

116TH CONGRESS
1ST SESSION

S. 1343

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

MAY 7, 2019

Mr. BOOKER (for himself, Ms. BALDWIN, Ms. WARREN, Ms. HARRIS, Mrs. GILLIBRAND, Mr. BLUMENTHAL, and Ms. HIRONO) 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.

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”.

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

3 (a) **EXTENDING CONTINUOUS MEDICAID AND CHIP**
 4 **COVERAGE FOR PREGNANT AND POSTPARTUM WOMEN.—**

5 (1) **MEDICAID.**—Title XIX of the Social Secu-
 6 rity Act (42 U.S.C. 1396 et seq.) is amended—

7 (A) in section 1902(l)(1)(A), by striking
 8 “60-day period” and inserting “365-day pe-
 9 riod”;

10 (B) in section 1902(e)(6), by striking “60-
 11 day period” and inserting “365-day period”;

12 (C) in section 1903(v)(4)(A)(i), by striking
 13 “60-day period” and inserting “365-day pe-
 14 riod”; and

15 (D) in section 1905(a), in the 4th sentence
 16 in the matter following paragraph (30), by
 17 striking “60-day period” and inserting “365-
 18 day period”.

19 (2) **CHIP.**—Section 2112 of the Social Security
 20 Act (42 U.S.C. 1397ll) is amended by striking “60-
 21 day period” each place it appears and inserting
 22 “365-day period”.

23 (b) **REQUIRING FULL BENEFITS FOR PREGNANT**
 24 **AND POSTPARTUM WOMEN.—**

25 (1) **MEDICAID.**—

1 (A) IN GENERAL.—Paragraph (5) of sec-
2 tion 1902(e) of the Social Security Act (24
3 U.S.C. 1396a(e)) is amended to read as follows:

4 “(5) Any woman who is eligible for medical as-
5 sistance under the State plan or a waiver of such
6 plan and who is, or who while so eligible becomes,
7 pregnant, shall continue to be eligible under the plan
8 or waiver for medical assistance through the end of
9 the month in which the 365-day period (beginning
10 on the last day of her pregnancy) ends, regardless
11 of the basis for the woman’s eligibility for medical
12 assistance, including if the woman’s eligibility for
13 medical assistance is on the basis of being preg-
14 nant.”.

15 (B) CONFORMING AMENDMENT.—Section
16 1902(a)(10) of the Social Security Act (42
17 U.S.C. 1396a(a)(10)) is amended in the matter
18 following subparagraph (G) by striking “(VII)
19 the medical assistance” and all that follows
20 through “complicate pregnancy,”.

21 (2) CHIP.—Section 2107(e)(1) of the Social
22 Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

23 (A) by redesignating subparagraphs (H)
24 through (S) as subparagraphs (I) through (T),
25 respectively; and

1 (B) by inserting after subparagraph (G),
 2 the following:

3 “(H) Section 1902(e)(5) (requiring 365-
 4 day continuous coverage for pregnant and
 5 postpartum women).”.

6 (c) REQUIRING COVERAGE OF ORAL HEALTH SERV-
 7 ICES FOR PREGNANT AND POSTPARTUM WOMEN.—

8 (1) MEDICAID.—Section 1905 of the Social Se-
 9 curity Act (42 U.S.C. 1396d) is amended—

10 (A) in subsection (a)(4)—

11 (i) by striking “; and (D)” and insert-
 12 ing “; (D)”; and

13 (ii) by inserting “; and (E) oral health
 14 services for pregnant and postpartum
 15 women (as defined in subsection (ff))”
 16 after “subsection (bb))”; and

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

19 “(ff) ORAL HEALTH SERVICES FOR PREGNANT AND
 20 POSTPARTUM WOMEN.—

21 “(1) IN GENERAL.—For purposes of this title,
 22 the term ‘oral health services for pregnant and
 23 postpartum women’ means dental services necessary
 24 to prevent disease and promote oral health, restore
 25 oral structures to health and function, and treat

1 emergency conditions that are furnished to a woman
 2 during pregnancy (or during the 365-day period be-
 3 ginning on the last day of the pregnancy).

4 “(2) COVERAGE REQUIREMENTS.—To satisfy
 5 the requirement to provide oral health services for
 6 pregnant and postpartum women, a State shall, at
 7 a minimum, provide coverage for preventive, diag-
 8 nostic, periodontal, and restorative care consistent
 9 with recommendations for perinatal oral health care
 10 and dental care during pregnancy from the Amer-
 11 ican Academy of Pediatric Dentistry and the Amer-
 12 ican College of Obstetricians and Gynecologists.”.

13 (2) CHIP.—Section 2103(c)(5)(A) of the Social
 14 Security Act (42 U.S.C. 1397cc(c)(5)(A)) is amend-
 15 ed by inserting “or a targeted low-income pregnant
 16 woman” after “targeted low-income child”.

17 (d) MAINTENANCE OF EFFORT.—

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

20 (A) in paragraph (74), by striking “sub-
 21 section (gg); and” and inserting “subsections
 22 (gg) and (qq);”; and

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

1 “(qq) MAINTENANCE OF EFFORT RELATED TO LOW-
 2 INCOME PREGNANT WOMEN.—For calendar quarters be-
 3 ginning on or after the date of enactment of this sub-
 4 section, and before January 1, 2023, no Federal payment
 5 shall be made to a State under section 1903(a) for
 6 amounts expended under a State plan under this title or
 7 a waiver of such plan if the State—

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

24 “(2) provides medical assistance to individuals
 25 described in subsection (l)(1) who are eligible for

1 medical assistance under such plan or waiver under
 2 subsection (a)(10)(A)(ii)(IX) at a level that is less
 3 than the level at which the State provides such as-
 4 sistance to such individuals under such plan or waiv-
 5 er on the date of the enactment of the Maximizing
 6 Outcomes for Moms through Medicaid Improvement
 7 and Enhancement of Services Act.”.

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

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

17 “(1) has in effect under such plan eligibility
 18 standards, methodologies, or procedures (including
 19 any enrollment cap or other numerical limitation on
 20 enrollment, any waiting list, any procedures designed
 21 to delay the consideration of applications for enroll-
 22 ment, or similar limitation with respect to enroll-
 23 ment) for targeted low-income pregnant women that
 24 are more restrictive than the eligibility standards,
 25 methodologies, or procedures, respectively, under

1 such plan that are in effect on the date of the enact-
 2 ment of the Maximizing Outcomes for Moms
 3 through Medicaid Improvement and Enhancement of
 4 Services Act; or

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

12 (e) ENHANCED FMAP.—Section 1905 of the Social
 13 Security Act (42 U.S.C. 1396d), as amended by sub-
 14 section (c), is further amended—

15 (1) in subsection (b), by striking “and (aa)”
 16 and inserting “(aa), and (gg)”; and

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

18 “(gg) INCREASED FMAP FOR ADDITIONAL EXPEND-
 19 ITURES FOR LOW-INCOME PREGNANT WOMEN.—For cal-
 20 endar quarters beginning on or after January 1, 2020,
 21 notwithstanding subsection (b), the Federal medical as-
 22 sistance percentage for a State, with respect to the addi-
 23 tional amounts expended by such State for medical assist-
 24 ance under the State plan under this title or a waiver of
 25 such plan that are attributable to requirements imposed

1 by the amendments made by the Maximizing Outcomes
 2 for Moms through Medicaid Improvement and Enhance-
 3 ment of Services Act (as determined by the Secretary),
 4 shall be equal to 100 percent.”.

5 (f) GAO STUDY AND REPORT.—

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

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

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

20 (2) CONTENT OF REPORT.—The report re-
 21 quired under this subsection shall include the fol-
 22 lowing:

23 (A) Information about the abilities and
 24 successes of State Medicaid agencies in deter-
 25 mining whether pregnant and postpartum

1 women are eligible under another insurance af-
2 fordability program, and in transitioning any
3 such women who are so eligible to coverage
4 under such a program, pursuant to section
5 435.1200 of the title 42, Code of Federal Regu-
6 lations (as in effect on September 1, 2018).

7 (B) Information on factors contributing to
8 gaps in coverage that disproportionately impact
9 underserved populations, including low-income
10 women, women of color, women who reside in a
11 health professional shortage area (as defined in
12 section 332(a)(1)(A) of the Public Health Serv-
13 ice Act (42 U.S.C. 254e(a)(1)(A))) or who are
14 members of a medically underserved population
15 (as defined by section 330(b)(3) of such Act
16 (42 U.S.C. 254b(b)(3)(A))).

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

19 (D) Such other information as the Comp-
20 troller General deems necessary.

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

1 **SEC. 3. MATERNITY CARE HOME DEMONSTRATION**
 2 **PROJECT.**

3 Title XIX of the Social Security Act (42 U.S.C. 1396
 4 et seq.) is amended by inserting the following new section
 5 after section 1946:

6 “MATERNITY CARE HOME DEMONSTRATION PROJECT

7 “SEC. 1947. (a) IN GENERAL.—Not later than 1 year
 8 after the date of the enactment of this section, the Sec-
 9 retary shall establish a demonstration project (in this sec-
 10 tion referred to as the ‘demonstration project’) under
 11 which the Secretary shall provide grants to States to enter
 12 into arrangements with eligible entities to implement or
 13 expand a maternity care home model for eligible individ-
 14 uals.

15 “(b) DEFINITIONS.—In this section:

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

22 “(A) A freestanding birth center.

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

26 “(C) A federally qualified health center.

1 “(D) A rural health clinic.

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

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

10 “(A) enrolled in a State plan under this
11 title, a waiver of such a plan, or a State child
12 health plan under title XXI; and

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

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

18 “(1) To improve—

19 “(A) maternity and infant care outcomes;

20 “(B) health equity;

21 “(C) communication by maternity, infant
22 care, and social services providers;

23 “(D) integration of perinatal support serv-
24 ices, including community health workers,
25 doulas, social workers, public health nurses,

1 peer lactation counselors, childbirth educators,
 2 and others, into health care entities and organi-
 3 zations;

4 “(E) care coordination between maternity,
 5 infant care, oral health care, and social services
 6 providers within the community;

7 “(F) the quality and safety of maternity
 8 and infant care;

9 “(G) the experience of women receiving
 10 maternity care, including by increasing the abil-
 11 ity of a woman to develop and follow her own
 12 birthing plan; and

13 “(H) access to adequate prenatal and
 14 postpartum care, including—

15 “(i) prenatal care that is initiated in
 16 a timely manner;

17 “(ii) not fewer than 2 post-pregnancy
 18 visits to a maternity care provider; and

19 “(iii) interpregnancy care.

20 “(2) To provide coordinated, evidence-based
 21 maternity care management.

22 “(3) To decrease—

23 “(A) severe maternal morbidity and mater-
 24 nal mortality;

25 “(B) overall health care spending;

1 “(C) unnecessary emergency department
2 visits;

3 “(D) disparities in maternal and infant
4 care outcomes, including racial, economic, and
5 geographical disparities;

6 “(E) racial bias among health care profes-
7 sionals;

8 “(F) the rate of cesarean deliveries for
9 low-risk pregnancies;

10 “(G) the rate of preterm births and infants
11 born with low birth weight; and

12 “(H) the rate of avoidable maternal and
13 newborn hospitalizations and admissions to in-
14 tensive care units.

15 “(d) CONSULTATION.—In designing and imple-
16 menting the demonstration project the Secretary shall
17 consult with stakeholders, including—

18 “(1) States;

19 “(2) organizations representing relevant health
20 care professionals, including oral health care profes-
21 sionals;

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

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

5 “(5) community-based health care professionals,
 6 including doulas, and other stakeholders; and

7 “(6) experts in promoting health equity and
 8 combating racial bias in health care settings.

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

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

14 “(2) SELECTION OF STATES.—

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

18 “(B) SELECTION REQUIREMENTS.—In se-
 19 lecting States to participate in the demonstra-
 20 tion project, the Secretary shall—

21 “(i) ensure that there is geographic
 22 diversity in the areas in which activities
 23 will be carried out under the project; and

24 “(ii) ensure that States with signifi-
 25 cant disparities in maternal and infant

1 health outcomes, including severe maternal
 2 morbidity, and other disparities based on
 3 race, income, or access to maternity care,
 4 are included.

5 “(f) GRANTS.—

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

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

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

16 “(B) provide financial incentives to health
 17 care professionals, including community health
 18 workers and community-based doulas, who par-
 19 ticipate in the State’s maternity care home
 20 model;

21 “(C) provide adequate training for health
 22 care professionals, including community health
 23 workers, doulas, and care coordinators, who
 24 participate in the State’s maternity care home
 25 model, which may include training for cultural

1 competency, racial bias, health equity, reproduc-
 2 tive and birth justice, home visiting skills, and
 3 respectful communication and listening skills,
 4 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, postpartum care, and oral health
 13 care to such eligible individuals through a team
 14 of health care professionals, which may include
 15 obstetrician-gynecologists, maternal-fetal medi-
 16 cine specialists, family physicians, primary care
 17 providers, oral health providers, physician as-
 18 sistants, advanced practice registered nurses
 19 such as nurse practitioners and certified nurse
 20 midwives, certified midwives, certified profes-
 21 sional midwives, social workers, traditional and
 22 community-based doulas, lactation consultants,
 23 childbirth educators, community health workers,
 24 and other health care professionals;

1 “(B) conduct a risk assessment of each
2 such eligible individual to determine if her preg-
3 nancy is high or low risk, and establish a tai-
4 lored pregnancy care plan, which takes into
5 consideration the individual’s own preferences
6 and pregnancy care and birthing plans and de-
7 termines the appropriate support services to re-
8 duce the individual’s medical, social, and envi-
9 ronmental risk factors, for each such eligible in-
10 dividual based on the results of such risk as-
11 sessment;

12 “(C) assign each such eligible individual to
13 a care coordinator, which may be a nurse, social
14 worker, traditional or community-based doula,
15 community health worker, midwife, or other
16 health care provider, who is responsible for en-
17 suring that such eligible individual receives the
18 necessary medical care and connections to es-
19 sential support services;

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

23 “(i) nutrition and exercise;

24 “(ii) smoking cessation;

1 “(iii) substance use disorder and ad-
 2 diction treatment;

3 “(iv) anxiety, depression, and other
 4 mental and behavioral health issues;

5 “(v) breast feeding initiation, continu-
 6 ation, and duration;

7 “(vi) housing;

8 “(vii) transportation;

9 “(viii) intimate partner violence;

10 “(ix) home visiting services;

11 “(x) childbirth education;

12 “(xi) oral health education;

13 “(xii) continuous labor support; and

14 “(xiii) group prenatal care;

15 “(E) as appropriate, facilitate connections
 16 to a usual primary care provider, which may be
 17 a women’s health provider;

18 “(F) refer to guidelines and opinions of
 19 medical associations when determining whether
 20 an elective delivery should be performed on an
 21 eligible individual before 39 weeks of gestation;

22 “(G) provide such eligible individuals with
 23 evidence-based education and resources to iden-
 24 tify potential warning signs of pregnancy and

1 postpartum complications and when and how to
2 obtain medical attention;

3 “(H) provide, or arrange for the provision
4 of, pregnancy and postpartum health services,
5 including family planning counseling and serv-
6 ices, to eligible individuals;

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

9 “(J) ensure that care is patient-led, includ-
10 ing by engaging eligible individuals in their own
11 care, including through communication and
12 education; and

13 “(K) ensure adequate training for appro-
14 priately serving the population of individuals el-
15 igible for medical assistance under the State
16 plan or waiver of such plan, including through
17 reproductive and birth justice frameworks, race
18 equity awareness, home visiting skills, and
19 knowledge of social services.

20 “(h) TERM OF DEMONSTRATION PROJECT.—The
21 Secretary shall conduct the demonstration project for a
22 period of 5 years.

23 “(i) WAIVER AUTHORITY.—To the extent that the
24 Secretary determines necessary in order to carry out the
25 demonstration project, the Secretary may waive section

1 1902(a)(1) (relating to statewideness) and section
 2 1902(a)(10)(B) (relating to comparability).

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

8 “(k) REPORT.—

9 “(1) IN GENERAL.—Not later than 18 months
 10 after the date of the enactment of this section and
 11 annually thereafter for each year of the demonstra-
 12 tion project term, the Secretary shall submit a re-
 13 port to Congress on the results of the demonstration
 14 project.

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

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

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

1 “(l) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated to the Secretary, for
 3 each of fiscal years 2019 through 2026, such sums as may
 4 be necessary to carry out this section.”.

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

9 (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-
 10 TIONAL PROVIDERS.—

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

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

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

18 (C) by adding at the end the following new
 19 subparagraph:

20 “(D) payment for primary care services (as
 21 defined in subsection (jj)(1)) furnished in the
 22 period that begins on the first day of the first
 23 month that begins after the date of enactment
 24 of the Maximizing Outcomes for Moms through
 25 Medicaid Improvement and Enhancement of

1 Services Act by a provider described in sub-
2 section (jj)(2)—

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

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

16 “(iii) in the case of items and services
17 that are furnished in rural areas (as de-
18 fined in section 1886(d)(2)(D)), health
19 professional shortage areas (as defined in
20 section 332(a)(1)(A) of the Public Health
21 Service Act (42 U.S.C. 254e(a)(1)(A))), or
22 medically underserved areas (according to
23 a designation under section 330(b)(3)(A)
24 of the Public Health Service Act (42
25 U.S.C. 254b(b)(3)(A))), at the rate other-

wise 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

1 (D) of section 1902(a)(13), as applicable”;

2 and

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

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

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

11 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-
12 tion 1902(jj) of the Social Security Act (42 U.S.C.
13 1396a(jj)) is amended—

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

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

19 “(1) IN GENERAL.—

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

22 and

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

1 “(B) EXCLUSIONS.—Such term does not
 2 include any services described in subparagraph
 3 (A) or (B) of paragraph (1) if such services are
 4 provided in an emergency department of a hos-
 5 pital.

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

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

14 “(B) An advanced practice clinician, as de-
 15 fined by the Secretary, that works under the
 16 supervision of—

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

19 “(ii) a nurse practitioner or a physi-
 20 cian assistant (as such terms are defined
 21 in section 1861(aa)(5)(A)) who is working
 22 in accordance with State law; or

23 “(iii) or a certified nurse-midwife (as
 24 defined in section 1861(gg)) who is work-
 25 ing 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.”.

(c) 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

1 in section 1902(a)(13)(D) and section 1905(dd) are
 2 at least equal to the amounts set forth and required
 3 by the Secretary by regulation, (II) the entity shall,
 4 upon request, provide documentation to the State,
 5 sufficient to enable the State and the Secretary to
 6 ensure compliance with subclause (I), and (III) the
 7 Secretary shall approve payments described in sub-
 8 clause (I) that are furnished through an agreed
 9 upon capitation, partial capitation, or other value-
 10 based payment arrangement if the capitation, partial
 11 capitation, or other value-based payment arrange-
 12 ment is based on a reasonable methodology and the
 13 entity provides documentation to the State sufficient
 14 to enable the State and the Secretary to ensure com-
 15 pliance with subclause (I).”.

16 (2) CONFORMING AMENDMENT.—Section
 17 1932(f) of the Social Security Act (42 U.S.C.
 18 1396u–2(f)) is amended—

19 (A) by striking “section 1902(a)(13)(C)”
 20 and inserting “subsections (C) and (D) of sec-
 21 tion 1902(a)(13)”; and

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

1 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**
2 **ING ACCESS TO DOULA CARE FOR MEDICAID**
3 **BENEFICIARIES.**

4 (a) MACPAC REPORT.—

5 (1) IN GENERAL.—Not later than 1 year after
6 the date of the enactment of this Act, the Medicaid
7 and CHIP Payment and Access Commission (re-
8 ferred to in this section as “MACPAC”) shall pub-
9 lish a report on the coverage of doula care under
10 State Medicaid programs, which shall at a minimum
11 include the following:

12 (A) Information about coverage for doula
13 care under State Medicaid programs that cur-
14 rently provide coverage for such care, including
15 the type of doula care offered (such as prenatal,
16 labor and delivery, postpartum support, and
17 also community-based and traditional doula
18 care).

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

21 (C) An identification of effective strategies
22 to increase the use of doula care in order to
23 provide better care and achieve better maternal
24 and infant health outcomes, including strategies
25 that States may use to recruit, train, and cer-
26 tify a diverse doula workforce, particularly from

underserved communities, communities of color, and communities facing linguistic or cultural barriers.

(D) Recommendations for legislative and administrative actions to increase access to doula care in State Medicaid programs, including actions that ensure doulas may earn a living wage that accounts for their time and costs associated with providing care.

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

(A) States;

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

(C) organizations and individuals representing doula care providers, including community-based doula programs and those who serve underserved communities, including communities of color, and communities facing linguistic or cultural barriers; and

(D) organizations representing health care providers.

1 (b) CMS GUIDANCE.—

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

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

12 (B) best practices for ensuring that doulas,
13 including community-based doulas, receive reim-
14 bursement for doula care services provided
15 under a State Medicaid program, at a level that
16 allows doulas to earn a living wage that ac-
17 counts for their time and costs associated with
18 providing care; and

19 (C) best practices for increasing access to
20 doula care services, including services provided
21 by community-based doulas, under State Med-
22 icaid programs.

23 (2) STAKEHOLDER CONSULTATION.—In devel-
24 oping the guidance required under paragraph (1),
25 the Administrator of the Centers for Medicare &

1 Medicaid Services shall consult with MACPAC and
2 other relevant stakeholders, including—

3 (A) State Medicaid officials;

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

7 (C) organizations representing doula care
8 providers, including community-based doulas
9 and those who serve underserved communities,
10 such as communities of color and communities
11 facing linguistic or cultural barriers; and

12 (D) organizations representing health care
13 professionals.

14 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**
15 **OF TELEMEDICINE TO INCREASE ACCESS TO**
16 **MATERNITY CARE.**

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

22 (1) The number of State Medicaid programs
23 that utilize telemedicine to increase access to mater-
24 nity care.

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

4 (A) common characteristics of such pro-
5 grams' approaches to utilizing telemedicine to
6 increase access to maternity care; and

7 (B) what is known about—

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

12 (ii) health outcomes for such individ-
13 uals as compared to individuals with simi-
14 lar characteristics who did not use tele-
15 medicine to access maternity care;

16 (iii) the services provided to individ-
17 uals through telemedicine, including family
18 planning services and oral health services;

19 (iv) the quality of maternity care pro-
20 vided through telemedicine, including
21 whether maternity care provided through
22 telemedicine is culturally competent;

23 (v) the level of patient satisfaction
24 with maternity care provided through tele-

1 medicine to individuals enrolled in State
2 Medicaid programs; and

3 (vi) the impact of utilizing telemedi-
4 cine to increase access to maternity care
5 on spending, cost savings, access to care,
6 and utilization of care under State Med-
7 icaid programs.

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

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

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