

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025

**H.B. 1172**  
**Apr 30, 2026**  
**HOUSE PRINCIPAL CLERK**

H

D

**HOUSE BILL DRH40685-MGa-190**

Short Title: The Ciji Graham Act.

(Public)

Sponsors: Representative Johnson-Hostler.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO IMPROVE MATERNAL HEALTH OUTCOMES AND REDUCE MATERNAL HEALTH DISPARITIES IN NORTH CAROLINA THROUGH THE ESTABLISHMENT OF A HIGH-RISK PREGNANCY CARE NAVIGATION PROGRAM, A PREGNANCY CONSULTATION HOTLINE, A CENTRALIZED CLINICAL INFORMATION HUB FOR MANAGING HIGH-RISK PREGNANCIES, AND STANDARDIZED REFERRAL PATHWAYS FOR HIGH-RISK PREGNANCIES; AND TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, FOR THESE PURPOSES.

Whereas, the untimely death of Ciji Graham – a beloved mother, daughter, and friend – highlights the devastating intersection of medical risk, delayed treatment, and restrictive healthcare policies; and

Whereas, current policy created an unfortunate situation in which Ciji Graham's serious underlying illness, the hesitancy of physicians due to restrictive laws, and policy-driven delays prevented timely, coordinated care when minutes and days mattered; and

Whereas, maternal health outcomes in North Carolina remain a significant public health concern, particularly among Black women and rural populations; and

Whereas, there is an urgent need to bolster North Carolina's healthcare system to ensure access to timely and accurate information, resources, and care for high-risk pregnancies; Now, therefore,

The General Assembly of North Carolina enacts:

**PART I. TITLE**

**SECTION 1.1.** This act shall be known as "The Ciji Graham Act."

**PART II. HIGH-RISK PREGNANCY CARE NAVIGATION PROGRAM**

**SECTION 2.1.(a)** There is appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, the sum of two million three hundred thousand dollars (\$2,300,000) in recurring funds beginning in the 2026-2027 fiscal year to establish a uniform High-Risk Pregnancy Care Navigation Program (the program) in each of the six North Carolina Medicaid managed care regions to support the use of licensed nurses as care navigators to assist individuals experiencing high-risk pregnancies with accessing timely, equitable, and clinically appropriate care. These funds shall be allocated and used as follows:

- (1) One million three hundred thousand dollars (\$1,300,000) to establish 12 full-time, permanent Nurse Consultant positions within the Department of Health and Human Services, Division of Public Health, to be distributed



1 equally among the six North Carolina Medicaid managed care regions. Each  
2 Nurse Consultant position funded by this section shall be dedicated to  
3 performing the following duties within the program, either in person or  
4 through the use of telehealth services, defined as the use of two-way, real-time  
5 interactive audio and video where the nurse consultant and the pregnant  
6 patient can hear and see each other:

- 7 a. Assisting patients in understanding diagnoses associated with  
8 high-risk pregnancy conditions.
- 9 b. Coordinating timely referrals to appropriate providers, including (i)  
10 maternal-fetal medicine specialists and high-risk obstetricians, (ii)  
11 hospital systems equipped for high-risk labor and delivery, and (iii)  
12 providers offering pregnancy termination services, when clinically  
13 indicated and consistent with patient choice and State law.
- 14 c. Providing culturally competent, patient-centered guidance that  
15 respects patient autonomy and informed decision making.
- 16 d. Addressing barriers to care, including transportation, insurance  
17 enrollment, appointment scheduling, and continuity of care.

- 18 (2) One million dollars (\$1,000,000) to cover the cost of program administration  
19 and to purchase equipment, high-speed internet access, and any other  
20 infrastructure necessary to establish telehealth services. The Department of  
21 Health and Human Services, Division of Public Health, may use up to one  
22 percent (1%) of these funds for administrative purposes related to the  
23 program.

24 **SECTION 2.1.(b)** Annually by September 1, beginning September 1, 2028, the  
25 Department of Health and Human Services, Division of Public Health, shall report to the Joint  
26 Legislative Oversight Committee on Health and Human Services and the Fiscal Research  
27 Division on the establishment and operation of the High-Risk Pregnancy Care Navigation  
28 Program authorized and funded by subsection (a) of this section. The report shall include at least  
29 all of the following:

- 30 (1) An itemized list of program expenditures.
- 31 (2) A description of the care navigation services provided under the program,  
32 including the utilization frequency of these services.
- 33 (3) An evaluation of the timeliness of referrals provided under the program and  
34 the impact on patient access to care.
- 35 (4) An evaluation of the impact of the program on maternal and infant health  
36 outcomes associated with high-risk pregnancies.
- 37 (5) Any obstacles to effective program operation and recommendations for  
38 program improvement.

### 39 **PART III. PREGNANCY CONSULTATION HOTLINE**

40 **SECTION 3.1.(a)** There is appropriated from the General Fund to the Department  
41 of Health and Human Services, Division of Public Health, the sum of seven million seven  
42 hundred thousand dollars (\$7,700,000) in recurring funds beginning in the 2026-2027 fiscal year  
43 to establish a statewide hotline that provides free, real-time telephone consultation to healthcare  
44 providers serving pregnant patients and community-based organizations focused on caring for  
45 pregnant women. The hotline shall be staffed Monday through Friday from 8:00 A.M. to 5:00  
46 P.M. with qualified healthcare providers capable of doing all of the following:

- 47 (1) Providing rapid access to clinical guidance from qualified specialists,  
48 including maternal-fetal medicine specialists.
- 49 (2) Offering immediate case-specific clinical guidance.
- 50 (3) Supporting urgent and emergent decision making.
- 51

- 1 (4) Providing referrals to all of the following:  
2 a. North Carolina's Pregnancy Medical Home Program.  
3 b. Maternal health services.  
4 c. Nutritional assistance programs, including the Women, Infants, and  
5 Children (WIC) Program and the Food and Nutrition Services  
6 Program.  
7 d. Community-based organizations that can serve as a resource to both  
8 healthcare providers and pregnant patients.

9 **SECTION 3.1.(b)** No later than September 1, 2027, and September 1, 2028, the  
10 Department of Health and Human Services, Division of Public Health, shall submit to the Joint  
11 Legislative Oversight Committee on Health and Human Services and the Fiscal Research  
12 Division the following information regarding the hotline established pursuant to subsection (a)  
13 of this section:

- 14 (1) The number of consultations provided over the previous fiscal year.  
15 (2) The geographic regions of the State utilizing the services offered by the  
16 hotline.  
17 (3) The percentage of hotline consultations that resulted in referral to a  
18 maternal-fetal medicine specialist.  
19 (4) The estimated number of avoided emergency department visits resulting from  
20 the services provided through the hotline.  
21 (5) Any other information the Department of Health and Human Services,  
22 Division of Public Health, deems relevant to successful operation of the  
23 hotline.  
24

#### 25 **PART IV. CENTRALIZED CLINICAL INFORMATION HUB FOR MANAGING** 26 **HIGH-RISK PREGNANCIES**

27 **SECTION 4.1.** The Department of Health and Human Services shall develop and  
28 maintain a centralized, evidence-based digital information hub for clinicians managing patients  
29 with high-risk pregnancies that includes all of the following:

- 30 (1) Up-to-date clinical guidelines for managing high-risk pregnancy conditions.  
31 (2) A real-time, regionally organized directory of:  
32 a. Maternal-fetal medicine specialists.  
33 b. High-risk obstetric providers.  
34 c. Facilities equipped for complex pregnancy care.  
35 d. Providers of abortion care services, to the extent permitted by State  
36 law.  
37 (3) Standardized referral protocols to support timely and appropriate care  
38 transitions.  
39 (4) Decision-support tools to assist clinicians in counseling and referral for  
40 patients with complex or life-threatening conditions during pregnancy.  
41

#### 42 **PART V. STANDARDIZED REFERRAL PATHWAYS FOR HIGH-RISK** 43 **PREGNANCIES**

44 **SECTION 5.1.** The Department of Health and Human Services, in consultation with  
45 relevant stakeholders, shall establish uniform referral pathways to ensure that patients diagnosed  
46 with high-risk pregnancy conditions are offered either of the following:

- 47 (1) For those seeking to continue their pregnancies, immediate referral to  
48 appropriate high-risk obstetric or maternal-fetal medicine care.  
49 (2) For those electing not to continue their pregnancies or when termination of  
50 pregnancy is medically indicated, timely referral to qualified providers for  
51 pregnancy termination services to the extent permitted by State law.

1

2 **PART VI. EFFECTIVE DATE**

3 **SECTION 6.1.** This act becomes effective July 1, 2026.