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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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.

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IN THE HOUSE OF REPRESENTATIVES

Ms. PRESSLEY introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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

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

3 (D) in section 1905(a), in the 4th sentence  
4 in the matter following the last numbered para-  
5 graph of such section, by striking “60-day pe-  
6 riod beginning on the last day of her preg-  
7 nancy” and inserting “1-year period beginning  
8 on the last day of the pregnancy, or such longer  
9 period beginning on such day as the State may  
10 elect,”.

11 (2) CHIP.—Section 2112 of the Social Security  
12 Act (42 U.S.C. 1397ll) is amended—

13 (A) in subsection (d)(2)(A), by striking  
14 “60-day period” and all that follows through  
15 the semicolon and inserting “1-year period be-  
16 ginning on the last day of the pregnancy, or  
17 such longer period beginning on such day as the  
18 State may elect, ends;”; and

19 (B) in subsection (f)(2), by striking “60-  
20 day period (beginning on the last day of the  
21 pregnancy)” and inserting “1-year period begin-  
22 ning on the last day of the pregnancy, or such  
23 longer period beginning on such day as the  
24 State may elect,”.

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

3 (1) IN GENERAL.—Paragraph (5) of section  
4 1902(e) of the Social Security Act (24 U.S.C.  
5 1396a(e)) is amended to read as follows:

6 “(5) COVERAGE OF FULL BENEFITS FOR AT  
7 LEAST 1 YEAR FOR PREGNANT AND POSTPARTUM IN-  
8 DIVIDUALS.—

9 “(A) IN GENERAL.—Any individual who,  
10 while pregnant, is eligible for and has received  
11 medical assistance under the State plan ap-  
12 proved under this title or a waiver of such plan  
13 (including during a period of retroactive eligi-  
14 bility under subsection (a)(34)) shall continue  
15 to be eligible under the plan or waiver for med-  
16 ical assistance through the end of the month in  
17 which the 1-year period beginning on the last  
18 day of the pregnancy, or such longer period be-  
19 ginning on such day as the State may elect,  
20 ends, regardless of the basis for the individual’s  
21 eligibility for medical assistance, including if the  
22 individual’s eligibility for medical assistance is  
23 on the basis of being pregnant.

24 “(B) SCOPE OF BENEFITS.—The medical  
25 assistance provided for a pregnant or

1 postpartum individual described in subpara-  
2 graph (A) shall—

3 “(i) include all items and services cov-  
4 ered under the State plan (or waiver) that  
5 are not less in amount, duration, or scope,  
6 or are determined by the Secretary to be  
7 substantially equivalent, to the medical as-  
8 sistance available for an individual de-  
9 scribed in subsection (a)(10)(A)(i); and

10 “(ii) be provided for the individual  
11 while pregnant and during the 1-year pe-  
12 riod that begins on the last day of the  
13 pregnancy, or such longer period beginning  
14 on such day as the State may elect, and  
15 ends on the last day of the month in which  
16 such period ends.”.

17 (2) CONFORMING AMENDMENTS.—

18 (A) Section 1902(a)(10) of the Social Se-  
19 curity Act (42 U.S.C. 1396a(a)(10)) is amend-  
20 ed in the matter following subparagraph (G) by  
21 striking “(VII) the medical assistance” and all  
22 that follows through “during the period de-  
23 scribed in such section,”.

1 (B) Section 2107(e)(1)(J) of the Social Se-  
2 curity Act (42 U.S.C. 1397gg(e)(1)(J)) is  
3 amended—

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

6 (ii) by striking “(relating to” and all  
7 that follows through the period and insert-  
8 ing “(relating to the provision of medical  
9 assistance to pregnant individuals during  
10 and following pregnancy under title  
11 XIX).”.

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

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

16 (A) in subsection (a)(4)—

17 (i) by striking “; and (D)” and insert-  
18 ing “; (D)”;

19 (ii) by striking “; and (E)” and in-  
20 serting “; (E)”;

21 (iii) by striking “; and (F)” and in-  
22 serting “; (F)”;

23 (iv) by inserting “; and (G) oral  
24 health services for pregnant and  
25 postpartum individuals (as defined in sub-

1 section (jj))” after “(or waiver of such  
2 plan)”; and

3 (B) by adding at the end the following new  
4 subsection:

5 “(jj) ORAL HEALTH SERVICES FOR PREGNANT AND  
6 POSTPARTUM INDIVIDUALS.—

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

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

1 Dentistry and the American College of Obstetricians  
2 and Gynecologists.”.

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

7 (3) TECHNICAL AMENDMENT.—Section  
8 2112(d)(2) of the Social Security Act (42 U.S.C.  
9 1397ll(d)(2)) is amended—

10 (A) in the paragraph header, by inserting  
11 “; TARGETED LOW-INCOME PREGNANT INDI-  
12 VIDUAL” after “WOMAN”; and

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

18 (d) MAINTENANCE OF EFFORT.—

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

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

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

1           “(uu) MAINTENANCE OF EFFORT RELATED TO LOW-  
2 INCOME PREGNANT INDIVIDUALS.—For calendar quar-  
3 ters beginning on or after the date of enactment of this  
4 subsection, and before January 1, 2025, no Federal pay-  
5 ment shall be made to a State under section 1903(a) for  
6 amounts expended under a State plan under this title or  
7 a waiver of such plan if the State—

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

24           “(2) reduces the amount, duration, or scope of  
25 medical assistance available to individuals described

1 in subsection (l)(1) who are eligible for medical as-  
2 sistance under such plan or waiver under subsection  
3 (a)(10)(A)(ii)(IX) from what the State provided to  
4 such individuals under such plan or waiver on the  
5 date of the enactment of the Maximizing Outcomes  
6 for Moms through Medicaid Improvement and En-  
7 hancement of Services Act.”.

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

12 “(g) MAINTENANCE OF EFFORT.—For calendar  
13 quarters beginning on or after January 1, 2024, and be-  
14 fore January 1, 2028, no payment may be made under  
15 section 2105(a) with respect to a State child health plan  
16 if the State—

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

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

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

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

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

18 (2) by adding at the end the following new sub-  
19 section:

20 “(kk) INCREASED FMAP FOR ADDITIONAL EXPEND-  
21 ITURES FOR LOW-INCOME PREGNANT INDIVIDUALS.—

22 For calendar quarters beginning on or after January 1,  
23 2024, notwithstanding subsection (b), the Federal medical  
24 assistance percentage for a State, with respect to the addi-  
25 tional amounts expended by such State for medical assist-

1 ance under the State plan under this title or a waiver of  
2 such plan that are attributable to requirements imposed  
3 by the amendments made by the Maximizing Outcomes  
4 for Moms through Medicaid Improvement and Enhance-  
5 ment of Services Act (as determined by the Secretary),  
6 shall be equal to 100 percent.”.

7 (f) GAO STUDY AND REPORT.—

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

12 (A) pregnant individuals under the Med-  
13 icaid program under title XIX of the Social Se-  
14 curity Act (42 U.S.C. 1396 et seq.) and the  
15 Children’s Health Insurance Program under  
16 title XXI of the Social Security Act (42 U.S.C.  
17 1397aa et seq.);

18 (B) postpartum individuals under the Med-  
19 icaid program and the Children’s Health Insur-  
20 ance Program who received assistance under ei-  
21 ther such program during their pregnancy; and

22 (C) birthing people between the ages of 15  
23 and 49 under the Medicaid program.

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

4                   (A) Information about the abilities and  
5                   successes of State Medicaid agencies in deter-  
6                   mining whether pregnant and postpartum indi-  
7                   viduals are eligible under another insurance af-  
8                   fordability program, and in transitioning any  
9                   such individuals who are so eligible to coverage  
10                  under such a program at the end of their period  
11                  of eligibility for medical assistance, pursuant to  
12                  section 435.1200 of the title 42, Code of Fed-  
13                  eral Regulations (as in effect on September 1,  
14                  2018).

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

1           330(b)(3) of such Act (42 U.S.C.  
2           254b(b)(3)(A)).

3           (C) Recommendations for addressing and  
4           reducing such gaps in coverage.

5           (D) Such other information as the Comp-  
6           troller General deems necessary.

7           (3) DATA DISAGGREGATION.—To the greatest  
8           extent possible, the Comptroller General shall  
9           dissaggregate data presented in the report, including  
10          by age, gender identity, race, ethnicity, income level,  
11          and other demographic factors.

12          (g) EFFECTIVE DATE.—The amendments made by  
13          subsections (a) and (b) shall take effect on January 1,  
14          2024.

15       **SEC. 3. MATERNITY CARE HOME DEMONSTRATION**  
16                               **PROJECT.**

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

20       **“SEC. 1948. MATERNITY CARE HOME DEMONSTRATION**  
21                               **PROJECT.**

22          “(a) IN GENERAL.—Not later than 1 year after the  
23          date of the enactment of this section, the Secretary shall  
24          establish a demonstration project (in this section referred  
25          to as the ‘demonstration project’) under which the Sec-

1 retary shall provide grants to States to enter into arrange-  
2 ments with eligible entities to implement or expand a ma-  
3 ternity care home model for eligible individuals.

4 “(b) DEFINITIONS.—In this section:

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

11 “(A) A freestanding birth center.

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

15 “(C) A federally qualified health center.

16 “(D) A rural health clinic.

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

21 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible  
22 individual’ means a pregnant individual or a for-  
23 merly pregnant individual during the 1-year period  
24 beginning on the last day of the pregnancy, or such

1 longer period beginning on such day as a State may  
2 elect, who is—

3 “(A) enrolled in a State plan under this  
4 title, a waiver of such a plan, or a State child  
5 health plan under title XXI; and

6 “(B) a patient of an eligible entity which  
7 has entered into an arrangement with a State  
8 under subsection (g).

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

11 “(1) To improve—

12 “(A) maternity and infant care outcomes;

13 “(B) birth equity;

14 “(C) health equity for—

15 “(i) Black, Indigenous, and other peo-  
16 ple of color;

17 “(ii) lesbian, gay, bisexual, transgen-  
18 der, queer, non-binary, and gender noncon-  
19 firming individuals;

20 “(iii) people who live in regions with  
21 limited or no access to obstetric care;

22 “(iv) people with disabilities; and

23 “(v) other underserved populations;

1           “(D) communication by and between ma-  
2           ternity, infant care, and social services pro-  
3           viders;

4           “(E) integration of perinatal support serv-  
5           ices, including community health workers,  
6           doulas, social workers, public health nurses,  
7           peer lactation counselors, lactation consultants,  
8           childbirth educators, peer mental health work-  
9           ers, and others, into health care entities and or-  
10          ganizations;

11          “(F) care coordination between maternity,  
12          infant care, oral health services, and social serv-  
13          ices providers within the community;

14          “(G) the quality and safety of maternity  
15          and infant care;

16          “(H) the experience of individuals receiv-  
17          ing respectful maternity care, including by in-  
18          creasing the ability of an individual to develop  
19          and follow their own birthing plans; and

20          “(I) access to adequate prenatal and  
21          postpartum care, including—

22                 “(i) prenatal care that is initiated in  
23                 a timely manner;

1                   “(ii) not fewer than 5 post-pregnancy  
2                   visits to a maternity care provider for  
3                   postpartum care and support;

4                   “(iii) interpregnancy care; and

5                   “(iv) support and treatment for  
6                   perinatal mood and anxiety disorders.

7                   “(2) To provide coordinated, evidence-based, re-  
8                   spectful, culturally and linguistically appropriate,  
9                   and person-centered maternity care management.

10                  “(3) To decrease—

11                  “(A) preventable and severe maternal mor-  
12                  bidity and maternal mortality;

13                  “(B) overall health care spending;

14                  “(C) unnecessary emergency department  
15                  visits;

16                  “(D) disparities in maternal and infant  
17                  care outcomes, including racial, economic, dis-  
18                  ability, gender-based, and geographical dispari-  
19                  ties;

20                  “(E) racial, gender, economic, and other  
21                  discrimination among among health care profes-  
22                  sionals;

23                  “(F) racism, discrimination, disrespect,  
24                  trauma, and abuse in maternity care settings;

1           “(G) the rate of cesarean deliveries for  
2           low-risk pregnancies;

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

5           “(I) the rate of avoidable maternal and  
6           newborn hospitalizations and admissions to in-  
7           tensive care units;

8           “(J) the rate of perinatal mood and anx-  
9           iety disorders.

10          “(d) CONSULTATION.—In designing and imple-  
11          menting the demonstration project the Secretary shall  
12          consult with stakeholders, including—

13               “(1) States;

14               “(2) organizations representing relevant health  
15               care professionals, including oral health services pro-  
16               fessionals;

17               “(3) organizations, particularly reproductive  
18               justice and birth justice organizations led by people  
19               of color, that represent consumers of maternal  
20               health care, including consumers of maternal health  
21               care who are disproportionately impacted by poor  
22               maternal health outcomes;

23               “(4) representatives with experience imple-  
24               menting other maternity care home models, includ-

1 ing representatives from the Center for Medicare  
2 and Medicaid Innovation;

3 “(5) community-based health care professionals,  
4 including doulas, lactation consultants, and other  
5 stakeholders;

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

8 “(7) Black, Indigenous, and other maternal  
9 health care consumers of color who have experienced  
10 severe maternal morbidity.

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

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

16 “(2) SELECTION OF STATES.—

17 “(A) IN GENERAL.—The Secretary shall  
18 select at least 10 States to participate in the  
19 demonstration project.

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

23 “(i) ensure that there is geographic  
24 and regional diversity in the areas in which

1 activities will be carried out under the  
2 project;

3 “(ii) ensure that States with signifi-  
4 cant disparities in maternal and infant  
5 health outcomes, including severe maternal  
6 morbidity, and other disparities based on  
7 race, income, or access to maternity care,  
8 are included; and

9 “(iii) ensure that at least 1 territory  
10 is included.

11 “(f) GRANTS.—

12 “(1) IN GENERAL.—From amounts appro-  
13 priated under subsection (l), the Secretary shall  
14 award 1 grant for each year of the demonstration  
15 project to each State that is selected to participate  
16 in the demonstration project.

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

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

22 “(B) provide financial incentives to health  
23 care professionals, including community-based  
24 health care workers and community-based

1           doulas, who participate in the State’s maternity  
2           care home model;

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

13          “(D) pay for personnel and administrative  
14          expenses associated with designing, imple-  
15          menting, and operating the State’s maternity  
16          care home model;

17          “(E) pay for items and services that are  
18          furnished under the State’s maternity care  
19          home model and for which payment is otherwise  
20          unavailable under this title;

21          “(F) pay for services and materials to en-  
22          sure culturally and linguistically appropriate  
23          communication, including—

1 “(i) language services such as inter-  
2 preters and translation of written mate-  
3 rials; and

4 “(ii) development of culturally and lin-  
5 guistically appropriate materials; and aux-  
6 iliary aids and services; and

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

10 “(3) GRANT FOR NATIONAL INDEPENDENT  
11 EVALUATOR.—

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

18 “(i) ensure that States that receive  
19 grants under paragraph (1) comply with  
20 the requirements of this section; and

21 “(ii) evaluate the outcomes of the  
22 demonstration project in each participating  
23 State.

24 “(B) ANNUAL REPORT.—The contract de-  
25 scribed in subparagraph (A) shall require the

1 national external entity to submit to the Sec-  
2 retary—

3 “(i) a yearly evaluation report for  
4 each year of the demonstration project;  
5 and

6 “(ii) a final impact report after the  
7 demonstration project has concluded.

8 “(C) SECRETARY’S AUTHORITY.—Nothing  
9 in this paragraph shall prevent the Secretary  
10 from making a determination that a State is  
11 not in compliance with the requirements of this  
12 section without the national external entity  
13 making such a determination.

14 “(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—

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

19 “(2) ARRANGEMENTS WITH ELIGIBLE ENTI-  
20 TIES.—Under an arrangement between a State and  
21 an eligible entity under this subsection, the eligible  
22 entity shall perform the following functions, with re-  
23 spect to eligible individuals enrolled with the entity  
24 under the State’s maternity care home model—

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

19           “(B) conduct a risk assessment of each  
20 such eligible individual to determine if their  
21 pregnancy is high or low risk, and establish a  
22 tailored pregnancy care plan, which takes into  
23 consideration the individual’s own preferences  
24 and pregnancy care and birthing plans and de-  
25 termines the appropriate support services to re-

1           duce the individual’s medical, social, and envi-  
2           ronmental risk factors, for each such eligible in-  
3           dividual based on the results of such risk as-  
4           sessment;

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

14                   “(D) provide, or arrange for the provision  
15          of, essential support services, such as services  
16          that address—

17                           “(i) food access, nutrition, and exer-  
18                           cise;

19                           “(ii) smoking cessation;

20                           “(iii) substance use disorder and ad-  
21                           diction treatment;

22                           “(iv) anxiety, depression, trauma, and  
23                           other mental and behavioral health issues;

1 “(v) breast feeding, chestfeeding, or  
2 other infant feeding options supports, initi-  
3 ation, continuation, and duration;

4 “(vi) stable, affordable, safe, and  
5 healthy housing;

6 “(vii) transportation;

7 “(viii) intimate partner violence;

8 “(ix) community and police violence;

9 “(x) home visiting services;

10 “(xi) childbirth and newborn care edu-  
11 cation;

12 “(xii) oral health education;

13 “(xiii) continuous labor support;

14 “(xiv) group prenatal care;

15 “(xv) family planning and contracep-  
16 tive care and supplies; and

17 “(xvi) affordable child care;

18 “(E) as appropriate, facilitate connections  
19 to a usual primary care provider, which may be  
20 a reproductive health care provider;

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

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

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

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

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

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

1           and anti-racist frameworks, home visiting skills,  
2           and knowledge of social services.

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

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

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

16          “(k) REPORT.—

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

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

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

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

8           “(1) AUTHORIZATION OF APPROPRIATIONS.—There  
9           are authorized to be appropriated to the Secretary, for  
10          each of fiscal years 2024 through 2031, such sums as may  
11          be necessary to carry out this section.”.

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

16          (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-  
17          TIONAL PROVIDERS.—

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

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

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

1 (C) by adding at the end the following new  
2 subparagraph:

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

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

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

24 “(iii) in the case of items and services  
25 that are furnished in rural areas (as de-

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

13           (2) CONFORMING AMENDMENTS.—

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

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

20           (i) by striking “Notwithstanding” and  
21           inserting the following:

22           “(1) IN GENERAL.—Notwithstanding”;

23           (ii) by striking “section  
24           1902(a)(13)(C)” and inserting “subpara-  
25           graph (C) of section 1902(a)(13)”;

1 (iii) by inserting “or for services de-  
2 scribed in subparagraph (D) of section  
3 1902(a)(13) furnished during an additional  
4 period specified in paragraph (2),” after  
5 “2015,”;

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

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

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

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

18 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-  
19 tion 1902(jj) of the Social Security Act (42 U.S.C.  
20 1396a(jj)) is amended—

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

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

1 “(1) IN GENERAL.—

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

4 and

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

7 “(B) EXCLUSIONS.—Such term does not  
8 include any services described in subparagraph  
9 (A) or (B) of paragraph (1) if such services are  
10 provided in an emergency department of a hos-  
11 pital.

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

16 “(A) A physician with a primary specialty  
17 designation of family medicine, general internal  
18 medicine, or pediatric medicine, or obstetrics  
19 and gynecology.

20 “(B) An advanced practice clinician, as de-  
21 fined by the Secretary, that works under the  
22 supervision of—

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

1                   “(ii) a nurse practitioner or a physi-  
2                   cian assistant (as such terms are defined  
3                   in section 1861(aa)(5)(A)) who is working  
4                   in accordance with State law; or

5                   “(iii) or a certified nurse-midwife (as  
6                   defined in section 1861(gg)) or a certified  
7                   professional midwife who is working in ac-  
8                   cordance with State law.

9                   “(C) A rural health clinic, federally quali-  
10                  fied health center, health center that receives  
11                  funding under title X of the Public Health  
12                  Service Act, or other health clinic that receives  
13                  reimbursement on a fee schedule applicable to  
14                  a physician.

15                  “(D) An advanced practice clinician super-  
16                  vised by a physician described in subparagraph  
17                  (A), another advanced practice clinician, or a  
18                  certified nurse-midwife.

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

21                  (c) ENSURING PAYMENT BY MANAGED CARE ENTI-  
22                  TIES.—

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

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

3 (B) by realigning the left margin of clause  
4 (xiii) so as to align with the left margin of  
5 clause (xii) and by striking the period at the  
6 end of clause (xiii) and inserting “; and”; and

7 (C) by inserting after clause (xiii) the fol-  
8 lowing:

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

1 to enable the State and the Secretary to ensure com-  
2 pliance with subclause (I).”.

3 (2) CONFORMING AMENDMENT.—Section  
4 1932(f) of the Social Security Act (42 U.S.C.  
5 1396u–2(f)) is amended—

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

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

11 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**  
12 **ING ACCESS TO DOULA SERVICES FOR MED-**  
13 **ICAID BENEFICIARIES.**

14 (a) MACPAC REPORT.—

15 (1) IN GENERAL.—Not later than 1 year after  
16 the date of the enactment of this Act, the Medicaid  
17 and CHIP Payment and Access Commission (re-  
18 ferred to in this section as “MACPAC”) shall pub-  
19 lish a report on the coverage of doula services under  
20 State Medicaid programs, which shall at a minimum  
21 include the following:

22 (A) Information about coverage for doula  
23 services under State Medicaid programs that  
24 currently provide coverage for such care, includ-  
25 ing the type of doula services offered (such as

1 prenatal, labor and delivery, postpartum sup-  
2 port, and community-based and traditional  
3 doula services), credentialing and provider en-  
4 rollment requirements for doulas under State  
5 Medicaid programs, additional forms of support  
6 contributing to doula enrollment and reimburse-  
7 ment under State Medicaid programs, and data  
8 on outcomes with respect to doula services  
9 under each State Medicaid program, including  
10 the number of doulas registered under the State  
11 Medicaid program, the number of pregnant,  
12 birthing, and postpartum people served by  
13 doulas under the State Medicaid program, and  
14 the amount of time it takes for doulas to re-  
15 ceive payment under the State Medicaid pro-  
16 gram for services provided under the program.

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

19 (C) An identification of effective strategies  
20 to increase the use of doula services in order to  
21 provide better care and achieve better maternal  
22 and infant health outcomes, including strategies  
23 that States may use to recruit, train, sustain,  
24 and certify a diverse doula workforce, particu-  
25 larly from underserved communities, commu-

1           nities of color, and communities facing lin-  
2           guistic or cultural barriers.

3           (D) Recommendations for legislative and  
4           administrative actions to increase access to  
5           doula services in State Medicaid programs, in-  
6           cluding actions that ensure doulas may earn a  
7           sustainable living wage that accounts for their  
8           time and costs associated with providing care  
9           and community-based doula program adminis-  
10          tration and operation.

11          (2) STAKEHOLDER CONSULTATION.—In devel-  
12          oping the report required under paragraph (1),  
13          MACPAC shall consult with relevant stakeholders,  
14          including—

15                 (A) States;

16                 (B) organizations, especially reproductive  
17                 justice and birth justice organizations led by  
18                 people of color, representing consumers of ma-  
19                 ternal health care, including those that are dis-  
20                 proportionately impacted by poor maternal  
21                 health outcomes;

22                 (C) organizations and individuals rep-  
23                 resenting doulas, including community-based  
24                 doula programs and those who serve under-  
25                 served communities, including communities of

1 color, and communities facing linguistic or cul-  
2 tural barriers;

3 (D) organizations representing health care  
4 providers; and

5 (E) Black, Indigenous, and other maternal  
6 health care consumers of color who have experi-  
7 enced severe maternal morbidity.

8 (b) CMS GUIDANCE.—

9 (1) IN GENERAL.—Not later than 1 year after  
10 the date that MACPAC publishes the report re-  
11 quired under subsection (a)(1), the Administrator of  
12 the Centers for Medicare & Medicaid Services shall  
13 issue guidance to States on increasing access to  
14 doula services under Medicaid. Such guidance shall  
15 at a minimum include—

16 (A) options for States to provide medical  
17 assistance for doula services under State Med-  
18 icaid programs;

19 (B) best practices for ensuring that doulas,  
20 including community-based doulas, receive reim-  
21 bursement for doula services provided under a  
22 State Medicaid program, at a level that allows  
23 doulas to earn a living wage that accounts for  
24 their time and costs associated with providing

1 care and community-based doula program ad-  
2 ministration; and

3 (C) best practices for increasing access to  
4 doula services, including services provided by  
5 community-based doulas, under State Medicaid  
6 programs.

7 (2) STAKEHOLDER CONSULTATION.—In devel-  
8 oping the guidance required under paragraph (1),  
9 the Administrator of the Centers for Medicare &  
10 Medicaid Services shall consult with MACPAC and  
11 other relevant stakeholders, including—

12 (A) State Medicaid officials;

13 (B) organizations representing consumers  
14 of maternal health care, including those that  
15 are disproportionately impacted by poor mater-  
16 nal health outcomes;

17 (C) organizations representing doulas, in-  
18 cluding community-based doulas and those who  
19 serve underserved communities, such as com-  
20 munities of color and communities facing lin-  
21 guistic or cultural barriers;

22 (D) organizations representing medical  
23 professionals; and

24 (E) maternal health advocacy organiza-  
25 tions.

1 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**  
2 **OF TELEHEALTH 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 telehealth to increase access to maternity  
8 care. Such report shall include the following:

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

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

15 (A) common characteristics of such pro-  
16 grams' approaches to utilizing telehealth that  
17 increases access to maternity care;

18 (B) differences in States' approaches to  
19 utilizing telehealth to improve access to mater-  
20 nity care, and the resulting differences in State  
21 maternal health outcomes, as determined by  
22 factors described in subsection (C); and

23 (C) when compared to patients who receive  
24 maternity care in-person, what is known  
25 about—

1 (i) the demographic characteristics,  
2 such as race, ethnicity, sex, sexual orienta-  
3 tion, gender identity, disability status, age,  
4 and preferred language of the individuals  
5 enrolled in such programs who use tele-  
6 health to access maternity care;

7 (ii) health outcomes for such individ-  
8 uals, including frequency of mortality and  
9 severe morbidity, as compared to individ-  
10 uals with similar characteristics who did  
11 not use telehealth to access maternity care;

12 (iii) the services provided to individ-  
13 uals through telehealth, including family  
14 planning services, mental health care serv-  
15 ices, and oral health services;

16 (iv) the devices and equipment pro-  
17 vided to individuals for remote patient  
18 monitoring and telehealth, including blood  
19 pressure monitors and blood glucose mon-  
20 itors;

21 (v) the quality of maternity care pro-  
22 vided through telehealth, including whether  
23 maternity care provided through telehealth  
24 is culturally and linguistically appropriate;

1 (vi) the level of patient satisfaction  
2 with an experience of maternity care pro-  
3 vided through telehealth to individuals en-  
4 rolled in State Medicaid programs;

5 (vii) the impact of utilizing telehealth  
6 to increase access to maternity care on  
7 spending, cost savings, access to care, and  
8 utilization of care under State Medicaid  
9 programs; and

10 (viii) the accessibility and effectiveness  
11 of telehealth for maternity care during the  
12 COVID–19 pandemic.

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

16 (4) Recommendations for such legislative and  
17 administrative actions related to increasing access to  
18 telehealth maternity services under Medicaid as the  
19 Comptroller General deems appropriate.