To amend titles XIX and XXI of the Social Security Act to improve Medicaid and the Children’s Health Insurance Program for low-income mothers.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 25, 2018

Mr. Booker (for himself, Mrs. Gillibrand, Ms. Baldwin, Mr. Cardin, Mr. Blumenthal, and Ms. Harris) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend titles XIX and XXI of the Social Security Act to improve Medicaid and the Children’s Health Insurance Program for low-income mothers.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.
This Act may be cited as the “Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act”, or the “MOMMIES Act”.

SEC. 2. ENHANCING MEDICAID AND CHIP BENEFITS FOR LOW-INCOME PREGNANT WOMEN.

(a) MEDICAID.—
(1) **State requirement to extend eligibility for medical assistance for low-income pregnant women.**—

(A) In general.—Section 1902(l)(1)(A) of the Social Security Act (42 U.S.C. 1396a(l)(1)(A)) is amended by striking “60-day period” and inserting “365-day period”.

(B) Conforming amendments.—

   (i) Section 1902(e)(6) of the Social Security Act (42 U.S.C. 1396a(e)(6)) is amended by striking “60-day period” and inserting “365-day period”.

   (ii) Section 1903(v)(4)(A)(i) of the Social Security Act (42 U.S.C. 1396b(v)(4)(A)(i)) is amended by striking “60-day period” and inserting “365-day period”.

(2) **No restriction on types of medical assistance available to low-income pregnant women.**—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G) by striking “(VII) the medical assistance” and all that follows through “complicate pregnancy,”.
(3) Extension of postpartum eligibility for pregnant women.—Section 1902(e)(5) of the Social Security Act (42 U.S.C. 1396a(e)(5)) is amended by striking “60-day period” and inserting “365-day period”.

(b) CHIP.—Section 2112 of the Social Security Act (42 U.S.C. 1397ll) is amended by striking “60-day period” each place it appears and inserting “365-day period”.

(c) Maintenance of Effort.—

(1) Medicaid.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(A) in paragraph (74), by striking “subsection (gg); and” and inserting “subsections (gg) and (nn);”; and

(B) by adding at the end the following new subsection:

“(nn) Maintenance of Effort Related to Low-Income Pregnant Women.—For calendar quarters beginning on or after the date of enactment of this subsection, and before January 1, 2023, no Federal payment shall be made to a State under section 1903(a) for amounts expended under a State plan under this title or a waiver of such plan if the State—
“(1) has in effect under such plan eligibility standards, methodologies, or procedures (including any enrollment cap or other numerical limitation on enrollment, any waiting list, any procedures designed to delay the consideration of applications for enrollment, or similar limitation with respect to enrollment) for individuals described in subsection (l)(1) who are eligible for medical assistance under the State plan or waiver under subsection (a)(10)(A)(ii)(IX) that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, for such individuals under such plan or waiver that are in effect on the date of the enactment of the Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act; or

“(2) provides medical assistance to individuals described in subsection (l)(1) who are eligible for medical assistance under such plan or waiver under subsection (a)(10)(A)(ii)(IX) at a level that is less than the level at which the State provides such assistance to such individuals under such plan or waiver on the date of the enactment of the Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act.”
CHIP.—Section 2112 of the Social Security Act (42 U.S.C. 1397ll), as amended by subsection (b), is further amended by adding at the end the following subsection:

“(g) MAINTENANCE OF EFFORT.—For calendar quarters beginning on or after January 1, 2020, and before January 1, 2023, no payment may be made under section 2105(a) with respect to a State child health plan if the State—

“(1) has in effect under such plan eligibility standards, methodologies, or procedures (including any enrollment cap or other numerical limitation on enrollment, any waiting list, any procedures designed to delay the consideration of applications for enrollment, or similar limitation with respect to enrollment) for targeted low-income pregnant women that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under such plan that are in effect on the date of the enactment of the Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act; or

“(2) provides pregnancy-related assistance to targeted low-income pregnant women under such plan at a level that is less than the level at which...
the State provides such assistance to such women
under such plan on the date of the enactment of the
Maximizing Outcomes for Moms through Medicaid
Improvement and Enhancement of Services Act.”.

(d) ENHANCED FMAP.—Section 1905 of the Social
Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (b), by striking “and (aa)”
and inserting “(aa), and (ee)”; and

(2) by adding at the end the following:

“(ee) INCREASED FMAP FOR ADDITIONAL EXPEND-
ITURES FOR LOW-INCOME PREGNANT WOMEN.—For cal-
endar quarters beginning on or after January 1, 2020,
notwithstanding subsection (b), the Federal medical as-
sistance percentage for a State, with respect to the addi-
tional amounts expended by such State for medical assis-
tance under the State plan under this title or a waiver of
such plan that are attributable to requirements imposed
by the amendments made by the Maximizing Outcomes
for Moms through Medicaid Improvement and Enhance-
ment of Services Act (as determined by the Secretary),
shall be equal to 100 percent.”.

(e) GAO STUDY AND REPORT.—

(1) IN GENERAL.—Not later than 1 year after
the date of the enactment of this Act, the Comp-
troller General of the United States shall submit to Congress a report on the gaps in coverage for—

(A) pregnant women under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the Children’s Health Insurance Program under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.); and

(B) postpartum women under the Medicaid program and the Children’s Health Insurance Program who received assistance under either such program during their pregnancy.

(2) CONTENT OF REPORT.—The report required under this subsection shall include the following:

(A) Information about the abilities and successes of State Medicaid agencies in determining whether pregnant and postpartum women are eligible under another insurance affordability program, and in transitioning any such women who are so eligible to coverage under such a program, pursuant to section 435.1200 of the title 42, Code of Federal Regulations (as in effect on September 1, 2018).
(B) Information on factors contributing to gaps in coverage that disproportionately impact underserved populations, including low-income women, women of color, women who reside in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))) or who are members of a medically underserved population (as defined by section 330(b)(3) of such Act (42 U.S.C. 254b(b)(3)(A))).

(C) Recommendations for addressing and reducing such gaps in coverage.

(D) Such other information as the Comptroller General deems necessary.

(f) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall take effect January 1, 2020.

SEC. 3. MATERNITY CARE HOME DEMONSTRATION PROJECT.

Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting the following new section after section 1943:

“MATERNITY CARE HOME DEMONSTRATION PROJECT

“Sec. 1944. (a) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary shall establish a demonstration project (in this section referred to as the ‘demonstration project’) under
which the Secretary shall provide grants to States to enter
into arrangements with eligible entities to implement or
expand a maternity care home model for eligible individ-
uals.

“(b) DEFINITIONS.—In this section:

“(1) ELIGIBLE ENTITY.—The term ‘eligible en-
tity’ means an entity or organization that provides
medically accurate, comprehensive maternity services
to individuals who are eligible for medical assistance
under a State plan under this title or a waiver of
such a plan, and may include:

“(A) A freestanding birth center.

“(B) An entity or organization receiving
assistance under section 330 of the Public
Health Service Act.

“(C) A federally qualified health center.

“(D) A rural health clinic.

“(E) A health facility operated by an In-
dian tribe or tribal organization (as those terms
are defined in section 4 of the Indian Health
Care Improvement Act).

“(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
individual’ means a pregnant woman or a formerly
pregnant woman during the 365-day period begin-
ning on the last day of her pregnancy who is—
“(A) enrolled in a State plan under this title, a waiver of such a plan, or a State child health plan under title XXI; and

“(B) a patient of an eligible entity which has entered into an arrangement with a State under subsection (g).

“(c) GOALS OF DEMONSTRATION PROJECT.—The goals of the demonstration project are the following:

“(1) To improve—

“(A) maternity and infant care outcomes;

“(B) communication by maternity, infant care, and social services providers;

“(C) care coordination between maternity, infant care, and social services providers within the community;

“(D) the quality and safety of maternity and infant care;

“(E) the experience of women receiving maternity care, including by increasing the ability of a woman to develop and follow her own birthing plan; and

“(F) access to adequate prenatal and postpartum care, including—

“(i) prenatal care that is initiated in a timely manner;
“(ii) not less than 2 post-pregnancy visits to a maternity care provider; and
“(iii) interpregnancy care.
“(2) To provide coordinated, evidence-based maternity care management.
“(3) To decrease—
“(A) severe maternal morbidity and maternal mortality;
“(B) overall health care spending;
“(C) unnecessary emergency department visits;
“(D) disparities in maternal and infant care outcomes, including racial, economic, and geographical disparities;
“(E) the rate of cesarean deliveries for low-risk pregnancies;
“(F) the rate of preterm births and infants born with low birth weight; and
“(G) the rate of avoidable maternal and newborn hospitalizations and admissions to intensive care units.
“(d) CONSULTATION.—In designing and implementing the demonstration project the Secretary shall consult with stakeholders, including—
“(1) States;
“(2) organizations representing relevant health
care professionals;

“(3) organizations representing consumers, in-
cluding consumers that are disproportionately im-
pacted by poor maternal health outcomes;

“(4) representatives with experience imple-
menting other maternity care home models, includ-
ings representatives from the Center for Medicare
and Medicaid Innovation; and

“(5) community-based health care professionals
and other stakeholders.

“(e) APPLICATION AND SELECTION OF STATES.—

“(1) IN GENERAL.—A State seeking to partici-
pate in the demonstration project shall submit an
application to the Secretary at such time and in
such manner as the Secretary shall require.

“(2) SELECTION OF STATES.—

“(A) IN GENERAL.—The Secretary may se-
lect 15 States to participate in the demostra-
tion project.

“(B) SELECTION REQUIREMENTS.—In se-
lecting States to participate in the demostra-
tion project, the Secretary shall—
“(i) ensure that there is geographic
diversity in the areas in which activities
will be carried out under the project; and
“(ii) ensure that States with signifi-
cant disparities in maternal health out-
comes, including disparities based on race,
income, and access to maternity care, are
included.
“(f) GRANTS.—
“(1) IN GENERAL.—From amounts appro-
riated under subsection (l), the Secretary shall
award 1 grant for each year of the demonstration
project to each State that is selected to participate
in the demonstration project.
“(2) USE OF GRANT FUNDS.—A State may use
funds received under this section to—
“(A) award grants or make payments to
eligible entities as part of an arrangement de-
scribed in subsection (g)(2);
“(B) provide financial incentives to health
care professionals, including community health
workers, who participate in the State’s mater-
ity care home model;
“(C) provide training for health care pro-
fessionals, including community health workers,
who participate in the State’s maternity care home model, which may include training for cultural competency, racial bias, and health equity, particularly in regards to maternal health;

“(D) pay for personnel and administrative expenses associated with designing, implementing, and operating the State’s maternity care home model;

“(E) pay for items and services that are furnished under the State’s maternity care home model and for which payment is otherwise unavailable under this title; and

“(F) pay for other costs related to the State’s maternity care home model, as determined by the Secretary.

“(3) Grant for National Independent Evaluator.—

“(A) In General.—From the amounts appropriated under subsection (l), prior to awarding any grants under paragraph (1), the Secretary shall enter into a contract with a national external entity to create a single, uniform process to—
“(i) ensure that States that receive
grants under paragraph (1) comply with
the requirements of this section; and
“(ii) evaluate the outcomes of the
demonstration project in each participating
State.
“(B) ANNUAL REPORT.—The contract de-
dscribed in subparagraph (A) shall require the
national external entity to submit to the Sec-
retary—
“(i) a yearly evaluation report for
each year of the demonstration project;
and
“(ii) a final impact report after the
demonstration project has concluded.
“(C) SECRETARY’S AUTHORITY.—Nothing
in this paragraph shall prevent the Secretary
from making a determination that a State is
not in compliance with the requirements of this
section without the national external entity
making such a determination.
“(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—
“(1) IN GENERAL.—As a condition of receiving
a grant under this section, a State shall enter into
an arrangement with one or more eligible entities that meets the requirements of paragraph (2).

“(2) ARRANGEMENTS WITH ELIGIBLE ENTITIES.—Under an arrangement between a State and an eligible entity under this subsection, the eligible entity shall perform the following functions, with respect to eligible individuals enrolled with the entity under the State’s maternity care home model—

“(A) provide culturally competent care, which may include prenatal care, family planning services, medical care, mental and behavioral care, and oral health care to such eligible individuals through a team of health care professionals, which may include obstetrician-gynecologists, maternal-fetal medicine specialists, family physicians, primary care providers, physician assistants, advanced practice registered nurses such as nurse practitioners and certified nurse midwives, certified midwives, social workers, doulas, lactation consultants, childbirth educators, community health workers, and other health care professionals;

“(B) conduct a risk assessment of each such eligible individual to determine if her pregnancy is high or low risk, and establish a tai-
lored pregnancy care plan, which takes into consideration the individual’s own pregnancy care and birthing plans, for each such eligible individual based on the results of such risk assessment;

“(C) assign each such eligible individual to a care coordinator, which may be a nurse, social worker, doula, community health worker, or other health care provider, who is responsible for ensuring that such eligible individual receives the necessary medical care and connections to essential support services;

“(D) provide, or arrange for the provision of, essential support services, such as services that address—

“(i) nutrition and exercise;
“(ii) smoking cessation;
“(iii) substance use disorder and addiction treatment;
“(iv) anxiety, depression, and other mental and behavioral health issues;
“(v) breast feeding;
“(vi) housing;
“(vii) transportation;
“(viii) intimate partner violence;
“(ix) home visiting services;
“(x) childbirth education;
“(xi) continuous labor support; and
“(xii) group prenatal care.
“(E) as appropriate, facilitate connections to a usual primary care provider, which may be a women’s health provider;
“(F) refer to guidelines and opinions of medical associations when determining whether an elective delivery should be performed on an eligible individual before 39 weeks of gestation;
“(G) provide such eligible individuals with evidence-based education and resources to identify potential warning signs of postpartum complications and when and how to obtain medical attention;
“(H) provide eligible individuals with postpartum health services, including family planning services;
“(I) track and report birth outcomes of such eligible individuals and their children; and
“(J) ensure that care is patient-led, including by engaging eligible individuals in their own care, including through communication and education.
“(h) Term of Demonstration Project.—The Secretary shall conduct the demonstration project for a period of 5 years.

“(i) Waiver Authority.—To the extent that the Secretary determines necessary in order to carry out the demonstration project, the Secretary may waive section 1902(a)(1) (relating to statewideness) and section 1902(a)(10)(B) (relating to comparability).

“(j) Technical Assistance.—The Secretary shall establish a process to provide technical assistance to States that are awarded grants under this section and to eligible entities and other providers participating in a State maternity care home model funded by such a grant.

“(k) Report.—

“(1) In General.—Not later than 18 months after the date of the enactment of this section and annually thereafter for each year of the demonstration project term, the Secretary shall submit a report to Congress on the results of the demonstration project.

“(2) Final Report.—As part of the final report required under paragraph (1), the Secretary shall include—
“(A) the results of the final report of the national external entity required under sub-
section (f)(3)(B)(ii); and

“(B) recommendations on whether the model studied in the demonstration project should be continued or more widely adopted, in-
cluding by private health plans.

“(l) Authorization of Appropriations.—There are authorized to be appropriated to the Secretary, for each of fiscal years 2019 through 2026, such sums as may be necessary to carry out this section.”.

SEC. 4. REAPPLICATION OF MEDICARE PAYMENT RATE FLOOR TO PRIMARY CARE SERVICES FUR-
NISHED UNDER MEDICAID AND INCLUSION OF ADDITIONAL PROVIDERS.

(a) Reapplication of Payment Floor; Additional Providers.—

(1) In general.—Section 1902(a)(13) of the Social Security Act (42 U.S.C. 1396a(a)(13)) is amended—

(A) in subparagraph (B), by striking “; and” and inserting a semicolon;

(B) in subparagraph (C), by striking the semicolon and inserting “; and”; and
(C) by adding at the end the following new
subparagraph:

“(D) payment for primary care services (as
defined in subsection (jj)(1)) furnished in the
period that begins on the first day of the first
month that begins after the date of enactment
of the Maximizing Outcomes for Moms through
Medicaid Improvement and Enhancement of
Services Act by a provider described in sub-
section (jj)(2)—

“(i) at a rate that is not less than 100
percent of the payment rate that applies to
such services and the provider of such
services under part B of title XVIII (or, if
greater, the payment rate that would be
applicable under such part if the conver-
sion factor under section 1848(d) for the
year were the conversion factor under such
section for 2009);

“(ii) in the case of items and services
that are not items and services provided
under such part, at a rate to be established
by the Secretary; and

“(iii) in the case of items and services
that are furnished in rural areas (as de-
fined in section 1886(d)(2)(D)), health professional shortage areas (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))), or medically underserved areas (according to a designation under section 330(b)(3)(A) of the Public Health Service Act (42 U.S.C. 254b(b)(3)(A))), at the rate otherwise applicable to such items or services under clause (i) or (ii) increased, at the Secretary’s discretion, by not more than 25 percent;”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(13)(C) of the Social Security Act (42 U.S.C. 1396a(a)(13)(C)) is amended by striking “subsection (jj)” and inserting “subsection (jj)(1)”.

(B) Section 1905(dd) of the Social Security Act (42 U.S.C. 1396d(dd)) is amended—

(i) by striking “Notwithstanding” and inserting the following:

“(1) IN GENERAL.—Notwithstanding;”;

(ii) by striking “section 1902(a)(13)(C)” and inserting “subparagraph (C) of section 1902(a)(13)”;
(iii) by inserting “or for services described in subparagraph (D) of section 1902(a)(13) furnished during an additional period specified in paragraph (2),” after “2015,”;

(iv) by striking “under such section” and inserting “under subparagraph (C) or (D) of section 1902(a)(13), as applicable”;

and

(v) by adding at the end the following:

“(2) ADDITIONAL PERIODS.—For purposes of paragraph (1), the following are additional periods:

“(A) The period that begins on the first day of the first month that begins after the date of enactment of the Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act.”.

(b) IMPROVED TARGETING OF PRIMARY CARE.—Section 1902(jj) of the Social Security Act (42 U.S.C. 1396a(jj)) is amended—

(1) by redesignating paragraphs (1) and (2) as clauses (i) and (ii), respectively and realigning the left margins accordingly;

(2) by striking “For purposes of subsection (a)(13)(C)” and inserting the following:
“(1) IN GENERAL.—

“(A) DEFINITION.—For purposes of subparagraphs (C) and (D) of subsection (a)(13)”; and

(3) by inserting after clause (ii) (as so redesignated) the following:

“(B) EXCLUSIONS.—Such term does not include any services described in subparagraph (A) or (B) of paragraph (1) if such services are provided in an emergency department of a hospital.

“(2) ADDITIONAL PROVIDERS.—For purposes of subparagraph (D) of subsection (a)(13), a provider described in this paragraph is any of the following:

“(A) A physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine, or obstetrics and gynecology.

“(B) An advanced practice clinician, as defined by the Secretary, that works under the supervision of—

“(i) a physician that satisfies the criteria specified in subparagraph (A);
“(ii) a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law; or

“(iii) or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law.

“(C) A rural health clinic, Federally-qualified health center, or other health clinic that receives reimbursement on a fee schedule applicable to a physician.

“(D) An advanced practice clinician supervised by a physician described in subparagraph (A), another advanced practice clinician, or a certified nurse-midwife.”.

(e) Ensuring Payment by Managed Care Entities.—

(1) In general.—Section 1903(m)(2)(A) of the Social Security Act (42 U.S.C. 1396b(m)(2)(A)) is amended—

(A) in clause (xii), by striking “and” after the semicolon;

(B) by realigning the left margin of clause (xiii) so as to align with the left margin of
clause (xii) and by striking the period at the end of clause (xiii) and inserting “; and”; and

    (C) by inserting after clause (xiii) the following:

    “(xiv) such contract provides that (I) payments to providers specified in section 1902(a)(13)(D) for primary care services defined in section 1902(jj) that are furnished during a year or period specified in section 1902(a)(13)(D) and section 1905(dd) are at least equal to the amounts set forth and required by the Secretary by regulation, (II) the entity shall, upon request, provide documentation to the State, sufficient to enable the State and the Secretary to ensure compliance with subclause (I), and (III) the Secretary shall approve payments described in subclause (I) that are furnished through an agreed upon capitation, partial capitation, or other value-based payment arrangement if the capitation, partial capitation, or other value-based payment arrangement is based on a reasonable methodology and the entity provides documentation to the State sufficient to enable the State and the Secretary to ensure compliance with subclause (I).”.
(2) CONFORMING AMENDMENT.—Section 1932(f) of the Social Security Act (42 U.S.C. 1396u–2(f)) is amended—

(A) by striking “section 1902(a)(13)(C)” and inserting “subsections (C) and (D) of section 1902(a)(13)”;

and

(B) by inserting “and clause (xiv) of section 1903(m)(2)(A)” before the period.

SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREASING ACCESS TO DOULA CARE FOR MEDICAID BENEFICIARIES.

(a) MACPAC REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission (referred to in this section as “MACPAC”) shall publish a report on the coverage of doula care under State Medicaid programs, which shall at a minimum include the following:

(A) Information about coverage for doula care under State Medicaid programs that currently provide coverage for such care, including the type of doula care offered (such as prenatal, labor and delivery, and postpartum care).
(B) An analysis of barriers to covering
doula care under State Medicaid programs.

(C) An identification of effective strategies
to increase the use of doula care in order to
provide better care and achieve better maternal
and infant health outcomes.

(D) Recommendations for legislative and
administrative actions to increase access to
doula care in State Medicaid programs.

(2) Stakeholder Consultation.—In develop-
oping the report required under paragraph (1),
MACPAC shall consult with relevant stakeholders,
including—

(A) States;

(B) organizations representing consumers,
including those that are disproportionately im-
pacted by poor maternal health outcomes;

(C) organizations and individuals rep-
resenting doula care providers, including those
who serve underserved communities; and

(D) organizations representing health care
providers.

(b) CMS Guidance.—

(1) In General.—Not later than 1 year after
the date that MACPAC publishes the report re-
quired under subsection (a)(1), the Administrator of the Centers for Medicare & Medicaid Services shall issue guidance to States on increasing access to doula care under Medicaid. Such guidance shall at a minimum include—

(A) options for States to provide medical assistance for doula care services under State Medicaid programs;

(B) best practices for ensuring that doulas receive reimbursement for doula care services provided under a State Medicaid program, which may include allowing organizations such as doula collectives to receive reimbursement directly for doula care services provided under the State Medicaid program; and

(C) best practices for increasing access to doula care services under State Medicaid programs.

(2) Stakeholder Consultation.—In developing the guidance required under paragraph (1), the Administrator of the Centers for Medicare & Medicaid Services shall consult with MACPAC and other relevant stakeholders, including—

(A) State Medicaid officials;
(B) organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;

(C) organizations representing doula care providers, including those who serve underserved communities; and

(D) organizations representing health care professionals.

SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS’ USE OF TELEMEDICINE TO INCREASE ACCESS TO MATERNITY CARE.

Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit a report to Congress on State Medicaid programs’ use of telemedicine to increase access to maternity care. Such report shall include the following:

(1) The number of State Medicaid programs that utilize telemedicine to increase access to maternity care.

(2) With respect to State Medicaid programs that utilize telemedicine to increase access to maternity care, information about—

(A) common characteristics of such programs’ approaches to utilizing telemedicine to increase access to maternity care; and
(B) what is known about—

(i) the demographic characteristics of the individuals enrolled in such programs who use telemedicine to access maternity care;

(ii) health outcomes for such individuals as compared to individuals with similar characteristics who did not use telemedicine to access maternity care;

(iii) the services provided to individuals through telemedicine, including family planning services;

(iv) the quality of maternity care provided through telemedicine, including whether maternity care provided through telemedicine is culturally competent;

(v) the level of patient satisfaction with maternity care provided through telemedicine to individuals enrolled in State Medicaid programs; and

(vi) the impact of utilizing telemedicine to increase access to maternity care on spending, cost savings, access to care, and utilization of care under State Medicaid programs.
(3) An identification and analysis of the barriers to using telemedicine to increase access to maternity care under State Medicaid programs.

(4) Recommendations for such legislative and administrative actions related to increasing access to telemedicine maternity services under Medicaid as the Comptroller General deems appropriate.