

116TH CONGRESS  
1ST SESSION

# S. 1343

To amend titles XIX and XXI of the Social Security Act to improve Medicaid and the Children’s Health Insurance Program for low-income mothers.

---

## IN THE SENATE OF THE UNITED STATES

MAY 7, 2019

Mr. BOOKER (for himself, Ms. BALDWIN, Ms. WARREN, Ms. HARRIS, Mrs. GILLIBRAND, Mr. BLUMENTHAL, and Ms. HIRONO) introduced the following bill; which was read twice and referred to the Committee on Finance

---

## A BILL

To amend titles XIX and XXI of the Social Security Act to improve Medicaid and the Children’s Health Insurance Program for low-income mothers.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Maximizing Outcomes  
5 for Moms through Medicaid Improvement and Enhance-  
6 ment of Services Act”, or the “MOMMIES Act”.

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

3 (a) **EXTENDING CONTINUOUS MEDICAID AND CHIP**  
4 **COVERAGE FOR PREGNANT AND POSTPARTUM WOMEN.—**

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

7 (A) in section 1902(l)(1)(A), by striking  
8 “60-day period” and inserting “365-day pe-  
9 riod”;

10 (B) in section 1902(e)(6), by striking “60-  
11 day period” and inserting “365-day period”;

12 (C) in section 1903(v)(4)(A)(i), by striking  
13 “60-day period” and inserting “365-day pe-  
14 riod”; and

15 (D) in section 1905(a), in the 4th sentence  
16 in the matter following paragraph (30), by  
17 striking “60-day period” and inserting “365-  
18 day period”.

19 (2) **CHIP.**—Section 2112 of the Social Security  
20 Act (42 U.S.C. 1397ll) is amended by striking “60-  
21 day period” each place it appears and inserting  
22 “365-day period”.

23 (b) **REQUIRING FULL BENEFITS FOR PREGNANT**  
24 **AND POSTPARTUM WOMEN.—**

25 (1) **MEDICAID.**—

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

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

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

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

23 (A) by redesignating subparagraphs (H)  
24 through (S) as subparagraphs (I) through (T),  
25 respectively; and

1 (B) by inserting after subparagraph (G),  
 2 the following:

3 “(H) Section 1902(e)(5) (requiring 365-  
 4 day continuous coverage for pregnant and  
 5 postpartum women).”.

6 (c) REQUIRING COVERAGE OF ORAL HEALTH SERV-  
 7 ICES FOR PREGNANT AND POSTPARTUM WOMEN.—

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

10 (A) in subsection (a)(4)—

11 (i) by striking “; and (D)” and insert-  
 12 ing “; (D)”; and

13 (ii) by inserting “; and (E) oral health  
 14 services for pregnant and postpartum  
 15 women (as defined in subsection (ff))”  
 16 after “subsection (bb))”; and

17 (B) by adding at the end the following new  
 18 subsection:

19 “(ff) ORAL HEALTH SERVICES FOR PREGNANT AND  
 20 POSTPARTUM WOMEN.—

21 “(1) IN GENERAL.—For purposes of this title,  
 22 the term ‘oral health services for pregnant and  
 23 postpartum women’ means dental services necessary  
 24 to prevent disease and promote oral health, restore  
 25 oral structures to health and function, and treat

1 emergency conditions that are furnished to a woman  
2 during pregnancy (or during the 365-day period be-  
3 ginning on the last day of the pregnancy).

4 “(2) COVERAGE REQUIREMENTS.—To satisfy  
5 the requirement to provide oral health services for  
6 pregnant and postpartum women, a State shall, at  
7 a minimum, provide coverage for preventive, diag-  
8 nostic, periodontal, and restorative care consistent  
9 with recommendations for perinatal oral health care  
10 and dental care during pregnancy from the Amer-  
11 ican Academy of Pediatric Dentistry and the Amer-  
12 ican College of Obstetricians and Gynecologists.”.

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

17 (d) MAINTENANCE OF EFFORT.—

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

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

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

1 “(qq) MAINTENANCE OF EFFORT RELATED TO LOW-  
2 INCOME PREGNANT WOMEN.—For calendar quarters be-  
3 ginning on or after the date of enactment of this sub-  
4 section, and before January 1, 2023, no Federal payment  
5 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, or similar limitation with respect to enroll-  
14 ment) for individuals described in subsection (l)(1)  
15 who are eligible for medical assistance under the  
16 State plan or waiver under subsection  
17 (a)(10)(A)(ii)(IX) that are more restrictive than the  
18 eligibility standards, methodologies, or procedures,  
19 respectively, for such individuals under such plan or  
20 waiver that are in effect on the date of the enact-  
21 ment of the Maximizing Outcomes for Moms  
22 through Medicaid Improvement and Enhancement of  
23 Services Act; or

24 “(2) provides medical assistance to individuals  
25 described in subsection (l)(1) who are eligible for

1 medical assistance under such plan or waiver under  
2 subsection (a)(10)(A)(ii)(IX) at a level that is less  
3 than the level at which the State provides such as-  
4 sistance to such individuals under such plan or waiv-  
5 er on the date of the enactment of the Maximizing  
6 Outcomes for Moms through Medicaid Improvement  
7 and Enhancement of Services Act.”.

8 (2) CHIP.—Section 2112 of the Social Security  
9 Act (42 U.S.C. 1397ll), as amended by subsection  
10 (b), 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, 2020, and be-  
14 fore January 1, 2023, 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 women that  
24 are more restrictive than the eligibility standards,  
25 methodologies, or procedures, respectively, under

1 such plan that are in effect on the date of the enact-  
2 ment 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 women under such  
7 plan at a level that is less than the level at which  
8 the State provides such assistance to such women  
9 under such plan on the date of the enactment of the  
10 Maximizing Outcomes for Moms through Medicaid  
11 Improvement and Enhancement of Services Act.”.

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

15 (1) in subsection (b), by striking “and (aa)”  
16 and inserting “(aa), and (gg)”; and

17 (2) by adding at the end the following:

18 “(gg) INCREASED FMAP FOR ADDITIONAL EXPEND-  
19 ITURES FOR LOW-INCOME PREGNANT WOMEN.—For cal-  
20 endar quarters beginning on or after January 1, 2020,  
21 notwithstanding subsection (b), the Federal medical as-  
22 sistance percentage for a State, with respect to the addi-  
23 tional amounts expended by such State for medical assist-  
24 ance under the State plan under this title or a waiver of  
25 such plan that are attributable to requirements imposed

1 by the amendments made by the Maximizing Outcomes  
2 for Moms through Medicaid Improvement and Enhance-  
3 ment of Services Act (as determined by the Secretary),  
4 shall be equal to 100 percent.”.

5 (f) GAO STUDY AND REPORT.—

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

10 (A) pregnant women under the Medicaid  
11 program under title XIX of the Social Security  
12 Act (42 U.S.C. 1396 et seq.) and the Children’s  
13 Health Insurance Program under title XXI of  
14 the Social Security Act (42 U.S.C. 1397aa et  
15 seq.); and

16 (B) postpartum women under the Medicaid  
17 program and the Children’s Health Insurance  
18 Program who received assistance under either  
19 such program during their pregnancy.

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

23 (A) Information about the abilities and  
24 successes of State Medicaid agencies in deter-  
25 mining whether pregnant and postpartum

1 women are eligible under another insurance af-  
2 fordability program, and in transitioning any  
3 such women who are so eligible to coverage  
4 under such a program, pursuant to section  
5 435.1200 of the title 42, Code of Federal Regu-  
6 lations (as in effect on September 1, 2018).

7 (B) Information on factors contributing to  
8 gaps in coverage that disproportionately impact  
9 underserved populations, including low-income  
10 women, women of color, women who reside in a  
11 health professional shortage area (as defined in  
12 section 332(a)(1)(A) of the Public Health Serv-  
13 ice Act (42 U.S.C. 254e(a)(1)(A))) or who are  
14 members of a medically underserved population  
15 (as defined by section 330(b)(3) of such Act  
16 (42 U.S.C. 254b(b)(3)(A))).

17 (C) Recommendations for addressing and  
18 reducing such gaps in coverage.

19 (D) Such other information as the Comp-  
20 troller General deems necessary.

21 (g) EFFECTIVE DATE.—The amendments made by  
22 subsections (a) and (b) shall take effect January 1, 2020.

1 **SEC. 3. MATERNITY CARE HOME DEMONSTRATION**  
2 **PROJECT.**

3 Title XIX of the Social Security Act (42 U.S.C. 1396  
4 et seq.) is amended by inserting the following new section  
5 after section 1946:

6 “MATERNITY CARE HOME DEMONSTRATION PROJECT

7 “SEC. 1947. (a) IN GENERAL.—Not later than 1 year  
8 after the date of the enactment of this section, the Sec-  
9 retary shall establish a demonstration project (in this sec-  
10 tion referred to as the ‘demonstration project’) under  
11 which the Secretary shall provide grants to States to enter  
12 into arrangements with eligible entities to implement or  
13 expand a maternity care home model for eligible individ-  
14 uals.

15 “(b) DEFINITIONS.—In this section:

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

22 “(A) A freestanding birth center.

23 “(B) An entity or organization receiving  
24 assistance under section 330 of the Public  
25 Health Service Act.

26 “(C) A federally qualified health center.

1           “(D) A rural health clinic.

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

6           “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible  
7           individual’ means a pregnant woman or a formerly  
8           pregnant woman during the 365-day period begin-  
9           ning on the last day of her pregnancy who is—

10           “(A) enrolled in a State plan under this  
11           title, a waiver of such a plan, or a State child  
12           health plan under title XXI; and

13           “(B) a patient of an eligible entity which  
14           has entered into an arrangement with a State  
15           under subsection (g).

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

18           “(1) To improve—

19           “(A) maternity and infant care outcomes;

20           “(B) health equity;

21           “(C) communication by maternity, infant  
22           care, and social services providers;

23           “(D) integration of perinatal support serv-  
24           ices, including community health workers,  
25           doulas, social workers, public health nurses,

1 peer lactation counselors, childbirth educators,  
2 and others, into health care entities and organi-  
3 zations;

4 “(E) care coordination between maternity,  
5 infant care, oral health care, and social services  
6 providers within the community;

7 “(F) the quality and safety of maternity  
8 and infant care;

9 “(G) the experience of women receiving  
10 maternity care, including by increasing the abil-  
11 ity of a woman to develop and follow her own  
12 birthing plan; and

13 “(H) access to adequate prenatal and  
14 postpartum care, including—

15 “(i) prenatal care that is initiated in  
16 a timely manner;

17 “(ii) not fewer than 2 post-pregnancy  
18 visits to a maternity care provider; and

19 “(iii) interpregnancy care.

20 “(2) To provide coordinated, evidence-based  
21 maternity care management.

22 “(3) To decrease—

23 “(A) severe maternal morbidity and mater-  
24 nal mortality;

25 “(B) overall health care spending;

1           “(C) unnecessary emergency department  
2 visits;

3           “(D) disparities in maternal and infant  
4 care outcomes, including racial, economic, and  
5 geographical disparities;

6           “(E) racial bias among health care profes-  
7 sionals;

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

10           “(G) the rate of preterm births and infants  
11 born with low birth weight; and

12           “(H) the rate of avoidable maternal and  
13 newborn hospitalizations and admissions to in-  
14 tensive care units.

15       “(d) CONSULTATION.—In designing and imple-  
16 menting the demonstration project the Secretary shall  
17 consult with stakeholders, including—

18           “(1) States;

19           “(2) organizations representing relevant health  
20 care professionals, including oral health care profes-  
21 sionals;

22           “(3) organizations representing consumers, in-  
23 cluding consumers that are disproportionately im-  
24 pacted by poor maternal health outcomes;

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

5           “(5) community-based health care professionals,  
6           including doulas, and other stakeholders; and

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

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

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

14           “(2) SELECTION OF STATES.—

15           “(A) IN GENERAL.—The Secretary may se-  
16           lect 15 States to participate in the demonstra-  
17           tion project.

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

21           “(i) ensure that there is geographic  
22           diversity in the areas in which activities  
23           will be carried out under the project; and

24           “(ii) ensure that States with signifi-  
25           cant disparities in maternal and infant

1 health outcomes, including severe maternal  
2 morbidity, and other disparities based on  
3 race, income, or access to maternity care,  
4 are included.

5 “(f) GRANTS.—

6 “(1) IN GENERAL.—From amounts appro-  
7 priated under subsection (l), the Secretary shall  
8 award 1 grant for each year of the demonstration  
9 project to each State that is selected to participate  
10 in the demonstration project.

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

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

16 “(B) provide financial incentives to health  
17 care professionals, including community health  
18 workers and community-based doulas, who par-  
19 ticipate in the State’s maternity care home  
20 model;

21 “(C) provide adequate training for health  
22 care professionals, including community health  
23 workers, doulas, and care coordinators, who  
24 participate in the State’s maternity care home  
25 model, which may include training for cultural

1 competency, racial bias, health equity, reproduc-  
2 tive and birth justice, home visiting skills, and  
3 respectful communication and listening skills,  
4 particularly in regards to maternal health;

5 “(D) pay for personnel and administrative  
6 expenses associated with designing, imple-  
7 menting, and operating the State’s maternity  
8 care home model;

9 “(E) pay for items and services that are  
10 furnished under the State’s maternity care  
11 home model and for which payment is otherwise  
12 unavailable under this title; and

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

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

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

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

4           “(ii) evaluate the outcomes of the  
5           demonstration project in each participating  
6           State.

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

11           “(i) a yearly evaluation report for  
12           each year of the demonstration project;  
13           and

14           “(ii) a final impact report after the  
15           demonstration project has concluded.

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

22          “(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—

23           “(1) IN GENERAL.—As a condition of receiving  
24           a grant under this section, a State shall enter into

1 an arrangement with one or more eligible entities  
2 that meets the requirements of paragraph (2).

3 “(2) ARRANGEMENTS WITH ELIGIBLE ENTI-  
4 TIES.—Under an arrangement between a State and  
5 an eligible entity under this subsection, the eligible  
6 entity shall perform the following functions, with re-  
7 spect to eligible individuals enrolled with the entity  
8 under the State’s maternity care home model—

9 “(A) provide culturally competent care,  
10 which may include prenatal care, family plan-  
11 ning services, medical care, mental and behav-  
12 ioral care, postpartum care, and oral health  
13 care to such eligible individuals through a team  
14 of health care professionals, which may include  
15 obstetrician-gynecologists, maternal-fetal medi-  
16 cine specialists, family physicians, primary care  
17 providers, oral health providers, physician as-  
18 sistants, advanced practice registered nurses  
19 such as nurse practitioners and certified nurse  
20 midwives, certified midwives, certified profes-  
21 sional midwives, social workers, traditional and  
22 community-based doulas, lactation consultants,  
23 childbirth educators, community health workers,  
24 and other health care professionals;

1           “(B) conduct a risk assessment of each  
2 such eligible individual to determine if her preg-  
3 nancy is high or low risk, and establish a tai-  
4 lored pregnancy care plan, which takes into  
5 consideration the individual’s own preferences  
6 and pregnancy care and birthing plans and de-  
7 termines the appropriate support services to re-  
8 duce the individual’s medical, social, and envi-  
9 ronmental risk factors, for each such eligible in-  
10 dividual based on the results of such risk as-  
11 sessment;

12           “(C) assign each such eligible individual to  
13 a care coordinator, which may be a nurse, social  
14 worker, traditional or community-based doula,  
15 community health worker, midwife, or other  
16 health care provider, who is responsible for en-  
17 suring that such eligible individual receives the  
18 necessary medical care and connections to es-  
19 sential support services;

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

23                   “(i) nutrition and exercise;

24                   “(ii) smoking cessation;

1                   “(iii) substance use disorder and ad-  
2                   diction treatment;

3                   “(iv) anxiety, depression, and other  
4                   mental and behavioral health issues;

5                   “(v) breast feeding initiation, continu-  
6                   ation, and duration;

7                   “(vi) housing;

8                   “(vii) transportation;

9                   “(viii) intimate partner violence;

10                  “(ix) home visiting services;

11                  “(x) childbirth education;

12                  “(xi) oral health education;

13                  “(xii) continuous labor support; and

14                  “(xiii) group prenatal care;

15                  “(E) as appropriate, facilitate connections  
16                  to a usual primary care provider, which may be  
17                  a women’s health provider;

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

22                  “(G) provide such eligible individuals with  
23                  evidence-based education and resources to iden-  
24                  tify potential warning signs of pregnancy and

1 postpartum complications and when and how to  
2 obtain medical attention;

3 “(H) provide, or arrange for the provision  
4 of, pregnancy and postpartum health services,  
5 including family planning counseling and serv-  
6 ices, to eligible individuals;

7 “(I) track and report birth outcomes of  
8 such eligible individuals and their children;

9 “(J) ensure that care is patient-led, includ-  
10 ing by engaging eligible individuals in their own  
11 care, including through communication and  
12 education; and

13 “(K) ensure adequate training for appro-  
14 priately serving the population of individuals el-  
15 ible for medical assistance under the State  
16 plan or waiver of such plan, including through  
17 reproductive and birth justice frameworks, race  
18 equity awareness, home visiting skills, and  
19 knowledge of social services.

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

23 “(i) WAIVER AUTHORITY.—To the extent that the  
24 Secretary determines necessary in order to carry out the  
25 demonstration project, the Secretary may waive section

1 1902(a)(1) (relating to statewideness) and section  
2 1902(a)(10)(B) (relating to comparability).

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

8 “(k) REPORT.—

9 “(1) IN GENERAL.—Not later than 18 months  
10 after the date of the enactment of this section and  
11 annually thereafter for each year of the demonstra-  
12 tion project term, the Secretary shall submit a re-  
13 port to Congress on the results of the demonstration  
14 project.

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

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

21 “(B) recommendations on whether the  
22 model studied in the demonstration project  
23 should be continued or more widely adopted, in-  
24 cluding by private health plans.

1       “(l) AUTHORIZATION OF APPROPRIATIONS.—There  
 2 are authorized to be appropriated to the Secretary, for  
 3 each of fiscal years 2019 through 2026, such sums as may  
 4 be necessary to carry out this section.”.

5 **SEC. 4. REAPPLICATION OF MEDICARE PAYMENT RATE**  
 6                   **FLOOR TO PRIMARY CARE SERVICES FUR-**  
 7                   **NISHED UNDER MEDICAID AND INCLUSION**  
 8                   **OF ADDITIONAL PROVIDERS.**

9       (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-  
 10 TIONAL PROVIDERS.—

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

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

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

18           (C) by adding at the end the following new  
 19 subparagraph:

20           “(D) payment for primary care services (as  
 21 defined in subsection (jj)(1)) furnished in the  
 22 period that begins on the first day of the first  
 23 month that begins after the date of enactment  
 24 of the Maximizing Outcomes for Moms through  
 25 Medicaid Improvement and Enhancement of

1 Services Act by a provider described in sub-  
2 section (jj)(2)—

3 “(i) at a rate that is not less than 100  
4 percent of the payment rate that applies to  
5 such services and the provider of such  
6 services under part B of title XVIII (or, if  
7 greater, the payment rate that would be  
8 applicable under such part if the conver-  
9 sion factor under section 1848(d) for the  
10 year were the conversion factor under such  
11 section for 2009);

12 “(ii) in the case of items and services  
13 that are not items and services provided  
14 under such part, at a rate to be established  
15 by the Secretary; and

16 “(iii) in the case of items and services  
17 that are furnished in rural areas (as de-  
18 fined in section 1886(d)(2)(D)), health  
19 professional shortage areas (as defined in  
20 section 332(a)(1)(A) of the Public Health  
21 Service Act (42 U.S.C. 254e(a)(1)(A))), or  
22 medically underserved areas (according to  
23 a designation under section 330(b)(3)(A)  
24 of the Public Health Service Act (42  
25 U.S.C. 254b(b)(3)(A))), at the rate other-

1           wise applicable to such items or services  
 2           under clause (i) or (ii) increased, at the  
 3           Secretary’s discretion, by not more than 25  
 4           percent;”.

5           (2) CONFORMING AMENDMENTS.—

6           (A) Section 1902(a)(13)(C) of the Social  
 7           Security Act (42 U.S.C. 1396a(a)(13)(C)) is  
 8           amended by striking “subsection (jj)” and in-  
 9           serting “subsection (jj)(1)”.

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

12                 (i) by striking “Notwithstanding” and  
 13                 inserting the following:

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

15                 (ii)         by striking “section  
 16                 1902(a)(13)(C)” and inserting “subpara-  
 17                 graph (C) of section 1902(a)(13)”;

18                 (iii) by inserting “or for services de-  
 19                 scribed in subparagraph (D) of section  
 20                 1902(a)(13) furnished during an additional  
 21                 period specified in paragraph (2),” after  
 22                 “2015,”;

23                 (iv) by striking “under such section”  
 24                 and inserting “under subparagraph (C) or

1 (D) of section 1902(a)(13), as applicable”;

2 and

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

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

6 “(A) The period that begins on the first  
7 day of the first month that begins after the  
8 date of enactment of the Maximizing Outcomes  
9 for Moms through Medicaid Improvement and  
10 Enhancement of Services Act.”.

11 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-  
12 tion 1902(jj) of the Social Security Act (42 U.S.C.  
13 1396a(jj)) is amended—

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

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

19 “(1) IN GENERAL.—

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

22 and

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

1           “(B) EXCLUSIONS.—Such term does not  
2 include any services described in subparagraph  
3 (A) or (B) of paragraph (1) if such services are  
4 provided in an emergency department of a hos-  
5 pital.

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

10           “(A) A physician with a primary specialty  
11 designation of family medicine, general internal  
12 medicine, or pediatric medicine, or obstetrics  
13 and gynecology.

14           “(B) An advanced practice clinician, as de-  
15 fined by the Secretary, that works under the  
16 supervision of—

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

19           “(ii) a nurse practitioner or a physi-  
20 cian assistant (as such terms are defined  
21 in section 1861(aa)(5)(A)) who is working  
22 in accordance with State law; or

23           “(iii) or a certified nurse-midwife (as  
24 defined in section 1861(gg)) who is work-  
25 ing in accordance with State law.

1           “(C) A rural health clinic, federally quali-  
 2           fied health center, or other health clinic that re-  
 3           ceives reimbursement on a fee schedule applica-  
 4           ble to a physician.

5           “(D) An advanced practice clinician super-  
 6           vised by a physician described in subparagraph  
 7           (A), another advanced practice clinician, or a  
 8           certified nurse-midwife.”.

9           (c) ENSURING PAYMENT BY MANAGED CARE ENTI-  
 10          TIES.—

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

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

16           (B) by realigning the left margin of clause  
 17          (xiii) so as to align with the left margin of  
 18          clause (xii) and by striking the period at the  
 19          end of clause (xiii) and inserting “; and”; and

20           (C) by inserting after clause (xiii) the fol-  
 21          lowing:

22           “(xiv) such contract provides that (I) payments  
 23          to providers specified in section 1902(a)(13)(D) for  
 24          primary care services defined in section 1902(jj)  
 25          that are furnished during a year or period specified

1 in section 1902(a)(13)(D) and section 1905(dd) are  
2 at least equal to the amounts set forth and required  
3 by the Secretary by regulation, (II) the entity shall,  
4 upon request, provide documentation to the State,  
5 sufficient to enable the State and the Secretary to  
6 ensure compliance with subclause (I), and (III) the  
7 Secretary shall approve payments described in sub-  
8 clause (I) that are furnished through an agreed  
9 upon capitation, partial capitation, or other value-  
10 based payment arrangement if the capitation, partial  
11 capitation, or other value-based payment arrange-  
12 ment is based on a reasonable methodology and the  
13 entity provides documentation to the State sufficient  
14 to enable the State and the Secretary to ensure com-  
15 pliance with subclause (I).”.

16 (2) CONFORMING AMENDMENT.—Section  
17 1932(f) of the Social Security Act (42 U.S.C.  
18 1396u-2(f)) is amended—

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

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

1 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**  
2 **ING ACCESS TO DOULA CARE FOR MEDICAID**  
3 **BENEFICIARIES.**

4 (a) MACPAC REPORT.—

5 (1) IN GENERAL.—Not later than 1 year after  
6 the date of the enactment of this Act, the Medicaid  
7 and CHIP Payment and Access Commission (re-  
8 ferred to in this section as “MACPAC”) shall pub-  
9 lish a report on the coverage of doula care under  
10 State Medicaid programs, which shall at a minimum  
11 include the following:

12 (A) Information about coverage for doula  
13 care under State Medicaid programs that cur-  
14 rently provide coverage for such care, including  
15 the type of doula care offered (such as prenatal,  
16 labor and delivery, postpartum support, and  
17 also community-based and traditional doula  
18 care).

19 (B) An analysis of barriers to covering  
20 doula care under State Medicaid programs.

21 (C) An identification of effective strategies  
22 to increase the use of doula care in order to  
23 provide better care and achieve better maternal  
24 and infant health outcomes, including strategies  
25 that States may use to recruit, train, and cer-  
26 tify a diverse doula workforce, particularly from

1 underserved communities, communities of color,  
2 and communities facing linguistic or cultural  
3 barriers.

4 (D) Recommendations for legislative and  
5 administrative actions to increase access to  
6 doula care in State Medicaid programs, includ-  
7 ing actions that ensure doulas may earn a living  
8 wage that accounts for their time and costs as-  
9 sociated with providing care.

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

14 (A) States;

15 (B) organizations representing consumers,  
16 including those that are disproportionately im-  
17 pacted by poor maternal health outcomes;

18 (C) organizations and individuals rep-  
19 resenting doula care providers, including com-  
20 munity-based doula programs and those who  
21 serve underserved communities, including com-  
22 munities of color, and communities facing lin-  
23 guistic or cultural barriers; and

24 (D) organizations representing health care  
25 providers.

1 (b) CMS GUIDANCE.—

2 (1) IN GENERAL.—Not later than 1 year after  
3 the date that MACPAC publishes the report re-  
4 quired under subsection (a)(1), the Administrator of  
5 the Centers for Medicare & Medicaid Services shall  
6 issue guidance to States on increasing access to  
7 doula care under Medicaid. Such guidance shall at  
8 a minimum include—

9 (A) options for States to provide medical  
10 assistance for doula care services under State  
11 Medicaid programs;

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

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

23 (2) STAKEHOLDER CONSULTATION.—In devel-  
24 oping the guidance required under paragraph (1),  
25 the Administrator of the Centers for Medicare &

1 Medicaid Services shall consult with MACPAC and  
2 other relevant stakeholders, including—

3 (A) State Medicaid officials;

4 (B) organizations representing consumers,  
5 including those that are disproportionately im-  
6 pacted by poor maternal health outcomes;

7 (C) organizations representing doula care  
8 providers, including community-based doulas  
9 and those who serve underserved communities,  
10 such as communities of color and communities  
11 facing linguistic or cultural barriers; and

12 (D) organizations representing health care  
13 professionals.

14 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**  
15 **OF TELEMEDICINE TO INCREASE ACCESS TO**  
16 **MATERNITY CARE.**

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

22 (1) The number of State Medicaid programs  
23 that utilize telemedicine to increase access to mater-  
24 nity care.

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

4           (A) common characteristics of such pro-  
5 grams' approaches to utilizing telemedicine to  
6 increase access to maternity care; and

7           (B) what is known about—

8           (i) the demographic characteristics of  
9 the individuals enrolled in such programs  
10 who use telemedicine to access maternity  
11 care;

12           (ii) health outcomes for such individ-  
13 uals as compared to individuals with simi-  
14 lar characteristics who did not use tele-  
15 medicine to access maternity care;

16           (iii) the services provided to individ-  
17 uals through telemedicine, including family  
18 planning services and oral health services;

19           (iv) the quality of maternity care pro-  
20 vided through telemedicine, including  
21 whether maternity care provided through  
22 telemedicine is culturally competent;

23           (v) the level of patient satisfaction  
24 with maternity care provided through tele-

1 medicine to individuals enrolled in State  
2 Medicaid programs; and

3 (vi) the impact of utilizing telemedi-  
4 cine to increase access to maternity care  
5 on spending, cost savings, access to care,  
6 and utilization of care under State Med-  
7 icaid programs.

8 (3) An identification and analysis of the bar-  
9 riers to using telemedicine to increase access to ma-  
10 ternity care under State Medicaid programs.

11 (4) Recommendations for such legislative and  
12 administrative actions related to increasing access to  
13 telemedicine maternity services under Medicaid as  
14 the Comptroller General deems appropriate.

○