

116<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4996

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 30 (legislative day, SEPTEMBER 29), 2020

Received; read twice and referred to the Committee on Finance

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## AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Helping Medicaid  
3 Offer Maternity Services Act of 2020” or the “Helping  
4 MOMS Act of 2020”.

5 **SEC. 2. MODIFICATIONS TO CERTAIN COVERAGE UNDER**  
6 **MEDICAID AND CHIP FOR PREGNANT AND**  
7 **POSTPARTUM WOMEN.**

8 (a) STATE OPTION.—Section 1902(e) of the Social  
9 Security Act (42 U.S.C. 1396a(e)) is amended by adding  
10 at the end the following new paragraph:

11 “(16) EXTENDING CERTAIN COVERAGE FOR  
12 PREGNANT AND POSTPARTUM WOMEN.—At the op-  
13 tion of the State, the State plan (or waiver of such  
14 State plan) may provide that an individual who,  
15 while pregnant, is eligible for and has received med-  
16 ical assistance under the State plan approved under  
17 this title (or waiver of such plan) (including during  
18 a period of retroactive eligibility under subsection  
19 (a)(34)) shall, in addition to remaining eligible  
20 under paragraph (5) for all pregnancy-related and  
21 postpartum medical assistance available under the  
22 State plan (or wavier) through the last day of the  
23 month in which the 60-day period (beginning on the  
24 last day of her pregnancy) ends, remain eligible  
25 under the State plan (or waiver) for medical assist-  
26 ance and such medical assistance shall include all

1 services covered under the State plan (or waiver)  
2 that is not less in amount, duration, or scope, or is  
3 determined by the Secretary to be substantially  
4 equivalent, to the medical assistance available for an  
5 individual described in subsection (a)(10)(A)(i) for  
6 the period beginning on the first day occurring after  
7 the end of such 60-day period and ending on the last  
8 day of the month in which the one-year period (be-  
9 ginning on the last day of her pregnancy) ends.”.

10 (b) APPLICATION TO CHIP.—

11 (1) IN GENERAL.—Section 2107(e)(1) of the  
12 Social Security Act (42 U.S.C. 1397gg(e)(1)) is  
13 amended—

14 (A) by redesignating subparagraphs (J)  
15 through (S) as subparagraphs (K) through (T),  
16 respectively; and

17 (B) by inserting after subparagraph (I) the  
18 following new subparagraph:

19 “(J) In the case of a State that has elected  
20 to apply the option under section 1902(e)(16)  
21 with respect to coverage for pregnant and  
22 postpartum women under title XIX, the provi-  
23 sions of such section with respect to coverage of  
24 pregnant and postpartum women under this

1 title, except that such coverage shall be required  
2 and not at the option of the State.”.

3 (2) OPTIONAL COVERAGE OF TARGETED LOW-  
4 INCOME PREGNANT WOMEN.—Section 2112(d)(2)(A)  
5 of the Social Security Act (42 U.S.C.  
6 1397ll(d)(2)(A)) is amended by inserting after “60-  
7 day period” the following: “, or, in the case that sec-  
8 tion 1902(e)(16) applies to the State child health  
9 plan (or waiver of such plan) pursuant to section  
10 2107(e)(1), the 1-year period”.

11 (c) EFFECTIVE DATE.—The amendments made by  
12 this section shall apply with respect to State elections  
13 made under paragraph (16) of section 1902(e) of the So-  
14 cial Security Act (42 U.S.C. 1396a(e)), as added by sub-  
15 section (a), under title XIX of the Social Security Act (42  
16 U.S.C. 1396 et seq.) on or after the first day of the first  
17 fiscal year quarter beginning at least one year after the  
18 date of the enactment of this Act.

19 **SEC. 3. MACPAC REPORT.**

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

1           (1) Information about coverage for doula serv-  
2           ices under State Medicaid programs that currently  
3           provide coverage for such services, including the type  
4           of doula services offered (such as prenatal, labor and  
5           delivery, postpartum support, and also community-  
6           based and traditional doula services).

7           (2) An analysis of barriers to covering doula  
8           services under State Medicaid programs.

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

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

23          (b) STAKEHOLDER CONSULTATION.—In developing  
24          the report required under subsection (a), MACPAC shall  
25          consult with relevant stakeholders, including—

1 (1) States;

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

5 (3) organizations and individuals representing  
6 doula services providers, including community-based  
7 doula programs and those who serve underserved  
8 communities, including communities of color, and  
9 communities facing linguistic or cultural barriers;  
10 and

11 (4) organizations representing health care pro-  
12 viders.

13 **SEC. 4. GAO REPORT.**

14 (a) IN GENERAL.—Not later than 2 years after the  
15 date of the enactment of this Act and every five years  
16 thereafter, the Comptroller General of the United States  
17 shall submit to Congress a report on the State adoption,  
18 under the Medicaid program under title XIX of the Social  
19 Security Act (42 U.S.C. 1396 et seq.) and the Children’s  
20 Health Insurance Program under title XXI of such Act,  
21 of extending coverage to 365 days postpartum pursuant  
22 to the provisions of (and amendments made by this Act).  
23 Such report shall include the information and rec-  
24 ommendations described in subsection (b) and shall also  
25 identify ongoing gaps in coverage for—

1           (1) pregnant women under the Medicaid pro-  
2           gram and the Children’s Health Insurance Program;  
3           and

4           (2) postpartum women under the Medicaid pro-  
5           gram and the Children’s Health Insurance Program  
6           who received assistance under either such program  
7           during their pregnancy.

8           (b) CONTENT OF REPORT.—The report under sub-  
9           section (a) shall include the following:

10           (1) Information regarding the extent to which  
11           States have elected to extend coverage to 365 days  
12           postpartum pursuant to the provisions of (and  
13           amendments made by this Act), including which  
14           States make the election and when, impacts on  
15           perinatal insurance churn in those States compared  
16           to States that did not make such election, other  
17           health impacts of such election including regarding  
18           maternal mortality and morbidity rates, and impacts  
19           on State and Federal Medicaid spending.

20           (2) Information about the abilities, successes,  
21           and challenges of State Medicaid agencies in—

22                   (A) transitioning their eligibility systems to  
23           incorporate such an election by a State and in  
24           determining whether pregnant and postpartum

1 women are eligible under another insurance af-  
2 fordability program; and

3 (B) transitioning any such women who are  
4 so eligible to coverage under such a program,  
5 pursuant to section 1943(b)(3) of the Social Se-  
6 curity Act (42 U.S.C 1396w-3(b)(3)).

7 (3) Information on factors contributing to ongo-  
8 ing gaps in coverage resulting from women  
9 transitioning from coverage under the Medicaid pro-  
10 gram or Children’s Health Insurance Program that  
11 disproportionately impact underserved populations,  
12 including low-income women, women of color, women  
13 who reside in a health professional shortage area (as  
14 defined in section 332(a)(1)(A) of the Public Health  
15 Service Act (42 U.S.C. 254e(a)(1)(A))), or who are  
16 members of a medically underserved population (as  
17 defined by section 330(b)(3) of such Act (42 U.S.C.  
18 254b(b)(3)(A))).

19 (4) Recommendations for addressing and reduc-  
20 ing such gaps in coverage.

21 (5) Such other information as the Comptroller  
22 General determines appropriate.



1 **SEC. 5. REPORT ON MEDICAID BUNDLED PAYMENTS FOR**  
2 **PREGNANCY-RELATED SERVICES.**

3 Not later than 2 years after the date of the enact-  
4 ment of this Act, the Medicaid and CHIP Payment Advi-  
5 sory Commission shall submit to Congress a report con-  
6 taining an analysis of the use of bundled payments for  
7 reimbursing health care providers with respect to preg-  
8 nancy-related services furnished under State plans (or  
9 waivers of such plans) under title XIX of the Social Secu-  
10 rity Act (42 U.S.C. 1396 et seq.).

11 **SEC. 6. SUNSET OF LIMIT ON MAXIMUM REBATE AMOUNT**  
12 **FOR SINGLE SOURCE DRUGS AND INNO-**  
13 **VATOR MULTIPLE SOURCE DRUGS.**

14 Section 1927(c)(2)(D) of the Social Security Act (42  
15 U.S.C. 1396r-8(c)(2)(D)) is amended by inserting after  
16 “December 31, 2009,” the following: “and before January  
17 1, 2023,”.

18 **SEC. 7. MEDICAID IMPROVEMENT FUND.**

19 Section 1941(b)(3) of the Social Security Act (42  
20 U.S.C. 1396w-1(b)(3)) is amended—

21 (1) in subparagraph (A), by striking “for fiscal  
22 year 2025 and thereafter, \$1,960,000,000” and in-  
23 sserting “for fiscal year 2022 and thereafter,  
24 \$9,286,000,000”; and

25 (2) in subparagraph (B), by striking “fiscal  
26 year 2025” and inserting “fiscal year 2022”.

1 **SEC. 8. DETERMINATION OF BUDGETARY EFFECTS.**

2       The budgetary effects of this Act, for the purpose of  
3 complying with the Statutory Pay-As-You-Go Act of 2010,  
4 shall be determined by reference to the latest statement  
5 titled “Budgetary Effects of PAYGO Legislation” for this  
6 Act, submitted for printing in the Congressional Record  
7 by the Chairman of the House Budget Committee, pro-  
8 vided that such statement has been submitted prior to the  
9 vote on passage.

      Passed the House of Representatives September 29,  
2020.

Attest:

CHERYL L. JOHNSON,

*Clerk.*