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116TH CONGRESS
1ST SESSION

H. R. 4996

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Ms. KELLY of Illinois (for herself, Mr. BURGESS, Ms. UNDERWOOD, Mrs. RODGERS of Washington, Ms. PRESSLEY, and Mr. CARTER of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain 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 ''Helping Medicaid Offer Maternity Services Act of 2019'' or the ''Helping MOMS Act of 2019''.

SEC. 2. STATE OPTION UNDER MEDICAID PROGRAM TO PROVIDE FOR AND EXTEND CONTINUOUS COVERAGE FOR CERTAIN INDIVIDUALS.

(a) STATE OPTION TO EXTEND CONTINUOUS COVERAGE FOR PREGNANT AND POSTPARTUM INDIVIDUALS.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(1) in section 1902(e)(5), by inserting after ''60-day period'' the following: ''or, at the option of the State, 1-year period'';

(2) in section 1902(e)(6), by inserting after ''60-day period'' the following: ''or, at the option of the State, 1-year period'';

(3) in section 1902(l)(1)(A), by inserting after ''60-day period'' the following: '', or, at the option of the State, 1-year period,'';

(4) in section 1903(v)(4)(A)(i), by inserting after ''60-day period'' the following: '', or, at the option of the State, 1-year period,''; and

(5) in section 1905(a), in the fourth sentence in the matter following paragraph (30), by inserting after ''60-day period'' the following: '', or, at the option of the State, 1-year period,''.

(b) STATE OPTION TO PROVIDE CONTINUOUS COVERAGE FOR FULL BENEFITS FOR INDIVIDUALS WHO ARE OR BECOME PREGNANT.—Section 1902(e)(6) of the So-

cial Security Act (42 U.S.C. 1396a(e)(6)), as amended by subsection (a), is further amended—

(1) by striking ''(6) In the case of a pregnant woman'' and inserting

''(6)(A) In the case of a pregnant woman''; and

(2) by adding at the end the following:

''(B)(i) At the option of the State, the State plan may provide that an individual who is eligible for medical assistance under the State plan (or a waiver of such plan) or for child health assistance under title XXI and who is, or who while so eligible becomes, pregnant shall continue to be eligible for such medical assistance or child health assistance, respectively, through the end of the month in which the 1-year period (beginning on the last day of such pregnancy) ends, regardless of the basis for the individual's eligibility for such medical assistance.''.

(c) INCREASE OF FMAP.—Section 1905 is amended by adding at the end the following new subsection:

''(gg) TEMPORARY INCREASE FOR CERTAIN STATES.—Notwithstanding subsection (b) or (z)(2), in the case of a State that makes an election under section 1902(e)(6)(B) to provide for continuation described in such section, the Federal medical assistance percentage for such State shall be increased by 5 percentage points with respect to medical assistance furnished during such

quarter. The previous sentence shall apply only with respect to calendar quarters occurring during 2020.''.

(d) APPLICATION TO CHIP OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN.—Section 2112 of the Social Security Act (42 U.S.C. 1397ll) is amended—

(1) in subsection (d)(2)(A), by inserting after ''60-day period'' the following: '', or, at the option of the State, 1-year period''; and

(2) in subsection (f)(2), by inserting after ''60-day period'' the following: '', or, at the option of the State, 1-year period''.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to eligibility determinations for items and services under State plans under title XIX of the Social Security Act (or a waiver of such a plan) (42 U.S.C. 1396 et seq.) and under State child health plans under title XXI (or waiver of such a plan) made on or after January 1, 2020.

SEC. 3. MACPAC REPORT.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission (referred to in this section as ''MACPAC'') shall publish a report on the coverage

of doula care under State Medicaid programs, which shall at a minimum include the following:

(1) Information about coverage for doula care under State Medicaid programs that currently provide coverage for such care, including the type of doula care offered (such as prenatal, labor and delivery, postpartum support, and also community-based and traditional doula care).

(2) An analysis of barriers to covering doula care under State Medicaid programs.

(3) An identification of effective strategies to increase the use of doula care in order to provide better care and achieve better maternal and infant health outcomes, including strategies that States may use to recruit, train, and certify a diverse doula workforce, particularly from underserved communities, communities of color, and communities facing linguistic or cultural barriers.

(4) Recommendations for legislative and administrative actions to increase access to doula care in State Medicaid programs, including actions that ensure doulas may earn a living wage that accounts for their time and costs associated with providing care.

(b) STAKEHOLDER CONSULTATION.—In developing the report required under subsection (a), MACPAC shall consult with relevant stakeholders, including—

(1) States;

(2) organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;

(3) organizations and individuals representing doula care providers, including community-based doula programs and those who serve underserved communities, including communities of color, and communities facing linguistic or cultural barriers; and

(4) organizations representing health care providers.

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