

118TH CONGRESS
1ST SESSION

H. R. 3346

To direct the Administrator of the Centers for Medicare & Medicaid Services to implement the Perinatal Care Alternative Payment Model Demonstration Project to test various payment models with respect to maternity care provided to pregnant and postpartum individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2023

Ms. SCHAKOWSKY (for herself, Mr. AGUILAR, Mr. ALLRED, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BUSH, Ms. CARAVEO, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Mrs. CHERFILUS-McCORMICK, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Ms. CRAIG, Ms. CROCKETT, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. ESCOBAR, Mr. ESPAILLAT, Mr. EVANS, Mrs. FOUSHEE, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GREEN of Texas, Mrs. HAYES, Mr. HORSFORD, Mr. HUFFMAN, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHY, Ms. KUSTER, Ms. LEE of California, Mr. LIEU, Ms. LOFGREN, Mrs. MCBATH, Mrs. McCLELLAN, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Mr. MORELLE, Mr. MOULTON, Ms. MOORE of Wisconsin, Mr. MRVAN, Mr. MULLIN, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. OCASIO-CORTEZ, Mr. PAPPAS, Mr. PAYNE, Mr. PHILLIPS, Ms. PORTER, Ms. PRESSLEY, Mr. RUPPERSBERGER, Ms. SALINAS, Ms. SCANLON, Mr. SCHIFF, Mr. SCHNEIDER, Ms. SCHOLTEN, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Mr. SMITH of Washington, Mr. SOTO, Ms. SPANBERGER, Ms. STANSBURY, Ms. STRICKLAND, Mrs. SYKES, Mr. TAKANO, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. TRONE, Mr. VARGAS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WEXTON, Ms. WILLIAMS of Georgia, Mr. PASCARELL, Ms. DELBENE, and Mr. LYNCH) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Administrator of the Centers for Medicare & Medicaid Services to implement the Perinatal Care Alternative Payment Model Demonstration Project to test various payment models with respect to maternity care provided to pregnant and postpartum individuals, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Innovative Maternal Payment and Coverage To Save Moms Act” or the “IMPACT to Save Moms Act”.

SEC. 2. PERINATAL CARE ALTERNATIVE PAYMENT MODEL DEMONSTRATION PROJECT.

(a) IN GENERAL.—For the period of fiscal years 2024 through 2028, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Administrator of the Centers for Medicare & Medicaid Services, shall establish and implement, in accordance with the requirements of this section, a demonstration project, to be known as the Perinatal Care Alternative Payment Model Demonstration Project (referred to in this section as the “Demonstration Project”), for purposes of allowing States to test payment models under their State plans under title XIX of the Social Secu-

1 rity Act (42 U.S.C. 1396 et seq.) and State child health
2 plans under title XXI of such Act (42 U.S.C. 1397aa et
3 seq.) with respect to maternity care provided to pregnant
4 and postpartum individuals enrolled in such State plans
5 and State child health plans.

6 (b) COORDINATION.—In establishing the Demonstra-
7 tion Project, the Secretary shall coordinate with stake-
8 holders such as—

9 (1) State Medicaid programs;

10 (2) maternity care providers and organizations
11 representing maternity care providers;

12 (3) relevant organizations representing patients,
13 with a particular focus on patients from demo-
14 graphic groups with elevated rates of maternal mor-
15 tality, severe maternal morbidity, maternal health
16 disparities, or other adverse perinatal or childbirth
17 outcomes;

18 (4) relevant community-based organizations,
19 particularly organizations that seek to improve ma-
20 ternal health outcomes for individuals from demo-
21 graphic groups with elevated rates of maternal mor-
22 tality, severe maternal morbidity, maternal health
23 disparities, or other adverse perinatal or childbirth
24 outcomes;

25 (5) perinatal health workers;

1 (6) relevant health insurance issuers;

2 (7) hospitals, health systems, midwifery prac-
3 tices, freestanding birth centers (as such term is de-
4 fined in paragraph (3)(B) of section 1905(l) of the
5 Social Security Act (42 U.S.C. 1396d(l))), Feder-
6 ally-qualified health centers (as such term is defined
7 in paragraph (2)(B) of such section), and rural
8 health clinics (as such term is defined in section
9 1861(aa) of such Act (42 U.S.C. 1395x(aa)));

10 (8) researchers and policy experts in fields re-
11 lated to maternity care payment models; and

12 (9) any other stakeholders as the Secretary de-
13 termines appropriate, with a particular focus on
14 stakeholders from demographic groups with elevated
15 rates of maternal mortality, severe maternal mor-
16 bidity, maternal health disparities, or other adverse
17 perinatal or childbirth outcomes.

18 (c) CONSIDERATIONS.—In establishing the Dem-
19 onstration Project, the Secretary shall consider any alter-
20 native payment model that—

21 (1) is designed to improve maternal health out-
22 comes for individuals from demographic groups with
23 elevated rates of maternal mortality, severe maternal
24 morbidity, maternal health disparities, or other ad-
25 verse perinatal or childbirth outcomes;

1 (2) includes methods for stratifying patients by
2 pregnancy risk level and, as appropriate, adjusting
3 payments under such model to take into account
4 pregnancy risk level, including consideration of the
5 appropriate transfer of patients by pregnancy risk
6 level;

7 (3) establishes evidence-based quality metrics
8 for such payments;

9 (4) includes consideration of nonhospital birth
10 settings such as freestanding birth centers (as so de-
11 fined);

12 (5) includes consideration of social deter-
13 minants of maternal health;

14 (6) includes diverse maternity care teams that
15 include—

16 (A) maternity care providers, mental and
17 behavioral health care providers acting in ac-
18 cordance with State law, and registered dieti-
19 tians or nutrition professionals (as such term is
20 defined in section 1395x(vv)(2) of title 42,
21 United States Code)—

22 (i) from racially, ethnically, and pro-
23 fessionally diverse backgrounds;

1 (ii) with experience practicing in ra-
2 cially and ethnically diverse communities;
3 or

4 (iii) who have undergone training on
5 implicit bias and racism; and

6 (B) perinatal health workers; or

7 (7) includes consideration of maternal mental
8 health conditions and substance use disorders.

9 (d) ELIGIBILITY.—To be eligible to participate in the
10 Demonstration Project, a State shall submit an applica-
11 tion to the Secretary at such time, in such manner, and
12 containing such information as the Secretary may require.

13 (e) EVALUATION.—The Secretary shall conduct an
14 evaluation of the Demonstration Project to determine the
15 impact of the Demonstration Project on—

16 (1) maternal health outcomes, with data strati-
17 fied by race, ethnicity, primary language, socio-
18 economic status, geography, insurance type, and
19 other factors as the Secretary determines appro-
20 priate;

21 (2) spending on maternity care by States par-
22 ticipating in the Demonstration Project;

23 (3) to the extent practicable, qualitative and
24 quantitative measures of patient experience; and

1 (4) any other areas of assessment that the Sec-
2 retary determines relevant.

3 (f) REPORT.—Not later than one year after the com-
4 pletion or termination date of the Demonstration Project,
5 the Secretary shall submit to the Congress, and make pub-
6 licly available, a report containing—

7 (1) the results of any evaluation conducted
8 under subsection (e); and

9 (2) a recommendation regarding whether the
10 Demonstration Project should be continued after fis-
11 cal year 2028 and expanded on a national basis.

12 (g) DEFINITIONS.—In this section:

13 (1) ALTERNATIVE PAYMENT MODEL.—The
14 term “alternative payment model” has the meaning
15 given such term in section 1833(z)(3)(C) of the So-
16 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

17 (2) MATERNAL MORTALITY.—The term “mater-
18 nal mortality” means a death occurring during or
19 within a 1-year period after pregnancy, caused by
20 pregnancy-related or childbirth complications, in-
21 cluding a suicide, overdose, or other death resulting
22 from a mental health or substance use disorder at-
23 tributed to or aggravated by pregnancy-related or
24 childbirth complications.

1 (2) MATERNITY CARE PROVIDER.—The term
2 “maternity care provider” means a health care pro-
3 vider who—

4 (A) is a physician, a physician assistant, a
5 midwife who meets, at a minimum, the inter-
6 national definition of a midwife and global
7 standards for midwifery education as estab-
8 lished by the International Confederation of
9 Midwives, an advanced practice registered
10 nurse, or a lactation consultant certified by the
11 International Board of Lactation Consultant
12 Examiners; and

13 (B) has a focus on maternal or perinatal
14 health.

15 (3) PERINATAL.—The term “perinatal” means
16 the period beginning on the day an individual be-
17 comes pregnant and ending on the last day of the
18 1-year period beginning on the last day of such indi-
19 vidual’s pregnancy.

20 (4) PERINATAL HEALTH WORKER.—The term
21 “perinatal health worker” means a nonclinical health
22 worker focused on maternal or perinatal health, such
23 as a doula, community health worker, peer sup-
24 porter, lactation educator or counselor, nutritionist
25 or dietitian, childbirth educator, social worker, home

1 visitor, patient navigator or coordinator, or language
2 interpreter.

3 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
4 The terms “postpartum” and “postpartum period”
5 refer to the 1-year period beginning on the last day
6 of the pregnancy of an individual.

7 (9) SEVERE MATERNAL MORBIDITY.—The term
8 “severe maternal morbidity” means a health condi-
9 tion, including mental health conditions and sub-
10 stance use disorders, attributed to or aggravated by
11 pregnancy or childbirth that results in significant
12 short-term or long-term consequences to the health
13 of the individual who was pregnant.

14 (10) SOCIAL DETERMINANTS OF MATERNAL
15 HEALTH.—The term “social determinants of mater-
16 nal health” means nonclinical factors that impact
17 maternal health outcomes.

18 (h) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated such sums as are nec-
20 essary to carry out this section.

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