116TH CONGRESS
1ST SESSION

H. R. 2602

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 HOUSE OF REPRESENTATIVES

MAY 8, 2019

Ms. PRESSLEY (for herself, Ms. ADAMS, and Ms. UNDERWOOD) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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 ''Healthy MOMMIES
5 Act''.

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

8 (a) EXTENDING CONTINUOUS MEDICAID AND CHIP
9 COVERAGE FOR PREGNANT AND POSTPARTUM WOMEN.—

1 (1) MEDICAID.—Title XIX of the Social Secu-
2 rity Act (42 U.S.C. 1396 et seq.) is amended—
3 (A) in section 1902(l)(1)(A), by striking
4 ''60-day period'' and inserting ''365-day pe-
5 riod'';
6 (B) in section 1902(e)(6), by striking ''60-
7 day period'' and inserting ''365-day period'';
8 (C) in section 1903(v)(4)(A)(i), by striking
9 ''60-day period'' and inserting ''365-day pe-
10 riod''; and
11 (D) in section 1905(a), in the 4th sentence
12 in the matter following paragraph (30), by
13 striking ''60-day period'' and inserting ''365-
14 day period''.
15 (2) CHIP.—Section 2112 of the Social Security
16 Act (42 U.S.C. 1397ll) is amended by striking ''60-
17 day period'' each place it appears and inserting
18 ''365-day period''.
19 (b) REQUIRING FULL BENEFITS FOR PREGNANT
20 AND POSTPARTUM WOMEN.—
21 (1) MEDICAID.—
22 (A) IN GENERAL.—Paragraph (5) of sec-
23 tion 1902(e) of the Social Security Act (24
24 U.S.C. 1396a(e)) is amended to read as follows:

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

12 (B) CONFORMING AMENDMENT.—Section
13 1902(a)(10) of the Social Security Act (42
14 U.S.C. 1396a(a)(10)) is amended in the matter
15 following subparagraph (G) by striking "(VII)
16 the medical assistance" and all that follows
17 through "complicate pregnancy,".

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

20 (A) by redesignating subparagraphs (H)
21 through (S) as subparagraphs (I) through (T),
22 respectively; and

23 (B) by inserting after subparagraph (G),
24 the following:

1 "(H) Section 1902(e)(5) (requiring 365-
2 day continuous coverage for pregnant and
3 postpartum women).".
4 (c) REQUIRING COVERAGE OF ORAL HEALTH SERV-
5 ICES FOR PREGNANT AND POSTPARTUM WOMEN.—
6 (1) MEDICAID.—Section 1905 of the Social Se-
7 curity Act (42 U.S.C. 1396d) is amended—
8 (A) in subsection (a)(4)—
9 (i) by striking "; and (D)" and insert-
10 ing "; (D)"; and
11 (ii) by inserting "; and (E) oral health
12 services for pregnant and postpartum
13 women (as defined in subsection (ff))"
14 after "subsection (bb))"; and
15 (B) by adding at the end the following new
16 subsection:
17 "(ff) ORAL HEALTH SERVICES FOR PREGNANT AND
18 POSTPARTUM WOMEN.—
19 "(1) IN GENERAL.—For purposes of this title,
20 the term 'oral health services for pregnant and
21 postpartum women' means dental services necessary
22 to prevent disease and promote oral health, restore
23 oral structures to health and function, and treat
24 emergency conditions that are furnished to a woman

1 during pregnancy (or during the 365-day period be-
2 ginning on the last day of the pregnancy).
3 "(2) COVERAGE REQUIREMENTS.—To satisfy
4 the requirement to provide oral health services for
5 pregnant and postpartum women, a State shall, at
6 a minimum, provide coverage for preventive, diag-
7 nostic, periodontal, and restorative care consistent
8 with recommendations for perinatal oral health care
9 and dental care during pregnancy from the Amer-
10 ican Academy of Pediatric Dentistry and the Amer-
11 ican College of Obstetricians and Gynecologists.".
12 (2) CHIP.—Section 2103(c)(5)(A) of the Social
13 Security Act (42 U.S.C. 1397cc(c)(5)(A)) is amend-
14 ed by inserting "or a targeted low-income pregnant
15 woman" after "targeted low-income child".
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 (qq);"; and
22 (B) by adding at the end the following new
23 subsection:
24 "(qq) MAINTENANCE OF EFFORT RELATED TO LOW-
25 INCOME PREGNANT WOMEN.—For calendar quarters be-

1 ginning on or after the date of enactment of this sub-
2 section, and before January 1, 2023, no Federal payment
3 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, or similar limitation with respect to enroll-
12 ment) for individuals described in subsection (l)(1)
13 who are eligible for medical assistance under the
14 State plan or waiver under subsection
15 (a)(10)(A)(ii)(IX) that are more restrictive than the
16 eligibility standards, methodologies, or procedures,
17 respectively, for such individuals under such plan or
18 waiver that are in effect on the date of the enact-
19 ment of the Healthy MOMMIES Act; or

20 "(2) provides medical assistance to individuals
21 described in subsection (l)(1) who are eligible for
22 medical assistance under such plan or waiver under
23 subsection (a)(10)(A)(ii)(IX) at a level that is less
24 than the level at which the State provides such as-
25 sistance to such individuals under such plan or waiv-

1 er on the date of the enactment of the Healthy
2 MOMMIES Act.''.
3 (2) CHIP.—Section 2112 of the Social Security
4 Act (42 U.S.C. 1397ll), as amended by subsection
5 (b), is further amended by adding at the end the fol-
6 lowing subsection:
7 ''(g) MAINTENANCE OF EFFORT.—For calendar
8 quarters beginning on or after January 1, 2020, and be-
9 fore January 1, 2023, no payment may be made under
10 section 2105(a) with respect to a State child health plan
11 if the State—
12 ''(1) has in effect under such plan eligibility
13 standards, methodologies, or procedures (including
14 any enrollment cap or other numerical limitation on
15 enrollment, any waiting list, any procedures designed
16 to delay the consideration of applications for enroll-
17 ment, or similar limitation with respect to enroll-
18 ment) for targeted low-income pregnant women that
19 are more restrictive than the eligibility standards,
20 methodologies, or procedures, respectively, under
21 such plan that are in effect on the date of the enact-
22 ment of the Healthy MOMMIES Act; or
23 ''(2) provides pregnancy-related assistance to
24 targeted low-income pregnant women under such
25 plan at a level that is less than the level at which

1 the State provides such assistance to such women
2 under such plan on the date of the enactment of the
3 Healthy MOMMIES Act.''.
4 (e) ENHANCED FMAP.—Section 1905 of the Social
5 Security Act (42 U.S.C. 1396d), as amended by sub-
6 section (c), is further amended—
7 (1) in subsection (b), by striking ''and (aa)''
8 and inserting ''(aa), and (gg)''; and
9 (2) by adding at the end the following:
10 ''(gg) INCREASED FMAP FOR ADDITIONAL EXPEND-
11 ITURES FOR LOW-INCOME PREGNANT WOMEN.—For cal-
12 endar quarters beginning on or after January 1, 2020,
13 notwithstanding subsection (b), the Federal medical as-
14 sistance percentage for a State, with respect to the addi-
15 tional amounts expended by such State for medical assist-
16 ance under the State plan under this title or a waiver of
17 such plan that are attributable to requirements imposed
18 by the amendments made by the Healthy MOMMIES Act
19 (as determined by the Secretary), shall be equal to 100
20 percent.''.
21 (f) GAO STUDY AND REPORT.—
22 (1) IN GENERAL.—Not later than 1 year after
23 the date of the enactment of this Act, the Comp-
24 troller General of the United States shall submit to
25 Congress a report on the gaps in coverage for—

1 (A) pregnant women under the Medicaid
2 program under title XIX of the Social Security
3 Act (42 U.S.C. 1396 et seq.) and the Children's
4 Health Insurance Program under title XXI of
5 the Social Security Act (42 U.S.C. 1397aa et
6 seq.); and
7 (B) postpartum women under the Medicaid
8 program and the Children's Health Insurance
9 Program who received assistance under either
10 such program during their pregnancy.
11 (2) CONTENT OF REPORT.—The report re-
12 quired under this subsection shall include the fol-
13 lowing:
14 (A) Information about the abilities and
15 successes of State Medicaid agencies in deter-
16 mining whether pregnant and postpartum
17 women are eligible under another insurance af-
18 fordability program, and in transitioning any
19 such women who are so eligible to coverage
20 under such a program, pursuant to section
21 435.1200 of the title 42, Code of Federal Regu-
22 lations (as in effect on September 1, 2018).
23 (B) Information on factors contributing to
24 gaps in coverage that disproportionately impact
25 underserved populations, including low-income

1 women, women of color, women who reside in a
2 health professional shortage area (as defined in
3 section 332(a)(1)(A) of the Public Health Serv-
4 ice Act (42 U.S.C. 254e(a)(1)(A))) or who are
5 members of a medically underserved population
6 (as defined by section 330(b)(3) of such Act
7 (42 U.S.C. 254b(b)(3)(A))).
8 (C) Recommendations for addressing and
9 reducing such gaps in coverage.
10 (D) Such other information as the Comp-
11 troller General deems necessary.
12 (g) EFFECTIVE DATE.—The amendments made by
13 subsections (a) and (b) shall take effect January 1, 2020.
14 **SEC. 3. MATERNITY CARE HOME DEMONSTRATION**
15 **PROJECT.**
16 Title XIX of the Social Security Act (42 U.S.C. 1396
17 et seq.) is amended by inserting the following new section
18 after section 1946:
19 ‘‘MATERNITY CARE HOME DEMONSTRATION PROJECT
20 ‘‘SEC. 1947. (a) IN GENERAL.—Not later than 1 year
21 after the date of the enactment of this section, the Sec-
22 retary shall establish a demonstration project (in this sec-
23 tion referred to as the ‘demonstration project’) under
24 which the Secretary shall provide grants to States to enter
25 into arrangements with eligible entities to implement or

1 expand a maternity care home model for eligible individ-
2 uals.

3 ‘‘(b) DEFINITIONS.—In this section:

4 ‘‘(1) ELIGIBLE ENTITY.—The term ‘eligible en-
5 tity’ means an entity or organization that provides
6 medically accurate, comprehensive maternity services
7 to individuals who are eligible for medical assistance
8 under a State plan under this title or a waiver of
9 such a plan, and may include:

10 ‘‘(A) A freestanding birth center.

11 ‘‘(B) An entity or organization receiving
12 assistance under section 330 of the Public
13 Health Service Act.

14 ‘‘(C) A federally qualified health center.

15 ‘‘(D) A rural health clinic.

16 ‘‘(E) A health facility operated by an In-
17 dian tribe or tribal organization (as those terms
18 are defined in section 4 of the Indian Health
19 Care Improvement Act).

20 ‘‘(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
21 individual’ means a pregnant woman or a formerly
22 pregnant woman during the 365-day period begin-
23 ning on the last day of her pregnancy who is—

1 ‘‘(A) enrolled in a State plan under this
2 title, a waiver of such a plan, or a State child
3 health plan under title XXI; and
4 ‘‘(B) a patient of an eligible entity which
5 has entered into an arrangement with a State
6 under subsection (g).
7 ‘‘(c) GOALS OF DEMONSTRATION PROJECT.—The
8 goals of the demonstration project are the following:
9 ‘‘(1) To improve—
10 ‘‘(A) maternity and infant care outcomes;
11 ‘‘(B) health equity;
12 ‘‘(C) communication by maternity, infant
13 care, and social services providers;
14 ‘‘(D) integration of perinatal support serv-
15 ices, including community health workers,
16 doulas, social workers, public health nurses,
17 peer lactation counselors, childbirth educators,
18 and others, into health care entities and organi-
19 zations;
20 ‘‘(E) care coordination between maternity,
21 infant care, oral health care, and social services
22 providers within the community;
23 ‘‘(F) the quality and safety of maternity
24 and infant care;

1 “(G) the experience of women receiving
2 maternity care, including by increasing the abil-
3 ity of a woman to develop and follow her own
4 birthing plan; and
5 “(H) access to adequate prenatal and
6 postpartum care, including—
7 “(i) prenatal care that is initiated in
8 a timely manner;
9 “(ii) not fewer than 2 post-pregnancy
10 visits to a maternity care provider; and
11 “(iii) interpregnancy care.
12 “(2) To provide coordinated, evidence-based
13 maternity care management.
14 “(3) To decrease—
15 “(A) severe maternal morbidity and mater-
16 nal mortality;
17 “(B) overall health care spending;
18 “(C) unnecessary emergency department
19 visits;
20 “(D) disparities in maternal and infant
21 care outcomes, including racial, economic, and
22 geographical disparities;
23 “(E) racial bias among health care profes-
24 sionals;

1 “(F) the rate of cesarean deliveries for
2 low-risk pregnancies;
3 “(G) the rate of preterm births and infants
4 born with low birth weight; and
5 “(H) the rate of avoidable maternal and
6 newborn hospitalizations and admissions to in-
7 tensive care units.
8 “(d) CONSULTATION.—In designing and imple-
9 menting the demonstration project the Secretary shall
10 consult with stakeholders, including—
11 “(1) States;
12 “(2) organizations representing relevant health
13 care professionals, including oral health care profes-
14 sionals;
15 “(3) organizations representing consumers, in-
16 cluding consumers that are disproportionately im-
17 pacted by poor maternal health outcomes;
18 “(4) representatives with experience imple-
19 menting other maternity care home models, includ-
20 ing representatives from the Center for Medicare
21 and Medicaid Innovation;
22 “(5) community-based health care professionals,
23 including doulas, and other stakeholders; and
24 “(6) experts in promoting health equity and
25 combating racial bias in health care settings.

1 ‘‘(e) APPLICATION AND SELECTION OF STATES.—
2 ‘‘(1) IN GENERAL.—A State seeking to partici-
3 pate in the demonstration project shall submit an
4 application to the Secretary at such time and in
5 such manner as the Secretary shall require.
6 ‘‘(2) SELECTION OF STATES.—
7 ‘‘(A) IN GENERAL.—The Secretary may se-
8 lect 15 States to participate in the demonstra-
9 tion project.
10 ‘‘(B) SELECTION REQUIREMENTS.—In se-
11 lecting States to participate in the demonstra-
12 tion project, the Secretary shall—
13 ‘‘(i) ensure that there is geographic
14 diversity in the areas in which activities
15 will be carried out under the project; and
16 ‘‘(ii) ensure that States with signifi-
17 cant disparities in maternal and infant
18 health outcomes, including severe maternal
19 morbidity, and other disparities based on
20 race, income, or access to maternity care,
21 are included.
22 ‘‘(f) GRANTS.—
23 ‘‘(1) IN GENERAL.—From amounts appro-
24 priated under subsection (l), the Secretary shall
25 award 1 grant for each year of the demonstration

project to each State that is selected to participate in the demonstration project.

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

"(A) award grants or make payments to eligible entities as part of an arrangement described in subsection (g)(2);

"(B) provide financial incentives to health care professionals, including community health workers and community-based doulas, who participate in the State's maternity care home model;

"(C) provide adequate training for health care professionals, including community health workers, doulas, and care coordinators, who participate in the State's maternity care home model, which may include training for cultural competency, racial bias, health equity, reproductive and birth justice, home visiting skills, and respectful communication and listening skills, particularly in regards to maternal health;

"(D) pay for personnel and administrative expenses associated with designing, implementing, and operating the State's maternity care home model;

1 "(E) pay for items and services that are
2 furnished under the State's maternity care
3 home model and for which payment is otherwise
4 unavailable under this title; and
5 "(F) pay for other costs related to the
6 State's maternity care home model, as deter-
7 mined by the Secretary.
8 "(3) GRANT FOR NATIONAL INDEPENDENT
9 EVALUATOR.—
10 "(A) IN GENERAL.—From the amounts
11 appropriated under subsection (l), prior to
12 awarding any grants under paragraph (1), the
13 Secretary shall enter into a contract with a na-
14 tional external entity to create a single, uniform
15 process to—
16 "(i) ensure that States that receive
17 grants under paragraph (1) comply with
18 the requirements of this section; and
19 "(ii) evaluate the outcomes of the
20 demonstration project in each participating
21 State.
22 "(B) ANNUAL REPORT.—The contract de-
23 scribed in subparagraph (A) shall require the
24 national external entity to submit to the Sec-
25 retary—

1 "(i) a yearly evaluation report for
2 each year of the demonstration project;
3 and
4 "(ii) a final impact report after the
5 demonstration project has concluded.
6 "(C) SECRETARY'S AUTHORITY.—Nothing
7 in this paragraph shall prevent the Secretary
8 from making a determination that a State is
9 not in compliance with the requirements of this
10 section without the national external entity
11 making such a determination.
12 "(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—
13 "(1) IN GENERAL.—As a condition of receiving
14 a grant under this section, a State shall enter into
15 an arrangement with one or more eligible entities
16 that meets the requirements of paragraph (2).
17 "(2) ARRANGEMENTS WITH ELIGIBLE ENTI-
18 TIES.—Under an arrangement between a State and
19 an eligible entity under this subsection, the eligible
20 entity shall perform the following functions, with re-
21 spect to eligible individuals enrolled with the entity
22 under the State's maternity care home model—
23 "(A) provide culturally competent care,
24 which may include prenatal care, family plan-
25 ning services, medical care, mental and behav-

1 ioral care, postpartum care, and oral health
2 care to such eligible individuals through a team
3 of health care professionals, which may include
4 obstetrician-gynecologists, maternal-fetal medi-
5 cine specialists, family physicians, primary care
6 providers, oral health providers, physician as-
7 sistants, advanced practice registered nurses
8 such as nurse practitioners and certified nurse
9 midwives, certified midwives, certified profes-
10 sional midwives, social workers, traditional and
11 community-based doulas, lactation consultants,
12 childbirth educators, community health workers,
13 and other health care professionals;
14 "(B) conduct a risk assessment of each
15 such eligible individual to determine if her preg-
16 nancy is high or low risk, and establish a tai-
17 lored pregnancy care plan, which takes into
18 consideration the individual's own preferences
19 and pregnancy care and birthing plans and de-
20 termines the appropriate support services to re-
21 duce the individual's medical, social, and envi-
22 ronmental risk factors, for each such eligible in-
23 dividual based on the results of such risk as-
24 sessment;

1 ''(C) assign each such eligible individual to
2 a care coordinator, which may be a nurse, social
3 worker, traditional or community-based doula,
4 community health worker, midwife, or other
5 health care provider, who is responsible for en-
6 suring that such eligible individual receives the
7 necessary medical care and connections to es-
8 sential support services;
9 ''(D) provide, or arrange for the provision
10 of, essential support services, such as services
11 that address—
12 ''(i) nutrition and exercise;
13 ''(ii) smoking cessation;
14 ''(iii) substance use disorder and ad-
15 diction treatment;
16 ''(iv) anxiety, depression, and other
17 mental and behavioral health issues;
18 ''(v) breast feeding initiation, continu-
19 ation, and duration;
20 ''(vi) housing;
21 ''(vii) transportation;
22 ''(viii) intimate partner violence;
23 ''(ix) home visiting services;
24 ''(x) childbirth education;
25 ''(xi) oral health education;

1 ''(xii) continuous labor support; and
2 ''(xiii) group prenatal care;
3 ''(E) as appropriate, facilitate connections
4 to a usual primary care provider, which may be
5 a women's health provider;
6 ''(F) refer to guidelines and opinions of
7 medical associations when determining whether
8 an elective delivery should be performed on an
9 eligible individual before 39 weeks of gestation;
10 ''(G) provide such eligible individuals with
11 evidence-based education and resources to iden-
12 tify potential warning signs of pregnancy and
13 postpartum complications and when and how to
14 obtain medical attention;
15 ''(H) provide, or arrange for the provision
16 of, pregnancy and postpartum health services,
17 including family planning counseling and serv-
18 ices, to eligible individuals;
19 ''(I) track and report birth outcomes of
20 such eligible individuals and their children;
21 ''(J) ensure that care is patient-led, includ-
22 ing by engaging eligible individuals in their own
23 care, including through communication and
24 education; and

1 "(K) ensure adequate training for appropriately serving the population of individuals eligible for medical assistance under the State plan or waiver of such plan, including through reproductive and birth justice frameworks, race equity awareness, home visiting skills, and knowledge of social services.

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

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

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

"(k) REPORT.—

"(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this section and annually thereafter for each year of the demonstration project term, the Secretary shall submit a re-

1 port to Congress on the results of the demonstration
2 project.
3 "(2) FINAL REPORT.—As part of the final re-
4 port required under paragraph (1), the Secretary
5 shall include—
6 "(A) the results of the final report of the
7 national external entity required under sub-
8 section (f)(3)(B)(ii); and
9 "(B) recommendations on whether the
10 model studied in the demonstration project
11 should be continued or more widely adopted, in-
12 cluding by private health plans.
13 "(l) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to the Secretary, for
15 each of fiscal years 2019 through 2026, such sums as may
16 be necessary to carry out this section.".
17 **SEC. 4. REAPPLICATION OF MEDICARE PAYMENT RATE**
18 **FLOOR TO PRIMARY CARE SERVICES FUR-**
19 **NISHED UNDER MEDICAID AND INCLUSION**
20 **OF ADDITIONAL PROVIDERS.**
21 (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-
22 TIONAL PROVIDERS.—
23 (1) IN GENERAL.—Section 1902(a)(13) of the
24 Social Security Act (42 U.S.C. 1396a(a)(13)) is
25 amended—

1 (A) in subparagraph (B), by striking "; 2 and" and inserting a semicolon;

3 (B) in subparagraph (C), by striking the 4 semicolon and inserting "; and"; and

5 (C) by adding at the end the following new 6 subparagraph:

7 "(D) payment for primary care services (as 8 defined in subsection (jj)(1)) furnished in the 9 period that begins on the first day of the first 10 month that begins after the date of enactment 11 of the Healthy MOMMIES Act by a provider 12 described in subsection (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 Healthy MOMMIES
19 Act.".
20 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-
21 tion 1902(jj) of the Social Security Act (42 U.S.C.
22 1396a(jj)) is amended—
23 (1) by redesignating paragraphs (1) and (2) as
24 clauses (i) and (ii), respectively and realigning the
25 left margins accordingly;

1 (2) by striking "For purposes of subsection
2 (a)(13)(C)" and inserting the following:
3 "(1) IN GENERAL.—
4 "(A) DEFINITION.—For purposes of sub-
5 paragraphs (C) and (D) of subsection (a)(13)";
6 and
7 (3) by inserting after clause (ii) (as so redesig-
8 nated) the following:
9 "(B) EXCLUSIONS.—Such term does not
10 include any services described in subparagraph
11 (A) or (B) of paragraph (1) if such services are
12 provided in an emergency department of a hos-
13 pital.
14 "(2) ADDITIONAL PROVIDERS.—For purposes
15 of subparagraph (D) of subsection (a)(13), a pro-
16 vider described in this paragraph is any of the fol-
17 lowing:
18 "(A) A physician with a primary specialty
19 designation of family medicine, general internal
20 medicine, or pediatric medicine, or obstetrics
21 and gynecology.
22 "(B) An advanced practice clinician, as de-
23 fined by the Secretary, that works under the
24 supervision of—

1 “(i) a physician that satisfies the cri-
2 teria specified in subparagraph (A);
3 “(ii) a nurse practitioner or a physi-
4 cian assistant (as such terms are defined
5 in section 1861(aa)(5)(A)) who is working
6 in accordance with State law; or
7 “(iii) or a certified nurse-midwife (as
8 defined in section 1861(gg)) who is work-
9 ing in accordance with State law.
10 “(C) A rural health clinic, federally quali-
11 fied health center, or other health clinic that re-
12 ceives reimbursement on a fee schedule applica-
13 ble to a physician.
14 “(D) An advanced practice clinician super-
15 vised by a physician described in subparagraph
16 (A), another advanced practice clinician, or a
17 certified nurse-midwife.”.
18 (c) ENSURING PAYMENT BY MANAGED CARE ENTI-
19 TIES.—
20 (1) IN GENERAL.—Section 1903(m)(2)(A) of
21 the Social Security Act (42 U.S.C. 1396b(m)(2)(A))
22 is amended—
23 (A) in clause (xii), by striking “and” after
24 the semicolon;

1 (B) by realigning the left margin of clause
2 (xiii) so as to align with the left margin of
3 clause (xii) and by striking the period at the
4 end of clause (xiii) and inserting "; and"; and
5 (C) by inserting after clause (xiii) the fol-
6 lowing:
7 "(xiv) such contract provides that (I) payments
8 to providers specified in section 1902(a)(13)(D) for
9 primary care services defined in section 1902(jj)
10 that are furnished during a year or period specified
11 in section 1902(a)(13)(D) and section 1905(dd) are
12 at least equal to the amounts set forth and required
13 by the Secretary by regulation, (II) the entity shall,
14 upon request, provide documentation to the State,
15 sufficient to enable the State and the Secretary to
16 ensure compliance with subclause (I), and (III) the
17 Secretary shall approve payments described in sub-
18 clause (I) that are furnished through an agreed
19 upon capitation, partial capitation, or other value-
20 based payment arrangement if the capitation, partial
21 capitation, or other value-based payment arrange-
22 ment is based on a reasonable methodology and the
23 entity provides documentation to the State sufficient
24 to enable the State and the Secretary to ensure com-
25 pliance with subclause (I).".

1 (2) CONFORMING AMENDMENT.—Section
2 1932(f) of the Social Security Act (42 U.S.C.
3 1396u–2(f)) is amended—
4 (A) by striking ''section 1902(a)(13)(C)''
5 and inserting ''subsections (C) and (D) of sec-
6 tion 1902(a)(13)''; and
7 (B) by inserting ''and clause (xiv) of sec-
8 tion 1903(m)(2)(A)'' before the period.

9 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**
10 **ING ACCESS TO DOULA CARE FOR MEDICAID**
11 **BENEFICIARIES.**

12 (a) MACPAC REPORT.—
13 (1) IN GENERAL.—Not later than 1 year after
14 the date of the enactment of this Act, the Medicaid
15 and CHIP Payment and Access Commission (re-
16 ferred to in this section as ''MACPAC'') shall pub-
17 lish a report on the coverage of doula care under
18 State Medicaid programs, which shall at a minimum
19 include the following:
20 (A) Information about coverage for doula
21 care under State Medicaid programs that cur-
22 rently provide coverage for such care, including
23 the type of doula care offered (such as prenatal,
24 labor and delivery, postpartum support, and

1 also community-based and traditional doula
2 care).
3 (B) An analysis of barriers to covering
4 doula care under State Medicaid programs.
5 (C) An identification of effective strategies
6 to increase the use of doula care in order to
7 provide better care and achieve better maternal
8 and infant health outcomes, including strategies
9 that States may use to recruit, train, and cer-
10 tify a diverse doula workforce, particularly from
11 underserved communities, communities of color,
12 and communities facing linguistic or cultural
13 barriers.
14 (D) Recommendations for legislative and
15 administrative actions to increase access to
16 doula care in State Medicaid programs, includ-
17 ing actions that ensure doulas may earn a living
18 wage that accounts for their time and costs as-
19 sociated with providing care.
20 (2) STAKEHOLDER CONSULTATION.—In devel-
21 oping the report required under paragraph (1),
22 MACPAC shall consult with relevant stakeholders,
23 including—
24 (A) States;

1 (B) organizations representing consumers,
2 including those that are disproportionately im-
3 pacted by poor maternal health outcomes;
4 (C) organizations and individuals rep-
5 resenting doula care providers, including com-
6 munity-based doula programs and those who
7 serve underserved communities, including com-
8 munities of color, and communities facing lin-
9 guistic or cultural barriers; and
10 (D) organizations representing health care
11 providers.
12 (b) CMS GUIDANCE.—
13 (1) IN GENERAL.—Not later than 1 year after
14 the date that MACPAC publishes the report re-
15 quired under subsection (a)(1), the Administrator of
16 the Centers for Medicare & Medicaid Services shall
17 issue guidance to States on increasing access to
18 doula care under Medicaid. Such guidance shall at
19 a minimum include—
20 (A) options for States to provide medical
21 assistance for doula care services under State
22 Medicaid programs;
23 (B) best practices for ensuring that doulas,
24 including community-based doulas, receive reim-
25 bursement for doula care services provided

1 under a State Medicaid program, at a level that
2 allows doulas to earn a living wage that ac-
3 counts for their time and costs associated with
4 providing care; and
5 (C) best practices for increasing access to
6 doula care services, including services provided
7 by community-based doulas, under State Med-
8 icaid programs.
9 (2) STAKEHOLDER CONSULTATION.—In devel-
10 oping the guidance required under paragraph (1),
11 the Administrator of the Centers for Medicare &
12 Medicaid Services shall consult with MACPAC and
13 other relevant stakeholders, including—
14 (A) State Medicaid officials;
15 (B) organizations representing consumers,
16 including those that are disproportionately im-
17 pacted by poor maternal health outcomes;
18 (C) organizations representing doula care
19 providers, including community-based doulas
20 and those who serve underserved communities,
21 such as communities of color and communities
22 facing linguistic or cultural barriers; and
23 (D) organizations representing health care
24 professionals.

1 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**
2 **OF TELEMEDICINE TO INCREASE ACCESS TO**
3 **MATERNITY CARE.**

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

9 (1) The number of State Medicaid programs
10 that utilize telemedicine to increase access to mater-
11 nity care.

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

15 (A) common characteristics of such pro-
16 grams' approaches to utilizing telemedicine to
17 increase access to maternity care; and

18 (B) what is known about—

19 (i) the demographic characteristics of
20 the individuals enrolled in such programs
21 who use telemedicine to access maternity
22 care;

23 (ii) health outcomes for such individ-
24 uals as compared to individuals with simi-
25 lar characteristics who did not use tele-
26 medicine to access maternity care;

1 (iii) the services provided to individ-
2 uals through telemedicine, including family
3 planning services and oral health services;
4 (iv) the quality of maternity care pro-
5 vided through telemedicine, including
6 whether maternity care provided through
7 telemedicine is culturally competent;
8 (v) the level of patient satisfaction
9 with maternity care provided through tele-
10 medicine to individuals enrolled in State
11 Medicaid programs; and
12 (vi) the impact of utilizing telemedi-
13 cine to increase access to maternity care
14 on spending, cost savings, access to care,
15 and utilization of care under State Med-
16 icaid programs.
17 (3) An identification and analysis of the bar-
18 riers to using telemedicine to increase access to ma-
19 ternity care under State Medicaid programs.
20 (4) Recommendations for such legislative and
21 administrative actions related to increasing access to
22 telemedicine maternity services under Medicaid as
23 the Comptroller General deems appropriate.

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