding any other provision of law or the Committee
31 Report referenced in Section 45.2 of this act to the contrary, the funds appropriated to the
32 Opportunity Scholarship Grant Fund Reserve for the award of opportunity scholarship grants



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1 pursuant to Part 2A of Article 39 of Chapter 115C of the General Statutes for each year of the
2 2025-2027 fiscal biennium are reduced by the sum of seven million five hundred thousand dollars
3 (\$7,500,000) in recurring funds.

4 **SECTION 8A.11.(c)** This section applies beginning with the 2025-2026 school
5 year."; and

6
7 on page 206, lines 42-43, by inserting between the lines a new section to read:

8
9 **"THE NORTH CAROLINA MOMNIBUS ACT**

10
11 **DEFINITIONS**

12 **SECTION 9H.6.(a)** Definitions. – The following definitions apply in this section:

- 13 (1) Culturally respectful congruent. – Sensitive to and respectful of the preferred
14 cultural values, beliefs, world view, and practices of the patient, and aware
15 that cultural differences between patients and health care providers or other
16 service providers must be proactively addressed to ensure that patients receive
17 equitable, high-quality services that meet their needs.
- 18 (2) Department. – The North Carolina Department of Health and Human
19 Services, Division of Public Health.
- 20 (3) Historically Black Colleges and Universities or HBCUs. – Institutions of
21 higher education that were founded to educate black citizens who were
22 historically restricted from attending predominantly white institutions of
23 higher education.
- 24 (4) Lactation consultants. – Educators or counselors trained in breast feeding or
25 chest feeding practices, lactation care, and lactation services.
- 26 (5) Lactation services. – The clinical application of scientific principles and a
27 multidisciplinary body of evidence for evaluation, problem identification,
28 treatment, education, and consultation to childbearing families regarding
29 lactation care and services.
- 30 (6) Maternity care services. – Health care related to an individual's pregnancy,
31 childbirth, or postpartum recovery.
- 32 (7) Perinatal education program. – A program that operates for the primary
33 purpose of educating pregnant women and their families about healthy
34 pregnancy, preparation for labor and birth, breast feeding, newborn care, or
35 any combination of these.
- 36 (8) Preceptor. – A person who is a certified lactation consultant and meets the
37 requirements of the International Board of Lactation Consultant Examiners to
38 supervise lactation consultants-in-training during the training period.
- 39 (9) Postpartum. – The one-year period beginning on the last day of a woman's
40 pregnancy.

41
42 **ESTABLISHMENT OF MATERNAL CARE ACCESS GRANT PROGRAM**

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1 **SECTION 9H.6.(b)** Establishment of Maternal Care Access Grant Program. – The
2 Department of Health and Human Services, Division of Public Health, shall establish and
3 administer a Maternal Care Access Grant Program to award competitive grants to eligible entities
4 to establish or expand programs for the prevention of maternal mortality and severe maternal
5 morbidity among black women. The Department shall establish eligibility requirements for
6 program participation which shall, at a minimum, require that applicants be community-based
7 organizations offering programs and resources aligned with evidence-based practices for
8 improving maternal health outcomes for black women.

9 **SECTION 9H.6.(c)** Outreach and Application Assistance. – Beginning July 1, 2025,
10 the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants
11 under this program and (ii) provide application assistance to eligible applicants on best practices
12 for applying for grants under this program. In conducting the outreach required by this section,
13 the Department shall give special consideration to eligible applicants that meet the following
14 criteria:

- 15 (1) Are based in, and provide support for, communities with high rates of adverse
16 maternal health outcomes and significant racial and ethnic disparities in
17 maternal health outcomes.
18 (2) Are led by black women.
19 (3) Offer programs and resources that are aligned with evidence-based practices
20 for improving maternal health outcomes for black women.

21 **SECTION 9H.6.(d)** Maternal Care Access Grant Awards. – In awarding grants
22 under this section, the Department shall, to the extent possible, award grants to recipients to
23 reflect different areas of the State. The Department shall not award a single grant for less than
24 ten thousand dollars (\$10,000) or more than fifty thousand dollars (\$50,000) per grant recipient.
25 In selecting grant recipients, the Department shall give special consideration to eligible applicants
26 that meet all of the following criteria:

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

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

SECTION 9H.6.(e) Technical Assistance to Grant Recipients. – The Department shall provide technical assistance to grant recipients regarding all of the following:

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

SECTION 9H.6.(f) Maternal Care Access Grant Program Reports. – The Department shall submit the following reports on the grant program authorized by this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division:

- (1) A report by October 1, 2026, that includes at least all of the following components:
 - a. A detailed report on funds expended for the program for the 2025-2026 fiscal year.

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- 1 b. An assessment of the effectiveness of outreach efforts by the
2 Department during the application process in diversifying the pool of
3 grant recipients.
4 c. Recommendations for future outreach efforts to diversify the pool of
5 grant recipients for this program and other related grant programs, as
6 well as for funding opportunities related to the social determinants of
7 maternal health.
8 (2) A report by October 1, 2027, that includes at least all of the following
9 components:
10 a. A detailed report on funds expended for the program for the 2026-2027
11 fiscal year.
12 b. An assessment of the effectiveness of programs funded by grants
13 awarded under this section in improving maternal health outcomes for
14 black women.
15 c. Recommendations for future grant programs to be administered by the
16 Department and for future funding opportunities for community-based
17 organizations to improve maternal health outcomes for black women
18 through programs and resources that are aligned with evidence-based
19 practices for improving maternal health outcomes for black women.

20 **SECTION 9H.6.(g)** Appropriations to Implement the Maternal Care Access Grant
21 Program. – Notwithstanding any provision of law or the Committee Report referenced in Section
22 45.2 of this act to the contrary, funds appropriated in this act from the General Fund to the
23 Department of Health and Human Services, Division of Public Health, are increased by the sum
24 of five million dollars (\$5,000,000) in recurring funds for each year of the 2025-2027 fiscal
25 biennium to be allocated and used as follows:

- 26 (1) Ninety-three thousand five hundred thirteen dollars (\$93,513) in recurring
27 funds for each year of the 2025-2027 fiscal biennium to establish a full-time,
28 permanent Public Health Program Coordinator IV position within the
29 Department of Health and Human Services dedicated to performing the
30 following duties:
31 a. Providing application assistance to Maternal Care Access Grant
32 Program applicants.
33 b. Providing technical assistance to Maternal Care Access Grant Program
34 recipients.
35 c. Preparing the reports due under Section 1.1(f) of this Part.
36 (2) Four million nine hundred six thousand four hundred eighty-seven dollars
37 (\$4,906,487) in recurring funds for each year of the 2025-2027 fiscal
38 biennium to be allocated to the Maternal Care Access Grant Program
39 authorized by Section 1.1 of this Part. The Department of Health and Human
40 Services may use up to one percent (1%) of these funds for administrative
41 purposes related to the grant program. The balance of these funds shall be used
42 to operate the grant program.

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1 **SECTION 9H.6.(h)** The Department of Health and Human Services is authorized to
2 hire one full-time, permanent Public Health Program Coordinator IV position to perform the
3 duties described in subsection (g) of this section.
4

5 **IMPLICIT BIAS TRAINING PROGRAM FOR HEALTH CARE PROFESSIONALS**
6 **ENGAGED IN PERINATAL CARE**

7 **SECTION 9H.6.(i)** Establishment of Implicit Bias Training Program. – Effective
8 October 1, 2025, Part 5 of Article 1B of Chapter 130A of the General Statutes is amended by
9 adding two new sections to read:

10 **"§ 130A-33.62. Department to establish implicit bias training program for health care**
11 **professionals engaged in perinatal care.**

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

- 13 (1) Health care professional. – A licensed physician or other health care provider
14 licensed, registered, accredited, or certified to perform perinatal care and
15 regulated under the authority of a health care professional licensing authority.
16 (2) Health care professional licensing authority. – The Department of Health and
17 Human Services or an agency, board, council, or committee with the authority
18 to impose training or education requirements or licensure fees as a condition
19 of practicing in this State as a health care professional.
20 (3) Implicit bias. – A bias in judgment or behavior that results from subtle
21 cognitive processes, including implicit prejudice and implicit stereotypes, that
22 often operate at a level below conscious awareness and without intentional
23 control.
24 (4) Implicit prejudice. – Prejudicial negative feelings or beliefs about a group that
25 a person holds without being aware of them.
26 (5) Implicit stereotypes. – The unconscious attributions of particular qualities to
27 a member of a certain social group that are influenced by experience and based
28 on learned associations between various qualities and social categories,
29 including race and gender.
30 (6) Perinatal care. – The provision of care during pregnancy, labor, delivery, and
31 postpartum and neonatal periods.
32 (7) Perinatal facility. – A hospital, clinic, or birthing center that provides perinatal
33 care in this State.

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

- 40 (1) Identification of previous or current unconscious biases and misinformation.
41 (2) Identification of personal, interpersonal, institutional, structural, and cultural
42 barriers to inclusion.

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- 1 (3) Corrective measures to decrease implicit bias at the interpersonal and
2 institutional levels, including ongoing policies and practices for that purpose.
3 (4) Information about the effects of implicit bias, including, but not limited to,
4 ongoing personal effects of racism and the historical and contemporary
5 exclusion and oppression of minority communities.
6 (5) Information about cultural identity across racial or ethnic groups.
7 (6) Information about how to communicate more effectively across identities,
8 including racial, ethnic, religious, and gender identities.
9 (7) Information about power dynamics and organizational decision making.
10 (8) Trauma-informed care best practices and an emphasis on shared decision
11 making between providers and patients.
12 (9) Information about health inequities within the perinatal care field, including
13 information on how implicit bias impacts maternal and infant health
14 outcomes.
15 (10) Perspectives of diverse, local constituency groups and experts on particular
16 racial, identity, cultural, and provider-community relations issues in the
17 community.
18 (11) Information about socioeconomic bias.
19 (12) Information about reproductive justice.
20 (c) Notwithstanding any provision of Chapter 90 or Chapter 93B of the General Statutes,
21 or any other provision of law to the contrary, all health care professionals are required to complete
22 the implicit bias training program established under this section as follows:
23 (1) Health care professionals who hold a current license, registration,
24 accreditation, or certification on December 31, 2025, shall complete the
25 training program no later than December 31, 2026.
26 (2) Health care professionals issued an initial license, registration, accreditation,
27 or certification on or after January 1, 2026, shall complete the training
28 program no later than one year after the date of issuance.
29 A health care professional licensing authority shall not renew the license, registration,
30 accreditation, or certification of a health care professional unless the health care professional
31 provides proof of completion of the training program established under this section within the
32 24-month period leading up to the date of the renewal application.
33 (d) The Department is encouraged to seek opportunities to make the implicit bias training
34 program established under this section available to all health care professionals and to promote
35 its use among the following groups:
36 (1) All maternity care providers and any employees who interact with pregnant
37 and postpartum individuals in the provider setting, including front desk
38 employees, sonographers, schedulers, health system-employed lactation
39 consultants, hospital or health system administrators, security staff, and other
40 employees.
41 (2) Undergraduate programs that funnel into health professions schools.
42 (3) Providers of the special supplemental nutrition program for women, infants,
43 and children under section 17 of the Child Nutrition Act of 1966.

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1 (4) Obstetric emergency simulation trainings or related trainings.
2 (5) Emergency department employees, emergency medical technicians, and other
3 specialized health care providers who interact with pregnant and postpartum
4 individuals.

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

7 (1) Data on the causes of maternal mortality.
8 (2) Rates of maternal mortality, including rates distinguished by age, race,
9 ethnicity, socioeconomic status, and geographic location within this State.
10 (3) Other factors the Department deems relevant for assessing and improving the
11 implicit bias training program.

12 **"§ 130A-33.63. Rights of perinatal care patients.**

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

15 (1) To be informed of continuing health care requirements following discharge.
16 (2) To be informed that, if the patient so authorizes, and to the extent permitted
17 by law, the hospital or health care facility may provide to a friend or family
18 member information about the patient's continuing health care requirements
19 following discharge.
20 (3) To actively participate in decisions regarding the patient's medical care and
21 the right to refuse treatment.
22 (4) To receive appropriate pain assessment and treatment.
23 (5) To receive care and treatment free from discrimination on the basis of age,
24 race, ethnicity, color, religion, ancestry, disability, medical condition, genetic
25 information, marital status, sex, gender identity, gender expression, sexual
26 orientation, socioeconomic status, citizenship, nationality, immigration status,
27 primary language, or language proficiency.
28 (6) To receive information on how to file a complaint with the Division of Health
29 Service Regulation or the Human Rights Commission or both about any
30 violation of these rights.

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

36 **SECTION 9H.6.(j)** Appropriations to Implement the Implicit Bias Training
37 Program. – Notwithstanding any provision of law or the Committee Report referenced in Section
38 45.2 of this act to the contrary, funds appropriated in this act from the General Fund to the
39 Department of Health and Human Services, Division of Public Health, are increased by the sum
40 of two million five hundred thousand dollars (\$2,500,000) in recurring funds for each year of the
41 2025-2027 fiscal biennium to establish and administer the implicit bias training program for
42 health care professionals engaged in perinatal care authorized by G.S. 130A-33.62, as enacted
43 by subsection (i) of this section.

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SUPPORT FOR, AND DIVERSIFICATION OF, LACTATION CONSULTANT TRAINING PROGRAMS

SECTION 9H.6.(k) Appropriations to Support Lactation Consultant Training Programs at HBCUs. – Notwithstanding any provision of law or the Committee Report referenced in Section 45.2 of this act to the contrary, funds appropriated in this act from the General Fund to the Board of Governors of The University of North Carolina are increased by the sum of three million dollars (\$3,000,000) in nonrecurring funds for each year of the 2025-2027 fiscal biennium to recruit, train, and retain a diverse workforce of lactation consultants in North Carolina by supporting the infrastructure and sustainability of lactation consultant training programs at Historically Black Colleges and Universities located within the State. These funds shall be distributed equally among Bennett College, Fayetteville State University, Johnson C. Smith University, North Carolina Agricultural & Technical State University, and North Carolina Central University to cover costs incurred by each university for administering a lactation training program, including, but not limited to:

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

SECTION 9H.6.(l) Technical Assistance to HBCUs. – The Department of Health and Human Services shall provide technical assistance to Bennett College, Fayetteville State University, Johnson C. Smith University, North Carolina Agricultural & Technical State University, and North Carolina Central University with respect to the following:

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

SECTION 9H.6.(m) Report on Benefits of Supporting Lactation Consultant Training Programs. – By May 1, 2028, the Department of Health and Human Services shall evaluate and submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Education Oversight Committee on the benefits received by the State as a result of funding the lactation consultant training programs at North Carolina Agricultural & Technical State University and Johnson C. Smith University. The report shall include at least all of the following information and recommendations:

- (1) The total number of lactation consultants who received training at one of the State-funded HBCU lactation programs, broken down by (i) race and ethnicity

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

17 **PERINATAL EDUCATION GRANT PROGRAM**

18 **SECTION 9H.6.(n)** Establishment of Perinatal Education Grant Program. – The
19 Department of Health and Human Services, Division of Public Health, shall establish and
20 administer a Perinatal Education Grant Program to award competitive grants to eligible entities
21 to establish or expand perinatal education programs in rural, underserved, or low-wealth areas of
22 the State. The Department shall establish eligibility requirements for program participation which
23 shall, at a minimum, require that applicants be community-based organizations that offer
24 perinatal education and resources aligned with evidence-based practices for improving maternal
25 health outcomes for black women.

26 **SECTION 9H.6.(o)** Outreach and Application Assistance. – Beginning September
27 1, 2025, the Department shall (i) conduct outreach to encourage eligible applicants to apply for
28 grants under this program and (ii) provide application assistance to eligible applicants on best
29 practices for applying for grants under this program. In conducting the outreach required by this
30 section, the Department shall give special consideration to eligible applicants that meet the
31 following criteria:

- 32 (1) Are based in, and provide support for, communities with high rates of adverse
33 maternal health outcomes and significant racial and ethnic disparities in
34 maternal health outcomes.
35 (2) Are led by black women.
36 (3) Offer programs and resources that are aligned with evidence-based practices
37 for improving maternal health outcomes for black women.

38 **SECTION 9H.6.(p)** Perinatal Education Grant Awards. – In awarding grants under
39 this section, to the extent possible, the grant recipients shall reflect different areas of the State.
40 The Department shall not award a single grant for less than ten thousand dollars (\$10,000) or
41 more than fifty thousand dollars (\$50,000) per grant recipient.

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1 **SECTION 9H.6.(q)** Termination of Perinatal Education Grant Program. – The
2 Perinatal Education Grant Program authorized by subsection (n) of this section expires on June
3 30, 2027.

4 **SECTION 9H.6.(r)** Perinatal Education Grant Awards Report. – By October 1,
5 2028, the Department shall submit a report to the Joint Legislative Oversight Committee on
6 Health and Human Services and the Fiscal Research Division that includes at least all of the
7 following components:

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

17 **SECTION 9H.6.(s)** Appropriations to Implement the Perinatal Education Grant
18 Program. – Notwithstanding any provision of law or the Committee Report referenced in Section
19 45.2 of this act to the contrary, funds appropriated in this act from the General Fund to the
20 Department of Health and Human Services, Division of Public Health, are increased by the sum
21 of three million dollars (\$3,000,000) in nonrecurring funds for each year of the 2025-2027 fiscal
22 biennium to fund the Perinatal Education Grant Program authorized by subsection (n) of this
23 section. Each fiscal year, the Department of Health and Human Services may use up to five
24 percent (5%) of the funds allocated for this grant program for administrative purposes related to
25 establishment and administration of the Perinatal Education Grant Program.
26

27 **MOMNI-BUS INITIATIVE**

28 **SECTION 9H.6.(t)** Appropriations to Implement a Momni-Bus Initiative. –
29 Notwithstanding any provision of law or the Committee Report referenced in Section 45.2 of this
30 act to the contrary, funds appropriated in this act from the General Fund to the Department of
31 Health and Human Services, Division of Public Health, are increased by the sum of six million
32 five hundred thousand dollars (\$6,500,000) in nonrecurring funds for each year of the 2025-2027
33 fiscal biennium to create a Momni-Bus Initiative. The purpose of the Momni-Bus Initiative is to
34 fund efforts to expand access to maternal and infant health care and parenting programs, supports,
35 and services to families residing in geographic areas of the State where there is limited or no
36 access to maternity care services, including obstetric providers, a hospital or birth center, prenatal
37 care, or postpartum care. As part of this initiative, the Department shall allocate and use these
38 funds as follows:

- 39 (1) One million five hundred thousand dollars (\$1,500,000) shall be used to
40 provide a directed grant to the March of Dimes, Inc., a nonprofit corporation
41 in North Carolina, to support its work toward ending preventable maternal
42 health risks and deaths, ending preventable preterm birth and infant death, and
43 closing the health equity gap.

NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
Senate Bill 257

FAILED

AMENDMENT NO. **A22**
(to be filled in by
Principal Clerk)

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- 1 (2) Five million dollars (\$5,000,000) shall be used to award directed grants on a
2 competitive basis to nonprofit, community-based, and faith-based
3 organizations that offer programs, supports, and services aligned with
4 evidence-based practices for a healthy pregnancy through the postpartum
5 period, infant health and care, and parenting programs, supports, and services.
6 The DPH shall establish an application process and eligibility criteria for
7 awarding the grants authorized under this subdivision. By October 1, 2027,
8 and October 1, 2028, the DPH shall submit a report to the Joint Legislative
9 Oversight Committee on Health and Human Services and the Fiscal Research
10 Division on grants awarded under this subdivision. The report shall include at
11 least all of the following:
12 a. The identity and a brief description of the community health activities
13 performed by each grantee.
14 b. The amount of funding awarded to each grantee.
15 c. The number of persons served by each grantee."; and
16
17 by adjusting the appropriate totals accordingly.

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

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and vote information, is available in the
Senate Principal Clerk's Office**