

116TH CONGRESS
1ST SESSION

H. R. 4996

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Ms. KELLY of Illinois (for herself, Mr. BURGESS, Ms. UNDERWOOD, Mrs. RODGERS of Washington, Ms. PRESSLEY, and Mr. CARTER of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Helping Medicaid
5 Offer Maternity Services Act of 2019” or the “Helping
6 MOMS Act of 2019”.

1 **SEC. 2. STATE OPTION UNDER MEDICAID PROGRAM TO**
2 **PROVIDE FOR AND EXTEND CONTINUOUS**
3 **COVERAGE FOR CERTAIN INDIVIDUALS.**

4 (a) STATE OPTION TO EXTEND CONTINUOUS COV-
5 ERAGE FOR PREGNANT AND POSTPARTUM INDIVID-
6 UALS.—Title XIX of the Social Security Act (42 U.S.C.
7 1396 et seq.) is amended—

8 (1) in section 1902(e)(5), by inserting after
9 “60-day period” the following: “or, at the option of
10 the State, 1-year period”;

11 (2) in section 1902(e)(6), by inserting after
12 “60-day period” the following: “or, at the option of
13 the State, 1-year period”;

14 (3) in section 1902(l)(1)(A), by inserting after
15 “60-day period” the following: “, or, at the option
16 of the State, 1-year period,”;

17 (4) in section 1903(v)(4)(A)(i), by inserting
18 after “60-day period” the following: “, or, at the op-
19 tion of the State, 1-year period,”; and

20 (5) in section 1905(a), in the fourth sentence in
21 the matter following paragraph (30), by inserting
22 after “60-day period” the following: “, or, at the op-
23 tion of the State, 1-year period,”.

24 (b) STATE OPTION TO PROVIDE CONTINUOUS COV-
25 ERAGE FOR FULL BENEFITS FOR INDIVIDUALS WHO ARE
26 OR BECOME PREGNANT.—Section 1902(e)(6) of the So-

1 cial Security Act (42 U.S.C. 1396a(e)(6)), as amended by
2 subsection (a), is further amended—

3 (1) by striking “(6) In the case of a pregnant
4 woman” and inserting

5 “(6)(A) In the case of a pregnant woman”; and

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

7 “(B)(i) At the option of the State, the State plan may
8 provide that an individual who is eligible for medical as-
9 sistance under the State plan (or a waiver of such plan)
10 or for child health assistance under title XXI and who is,
11 or who while so eligible becomes, pregnant shall continue
12 to be eligible for such medical assistance or child health
13 assistance, respectively, through the end of the month in
14 which the 1-year period (beginning on the last day of such
15 pregnancy) ends, regardless of the basis for the individ-
16 ual’s eligibility for such medical assistance.”.

17 (c) INCREASE OF FMAP.—Section 1905 is amended
18 by adding at the end the following new subsection:

19 “(gg) TEMPORARY INCREASE FOR CERTAIN
20 STATES.—Notwithstanding subsection (b) or (z)(2), in the
21 case of a State that makes an election under section
22 1902(e)(6)(B) to provide for continuation described in
23 such section, the Federal medical assistance percentage
24 for such State shall be increased by 5 percentage points
25 with respect to medical assistance furnished during such

1 quarter. The previous sentence shall apply only with re-
2 spect to calendar quarters occurring during 2020.”.

3 (d) APPLICATION TO CHIP OPTIONAL COVERAGE OF
4 TARGETED LOW-INCOME PREGNANT WOMEN.—Section
5 2112 of the Social Security Act (42 U.S.C. 1397ll) is
6 amended—

7 (1) in subsection (d)(2)(A), by inserting after
8 “60-day period” the following: “, or, at the option
9 of the State, 1-year period”; and

10 (2) in subsection (f)(2), by inserting after “60-
11 day period” the following: “, or, at the option of the
12 State, 1-year period”.

13 (e) EFFECTIVE DATE.—The amendments made by
14 this section shall apply with respect to eligibility deter-
15 minations for items and services under State plans under
16 title XIX of the Social Security Act (or a waiver of such
17 a plan) (42 U.S.C. 1396 et seq.) and under State child
18 health plans under title XXI (or waiver of such a plan)
19 made on or after January 1, 2020.

20 **SEC. 3. MACPAC REPORT.**

21 (a) IN GENERAL.—Not later than 1 year after the
22 date of the enactment of this Act, the Medicaid and CHIP
23 Payment and Access Commission (referred to in this sec-
24 tion as “MACPAC”) shall publish a report on the coverage

1 of doula care under State Medicaid programs, which shall
2 at a minimum include the following:

3 (1) Information about coverage for doula care
4 under State Medicaid programs that currently pro-
5 vide coverage for such care, including the type of
6 doula care offered (such as prenatal, labor and deliv-
7 ery, postpartum support, and also community-based
8 and traditional doula care).

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

11 (3) An identification of effective strategies to
12 increase the use of doula care in order to provide
13 better care and achieve better maternal and infant
14 health outcomes, including strategies that States
15 may use to recruit, train, and certify a diverse doula
16 workforce, particularly from underserved commu-
17 nities, communities of color, and communities facing
18 linguistic or cultural barriers.

19 (4) Recommendations for legislative and admin-
20 istrative actions to increase access to doula care in
21 State Medicaid programs, including actions that en-
22 sure doulas may earn a living wage that accounts for
23 their time and costs associated with providing care.

1 (b) STAKEHOLDER CONSULTATION.—In developing
2 the report required under subsection (a), MACPAC shall
3 consult with relevant stakeholders, including—

4 (1) States;

5 (2) organizations representing consumers, in-
6 cluding those that are disproportionately impacted
7 by poor maternal health outcomes;

8 (3) organizations and individuals representing
9 doula care providers, including community-based
10 doula programs and those who serve underserved
11 communities, including communities of color, and
12 communities facing linguistic or cultural barriers;
13 and

14 (4) organizations representing health care pro-
15 viders.

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