

117TH CONGRESS
1ST SESSION

S. 1542

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 10, 2021

Mr. BOOKER (for himself, Ms. BALDWIN, Mrs. GILLIBRAND, Mr. BLUMENTHAL, Ms. STABENOW, and Ms. WARREN) 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 INDIVIDUALS.**

3 (a) EXTENDING CONTINUOUS MEDICAID AND CHIP
 4 COVERAGE FOR PREGNANT AND POSTPARTUM INDIVID-
 5 UALS.—

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

8 (A) in section 1902(e)—

9 (i) in paragraph (6), by striking “60-
 10 day period (beginning on the last day of
 11 her pregnancy)” and inserting “1-year pe-
 12 riod beginning on the last day of the preg-
 13 nancy (or such longer period beginning on
 14 such day as the State may elect)”; and

15 (ii) by striking paragraph (16);

16 (B) in section 1902(l)(1)(A), by striking
 17 “60-day period beginning on the last day of the
 18 pregnancy” and inserting “1-year period begin-
 19 ning on the last day of the pregnancy or such
 20 longer period beginning on such day as the
 21 State may elect”;

22 (C) in section 1903(v)(4)(A)(i), by striking
 23 “60-day period beginning on the last day of the
 24 pregnancy” and inserting “1-year period begin-
 25 ning on the last day of the pregnancy or such

longer period beginning on such day as the State may elect”; and

(D) in section 1905(a), in the 4th sentence in the matter following paragraph (30), by striking “60-day period beginning on the last day of her pregnancy” and inserting “1-year period beginning on the last day of the pregnancy, or such longer period beginning on such day as the State may elect,”.

(2) CHIP.—Title XXI of the Social Security Act (42 U.S.C. 1397 et seq.) is amended—

(A) in section 2107(e)(1)(J)—

(i) by striking “Paragraphs (5) and (16)”;

(ii) by striking “(relating to” and all that follows through the period and inserting “(relating to the provision of medical assistance to pregnant individuals during and following pregnancy under title XIX).”;

(B) in section 2112—

(i) in subsection (d)(2)(A), by striking “60-day period” and all that follows through the semicolon and inserting “1-year period beginning on the last day of

the pregnancy, or such longer period beginning on such day as the State may elect, ends;” and

(ii) in subsection (f)(2)—

(I) by striking “60-day period (beginning on the last day of the pregnancy)” and inserting “1-year period beginning on the last day of the pregnancy, or such longer period beginning on such day as the State may elect,”.

(b) REQUIRING FULL BENEFITS FOR PREGNANT AND POSTPARTUM INDIVIDUALS.—

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

“(5) COVERAGE OF FULL BENEFITS FOR AT LEAST 1 YEAR FOR PREGNANT AND POSTPARTUM INDIVIDUALS.—

“(A) IN GENERAL.—Any individual who, while pregnant, is eligible for and has received medical assistance under the State plan approved under this title or a waiver of such plan (including during a period of retroactive eligibility under subsection (a)(34)) shall continue

1 to be eligible under the plan or waiver for med-
2 ical assistance through the end of the month in
3 which the 1-year period beginning on the last
4 day of the pregnancy, or such longer period be-
5 ginning on such day as the State may elect,
6 ends, regardless of the basis for the individual's
7 eligibility for medical assistance, including if the
8 individual's eligibility for medical assistance is
9 on the basis of being pregnant.

10 “(B) SCOPE OF BENEFITS.—The medical
11 assistance provided for a pregnant or
12 postpartum individual described in subpara-
13 graph (A) shall—

14 “(i) include all items and services cov-
15 ered under the State plan (or waiver) that
16 are not less in amount, duration, or scope,
17 or are determined by the Secretary to be
18 substantially equivalent, to the medical as-
19 sistance available for an individual de-
20 scribed in subsection (a)(10)(A)(i); and

21 “(ii) be provided for the individual
22 while pregnant and during the 1-year pe-
23 riod that begins on the last day of the
24 pregnancy, or such longer period beginning
25 on such day as the State may elect, and

1 ends on the last day of the month in which
 2 such period ends.”.

3 (2) CONFORMING AMENDMENT.—Section
 4 1902(a)(10) of the Social Security Act (42 U.S.C.
 5 1396a(a)(10)) is amended in the matter following
 6 subparagraph (G) by striking “(VII) the medical as-
 7 sistance” and all that follows through “during the
 8 period described in such section,”.

9 (c) REQUIRING COVERAGE OF ORAL HEALTH SERV-
 10 ICES FOR PREGNANT AND POSTPARTUM INDIVIDUALS.—

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

13 (A) in subsection (a)(4)—

14 (i) by striking “; and (D)” and insert-
 15 ing “; (D)”;

16 (ii) by striking “; and (E)” and in-
 17 serting “; (E)”;

18 (iii) by striking “; and (F)” and in-
 19 serting “; (F)”;

20 (iv) by inserting “; and (G) oral
 21 health services for pregnant and
 22 postpartum individuals (as defined in sub-
 23 section (jj))” after “(or waiver of such
 24 plan)”;

1 (B) by adding at the end the following new
 2 subsection:

3 “(jj) ORAL HEALTH SERVICES FOR PREGNANT AND
 4 POSTPARTUM INDIVIDUALS.—

5 “(1) IN GENERAL.—For purposes of this title,
 6 the term ‘oral health services for pregnant and
 7 postpartum individuals’ means dental services nec-
 8 essary to prevent disease and promote oral health,
 9 restore oral structures to health and function, and
 10 treat emergency conditions that are furnished to an
 11 individual during pregnancy (or during the 1 year
 12 period that begins on the last day of the pregnancy,
 13 or such longer period beginning on such day as the
 14 State may elect).

15 “(2) COVERAGE REQUIREMENTS.—To satisfy
 16 the requirement to provide oral health services for
 17 pregnant and postpartum individuals, a State shall,
 18 at a minimum, provide coverage for preventive, diag-
 19 nostic, periodontal, and restorative care consistent
 20 with recommendations for comprehensive perinatal
 21 oral health services and dental services during preg-
 22 nancy from the American Academy of Pediatric
 23 Dentistry and the American College of Obstetricians
 24 and Gynecologists.”.

1 (2) CHIP.—Section 2103(c)(6)(A) of the Social
 2 Security Act (42 U.S.C. 1397cc(c)(6)(A)) is amend-
 3 ed by inserting “or a targeted low-income pregnant
 4 individual” after “targeted low-income child”.

5 (3) TECHNICAL AMENDMENT.—Section
 6 2112(d)(2) of the Social Security Act (42 U.S.C.
 7 1397ll(d)(2)) is amended—

8 (A) in the paragraph header, by inserting
 9 “; TARGETED LOW-INCOME PREGNANT INDIVIDUAL”
 10 after “WOMAN”; and

11 (B) by striking “the term ‘targeted low-in-
 12 come pregnant woman’ means” and inserting
 13 “the terms ‘targeted low-income pregnant
 14 woman’ and ‘targeted low-income pregnant indi-
 15 vidual’ mean”.

16 (d) MAINTENANCE OF EFFORT.—

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

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

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

24 “(tt) MAINTENANCE OF EFFORT RELATED TO LOW-
 25 INCOME PREGNANT INDIVIDUALS.—For calendar quar-

1 ters beginning on or after the date of enactment of this
 2 subsection, and before January 1, 2025, no Federal pay-
 3 ment shall be made to a State under section 1903(a) for
 4 amounts expended under a State plan under this title or
 5 a waiver of such plan if the State—

6 “(1) has in effect under such plan eligibility
 7 standards, methodologies, or procedures (including
 8 any enrollment cap or other numerical limitation on
 9 enrollment, any waiting list, any procedures designed
 10 to delay the consideration of applications for enroll-
 11 ment, any income counting rules, or similar limita-
 12 tion with respect to enrollment) for individuals de-
 13 scribed in subsection (l)(1) who are eligible for med-
 14 ical assistance under the State plan or waiver under
 15 subsection (a)(10)(A)(ii)(IX) that are more restric-
 16 tive than the eligibility standards, methodologies, or
 17 procedures, respectively, for such individuals under
 18 such plan or waiver that are in effect on the date
 19 of the enactment of the Maximizing Outcomes for
 20 Moms through Medicaid Improvement and Enhance-
 21 ment of Services Act; or

22 “(2) reduces the amount, duration, or scope of
 23 medical assistance available to individuals described
 24 in subsection (l)(1) who are eligible for medical as-
 25 sistance under such plan or waiver under subsection

1 (a)(10)(A)(ii)(IX) from what the State provided to
 2 such individuals under such plan or waiver on the
 3 date of the enactment of the Maximizing Outcomes
 4 for Moms through Medicaid Improvement and En-
 5 hancement of Services Act.”.

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

10 “(g) MAINTENANCE OF EFFORT.—For calendar
 11 quarters beginning on or after January 1, 2022, and be-
 12 fore January 1, 2025, no payment may be made under
 13 section 2105(a) with respect to a State child health plan
 14 if the State—

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

1 through Medicaid Improvement and Enhancement of
2 Services Act; or

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

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

14 (1) in subsection (b), by striking “and (ii)” and
15 inserting “(ii), and (kk)”;

16 (2) by adding at the end the following new sub-
17 section:

18 “(kk) INCREASED FMAP FOR ADDITIONAL EXPEND-
19 ITURES FOR LOW-INCOME PREGNANT INDIVIDUALS.—
20 For calendar quarters beginning on or after January 1,
21 2021, notwithstanding subsection (b), the Federal medical
22 assistance 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 individuals under the Med-
 11 icaid program under title XIX of the Social Se-
 12 curity Act (42 U.S.C. 1396 et seq.) and the
 13 Children’s Health Insurance Program under
 14 title XXI of the Social Security Act (42 U.S.C.
 15 1397aa et seq.); and

16 (B) postpartum individuals under the Med-
 17 icaid program and the Children’s Health Insur-
 18 ance Program who received assistance under ei-
 19 ther 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 indi-

1 individuals are eligible under another insurance af-
2 fordability program, and in transitioning any
3 such individuals who are so eligible to coverage
4 under such a program at the end of their period
5 of eligibility for medical assistance, pursuant to
6 section 435.1200 of the title 42, Code of Fed-
7 eral Regulations (as in effect on September 1,
8 2018).

9 (B) Information on factors contributing to
10 gaps in coverage that disproportionately impact
11 underserved populations, including low-income
12 individuals, Black, Indigenous, and other indi-
13 viduals of color, individuals who reside in a
14 health professional shortage area (as defined in
15 section 332(a)(1)(A) of the Public Health Serv-
16 ice Act (42 U.S.C. 254e(a)(1)(A))) or individ-
17 uals who are members of a medically under-
18 served population (as defined by section
19 330(b)(3) of such Act (42 U.S.C.
20 254b(b)(3)(A))).

21 (C) Recommendations for addressing and
22 reducing such gaps in coverage.

23 (D) Such other information as the Comp-
24 troller General deems necessary.

1 (3) DATA DISAGGREGATION.—To the greatest
 2 extent possible, the Comptroller General shall
 3 dissaggregate data presented in the report, including
 4 by age, gender identity, race, ethnicity, income level,
 5 and other demographic factors.

6 (g) EFFECTIVE DATE.—The amendments made by
 7 subsections (a) and (b) shall take effect January 1, 2021.

8 **SEC. 3. MATERNITY CARE HOME DEMONSTRATION**
 9 **PROJECT.**

10 Title XIX of the Social Security Act (42 U.S.C. 1396
 11 et seq.) is amended by inserting the following new section
 12 after section 1947:

13 **“SEC. 1948. MATERNITY CARE HOME DEMONSTRATION**
 14 **PROJECT.**

15 “(a) IN GENERAL.—Not later than 1 year after the
 16 date of the enactment of this section, the Secretary shall
 17 establish a demonstration project (in this section referred
 18 to as the ‘demonstration project’) under which the Sec-
 19 retary shall provide grants to States to enter into arrange-
 20 ments with eligible entities to implement or expand a ma-
 21 ternity care home model for eligible individuals.

22 “(b) DEFINITIONS.—In this section:

23 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
 24 tity’ means an entity or organization that provides
 25 medically accurate, comprehensive maternity services

1 to individuals who are eligible for medical assistance
2 under a State plan under this title or a waiver of
3 such a plan, and may include:

4 “(A) A freestanding birth center.

5 “(B) An entity or organization receiving
6 assistance under section 330 of the Public
7 Health Service Act.

8 “(C) A federally qualified health center.

9 “(D) A rural health clinic.

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

14 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
15 individual’ means a pregnant individual or a for-
16 merly pregnant individual during the 1-year period
17 beginning on the last day of the pregnancy, or such
18 longer period beginning on such day as a State may
19 elect, who is—

20 “(A) enrolled in a State plan under this
21 title, a waiver of such a plan, or a State child
22 health plan under title XXI; and

23 “(B) a patient of an eligible entity which
24 has entered into an arrangement with a State
25 under subsection (g).

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

3 “(1) To improve—

4 “(A) maternity and infant care outcomes;

5 “(B) birth equity;

6 “(C) health equity for—

7 “(i) Black, Indigenous, and other peo-
8 ple of color;

9 “(ii) lesbian, gay, bisexual, transgen-
10 der, queer, non-binary, and gender noncon-
11 firming individuals;

12 “(iii) people with disabilities; and

13 “(iv) other underserved populations;

14 “(D) communication by maternity, infant
15 care, and social services providers;

16 “(E) integration of perinatal support serv-
17 ices, including community health workers,
18 doulas, social workers, public health nurses,
19 peer lactation counselors, lactation consultants,
20 childbirth educators, peer mental health work-
21 ers, and others, into health care entities and or-
22 ganizations;

23 “(F) care coordination between maternity,
24 infant care, oral health services, and social serv-
25 ices providers within the community;

1 “(G) the quality and safety of maternity
2 and infant care;

3 “(H) the experience of individuals receiv-
4 ing maternity care, including by increasing the
5 ability of an individual to develop and follow
6 their own birthing plans; and

7 “(I) access to adequate prenatal and
8 postpartum care, including—

9 “(i) prenatal care that is initiated in
10 a timely manner;

11 “(ii) not fewer than 5 post-pregnancy
12 visits to a maternity care provider; and

13 “(iii) interpregnancy care.

14 “(2) To provide coordinated, evidence-based, re-
15 spectful, culturally and linguistically appropriate,
16 and person-centered maternity care management.

17 “(3) To decrease—

18 “(A) severe and preventable maternal mor-
19 bidity and maternal mortality;

20 “(B) overall health care spending;

21 “(C) unnecessary emergency department
22 visits;

23 “(D) disparities in maternal and infant
24 care outcomes, including racial, economic, dis-

1 ability, gender-based, and geographical dispari-
 2 ties;

3 “(E) racial, gender, economic, and other
 4 discrimination among among health care profes-
 5 sionals;

6 “(F) racism, discrimination, disrespect,
 7 and abuse in maternity care settings;

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

10 “(H) the rate of preterm births and in-
 11 fants born with low birth weight; and

12 “(I) 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 services pro-
 21 fessionals;

22 “(3) organizations, particularly reproductive
 23 justice and birth justice organizations led by people
 24 of color, that represent consumers of maternal
 25 health care, including consumers of maternal health

1 care who are disproportionately impacted by poor
2 maternal health outcomes;

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

7 “(5) community-based health care professionals,
8 including doulas, lactation consultants, and other
9 stakeholders;

10 “(6) experts in promoting health equity and
11 combating racial bias in health care settings; and

12 “(7) Black, Indigenous, and other maternal
13 health care consumers of color who have experienced
14 severe maternal morbidity.

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

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

20 “(2) SELECTION OF STATES.—

21 “(A) IN GENERAL.—The Secretary shall
22 select at least 10 States to participate in the
23 demonstration project.

1 “(B) SELECTION REQUIREMENTS.—In se-
2 lecting States to participate in the demonstra-
3 tion project, the Secretary shall—

4 “(i) ensure that there is geographic
5 and regional diversity in the areas in which
6 activities will be carried out under the
7 project;

8 “(ii) ensure that States with signifi-
9 cant disparities in maternal and infant
10 health outcomes, including severe maternal
11 morbidity, and other disparities based on
12 race, income, or access to maternity care,
13 are included; and

14 “(iii) ensure that at least 1 territory
15 is included.

16 “(f) GRANTS.—

17 “(1) IN GENERAL.—From amounts appro-
18 priated under subsection (l), the Secretary shall
19 award 1 grant for each year of the demonstration
20 project to each State that is selected to participate
21 in the demonstration project.

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

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

4 “(B) provide financial incentives to health
5 care professionals, including community-based
6 health care workers and community-based
7 doulas, who participate in the State’s maternity
8 care home model;

9 “(C) provide adequate training for health
10 care professionals, including community-based
11 health care workers, doulas, and care coordina-
12 tors, who participate in the State’s maternity
13 care home model, which may include training
14 for cultural humility and antiracism, racial bias,
15 health equity, reproductive and birth justice,
16 trauma-informed care, home visiting skills, and
17 respectful communication and listening skills,
18 particularly in regards to maternal health;

19 “(D) pay for personnel and administrative
20 expenses associated with designing, imple-
21 menting, and operating the State’s maternity
22 care home model;

23 “(E) pay for items and services that are
24 furnished under the State’s maternity care

1 home model and for which payment is otherwise
 2 unavailable under this title;

3 “(F) pay for services and materials to en-
 4 sure culturally and linguistically appropriate
 5 communication, including—

6 “(i) language services such as inter-
 7 preters and translation of written mate-
 8 rials; and

9 “(ii) development of culturally and lin-
 10 guistically appropriate materials; and aux-
 11 iliary aids and services; and

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

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

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

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

1 “(ii) evaluate the outcomes of the
 2 demonstration project in each participating
 3 State.

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

8 “(i) a yearly evaluation report for
 9 each year of the demonstration project;
 10 and

11 “(ii) a final impact report after the
 12 demonstration project has concluded.

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

19 “(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—

20 “(1) IN GENERAL.—As a condition of receiving
 21 a grant under this section, a State shall enter into
 22 an arrangement with one or more eligible entities
 23 that meets the requirements of paragraph (2).

24 “(2) ARRANGEMENTS WITH ELIGIBLE ENTI-
 25 TIES.—Under an arrangement between a State and

1 an eligible entity under this subsection, the eligible
2 entity shall perform the following functions, with re-
3 spect to eligible individuals enrolled with the entity
4 under the State’s maternity care home model—

5 “(A) provide culturally and linguistically
6 appropriate congruent care, which may include
7 prenatal care, family planning services, medical
8 care, mental and behavioral care, postpartum
9 care, and oral health services to such eligible in-
10 dividuals through a team of health care profes-
11 sionals, which may include obstetrician-gyne-
12 cologists, maternal-fetal medicine specialists,
13 family physicians, primary care providers, oral
14 health providers, physician assistants, advanced
15 practice registered nurses such as nurse practi-
16 tioners and certified nurse midwives, certified
17 midwives, certified professional midwives, phys-
18 ical therapists, social workers, traditional and
19 community-based doulas, lactation consultants,
20 childbirth educators, community health workers,
21 peer mental health supporters, and other health
22 care professionals;

23 “(B) conduct a risk assessment of each
24 such eligible individual to determine if their
25 pregnancy is high or low risk, and establish a

1 tailored pregnancy care plan, which takes into
2 consideration the individual's own preferences
3 and pregnancy care and birthing plans and de-
4 termines the appropriate support services to re-
5 duce the individual's medical, social, and envi-
6 ronmental risk factors, for each such eligible in-
7 dividual based on the results of such risk as-
8 sessment;

9 “(C) assign each such eligible individual to
10 a culturally and linguistically appropriate care
11 coordinator, which may be a nurse, social work-
12 er, traditional or community-based doula, com-
13 munity health worker, midwife, or other health
14 care provider, who is responsible for ensuring
15 that such eligible individual receives the nec-
16 essary medical care and connections to essential
17 support services;

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

21 “(i) food access, nutrition, and exer-
22 cise;

23 “(ii) smoking cessation;

24 “(iii) substance use disorder and ad-
25 diction treatment;

- 1 “(iv) anxiety, depression, trauma, and
- 2 other mental and behavioral health issues;
- 3 “(v) breast feeding, chestfeeding, or
- 4 other infant feeding options supports, initi-
- 5 ation, continuation, and duration;
- 6 “(vi) stable, affordable, safe, and
- 7 healthy housing;
- 8 “(vii) transportation;
- 9 “(viii) intimate partner violence;
- 10 “(ix) community and police violence;
- 11 “(x) home visiting services;
- 12 “(xi) childbirth and newborn care edu-
- 13 cation;
- 14 “(xii) oral health education;
- 15 “(xiii) continuous labor support;
- 16 “(xiv) group prenatal care;
- 17 “(xv) family planning and contracep-
- 18 tive care and supplies; and
- 19 “(xvi) affordable child care;
- 20 “(E) as appropriate, facilitate connections
- 21 to a usual primary care provider, which may be
- 22 a reproductive health care provider;
- 23 “(F) refer to guidelines and opinions of
- 24 medical associations when determining whether

1 an elective delivery should be performed on an
2 eligible individual before 39 weeks of gestation;

3 “(G) provide such eligible individual with
4 evidence-based and culturally and linguistically
5 appropriate education and resources to identify
6 potential warning signs of pregnancy and
7 postpartum complications and when and how to
8 obtain medical attention;

9 “(H) provide, or arrange for the provision
10 of, culturally and linguistically appropriate
11 pregnancy and postpartum health services, in-
12 cluding family planning counseling and services,
13 to eligible individuals;

14 “(I) track and report postpartum health
15 and birth outcomes of such eligible individuals
16 and their children;

17 “(J) ensure that care is person-centered,
18 culturally and linguistically appropriate, and
19 patient-led, including by engaging eligible indi-
20 viduals in their own care, including through
21 communication and education; and

22 “(K) ensure adequate training for appro-
23 priately serving the population of individuals el-
24 igible for medical assistance under the State
25 plan or waiver of such plan, including through

1 reproductive justice, birth justice, birth equity,
 2 and anti-racist frameworks, home visiting skills,
 3 and knowledge of social services.

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

7 “(i) WAIVER AUTHORITY.—To the extent that the
 8 Secretary determines necessary in order to carry out the
 9 demonstration project, the Secretary may waive section
 10 1902(a)(1) (relating to statewideness) and section
 11 1902(a)(10)(B) (relating to comparability).

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

17 “(k) REPORT.—

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

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

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

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

11 “(1) AUTHORIZATION OF APPROPRIATIONS.—There
 12 are authorized to be appropriated to the Secretary, for
 13 each of fiscal years 2022 through 2029, such sums as may
 14 be necessary to carry out this section.”.

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

19 (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-
 20 TIONAL PROVIDERS.—

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

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

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

3 (C) by adding at the end the following new
4 subparagraph:

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

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

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

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

15 (2) CONFORMING AMENDMENTS.—

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

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

22 (i) by striking “Notwithstanding” and
 23 inserting the following:

24 “(1) IN GENERAL.—Notwithstanding”;

1 (ii) by striking “section
2 1902(a)(13)(C)” and inserting “subpara-
3 graph (C) of section 1902(a)(13)”;

4 (iii) by inserting “or for services de-
5 scribed in subparagraph (D) of section
6 1902(a)(13) furnished during an additional
7 period specified in paragraph (2),” after
8 “2015,”;

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

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

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

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

21 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-
22 tion 1902(jj) of the Social Security Act (42 U.S.C.
23 1396a(jj)) is amended—

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

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

6 “(1) IN GENERAL.—

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

10 (3) by inserting after clause (ii) (as so redesign-
 11 ated) the following:

12 “(B) EXCLUSIONS.—Such term does not
 13 include any services described in subparagraph
 14 (A) or (B) of paragraph (1) if such services are
 15 provided in an emergency department of a hos-
 16 pital.

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

21 “(A) A physician with a primary specialty
 22 designation of family medicine, general internal
 23 medicine, or pediatric medicine, or obstetrics
 24 and gynecology.

1 “(B) An advanced practice clinician, as de-
2 fined by the Secretary, that works under the
3 supervision of—

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

6 “(ii) a nurse practitioner or a physi-
7 cian assistant (as such terms are defined
8 in section 1861(aa)(5)(A)) who is working
9 in accordance with State law; or

10 “(iii) or a certified nurse-midwife (as
11 defined in section 1861(gg)) or a certified
12 professional midwife who is working in ac-
13 cordance with State law.

14 “(C) A rural health clinic, federally quali-
15 fied health center, health center that receives
16 funding under title X of the Public Health
17 Service Act, or other health clinic that receives
18 reimbursement on a fee schedule applicable to
19 a physician.

20 “(D) An advanced practice clinician super-
21 vised by a physician described in subparagraph
22 (A), another advanced practice clinician, or a
23 certified nurse-midwife.

24 “(E) A midwife who is working in accord-
25 ance with State law.”.

1 (c) ENSURING PAYMENT BY MANAGED CARE ENTI-
 2 TIES.—

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

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

8 (B) by realigning the left margin of clause
 9 (xiii) so as to align with the left margin of
 10 clause (xii) and by striking the period at the
 11 end of clause (xiii) and inserting “; and”; and

12 (C) by inserting after clause (xiii) the fol-
 13 lowing:

14 “(xiv) such contract provides that (I) payments
 15 to providers specified in section 1902(a)(13)(D) for
 16 primary care services defined in section 1902(jj)
 17 that are furnished during a year or period specified
 18 in section 1902(a)(13)(D) and section 1905(dd) are
 19 at least equal to the amounts set forth and required
 20 by the Secretary by regulation, (II) the entity shall,
 21 upon request, provide documentation to the State,
 22 sufficient to enable the State and the Secretary to
 23 ensure compliance with subclause (I), and (III) the
 24 Secretary shall approve payments described in sub-
 25 clause (I) that are furnished through an agreed

1 upon capitation, partial capitation, or other value-
 2 based payment arrangement if the capitation, partial
 3 capitation, or other value-based payment arrange-
 4 ment is based on a reasonable methodology and the
 5 entity provides documentation to the State sufficient
 6 to enable the State and the Secretary to ensure com-
 7 pliance with subclause (I).”.

8 (2) CONFORMING AMENDMENT.—Section
 9 1932(f) of the Social Security Act (42 U.S.C.
 10 1396u–2(f)) is amended—

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

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

16 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**
 17 **ING ACCESS TO DOULA SERVICES FOR MED-**
 18 **ICAID BENEFICIARIES.**

19 (a) MACPAC REPORT.—

20 (1) IN GENERAL.—Not later than 1 year after
 21 the date of the enactment of this Act, the Medicaid
 22 and CHIP Payment and Access Commission (re-
 23 ferred to in this section as “MACPAC”) shall pub-
 24 lish a report on the coverage of doula services under

1 State Medicaid programs, which shall at a minimum
2 include the following:

3 (A) Information about coverage for doula
4 services under State Medicaid programs that
5 currently provide coverage for such care, includ-
6 ing the type of doula services offered (such as
7 prenatal, labor and delivery, postpartum sup-
8 port, and also community-based and traditional
9 doula services).

10 (B) An analysis of barriers to covering
11 doula services under State Medicaid programs.

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

21 (D) Recommendations for legislative and
22 administrative actions to increase access to
23 doula services in State Medicaid programs, in-
24 cluding actions that ensure doulas may earn a
25 living wage that accounts for their time and

1 costs associated with providing care and com-
2 munity-based doula program administration
3 and operation.

4 (2) STAKEHOLDER CONSULTATION.—In devel-
5 oping the report required under paragraph (1),
6 MACPAC shall consult with relevant stakeholders,
7 including—

8 (A) States;

9 (B) organizations, especially reproductive
10 justice and birth justice organizations led by
11 people of color, representing consumers of ma-
12 ternal health care, including those that are dis-
13 proportionately impacted by poor maternal
14 health outcomes;

15 (C) organizations and individuals rep-
16 resenting doulas, including community-based
17 doula programs and those who serve under-
18 served communities, including communities of
19 color, and communities facing linguistic or cul-
20 tural barriers;

21 (D) organizations representing health care
22 providers; and

23 (E) Black, Indigenous, and other maternal
24 health care consumers of color who have experi-
25 enced severe maternal morbidity.

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 services under Medicaid. Such guidance shall
 8 at a minimum include—

9 (A) options for States to provide medical
 10 assistance for doula services under State Med-
 11 icaid programs;

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

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

24 (2) STAKEHOLDER CONSULTATION.—In devel-
 25 oping the guidance required under paragraph (1),

1 the Administrator of the Centers for Medicare &
2 Medicaid Services shall consult with MACPAC and
3 other relevant stakeholders, including—

4 (A) State Medicaid officials;

5 (B) organizations representing consumers
6 of maternal health care, including those that
7 are disproportionately impacted by poor mater-
8 nal health outcomes;

9 (C) organizations representing doulas, in-
10 cluding community-based doulas and those who
11 serve underserved communities, such as com-
12 munities of color and communities facing lin-
13 guistic or cultural barriers; and

14 (D) organizations representing medical
15 professionals.

16 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**
17 **OF TELEHEALTH TO INCREASE ACCESS TO**
18 **MATERNITY CARE.**

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

1 (1) The number of State Medicaid programs
2 that utilize telehealth that increases access to mater-
3 nity care.

4 (2) With respect to State Medicaid programs
5 that utilize telehealth that increases access to mater-
6 nity care, information about—

7 (A) common characteristics of such pro-
8 grams' approaches to utilizing telehealth that
9 increases access to maternity care;

10 (B) differences in States' approaches to
11 utilizing telehealth to improve access to mater-
12 nity care, and the resulting differences in State
13 maternal health outcomes, as determined by
14 factors described in subsection (C); and

15 (C) when compared to patients who receive
16 maternity care in-person, what is known
17 about—

18 (i) the demographic characteristics,
19 such as race, ethnicity, sex, sexual orienta-
20 tion, gender identity, disability status, age,
21 and preferred language of the individuals
22 enrolled in such programs who use tele-
23 health to access maternity care;

24 (ii) health outcomes for such individ-
25 uals, including frequency of mortality and

1 severe morbidity, as compared to individ-
2 uals with similar characteristics who did
3 not use telehealth to access maternity care;

4 (iii) the services provided to individ-
5 uals through telehealth, including family
6 planning services, mental health care serv-
7 ices, and oral health services;

8 (iv) the devices and equipment pro-
9 vided to individuals for remote patient
10 monitoring and telehealth, including blood
11 pressure monitors and blood glucose mon-
12 itors;

13 (v) the quality of maternity care pro-
14 vided through telehealth, including whether
15 maternity care provided through telehealth
16 is culturally and linguistically appropriate;

17 (vi) the level of patient satisfaction
18 with maternity care provided through tele-
19 health to individuals enrolled in State Med-
20 icaid programs;

21 (vii) the impact of utilizing telehealth
22 to increase access to maternity care on
23 spending, cost savings, access to care, and
24 utilization of care under State Medicaid
25 programs; and

1 (viii) the accessibility and effectiveness
2 of telehealth for maternity care during the
3 COVID–19 pandemic.

4 (3) An identification and analysis of the bar-
5 riers to using telehealth to increase access to mater-
6 nity care under State Medicaid programs.

7 (4) Recommendations for such legislative and
8 administrative actions related to increasing access to
9 telehealth maternity services under Medicaid as the
10 Comptroller General deems appropriate.

○