

117TH CONGRESS
1ST SESSION

H. R. 2598

To amend title XVIII, XIX, and XXI of the Social Security Act and title XXVII of the Public Health Service Act to expand access to maternal health care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 15, 2021

Ms. PRESSLEY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII, XIX, and XXI of the Social Security Act and title XXVII of the Public Health Service Act to expand access to maternal health care, 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 “COVID–19 Safe Birth-
5 ing Act”.

1 **SEC. 2. EXPANDING ACCESS TO MATERNAL CARE IN HOS-**
2 **PITALS.**

3 Section 1866(a)(1) of the Social Security Act (42
4 U.S.C. 1395cc(a)(1)) is amended—

5 (1) in subparagraph (X), by striking at the end
6 “and”;

7 (2) in subparagraph (Y)(ii)(V), by striking the
8 period at the end and inserting “; and”; and

9 (3) by inserting after subparagraph (Y)(ii)(V),
10 the following new subparagraph:

11 “(Z) beginning 30 days after the date of
12 enactment of this subparagraph, in the case of
13 a hospital—

14 “(i) to require that such hospital per-
15 mits a pregnant or birthing person to be
16 accompanied by an individual of the preg-
17 nant or birthing person’s choosing (in ad-
18 dition to a doula or other perinatal health
19 worker) during labor, delivery, and recov-
20 ery; with necessary, evidence based, and
21 non-discriminatory exceptions;

22 “(ii) to require that such hospital does
23 not implement any policies that restrict
24 hospital access or birthing options for
25 pregnant or birthing persons, unless such
26 policies are necessary, evidence-based, com-

1 municated to the patient without threat or
2 intimidation, and applied without discrimi-
3 nation on the basis of race, gender iden-
4 tity, socio-economic status, religion, sexual
5 orientation, marital status, age, disability,
6 national origin, and immigration status;
7 and

8 “(iii) with respect to the care of a
9 pregnant or birthing person, to require the
10 communication of and informed consent
11 (without threat or intimidation) to the im-
12 plementation of policies pursuant to clause
13 (ii) by the pregnant or birthing person, in
14 accordance with consent protocols of the
15 hospital in the case of inability of a person
16 to provide consent.”.

17 **SEC. 3. EXPANDING MEDICARE AND MEDICAID COVERAGE**
18 **OF TELEHEALTH SERVICES THAT ARE MA-**
19 **TERNAL HEALTH CARE SERVICES.**

20 (a) REMOVAL OF CERTAIN MEDICARE REQUIRE-
21 MENTS FOR MATERNAL HEALTH CARE SERVICES.—Sec-
22 tion 1834(m) of the Social Security Act (42 U.S.C.
23 1395m(m)) is amended—

1 (1) in paragraph (4)(C)(i), by striking “para-
2 graphs (5), (6), and (7)” and inserting “paragraphs
3 (5), (6), (7), and (9)”; and

4 (2) by adding at the end the following new
5 paragraph:

6 “(9) TREATMENT OF MATERNITY HEALTH
7 CARE SERVICES.—With respect to telehealth services
8 that are maternal health care services, notwith-
9 standing any other provision of this subsection—

10 “(A) the requirements described in para-
11 graph (4)(C) shall not apply;

12 “(B) the term ‘originating site’ means sites
13 at which the eligible telehealth individual is lo-
14 cated at the time the service is furnished via a
15 telecommunications system; and

16 “(C) there shall be no restrictions on ac-
17 cess to such telehealth services through use of
18 telephone based on the use of video capabilities
19 or lack of such capabilities.”.

20 (b) MEDICAID COVERAGE.—Section 1905(a) of the
21 Social Security Act (42 U.S.C. 1396d(a)) is amended—

22 (1) in paragraph (5)(A), by inserting “(and in
23 the case of physicians’ services that are maternal
24 health care services, including via telehealth)” after
25 “or elsewhere”;

1 (2) in paragraph (17), by inserting “, including
2 services furnished via telehealth,” before “fur-
3 nished”;

4 (3) in paragraph (21), by inserting “, including
5 services furnished via telehealth,” after “furnished”;
6 and

7 (4) in paragraph (28), by inserting “, including
8 such services furnished via telehealth to the extent
9 such services may be performed under State law by
10 freestanding birth centers” before the semicolon at
11 the end.

12 **SEC. 4. ENSURING COVERAGE OF CERTAIN MATERNAL**
13 **HEALTH CARE SERVICES.**

14 (a) MAKING CERTAIN MEDICAID COVERAGE OF CER-
15 TAIN PRENATAL AND POSTPARTUM SERVICES A STATE
16 PLAN REQUIREMENT.—

17 (1) STATE MEDICAID PLANS.—

18 (A) IN GENERAL.—Section 1902 of the So-
19 cial Security Act (42 U.S.C. 1396a) is amend-
20 ed—

21 (i) in subsection (a)—

22 (I) in paragraph (86), by striking
23 “and” at the end;

1 (II) in paragraph (87), by strik-
2 ing at the end the period and insert-
3 ing “; and”; and

4 (III) by inserting after paragraph
5 (87) the following new paragraph:

6 “(88) provide that the State plan is in compli-
7 ance with subsection (e)(16).”; and

8 (ii) in subsection (e)(16)—

9 (I) in subparagraph (A), by strik-
10 ing “At the option of the State, the
11 State plan (or waiver of such State
12 plan) may provide” and inserting “A
13 State plan (or waiver of such State
14 plan) shall provide”;

15 (II) in subparagraph (B)—

16 (aa) in the matter preceding
17 clause (i), by striking “by a State
18 making an election under this
19 paragraph” and inserting “under
20 a State plan (or a waiver os such
21 State plan)”;

22 (bb) in clause (i), by striking
23 at the end “and”;

1 (cc) in clause (ii), by strik-
2 ing the period at the end and in-
3 serting “; and”; and

4 (dd) by adding at the end
5 the following new clause:

6 “(iii) include as pregnancy-related
7 medical assistance a comprehensive num-
8 ber of prenatal appointments and
9 screenings furnished by a maternity care
10 provider (as defined in section 2730(b)(1)
11 of the Public Health Service Act),
12 perinatal health worker (as defined in sec-
13 tion 2730(b)(2) of the Public Health Serv-
14 ice Act), or community-based provider and
15 as postpartum-related medical assistance a
16 full-spectrum of postpartum care furnished
17 by such a provider.”; and

18 (III) by striking subparagraph
19 (C).

20 (B) NO COST SHARING OR SIMILAR
21 CHARGES FOR CERTAIN SERVICES.—Section
22 1916(a)(2) of the Social Security Act (42
23 U.S.C. 1396o(a)(2)) is amended—

24 (i) in subparagraph (F), by striking at
25 the end “or”;

1 (ii) in subparagraph (G), by striking
2 “; and” and inserting “; or”; and

3 (iii) by adding at the end the fol-
4 lowing new subparagraph:

5 “(H) appointments, screenings,
6 and care required to be included as
7 pregnancy-related and postpartum-re-
8 lated medical assistance under section
9 1902(e)(16)(B)(iii); and”.

10 (2) APPLYING REQUIREMENT UNDER CHIP.—
11 Section 2107(e)(1)(J) of the Social Security Act (42
12 U.S.C. 1397gg(e)(1)(J)) is amended to read as fol-
13 lows:

14 “(J) Paragraphs (5) and (16) of section
15 1902(e) (relating to the requirement to provide
16 medical assistance under the State plan or
17 waiver consisting of full benefits during preg-
18 nancy and throughout the 12-month
19 postpartum period under title XIX) such that
20 the provision of assistance under the State child
21 health plan or waiver for targeted low-income
22 children or targeted low-income pregnant
23 women during pregnancy and the 12-month
24 postpartum period shall be required and shall
25 include coverage of all items or services pro-

1 vided to a targeted low-income child or targeted
2 low-income pregnant woman (as applicable)
3 under the State child health plan or waiver), in-
4 cluding the appointments, screenings, and care
5 required to be included as pregnancy-related
6 and postpartum-related medical assistance
7 under section 1902(e)(16)(B)(iii).”.

8 (3) EFFECTIVE DATE.—

9 (A) IN GENERAL.—Except as provided in
10 paragraph (2), the amendments made by this
11 section shall take effect on the date of the en-
12 actment of this Act and shall apply to services
13 furnished on or after the date that is 30 days
14 after the date of enactment of this Act.

15 (B) EXCEPTION IF STATE LEGISLATION
16 REQUIRED.—In the case of a State plan for
17 medical assistance under title XIX of the Social
18 Security Act or State child health plan for child
19 health assistance under title XXI of such Act
20 which the Secretary of Health and Human
21 Services determines requires State legislation
22 (other than legislation appropriating funds) in
23 order for the plan to meet the additional re-
24 quirement imposed by the amendments made by
25 this subsection, the State plan or State child

1 health plan shall not be regarded as failing to
2 comply with the requirements of such title sole-
3 ly on the basis of its failure to meet this addi-
4 tional requirement before the first day of the
5 first calendar quarter beginning after the close
6 of the first regular session of the State legisla-
7 ture that begins after the date of the enactment
8 of this Act. For purposes of the previous sen-
9 tence, in the case of a State that has a 2-year
10 legislative session, each year of such session
11 shall be deemed to be a separate regular session
12 of the State legislature.

13 (b) PRIVATE HEALTH PLANS.—Subpart II of part A
14 of title XXVII of the Public Health Service Act (42 U.S.C.
15 300gg–11 et seq.) is amended by adding at the end the
16 following new section:

17 **“SEC. 2730. COVERAGE OF PRENATAL AND POSTPARTUM**
18 **SERVICES.**

19 “(a) IN GENERAL.—Beginning 30 days after the date
20 of enactment of this section, a group health plan and a
21 health insurance issuer offering group or individual health
22 insurance coverage shall provide coverage for and shall not
23 impose any cost sharing requirements for—

24 “(1) a comprehensive number of prenatal ap-
25 pointments and screenings furnished by a maternity

1 care provider, perinatal health worker, or commu-
2 nity-based provider; and

3 “(2) a full-spectrum of postpartum care fur-
4 nished by such a provider for at least a year after
5 birth or the end of pregnancy.

6 “(b) DEFINITIONS.—For purposes of this section:

7 “(1) MATERNITY CARE PROVIDER.—The term
8 ‘maternity care provider’ means a health care pro-
9 vider who—

10 “(A) is a physician, physician assistant, or
11 midwife who meets at a minimum the inter-
12 national definition of the midwife and global
13 standards for midwifery education as estab-
14 lished by the International Confederation of
15 Midwives, nurse practitioner, or clinical nurse
16 specialist; and

17 “(B) has a focus on maternal or perinatal
18 health.

19 “(2) PERINATAL HEALTH WORKER.—The term
20 ‘perinatal health worker’ means a doula, community
21 health worker, peer supporter, breastfeeding and lac-
22 tation educator or counselor, nutritionist or dieti-
23 tian, childbirth educator, social worker, home visitor,
24 language interpreter, or navigator.”.

1 **SEC. 5. ENSURING FREE TESTING, VACCINE, AND TREAT-**
2 **MENT FOR COVID-19 TO PREGNANT PERSONS**
3 **AND TO INFANTS, REGARDLESS OF INSUR-**
4 **ANCE STATUS OR SOURCE OF INSURANCE.**

5 (a) **EXPANSION OF COVERAGE OF TESTING FOR**
6 **COVID-19 TO OTHER PRIVATE PLANS.**—Section 6001(a)
7 of the Families First Coronavirus Response Act (Public
8 Law 116-127) is amended by striking “A group health
9 plan and a health insurance issuer offering group or indi-
10 vidual health insurance coverage (including a grand-
11 fathered health plan (as defined in section 1251(e) of the
12 Patient Protection and Affordable Care Act))” and insert-
13 ing “A group health plan, a health insurance issuer offer-
14 ing group or individual health insurance coverage (includ-
15 ing a grandfathered health plan (as defined in section
16 1251(e) of the Patient Protection and Affordable Care
17 Act)), short-term limited duration insurance, association
18 health plans and health care sharing ministries”.

19 (b) **REQUIREMENT TO PROVIDE COVERAGE FOR**
20 **COVID-19 TREATMENT AFTER THE COVID-19 EMER-**
21 **GENCY PERIOD.**—

22 (1) **STATE MEDICAID PLANS.**—

23 (A) **PLANS WITH TRADITIONAL COST**
24 **SHARING.**—Subsections (a)(2)(F) and (b)(2)(F)
25 of section 1916 of the Social Security Act (42
26 U.S.C. 1396o) are each amended by striking

1 “that is administered during any portion of the
2 emergency period described in such section be-
3 ginning on or after the date of the enactment
4 of this subparagraph (and the administration of
5 such product)”.

6 (B) PLANS WITH ALTERNATIVE COST
7 SHARING.—Section 1916A(b)(3)(B)(xi) of the
8 Social Security Act (42 U.S.C. 1396o-
9 1(b)(3)(B)(xi)) is amended by striking “that is
10 furnished during any such portion”.

11 (2) PRIVATE PLANS.—Section 6001(a) of the
12 Families First Coronavirus Response Act (Public
13 Law 116–127), as amended by paragraph (1), is
14 further amended by striking “furnished during any
15 portion of the emergency period defined in para-
16 graph (1)(B) of section 1135(g) of the Social Secu-
17 rity Act (42 U.S.C. 1320b–5(g)) beginning on or
18 after the date of the enactment of this Act”.

19 (c) STATE MEDICAID PLAN REQUIREMENT TO PRO-
20 VIDE COVERAGE OF TESTING FOR COVID–19 FOR UNIN-
21 SURED PREGNANT PERSONS.—Section 1902(a)(10) of the
22 Social Security Act (42 U.S.C. 1396a(a)(10)) is amend-
23 ed—

24 (1) in subparagraph (F), by striking at the end
25 “and”;

1 (2) in subparagraph (G), by adding at the end
2 “and”; and

3 (3) by inserting after subparagraph (G) the fol-
4 lowing new subparagraph:

5 “(H) for making a clinical diagnostic lab-
6 oratory test administered for the detection of
7 SARS-CoV-2 or the diagnosis of the virus that
8 causes COVID-19 and the administration of
9 such test available to an uninsured pregnant in-
10 dividual.”.

○