

115TH CONGRESS  
2D SESSION

# S. 3494

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.

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## 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

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## 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.

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 “Maximizing Outcomes  
5       for Moms through Medicaid Improvement and Enhance-  
6       ment of Services Act”, or the “MOMMIES Act”.

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

9       (a) MEDICAID.—

1           (1) STATE REQUIREMENT TO EXTEND ELIGI-  
2           BILITY FOR MEDICAL ASSISTANCE FOR LOW-INCOME  
3           PREGNANT WOMEN.—

4                   (A) IN GENERAL.—Section 1902(l)(1)(A)  
5           of the Social Security Act (42 U.S.C.  
6           1396a(l)(1)(A)) is amended by striking “60-day  
7           period” and inserting “365-day period”.

8                   (B) CONFORMING AMENDMENTS.—

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

13                           (ii) Section 1903(v)(4)(A)(i) of the  
14           Social Security Act (42 U.S.C.  
15           1396b(v)(4)(A)(i)) is amended by striking  
16           “60-day period” and inserting “365-day  
17           period”.

18           (2) NO RESTRICTION ON TYPES OF MEDICAL  
19           ASSISTANCE AVAILABLE TO LOW-INCOME PREGNANT  
20           WOMEN.—Section 1902(a)(10) of the Social Security  
21           Act (42 U.S.C. 1396a(a)(10)) is amended in the  
22           matter following subparagraph (G) by striking  
23           “(VII) the medical assistance” and all that follows  
24           through “complicate pregnancy,”.

1           (3) EXTENSION OF POSTPARTUM ELIGIBILITY  
 2           FOR PREGNANT WOMEN.—Section 1902(e)(5) of the  
 3           Social Security Act (42 U.S.C. 1396a(e)(5)) is  
 4           amended by striking “60-day period” and inserting  
 5           “365-day period”.

6           (b) CHIP.—Section 2112 of the Social Security Act  
 7           (42 U.S.C. 1397ll) is amended by striking “60-day pe-  
 8           riod” each place it appears and inserting “365-day pe-  
 9           riod”.

10          (c) MAINTENANCE OF EFFORT.—

11           (1) MEDICAID.—Section 1902 of the Social Se-  
 12          curity Act (42 U.S.C. 1396a) is amended—

13                   (A) in paragraph (74), by striking “sub-  
 14                   section (gg); and” and inserting “subsections  
 15                   (gg) and (nn);”; and

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

18          “(nn) MAINTENANCE OF EFFORT RELATED TO LOW-  
 19          INCOME PREGNANT WOMEN.—For calendar quarters be-  
 20          ginning on or after the date of enactment of this sub-  
 21          section, and before January 1, 2023, no Federal payment  
 22          shall be made to a State under section 1903(a) for  
 23          amounts expended under a State plan under this title or  
 24          a waiver of such plan if the State—

1           “(1) has in effect under such plan eligibility  
2 standards, methodologies, or procedures (including  
3 any enrollment cap or other numerical limitation on  
4 enrollment, any waiting list, any procedures designed  
5 to delay the consideration of applications for enroll-  
6 ment, or similar limitation with respect to enroll-  
7 ment) for individuals described in subsection (l)(1)  
8 who are eligible for medical assistance under the  
9 State plan or waiver under subsection  
10 (a)(10)(A)(ii)(IX) that are more restrictive than the  
11 eligibility standards, methodologies, or procedures,  
12 respectively, for such individuals under such plan or  
13 waiver that are in effect on the date of the enact-  
14 ment of the Maximizing Outcomes for Moms  
15 through Medicaid Improvement and Enhancement of  
16 Services Act; or

17           “(2) provides medical assistance to individuals  
18 described in subsection (l)(1) who are eligible for  
19 medical assistance under such plan or waiver under  
20 subsection (a)(10)(A)(ii)(IX) at a level that is less  
21 than the level at which the State provides such as-  
22 sistance to such individuals under such plan or waiv-  
23 er on the date of the enactment of the Maximizing  
24 Outcomes for Moms through Medicaid Improvement  
25 and Enhancement of Services Act.”.

1           (2) CHIP.—Section 2112 of the Social Security  
2       Act (42 U.S.C. 1397ll), as amended by subsection  
3       (b), is further amended by adding at the end the fol-  
4       lowing subsection:

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

10           “(1) has in effect under such plan eligibility  
11       standards, methodologies, or procedures (including  
12       any enrollment cap or other numerical limitation on  
13       enrollment, any waiting list, any procedures designed  
14       to delay the consideration of applications for enroll-  
15       ment, or similar limitation with respect to enroll-  
16       ment) for targeted low-income pregnant women that  
17       are more restrictive than the eligibility standards,  
18       methodologies, or procedures, respectively, under  
19       such plan that are in effect on the date of the enact-  
20       ment of the Maximizing Outcomes for Moms  
21       through Medicaid Improvement and Enhancement of  
22       Services Act; or

23           “(2) provides pregnancy-related assistance to  
24       targeted low-income pregnant women under such  
25       plan at a level that is less than the level at which

1 the State provides such assistance to such women  
2 under such plan on the date of the enactment of the  
3 Maximizing Outcomes for Moms through Medicaid  
4 Improvement and Enhancement of Services Act.”.

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

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

9 (2) by adding at the end the following:

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

22 (e) GAO STUDY AND REPORT.—

23 (1) IN GENERAL.—Not later than 1 year after  
24 the date of the enactment of this Act, the Comp-

1 troller General of the United States shall submit to  
2 Congress a report on the gaps in coverage for—

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

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

13 (2) CONTENT OF REPORT.—The report re-  
14 quired under this subsection shall include the fol-  
15 lowing:

16 (A) Information about the abilities and  
17 successes of State Medicaid agencies in deter-  
18 mining whether pregnant and postpartum  
19 women are eligible under another insurance af-  
20 fordability program, and in transitioning any  
21 such women who are so eligible to coverage  
22 under such a program, pursuant to section  
23 435.1200 of the title 42, Code of Federal Regu-  
24 lations (as in effect on September 1, 2018).

1 (B) Information on factors contributing to  
 2 gaps in coverage that disproportionately impact  
 3 underserved populations, including low-income  
 4 women, women of color, women who reside in a  
 5 health professional shortage area (as defined in  
 6 section 332(a)(1)(A) of the Public Health Serv-  
 7 ice Act (42 U.S.C. 254e(a)(1)(A))) or who are  
 8 members of a medically underserved population  
 9 (as defined by section 330(b)(3) of such Act  
 10 (42 U.S.C. 254b(b)(3)(A))).

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

13 (D) Such other information as the Comp-  
 14 troller General deems necessary.

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

17 **SEC. 3. MATERNITY CARE HOME DEMONSTRATION**  
 18 **PROJECT.**

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

22 “MATERNITY CARE HOME DEMONSTRATION PROJECT

23 “SEC. 1944. (a) IN GENERAL.—Not later than 1 year  
 24 after the date of the enactment of this section, the Sec-  
 25 retary shall establish a demonstration project (in this sec-  
 26 tion referred to as the ‘demonstration project’) under

1 which the Secretary shall provide grants to States to enter  
 2 into arrangements with eligible entities to implement or  
 3 expand a maternity care home model for eligible individ-  
 4 uals.

5 “(b) DEFINITIONS.—In this section:

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

12 “(A) A freestanding birth center.

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

16 “(C) A federally qualified health center.

17 “(D) A rural health clinic.

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

22 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible  
 23 individual’ means a pregnant woman or a formerly  
 24 pregnant woman during the 365-day period begin-  
 25 ning on the last day of her pregnancy who is—

1           “(A) enrolled in a State plan under this  
2 title, a waiver of such a plan, or a State child  
3 health plan under title XXI; and

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

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

9           “(1) To improve—

10           “(A) maternity and infant care outcomes;

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

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

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

18           “(E) the experience of women receiving  
19 maternity care, including by increasing the abil-  
20 ity of a woman to develop and follow her own  
21 birthing plan; and

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

24           “(i) prenatal care that is initiated in  
25 a timely manner;

1 “(ii) not less than 2 post-pregnancy  
2 visits to a maternity care provider; and

3 “(iii) interpregnancy care.

4 “(2) To provide coordinated, evidence-based  
5 maternity care management.

6 “(3) To decrease—

7 “(A) severe maternal morbidity and mater-  
8 nal mortality;

9 “(B) overall health care spending;

10 “(C) unnecessary emergency department  
11 visits;

12 “(D) disparities in maternal and infant  
13 care outcomes, including racial, economic, and  
14 geographical disparities;

15 “(E) the rate of cesarean deliveries for  
16 low-risk pregnancies;

17 “(F) the rate of preterm births and infants  
18 born with low birth weight; and

19 “(G) the rate of avoidable maternal and  
20 newborn hospitalizations and admissions to in-  
21 tensive care units.

22 “(d) CONSULTATION.—In designing and imple-  
23 menting the demonstration project the Secretary shall  
24 consult with stakeholders, including—

25 “(1) States;

1           “(2) organizations representing relevant health  
2       care professionals;

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

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

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

12       “(e) APPLICATION AND SELECTION OF STATES.—

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

17           “(2) SELECTION OF STATES.—

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

21           “(B) SELECTION REQUIREMENTS.—In se-  
22       lecting States to participate in the demonstra-  
23       tion project, the Secretary shall—

1 “(i) ensure that there is geographic  
 2 diversity in the areas in which activities  
 3 will be carried out under the project; and

4 “(ii) ensure that States with signifi-  
 5 cant disparities in maternal health out-  
 6 comes, including disparities based on race,  
 7 income, and access to maternity care, are  
 8 included.

9 “(f) GRANTS.—

10 “(1) IN GENERAL.—From amounts appro-  
 11 priated under subsection (l), the Secretary shall  
 12 award 1 grant for each year of the demonstration  
 13 project to each State that is selected to participate  
 14 in the demonstration project.

15 “(2) USE OF GRANT FUNDS.—A State may use  
 16 funds received under this section to—

17 “(A) award grants or make payments to  
 18 eligible entities as part of an arrangement de-  
 19 scribed in subsection (g)(2);

20 “(B) provide financial incentives to health  
 21 care professionals, including community health  
 22 workers, who participate in the State’s mater-  
 23 nity care home model;

24 “(C) provide training for health care pro-  
 25 fessionals, including community health workers,

1 who participate in the State’s maternity care  
 2 home model, which may include training for  
 3 cultural competency, racial bias, and health eq-  
 4 uity, particularly in regards to maternal health;

5 “(D) pay for personnel and administrative  
 6 expenses associated with designing, imple-  
 7 menting, and operating the State’s maternity  
 8 care home model;

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

13 “(F) pay for other costs related to the  
 14 State’s maternity care home model, as deter-  
 15 mined by the Secretary.

16 “(3) GRANT FOR NATIONAL INDEPENDENT  
 17 EVALUATOR.—

18 “(A) IN GENERAL.—From the amounts  
 19 appropriated under subsection (l), prior to  
 20 awarding any grants under paragraph (1), the  
 21 Secretary shall enter into a contract with a na-  
 22 tional external entity to create a single, uniform  
 23 process to—

1 “(i) ensure that States that receive  
2 grants under paragraph (1) comply with  
3 the requirements of this section; and

4 “(ii) evaluate the outcomes of the  
5 demonstration project in each participating  
6 State.

7 “(B) ANNUAL REPORT.—The contract de-  
8 scribed in subparagraph (A) shall require the  
9 national external entity to submit to the Sec-  
10 retary—

11 “(i) a yearly evaluation report for  
12 each year of the demonstration project;  
13 and

14 “(ii) a final impact report after the  
15 demonstration project has concluded.

16 “(C) SECRETARY’S AUTHORITY.—Nothing  
17 in this paragraph shall prevent the Secretary  
18 from making a determination that a State is  
19 not in compliance with the requirements of this  
20 section without the national external entity  
21 making such a determination.

22 “(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—

23 “(1) IN GENERAL.—As a condition of receiving  
24 a grant under this section, a State shall enter into

1 an arrangement with one or more eligible entities  
 2 that meets the requirements of paragraph (2).

3 “(2) ARRANGEMENTS WITH ELIGIBLE ENTI-  
 4 TIES.—Under an arrangement between a State and  
 5 an eligible entity under this subsection, the eligible  
 6 entity shall perform the following functions, with re-  
 7 spect to eligible individuals enrolled with the entity  
 8 under the State’s maternity care home model—

9 “(A) provide culturally competent care,  
 10 which may include prenatal care, family plan-  
 11 ning services, medical care, mental and behav-  
 12 ioral care, and oral health care to such eligible  
 13 individuals through a team of health care pro-  
 14 fessionals, which may include obstetrician-gyne-  
 15 cologists, maternal-fetal medicine specialists,  
 16 family physicians, primary care providers, phy-  
 17 sician assistants, advanced practice registered  
 18 nurses such as nurse practitioners and certified  
 19 nurse midwives, certified midwives, social work-  
 20 ers, doulas, lactation consultants, childbirth  
 21 educators, community health workers, and other  
 22 health care professionals;

23 “(B) conduct a risk assessment of each  
 24 such eligible individual to determine if her preg-  
 25 nancy is high or low risk, and establish a tai-

1           lored pregnancy care plan, which takes into  
 2           consideration the individual’s own pregnancy  
 3           care and birthing plans, for each such eligible  
 4           individual based on the results of such risk as-  
 5           sessment;

6           “(C) assign each such eligible individual to  
 7           a care coordinator, which may be a nurse, social  
 8           worker, doula, community health worker, or  
 9           other health care provider, who is responsible  
 10          for ensuring that such eligible individual re-  
 11          ceives the necessary medical care and connec-  
 12          tions to essential support services;

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

16               “(i) nutrition and exercise;

17               “(ii) smoking cessation;

18               “(iii) substance use disorder and ad-  
 19          diction treatment;

20               “(iv) anxiety, depression, and other  
 21          mental and behavioral health issues;

22               “(v) breast feeding;

23               “(vi) housing;

24               “(vii) transportation;

25               “(viii) intimate partner violence;

- 1 “(ix) home visiting services;
- 2 “(x) childbirth education;
- 3 “(xi) continuous labor support; and
- 4 “(xii) group prenatal care.

5 “(E) as appropriate, facilitate connections  
6 to a usual primary care provider, which may be  
7 a women’s health provider;

8 “(F) refer to guidelines and opinions of  
9 medical associations when determining whether  
10 an elective delivery should be performed on an  
11 eligible individual before 39 weeks of gestation;

12 “(G) provide such eligible individuals with  
13 evidence-based education and resources to iden-  
14 tify potential warning signs of postpartum com-  
15 plications and when and how to obtain medical  
16 attention;

17 “(H) provide eligible individuals with  
18 postpartum health services, including family  
19 planning services;

20 “(I) track and report birth outcomes of  
21 such eligible individuals and their children; and

22 “(J) ensure that care is patient-led, includ-  
23 ing by engaging eligible individuals in their own  
24 care, including through communication and  
25 education.

1       “(h) TERM OF DEMONSTRATION PROJECT.—The  
 2 Secretary shall conduct the demonstration project for a  
 3 period of 5 years.

4       “(i) WAIVER AUTHORITY.—To the extent that the  
 5 Secretary determines necessary in order to carry out the  
 6 demonstration project, the Secretary may waive section  
 7 1902(a)(1) (relating to statewideness) and section  
 8 1902(a)(10)(B) (relating to comparability).

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

14       “(k) REPORT.—

15               “(1) IN GENERAL.—Not later than 18 months  
 16 after the date of the enactment of this section and  
 17 annually thereafter for each year of the demonstra-  
 18 tion project term, the Secretary shall submit a re-  
 19 port to Congress on the results of the demonstration  
 20 project.

21               “(2) FINAL REPORT.—As part of the final re-  
 22 port required under paragraph (1), the Secretary  
 23 shall include—

1 “(A) the results of the final report of the  
 2 national external entity required under sub-  
 3 section (f)(3)(B)(ii); and

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

8 “(I) AUTHORIZATION OF APPROPRIATIONS.—There  
 9 are authorized to be appropriated to the Secretary, for  
 10 each of fiscal years 2019 through 2026, such sums as may  
 11 be necessary to carry out this section.”.

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

16 (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-  
 17 TIONAL PROVIDERS.—

18 (1) IN GENERAL.—Section 1902(a)(13) of the  
 19 Social Security Act (42 U.S.C. 1396a(a)(13)) is  
 20 amended—

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

23 (B) in subparagraph (C), by striking the  
 24 semicolon and inserting “; and”; and

1 (C) by adding at the end the following new  
2 subparagraph:

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

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

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

24 “(iii) in the case of items and services  
25 that are furnished in rural areas (as de-

1            fined in section 1886(d)(2)(D)), health  
 2            professional shortage areas (as defined in  
 3            section 332(a)(1)(A) of the Public Health  
 4            Service Act (42 U.S.C. 254e(a)(1)(A))), or  
 5            medically underserved areas (according to  
 6            a designation under section 330(b)(3)(A)  
 7            of the Public Health Service Act (42  
 8            U.S.C. 254b(b)(3)(A))), at the rate other-  
 9            wise applicable to such items or services  
 10          under clause (i) or (ii) increased, at the  
 11          Secretary’s discretion, by not more than 25  
 12          percent;”.

13          (2) CONFORMING AMENDMENTS.—

14            (A) Section 1902(a)(13)(C) of the Social  
 15          Security Act (42 U.S.C. 1396a(a)(13)(C)) is  
 16          amended by striking “subsection (jj)” and in-  
 17          serting “subsection (jj)(1)”.

18            (B) Section 1905(dd) of the Social Secu-  
 19          rity Act (42 U.S.C. 1396d(dd)) is amended—

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

22                  “(1) IN GENERAL.—Notwithstanding”;

23                  (ii) by striking “section  
 24                  1902(a)(13)(C)” and inserting “subpara-  
 25                  graph (C) of section 1902(a)(13)”;

1 (iii) by inserting “or for services de-  
 2 scribed in subparagraph (D) of section  
 3 1902(a)(13) furnished during an additional  
 4 period specified in paragraph (2),” after  
 5 “2015,”;

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

10 (v) by adding at the end the following:

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

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

18 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-  
 19 tion 1902(jj) of the Social Security Act (42 U.S.C.  
 20 1396a(jj)) is amended—

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

24 (2) by striking “For purposes of subsection  
 25 (a)(13)(C)” and inserting the following:

1 “(1) IN GENERAL.—

2 “(A) DEFINITION.—For purposes of sub-  
3 paragraphs (C) and (D) of subsection (a)(13)”;  
4 and

5 (3) by inserting after clause (ii) (as so redesign-  
6 nated) the following:

7 “(B) EXCLUSIONS.—Such term does not  
8 include any services described in subparagraph  
9 (A) or (B) of paragraph (1) if such services are  
10 provided in an emergency department of a hos-  
11 pital.

12 “(2) ADDITIONAL PROVIDERS.—For purposes  
13 of subparagraph (D) of subsection (a)(13), a pro-  
14 vider described in this paragraph is any of the fol-  
15 lowing:

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

20 “(B) An advanced practice clinician, as de-  
21 fined by the Secretary, that works under the  
22 supervision of—

23 “(i) a physician that satisfies the cri-  
24 teria specified in subparagraph (A);

1 “(ii) a nurse practitioner or a physi-  
 2 cian assistant (as such terms are defined  
 3 in section 1861(aa)(5)(A)) who is working  
 4 in accordance with State law; or

5 “(iii) or a certified nurse-midwife (as  
 6 defined in section 1861(gg)) who is work-  
 7 ing in accordance with State law.

8 “(C) A rural health clinic, Federally-quali-  
 9 fied health center, or other health clinic that re-  
 10 ceives reimbursement on a fee schedule applica-  
 11 ble to a physician.

12 “(D) An advanced practice clinician super-  
 13 vised by a physician described in subparagraph  
 14 (A), another advanced practice clinician, or a  
 15 certified nurse-midwife.”.

16 (c) ENSURING PAYMENT BY MANAGED CARE ENTI-  
 17 TIES.—

18 (1) IN GENERAL.—Section 1903(m)(2)(A) of  
 19 the Social Security Act (42 U.S.C. 1396b(m)(2)(A))  
 20 is amended—

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

23 (B) by realigning the left margin of clause  
 24 (xiii) so as to align with the left margin of

1 clause (xii) and by striking the period at the  
2 end of clause (xiii) and inserting “; and”; and

3 (C) by inserting after clause (xiii) the fol-  
4 lowing:

5 “(xiv) such contract provides that (I) payments  
6 to providers specified in section 1902(a)(13)(D) for  
7 primary care services defined in section 1902(jj)  
8 that are furnished during a year or period specified  
9 in section 1902(a)(13)(D) and section 1905(dd) are  
10 at least equal to the amounts set forth and required  
11 by the Secretary by regulation, (II) the entity shall,  
12 upon request, provide documentation to the State,  
13 sufficient to enable the State and the Secretary to  
14 ensure compliance with subclause (I), and (III) the  
15 Secretary shall approve payments described in sub-  
16 clause (I) that are furnished through an agreed  
17 upon capitation, partial capitation, or other value-  
18 based payment arrangement if the capitation, partial  
19 capitation, or other value-based payment arrange-  
20 ment is based on a reasonable methodology and the  
21 entity provides documentation to the State sufficient  
22 to enable the State and the Secretary to ensure com-  
23 pliance with subclause (I).”.

1           (2)     CONFORMING     AMENDMENT.—Section  
 2     1932(f) of the Social Security Act (42 U.S.C.  
 3     1396u-2(f)) is amended—

4                     (A) by striking “section 1902(a)(13)(C)”  
 5                     and inserting “subsections (C) and (D) of sec-  
 6                     tion 1902(a)(13)”;

7                     (B) by inserting “and clause (xiv) of sec-  
 8                     tion 1903(m)(2)(A)” before the period.

9     **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**  
 10                   **ING ACCESS TO DOULA CARE FOR MEDICAID**  
 11                   **BENEFICIARIES.**

12     (a) MACPAC REPORT.—

13           (1) IN GENERAL.—Not later than 1 year after  
 14     the date of the enactment of this Act, the Medicaid  
 15     and CHIP Payment and Access Commission (re-  
 16     ferred to in this section as “MACPAC”) shall pub-  
 17     lish a report on the coverage of doula care under  
 18     State Medicaid programs, which shall at a minimum  
 19     include the following:

20                   (A) Information about coverage for doula  
 21                   care under State Medicaid programs that cur-  
 22                   rently provide coverage for such care, including  
 23                   the type of doula care offered (such as prenatal,  
 24                   labor and delivery, and postpartum care).

1 (B) An analysis of barriers to covering  
2 doula care under State Medicaid programs.

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

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

10 (2) STAKEHOLDER CONSULTATION.—In devel-  
11 oping the report required under paragraph (1),  
12 MACPAC shall consult with relevant stakeholders,  
13 including—

14 (A) States;

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

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

21 (D) organizations representing health care  
22 providers.

23 (b) CMS GUIDANCE.—

24 (1) IN GENERAL.—Not later than 1 year after  
25 the date that MACPAC publishes the report re-

1       quired under subsection (a)(1), the Administrator of  
2       the Centers for Medicare & Medicaid Services shall  
3       issue guidance to States on increasing access to  
4       doula care under Medicaid. Such guidance shall at  
5       a minimum include—

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

9               (B) best practices for ensuring that doulas  
10              receive reimbursement for doula care services  
11              provided under a State Medicaid program,  
12              which may include allowing organizations such  
13              as doula collectives to receive reimbursement di-  
14              rectly for doula care services provided under the  
15              State Medicaid program; and

16              (C) best practices for increasing access to  
17              doula care services under State Medicaid pro-  
18              grams.

19       (2) STAKEHOLDER CONSULTATION.—In devel-  
20       oping the guidance required under paragraph (1),  
21       the Administrator of the Centers for Medicare &  
22       Medicaid Services shall consult with MACPAC and  
23       other relevant stakeholders, including—

24              (A) State Medicaid officials;

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

4 (C) organizations representing doula care  
 5 providers, including those who serve under-  
 6 served communities; and

7 (D) organizations representing health care  
 8 professionals.

9 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**  
 10 **OF TELEMEDICINE TO INCREASE ACCESS TO**  
 11 **MATERNITY CARE.**

12 Not later than 1 year after the date of the enactment  
 13 of this Act, the Comptroller General of the United States  
 14 shall submit a report to Congress on State Medicaid pro-  
 15 grams' use of telemedicine to increase access to maternity  
 16 care. Such report shall include the following:

17 (1) The number of State Medicaid programs  
 18 that utilize telemedicine to increase access to mater-  
 19 nity care.

20 (2) With respect to State Medicaid programs  
 21 that utilize telemedicine to increase access to mater-  
 22 nity care, information about—

23 (A) common characteristics of such pro-  
 24 grams' approaches to utilizing telemedicine to  
 25 increase access to maternity care; and

1 (B) what is known about—

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

6 (ii) health outcomes for such individ-  
7 uals as compared to individuals with simi-  
8 lar characteristics who did not use tele-  
9 medicine to access maternity care;

10 (iii) the services provided to individ-  
11 uals through telemedicine, including family  
12 planning services;

13 (iv) the quality of maternity care pro-  
14 vided through telemedicine, including  
15 whether maternity care provided through  
16 telemedicine is culturally competent;

17 (v) the level of patient satisfaction  
18 with maternity care provided through tele-  
19 medicine to individuals enrolled in State  
20 Medicaid programs; and

21 (vi) the impact of utilizing telemedi-  
22 cine to increase access to maternity care  
23 on spending, cost savings, access to care,  
24 and utilization of care under State Med-  
25 icaid programs.

1           (3) An identification and analysis of the bar-  
2       riers to using telemedicine to increase access to ma-  
3       ternity care under State Medicaid programs.

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

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