

119TH CONGRESS  
1ST SESSION

# H. R. 3942

To amend titles XIX and XXI of the Social Security Act to enhance financial support for rural and safety net hospitals providing maternity, labor, and delivery services to vulnerable populations, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 2025

Ms. BONAMICI (for herself and Ms. KELLY of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend titles XIX and XXI of the Social Security Act to enhance financial support for rural and safety net hospitals providing maternity, labor, and delivery services to vulnerable populations, and for other purposes.

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; TABLE OF CONTENTS.**

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Keeping Obstetrics Local Act”.

6       (b) TABLE OF CONTENTS.—The table of contents for  
7       this Act is as follows:

Sec. 1. Short title; table of contents.

#### TITLE I—ENHANCING FINANCIAL SUPPORT FOR RURAL AND SAFETY NET HOSPITALS THAT PROVIDE OBSTETRIC SERVICES

- Sec. 101. State studies and HHS report on costs of providing maternity, labor, and delivery services.
- Sec. 102. Requiring adequate payment rates under Medicaid for maternity, labor, and delivery services at eligible hospitals.
- Sec. 103. Increased Federal financial participation for maternity, labor, and delivery services furnished by eligible hospitals.
- Sec. 104. Labor and delivery services anchor payments.
- Sec. 105. Application of adequate payment requirement and increased Federal financial participation requirements to CHIP.
- Sec. 106. Disregarding increased and additional payments to hospitals for purposes of other supplemental payments and upper payment limits.

#### TITLE II—EXPAND COVERAGE OF MATERNAL HEALTH CARE

- Sec. 201. Requiring 12-month continuous, full benefit coverage for pregnant individuals under Medicaid and CHIP.
- Sec. 202. Health homes for pregnant and postpartum women.
- Sec. 203. Guidance on supporting and improving access to Medicaid and CHIP coverage of services provided by doulas and certain maternal health professionals.
- Sec. 204. Medicaid and CHIP increased financial support for depression and anxiety screening during the perinatal and postpartum periods.
- Sec. 205. Presumptive eligibility for pregnant individuals.

#### TITLE III—INVEST IN THE MATERNAL HEALTH CARE WORKFORCE

- Sec. 301. Emergency obstetric workforce support.
- Sec. 302. Streamlined screening and enrollment of providers of maternity, labor, and delivery services in neighboring States.

#### TITLE IV—REQUIRING PUBLIC COMMUNICATION OF OBSTETRICS DATA AND UNIT CLOSURES

- Sec. 401. Timely notifications of impending hospital obstetric unit closures.
- Sec. 402. Collection of data relating to hospital labor and delivery services.

1 **TITLE I—ENHANCING FINAN-**  
2 **CIAL SUPPORT FOR RURAL**  
3 **AND SAFETY NET HOSPITALS**  
4 **THAT PROVIDE OBSTETRIC**  
5 **SERVICES**

6 **SEC. 101. STATE STUDIES AND HHS REPORT ON COSTS OF**  
7 **PROVIDING MATERNITY, LABOR, AND DELIV-**  
8 **ERY SERVICES.**

9 (a) STATE STUDY.—

10 (1) IN GENERAL.—Not later than 24 months  
11 after the date of enactment of this Act, and every  
12 5 years thereafter, each State (as such term is de-  
13 fined in section 1101(a)(1) of the Social Security  
14 Act (42 U.S.C. 1301(a)(1)) for purposes of titles  
15 XIX and XXI of such Act) shall conduct a study on  
16 the costs of providing maternity, labor, and delivery  
17 services in applicable hospitals (as defined in para-  
18 graph (3)) and submit the results of such study to  
19 the Secretary of Health and Human Services (re-  
20 ferred to in this section as the “Secretary”).

21 (2) CONTENT OF STUDY.—A State study re-  
22 quired under paragraph (1) shall include the fol-  
23 lowing information (to the extent practicable) with  
24 respect to maternity, labor, and delivery services fur-  
25 nished by applicable hospitals located in the State:

1           (A) An estimate of the cost of providing  
2           maternity, labor, and delivery services at appli-  
3           cable hospitals, based on the expenditures a  
4           representative sample of such hospitals incurred  
5           for providing such services during the 2 most  
6           recent years for which data is available.

7           (B) An estimate of the cost of providing  
8           maternity, labor, and delivery services at appli-  
9           cable hospitals that ceased providing labor and  
10          delivery services within the past 5 years, based  
11          on the expenditures a representative sample of  
12          such hospitals incurred for providing such serv-  
13          ices during the 2 most recent years for which  
14          data is available.

15          (C) To the extent data allows, an analysis  
16          of the extent to which geographic location, com-  
17          munity demographics, and local economic fac-  
18          tors (as defined by the Secretary) affect the  
19          cost of providing maternity, labor, and delivery  
20          services at applicable hospitals, including the  
21          cost of services that support the provision of  
22          maternity, labor, and delivery services.

23          (D) The amounts applicable hospitals are  
24          paid for maternity, labor, and delivery services,

1 by geographic location and hospital size,  
2 under—

3 (i) Medicare;

4 (ii) the State Medicaid program, in-  
5 cluding payment amounts for such services  
6 under fee-for-service payment arrange-  
7 ments and under managed care (as appli-  
8 cable);

9 (iii) the State CHIP plan, including  
10 payment amounts for such services under  
11 fee-for-service payment arrangements and  
12 under managed care (as applicable); and

13 (iv) private health insurance.

14 (E) A comparative payment rate anal-  
15 ysis—

16 (i) comparing payment rates for ma-  
17 ternity, labor, and delivery services (inclu-  
18 sive of all payments received by applicable  
19 hospitals for furnishing maternity, labor,  
20 and delivery services) under the State  
21 Medicaid fee-for-service program to such  
22 payment rates for such services under  
23 Medicare (as described in section  
24 447.203(b)(3) of title 42, Code of Federal  
25 Regulations), other Federally-funded or

1 State-funded programs (including, to the  
2 extent data is available, Medicaid managed  
3 care rates), and to the payment rates for  
4 such services, to the extent data is avail-  
5 able, of private health insurers within geo-  
6 graphic areas of the State; and

7 (ii) analyzing different payment meth-  
8 ods for such services, such as the use of  
9 bundled payments, quality incentives, and  
10 low-volume adjustments.

11 (F) An evaluation, using such methodology  
12 and parameters established by the Secretary, of  
13 whether each hospital located in the State that  
14 furnishes maternity, labor, and delivery services  
15 is expected to experience in the next 3 years  
16 significant changes in particular expenditures  
17 or types of reimbursement for maternity, labor,  
18 and delivery services.

19 (3) APPLICABLE HOSPITAL DEFINED.—For  
20 purposes of this subsection, the term “applicable  
21 hospital” means any hospital located in a State that  
22 meets either of the following criteria:

23 (A) The hospital provides labor and deliv-  
24 ery services and more than 50 percent of the  
25 hospital’s births (in the most recent year for

1 which such data is available) are financed by  
2 the Medicaid program or CHIP.

3 (B) The hospital—

4 (i) is located in a rural area (as de-  
5 fined by the Federal Office of Rural  
6 Health Policy for the purpose of rural  
7 health grant programs administered by  
8 such Office);

9 (ii) based on the most recent 2 years  
10 of data available (as determined by the  
11 Secretary), furnished services for less than  
12 an average of 300 births per year; and

13 (iii) provides labor and delivery serv-  
14 ices.

15 (4) ASSISTANCE TO SMALL HOSPITALS IN COM-  
16 PILING COST INFORMATION.—There are appro-  
17 priated to the Secretary for fiscal year 2026,  
18 \$10,000,000 for the purpose of providing grants and  
19 technical assistance to a hospital described in para-  
20 graph (3)(B) to enable such hospital to compile de-  
21 tailed information for use in the State studies re-  
22 quired under paragraph (1), to remain available  
23 until expended.

24 (5) HHS REPORT ON STATE STUDIES.—For  
25 each year in which a State is required to conduct a

1 study under paragraph (1), the Secretary shall issue,  
2 not later than 12 months after the date on which  
3 the State submits to the Secretary the data de-  
4 scribed in such paragraph, a publicly available re-  
5 port that compiles and details the results of such  
6 study and includes the information described in  
7 paragraph (2).

8 (b) HHS REPORT ON NATIONAL DATA COLLECTION  
9 FINDINGS.—Not later than 3 years after the date of en-  
10 actment of this Act, the Secretary shall submit to Con-  
11 gress, and make publicly available, a report analyzing the  
12 first studies conducted by States under subsection (a)(1),  
13 including recommendations for improving data collection  
14 on the cost of providing maternity, labor, and delivery  
15 services.

16 (c) IMPLEMENTATION FUNDING.—In addition to the  
17 amount appropriated under subsection (a)(4), there are  
18 appropriated, out of any funds in the Treasury not other-  
19 wise obligated, \$3,000,000 for fiscal year 2026, to remain  
20 available until expended, to the Secretary of Health and  
21 Human Services for purposes of implementing this sec-  
22 tion.



1 **SEC. 102. REQUIRING ADEQUATE PAYMENT RATES UNDER**  
2 **MEDICAID FOR MATERNITY, LABOR, AND DE-**  
3 **LIVERY SERVICES AT ELIGIBLE HOSPITALS.**

4 (a) FEE-FOR-SERVICE PAYMENTS.—Section 1902 of  
5 the Social Security Act (42 U.S.C. 1396a) is amended—

6 (1) in subsection (a)(13)—

7 (A) by striking “and” at the end of sub-  
8 paragraph (B);

9 (B) by adding “and” at the end of sub-  
10 paragraph (C); and

11 (C) by adding at the end the following new  
12 subparagraph:

13 “(D) for each fiscal year beginning with  
14 fiscal year 2027, payment for maternity, labor,  
15 and delivery services (as defined in subsection  
16 (uu)) furnished during such fiscal year in an el-  
17 igible hospital (as defined in such subsection) at  
18 a rate that is not less than the minimum pay-  
19 ment rate specified for the fiscal year in para-  
20 graph (4) of such subsection;” and

21 (2) by adding at the end the following new sub-  
22 section:

23 “(uu) MATERNITY, LABOR, AND DELIVERY SERV-  
24 ICES AND ELIGIBLE HOSPITALS DEFINED.—For purposes  
25 of subsection (a)(13)(D)—

1           “(1) MATERNITY, LABOR, AND DELIVERY SERV-  
2       ICES.—

3           “(A) IN GENERAL.—The term ‘maternity,  
4       labor, and delivery services’ means such inpa-  
5       tient hospital services and outpatient hospital  
6       services, including behavioral health services,  
7       that are provided in relation to maternity care  
8       or labor and delivery, identified by appropriate  
9       ICD and CPT codes, as the Secretary shall  
10      specify after consultation with professional or  
11      medical societies with expertise in pregnancy,  
12      childbirth, and postpartum care.

13          “(B) SCOPE.—Such term shall not be lim-  
14      ited in application, for any eligible hospital,  
15      only to services that relate to a birth that oc-  
16      curs in the hospital.

17          “(C) RULEMAKING.—Not later than July  
18      1, 2026, the Secretary shall issue an interim  
19      final rule specifying which services shall be con-  
20      sidered maternity, labor, and delivery services  
21      for purposes of this subsection and subsection  
22      (a)(13)(D).

23          “(2) ELIGIBLE HOSPITAL.—

1           “(A) IN GENERAL.—The term ‘eligible hos-  
2           pital’ means, with respect to a State and fiscal  
3           year—

4                   “(i) a hospital that is located in a  
5                   rural area (as defined by the Federal Of-  
6                   fice of Rural Health Policy for the purpose  
7                   of rural health grant programs adminis-  
8                   tered by such Office);

9                   “(ii) a critical access hospital (as de-  
10                  fined in section 1861(mm)(1));

11                  “(iii) a hospital operated by the In-  
12                  dian Health Service or an Indian Tribe  
13                  under the Indian Self-Determination and  
14                  Education Assistance Act;

15                  “(iv) a hospital for which, in the most  
16                  recent 12-month period for which data is  
17                  available, at least 50 percent of all births  
18                  for which the hospital provided maternity,  
19                  labor, and delivery services during such fis-  
20                  cal year were qualifying births; or

21                  “(v) a hospital that is able to dem-  
22                  onstrate, through a process to be deter-  
23                  mined by the Secretary, that, for the appli-  
24                  cable fiscal year, the hospital projects that  
25                  at least 50 percent of all births for which

1 the hospital will provide maternity, labor,  
2 and delivery services during such fiscal  
3 year will be qualifying births.

4 “(B) IDENTIFICATION OF ELIGIBLE HOS-  
5 PITALS.—Each State, subject to the approval of  
6 the Secretary, shall identify the hospitals in the  
7 State that are eligible hospitals with respect to  
8 a fiscal year.

9 “(3) QUALIFYING BIRTH.—For purposes of  
10 paragraph (2), the term ‘qualifying birth’ means a  
11 birth for which any maternity, labor, and delivery  
12 services associated with the birth—

13 “(A) were paid for under a State plan  
14 under this title (or under a waiver of such a  
15 plan) or under a State child health plan under  
16 title XXI (or under a waiver of such a plan);

17 “(B) were paid for under title XVIII;

18 “(C) were provided by the Indian Health  
19 Service or a Native Hawaiian health care sys-  
20 tem (as defined in section 12 of the Native Ha-  
21 waiian Health Care Improvement Act); or

22 “(D) were provided to a patient who does  
23 not have minimum essential coverage (as de-  
24 fined in section 5000A(f) of the Internal Rev-

1           enue Code of 1986) and were not fully paid for  
2           by such patient.

3           “(4) MINIMUM PAYMENT RATE SPECIFIED.—

4           The minimum payment rate specified in this para-  
5           graph is, with respect to an eligible hospital and ma-  
6           ternal, labor, and delivery services—

7                   “(A) for fiscal year 2027, 150 percent of  
8           the payment rate that would apply for such  
9           services and hospital under title XVIII; and

10                   “(B) for each period of 5 fiscal years be-  
11           ginning with fiscal years 2028 through 2032, a  
12           payment rate that is determined for such period  
13           by the Secretary to accurately reflect the costs  
14           incurred by eligible hospitals in providing such  
15           services, informed by the results of the most re-  
16           cent State studies submitted to the Secretary  
17           under section 101(a) of the Keeping Obstetrics  
18           Local Act.”.

19           (b) UNDER MEDICAID MANAGED CARE PLANS.—

20           Section 1932(f) of the Social Security Act (42 U.S.C.  
21           1396u–2(f)) is amended—

22                   (1) in the heading, by inserting “AND MATER-  
23           NITY, LABOR, AND DELIVERY SERVICES AT ELIGI-  
24           BLE HOSPITALS” after “SERVICES”; and

1           (2) by striking “described in section  
 2       1902(a)(13)(C)” and inserting “described in sub-  
 3       paragraph (C) of section 1902(a)(13) or maternity,  
 4       labor, and delivery services described in subpara-  
 5       graph (D) of such section that are furnished by an  
 6       eligible hospital (as defined in section 1905(uu))”.

7   **SEC. 103. INCREASED FEDERAL FINANCIAL PARTICIPATION**  
 8                   **FOR MATERNITY, LABOR, AND DELIVERY**  
 9                   **SERVICES FURNISHED BY ELIGIBLE HOS-**  
 10                  **PITALS.**

11       Section 1905 of the Social Security Act (42 U.S.C.  
 12   1396d) is amended—

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

15           (2) by adding at the end the following new sub-  
 16       section:

17       “(kk) MATERNITY, LABOR, AND DELIVERY SERV-  
 18   ICES.—

19           “(1) IN GENERAL.—Notwithstanding subsection  
 20       (b), with respect to State expenditures for medical  
 21       assistance for maternity, labor, and delivery services  
 22       furnished by an eligible hospital (as such terms are  
 23       defined in section 1902(uu)) in a fiscal quarter that  
 24       begins on or after October 1, 2026—

“(A) the Federal medical assistance percentage applicable to the enhanced payment rate amount of such expenditures (as determined for the State and quarter under paragraph (2)(A)) shall be equal to 100 percent; and

“(B) subject to paragraph (3), the Federal medical assistance percentage applicable to the base payment rate amount of such expenditures (as determined for the State and quarter under paragraph (2)(B)) shall be equal to the enhanced FMAP determined for the State and quarter under section 2105(b).

“(2) DETERMINATION OF ENHANCED PAYMENT RATE AMOUNT AND BASE PAYMENT RATE AMOUNT.—

“(A) ENHANCED PAYMENT RATE AMOUNT.—

“(i) IN GENERAL.—For purposes of paragraph (1)(A), the enhanced payment rate amount for a State and fiscal quarter is equal to the amount of State expenditures for medical assistance for maternity, labor, and delivery services furnished by an eligible hospital (as such terms are defined

1 in section 1902(uu)) in such fiscal quarter  
2 that is attributable to the amount by which  
3 the minimum payment rate required under  
4 section 1902(a)(13)(D) (or, by application,  
5 section 1932(f)) exceeds the base payment  
6 rate applicable to such services, as deter-  
7 mined for the State, quarter, and services  
8 under clause (ii).

9 “(ii) BASE PAYMENT RATE.—For pur-  
10 poses of clause (i), the base payment rate  
11 determined for a State, a fiscal quarter,  
12 and maternity, labor, and delivery services  
13 (as defined in section 1902(uu)) shall be  
14 equal to—

15 “(I) the payment rate applicable  
16 to such services under the State plan  
17 (or under a waiver of such plan) as of  
18 January 1, 2025; increased by

19 “(II) the percentage increase in  
20 the medical care component of the  
21 consumer price index for all urban  
22 consumers from January of 2025 to  
23 the month ending on the day before  
24 the 1st day of such fiscal quarter.



1           “(B) BASE PAYMENT RATE AMOUNT.—For  
2           purposes of paragraph (1)(B), the base pay-  
3           ment rate amount for a State and fiscal quarter  
4           is equal to—

5                   “(i) the total amount of State expend-  
6                   itures for medical assistance for maternity,  
7                   labor, and delivery services furnished by an  
8                   eligible hospital (as such terms are defined  
9                   in section 1902(uu)) in such fiscal quarter;  
10                  minus

11                   “(ii) the enhanced payment rate  
12                   amount determined for the State and fiscal  
13                   quarter under subparagraph (A).

14           “(3) APPLICATION OF HIGHER MATCH.—Sub-  
15           paragraph (B) of paragraph (1) shall not apply in  
16           the case of State expenditures described in such sub-  
17           paragraph if the application of such subparagraph  
18           would result in a lower Federal medical assistance  
19           percentage for such expenditures than would other-  
20           wise apply without the application of such para-  
21           graph.

22           “(4) EXCLUSION OF EXPENDITURES FROM TER-  
23           RITORIAL CAPS.—Any payment made to a territory  
24           for medical assistance that is subject to the Federal  
25           medical assistance percentage specified in paragraph

1       (1)(A) or the enhanced FMAP referred to in para-  
 2       graph (1)(B) shall not be taken into account for  
 3       purposes of applying payment limits under sub-  
 4       sections (f) and (g) of section 1108.”.

5   **SEC. 104. LABOR AND DELIVERY SERVICES ANCHOR PAY-**  
 6                   **MENTS.**

7       (a) STATE REQUIREMENT.—Section 1902(a)(13)(A)  
 8       of the Social Security Act (42 U.S.C. 1396a(a)(13)(A))  
 9       is amended—

10           (1) in clause (iii), by striking “and” at the end;

11           (2) in clause (iv), by striking the semicolon at  
 12       the end and inserting “, and”; and

13           (3) by adding at the end the following new  
 14       clause:

15                   “(v) in the case of hospitals, such  
 16                   rates take into account (in a manner con-  
 17                   sistent with section 1923A) the situation of  
 18                   low volume obstetric hospitals (as such  
 19                   term is defined in such section);”.

20       (b) REQUIRING ANCHOR PAYMENTS FOR LOW VOL-  
 21       UME OBSTETRIC HOSPITALS.—Title XIX of the Social Se-  
 22       curity Act (42 U.S.C. 1396 et seq.) is amended by insert-  
 23       ing the following after section 1923:

1 **“SEC. 1923A. ANCHOR PAYMENTS FOR LABOR AND DELIV-**  
2 **ERY SERVICES PROVIDED BY LOW VOLUME**  
3 **OBSTETRIC HOSPITALS.**

4 “(a) IMPLEMENTATION OF REQUIREMENT.—A State  
5 plan under this title shall not be considered to meet the  
6 requirement of section 1902(a)(13)(A)(v) (insofar as it re-  
7 quires payments to hospitals to take into account the situ-  
8 ation of low volume obstetric hospitals), as of October 1,  
9 2026, unless the State has submitted to the Secretary, by  
10 not later than such date, an amendment to such plan that  
11 provides for an annual anchor payment to such hospitals,  
12 consistent with subsection (c).

13 “(b) DEFINITIONS.—In this section:

14 “(1) ANTENATAL TRANSFER.—The term  
15 ‘antenatal transfer’ means, with respect to a hos-  
16 pital, a pregnant individual who was expected to re-  
17 ceive labor and delivery services at the hospital but  
18 who is transferred to a different hospital because of  
19 a need for labor and delivery services that are not  
20 available at the transferring hospital.

21 “(2) DELIVERY VOLUME.—The term ‘delivery  
22 volume’ means, with respect to a hospital and a fis-  
23 cal year, the total number of births occurring in, and  
24 antenatal transfers made by, such hospital during  
25 such year.

1           “(3)   LABOR    AND    DELIVERY    REVENUE  
2   FLOOR.—The term ‘labor and delivery revenue floor’  
3   means, with respect to a low volume obstetric hos-  
4   pital and a fiscal year, the amount equal to the sum  
5   of—

6                   “(A) the product of—

7                           “(i) the delivery volume for such hos-  
8                           pital and fiscal year; and

9                           “(ii) the per delivery amount for such  
10                          fiscal year; and

11                   “(B) the standby capacity amount for such  
12                   fiscal year.

13           “(4)   LABOR   AND   DELIVERY   SERVICES.—The  
14   term ‘labor and delivery services’ means such inpa-  
15   tient and outpatient hospital services related to labor  
16   and delivery, including services related to antenatal  
17   transfers, identified by appropriate ICD and CPT  
18   codes, as the Secretary shall specify in consultation  
19   with professional or medical societies with expertise  
20   in this area.

21           “(5)   LOW VOLUME OBSTETRIC HOSPITAL.—The  
22   term ‘low volume obstetric hospital’ means, with re-  
23   spect to a hospital and a fiscal year, a hospital—

24                   “(A) that is an eligible hospital (as defined  
25                   in section 1902(uu)(2));

1           “(B) in which the average number of  
2           births for which the hospital provided labor and  
3           delivery services during the preceding 3 fiscal  
4           years is less than 300 births per year;

5           “(C) that did not provide labor and deliv-  
6           ery services in the preceding fiscal year, but in  
7           which the average number of births for which  
8           the hospital provided labor and delivery services  
9           during the most recent 3 fiscal years in which  
10          the hospital provided labor and delivery services  
11          is less than 300 births per year;

12          “(D) that is not described in subpara-  
13          graphs (B) or (C) but, in the applicable fiscal  
14          year, provides labor and delivery services for  
15          fewer than 300 births; or

16          “(E) that is not described in subpara-  
17          graphs (B) through (D) but is certified by the  
18          State in which the hospital is located as meet-  
19          ing such criteria as the Secretary shall establish  
20          for identifying hospitals that are essential to  
21          meeting the needs of an underserved popu-  
22          lation, such as serving a population with limited  
23          English proficiency, serving specific racial or  
24          ethnic populations, or other factors.

1           “(6) MEDICAID LABOR AND DELIVERY REV-  
2           ENUE FLOOR.—The term ‘Medicaid labor and deliv-  
3           ery revenue floor’ means, with respect to a low vol-  
4           ume obstetric hospital and a fiscal year, the product  
5           of—

6                   “(A) the labor and delivery revenue floor  
7                   for such hospital and fiscal year; and

8                   “(B) the percentage of the delivery volume  
9                   of such hospital in such fiscal year that were  
10                  paid for under a State plan under this title (or  
11                  under a waiver of such a plan) or under a State  
12                  child health plan under title XXI (or under a  
13                  waiver of such a plan).

14           “(7) PER DELIVERY AMOUNT.—

15                   “(A) IN GENERAL.—The term ‘per delivery  
16                   amount’ means, with respect to a fiscal year, an  
17                   amount, as determined under subparagraph  
18                   (B), that represents the marginal cost to a low  
19                   volume obstetric hospital of a birth or an  
20                   antenatal transfer.

21                   “(B) DETERMINATION OF PER DELIVERY  
22                   AMOUNT.—

23                           “(i) FISCAL YEAR 2028.—For fiscal  
24                           year 2028, the per delivery amount shall  
25                           be \$10,000.

1                   “(ii) INDEXING.—Subject to clause  
 2                   (iii), for each fiscal year after fiscal year  
 3                   2028, the per delivery amount shall be the  
 4                   amount that applied under this subpara-  
 5                   graph for the preceding fiscal year in-  
 6                   creased by the percentage increase in the  
 7                   medical care component of the consumer  
 8                   price index for all urban consumers for the  
 9                   12-month period ending with September of  
 10                  such preceding fiscal year.

11                  “(iii) PERIODIC REVISION OF PER DE-  
 12                  LIVERY AMOUNT.—Not less than once  
 13                  every 5 fiscal years, the Secretary shall col-  
 14                  lect and analyze data on the costs of labor  
 15                  and delivery services at low volume obstet-  
 16                  ric hospitals and, through rulemaking,  
 17                  shall establish a new per delivery amount  
 18                  for purposes of this section to ensure that  
 19                  such amount accurately reflects the mar-  
 20                  ginal cost to a low volume obstetric hos-  
 21                  pital of a birth or an antenatal delivery.

22                  “(8) STANDBY CAPACITY AMOUNT.—

23                  “(A) IN GENERAL.—The term ‘standby ca-  
 24                  pacity amount’ means, with respect to a fiscal  
 25                  year, an amount, as determined under subpara-

graph (B), that represents the minimum level of expenditures by a low volume obstetric hospital that is necessary to ensure that adequate personnel, equipment, and facilities are available at all times to provide labor and delivery services.

“(B) DETERMINATION OF STANDBY CAPACITY AMOUNT.—

“(i) FISCAL YEAR 2028.—For fiscal year 2028, the standby capacity amount shall be \$1,200,000.

“(ii) INDEXING.—Subject to clause (iii), for each fiscal year after fiscal year 2028, the standby capacity amount shall be the amount that applied under this subparagraph for the preceding fiscal year increased by the percentage increase in the medical care component of the consumer price index for all urban consumers for the 12-month period ending with September of such preceding fiscal year.

“(iii) PERIODIC REVISION OF STANDBY CAPACITY AMOUNT.—Not less than once every 5 fiscal years, the Secretary shall collect and analyze data on the costs of labor and delivery services at low volume



1           obstetric hospitals and, through rule-  
2           making, shall establish a new standby ca-  
3           capacity amount for purposes of this section  
4           to ensure that such amount accurately re-  
5           flects the minimum level of expenditures by  
6           a low volume obstetric hospital that is nec-  
7           essary to ensure that adequate personnel,  
8           equipment, and facilities are available at  
9           all times to provide labor and delivery serv-  
10          ices.

11          “(c) ANCHOR PAYMENT FOR LOW VOLUME OBSTET-  
12       RIC HOSPITALS.—Not later than 3 months after the end  
13       of each fiscal year beginning with fiscal year 2028, each  
14       State shall pay to each low volume obstetric hospital in  
15       the State an amount that is equal to the amount (if any)  
16       by which—

17               “(1) the Medicaid labor and delivery revenue  
18               floor for the hospital and fiscal year; exceeds

19               “(2) the total amount of all payments made to  
20               the low volume obstetric hospital under the State  
21               plan under this title (or under a waiver of such plan)  
22               and under the State child health plan under title  
23               XXI (or under a waiver of such plan) (other than  
24               payments under this section) for labor and delivery

1 services provided by such hospital during such fiscal  
2 year.

3 “(d) REQUIREMENTS FOR RECEIPT OF PAYMENTS.—

4 No anchor payment shall be made to a low volume obstet-  
5 ric hospital under this section for a fiscal year unless the  
6 hospital can satisfy the following requirements:

7 “(1) SKILLS MAINTENANCE AND TRAINING AC-  
8 TIVITIES.—The hospital demonstrates to the satis-  
9 faction of the State that the hospital conducts and  
10 completes skills maintenance and training activities,  
11 including continuing education and training to sup-  
12 port maintenance of obstetric skills, that satisfy such  
13 requirements as the Secretary, taking into consider-  
14 ation nationally recognized obstetrics skills, mainte-  
15 nance, and training standards such as standards  
16 published by the American College of Obstetricians  
17 and Gynecologists and the Association of Women’s  
18 Health, Obstetric, and Neonatal Nurses, shall speci-  
19 fy for the purposes of this section.

20 “(2) CONTINUED PROVISION OF LABOR AND  
21 DELIVERY SERVICES.—

22 “(A) IN GENERAL.—The hospital and the  
23 State enter into a contract under which, in ex-  
24 change for such payment under this section for

1 a fiscal year, the hospital agrees to continue to  
2 provide labor and delivery services—

3 “(i) for the period that begins with  
4 such fiscal year and ends on the last day  
5 of the second fiscal year that follows such  
6 fiscal year; and

7 “(ii) at a level that is not less than  
8 the level at which the hospital provided  
9 such services in the fiscal year to which  
10 such payment relates, unless the hospital  
11 can demonstrate that the need for services  
12 in the community has decreased and that  
13 the new level of services will be adequate to  
14 meet that need.

15 “(B) RECOVERY OF PAYMENT IN THE  
16 EVENT OF BREACH OF CONTRACT BY HOS-  
17 PITAL.—The terms of the contract between a  
18 hospital and a State required under subpara-  
19 graph (A) shall provide that if the hospital does  
20 not provide labor and delivery services as re-  
21 quired under the contract throughout the period  
22 described in such subparagraph for any reason  
23 (including in the event of the hospital’s bank-  
24 ruptcy or closure) the State may recover the  
25 full amount of the payment under this section

1 to which the contract relates and in the event  
2 of the hospital's bankruptcy, the State shall be  
3 given preferred creditor status for purposes of  
4 the collection of such payment.

5 “(3) UTILIZATION OF FUNDS FOR LABOR AND  
6 DELIVERY SERVICES.—

7 “(A) IN GENERAL.—The hospital and the  
8 State enter into a contract under which, in ex-  
9 change for such payment under this section, the  
10 hospital agrees to utilize funds received under  
11 such payment for the provision of labor and de-  
12 livery services in the community served by the  
13 hospital.

14 “(B) RECOVERY OF PAYMENT IN THE  
15 EVENT OF BREACH OF CONTRACT BY HOS-  
16 PITAL.—The terms of the contract between a  
17 hospital and a State required under subpara-  
18 graph (A) shall provide that if the hospital does  
19 not utilize payment funds for labor and delivery  
20 services as required under the contract for any  
21 reason (including in the event of the hospital's  
22 bankruptcy or closure) the State may recover  
23 the full amount of the payment under this sec-  
24 tion to which the contract relates and in the  
25 event of the hospital's bankruptcy, the State

1           shall be given preferred creditor status for pur-  
2           poses of the collection of such payment.

3           “(e) TREATMENT OF PAYMENTS; RECOVERY OF PAY-  
4 MENTS.—

5           “(1) IN GENERAL.—Payments made by a State  
6           under this section for a fiscal year—

7                   “(A) shall be in addition to any other pay-  
8                   ments made to hospitals for labor and delivery  
9                   services under the State plan (or a waiver of  
10                  such plan) under this title, under the State  
11                  child health assistance plan under title XXI (or  
12                  under a waiver of such plan), or under title  
13                  XVIII for the fiscal year, including dispropor-  
14                  tionate share hospital payments under section  
15                  1923 or section 1886(d)(5)(F) and other sup-  
16                  plemental payments that are not made under  
17                  this section; and

18                   “(B) shall be treated as medical assistance  
19                   for which payment is made under section  
20                   1903(a), except that the Federal medical assist-  
21                   ance percentage applicable to amounts ex-  
22                   pended by a State for such payments shall be  
23                   equal to the enhanced FMAP determined for  
24                   the State and fiscal year under section 2105(b).

1           “(2) PAYMENTS RECOVERED BY A STATE.—If a  
 2       State recovers any amount of a payment made by a  
 3       State under this section (whether pursuant to para-  
 4       graphs (2)(B) or (3)(B) of subsection (d) or other-  
 5       wise), the amount so recovered shall be treated as an  
 6       overpayment recovered by the State under section  
 7       1903(d).”.

8       (c) CONFORMING AMENDMENTS.—Title XIX of the  
 9       Social Security Act (42 U.S.C. 1396 et seq.) is amended  
 10      as follows:

11           (1) In section 1903—

12                (A) in subsection (d)(6)(B)—

13                   (i) by striking “related to the total  
 14                   amount” and inserting the following: “re-  
 15                   lated to—

16                   “(i) the total amount”;

17                   (ii) by striking the period at the end  
 18                   and inserting “; and”; and

19                   (iii) by adding at the end the fol-  
 20                   lowing new clause:

21                   “(ii) the total amount of payments made to  
 22                   individual providers (by provider) under section  
 23                   1923A during such fiscal year.”; and

24                (B) in subsection (bb)(2)(B)—

1 (i) in the header, by inserting “AND  
 2 LOW VOLUME OBSTETRIC HOSPITAL” after  
 3 “DSH”; and

4 (ii) by inserting “or a payment made  
 5 to a low volume obstetric hospital under  
 6 section 1923A” before the period.

7 (2) In section 1905—

8 (A) in subsection (cc), by striking “section  
 9 1923” the second place it appears and inserting  
 10 “section 1923 or 1923A”; and

11 (B) in subsection (ii)(2)(A), by inserting  
 12 “or payments to low volume obstetric hospitals  
 13 described in section 1923A” before the semi-  
 14 colon.

15 **SEC. 105. APPLICATION OF ADEQUATE PAYMENT REQUIRE-**  
 16 **MENT AND INCREASED FEDERAL FINANCIAL**  
 17 **PARTICIPATION REQUIREMENTS TO CHIP.**

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

20 (1) by redesignating subparagraphs (B)  
 21 through (U) as subparagraphs (C) through (V), re-  
 22 spectively; and

23 (2) by inserting after subparagraph (A) the fol-  
 24 lowing new subparagraph:

1           “(B) Section 1902(a)(13)(D) and section  
 2           1905(kk) (relating to the minimum payment  
 3           rate required for maternity, labor, and delivery  
 4           services furnished by an eligible hospital and  
 5           Federal financial participation for State ex-  
 6           penditures for such services).”.

7   **SEC. 106. DISREGARDING INCREASED AND ADDITIONAL**  
 8           **PAYMENTS TO HOSPITALS FOR PURPOSES OF**  
 9           **OTHER SUPPLEMENTAL PAYMENTS AND**  
 10          **UPPER PAYMENT LIMITS.**

11       A hospital’s eligibility for any Federally-funded sup-  
 12       plemental payment (including a disproportionate share  
 13       payment under section 1886(d)(5)(F) or 1923 of the So-  
 14       cial Security Act (42 U.S.C. 1395ww(d)(5)(F), 1396r-4)),  
 15       the determination of the amount of such payment, and  
 16       the application of any Federal limitation on the aggregate  
 17       amount of payments that a State may make to the hos-  
 18       pital (including any upper payment limitation), shall be  
 19       determined without regard to the amount of any increase  
 20       to a payment received by a hospital or any additional pay-  
 21       ment made to a hospital that is attributable to the amend-  
 22       ments made by this title.



## **TITLE II—EXPAND COVERAGE OF MATERNAL HEALTH CARE**

### **SEC. 201. REQUIRING 12-MONTH CONTINUOUS, FULL BENEFIT COVERAGE FOR PREGNANT INDIVIDUALS UNDER MEDICAID AND CHIP.**

(a) MEDICAID.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)—

(A) in paragraph (10), in the matter following subparagraph (G), by striking “(VII) the medical assistance made available to an individual described in subsection (l)(1)(A) who is eligible for medical assistance only because of subparagraph (A)(i)(IV) or (A)(ii)(IX) shall be limited to medical assistance for services related to pregnancy (including prenatal, delivery, postpartum, and family planning services), medical assistance for services related to other conditions which may complicate pregnancy, and medical assistance for vaccines described in section 1905(a)(4)(E) and the administration of such vaccines during the period described in such section,” and inserting “(VII) [Repealed],”;

1 (B) in paragraph (86), by striking “and”  
2 at the end;

3 (C) in paragraph (87), by striking the pe-  
4 riod at the end and inserting “; and”; and

5 (D) by inserting after paragraph (87) the  
6 following new paragraph:

7 “(88) provide that the State plan is in compli-  
8 ance with subsection (e)(16).”; and

9 (2) in subsection (e)(16)—

10 (A) in subparagraph (A), by striking “At  
11 the option of the State, the State plan (or waiv-  
12 er of such State plan) may provide” and insert-  
13 ing “A State plan (or waiver of such State  
14 plan) shall provide”;

15 (B) in subparagraph (B), in the matter  
16 preceding clause (i), by striking “by a State  
17 making an election under this paragraph” and  
18 inserting “under a State plan (or a waiver of  
19 such State plan)”; and

20 (C) in subparagraph (C)—

21 (i) by striking “A State making an  
22 election under this paragraph” and insert-  
23 ing “In the case of a State”; and

1 (ii) by striking “shall also make the  
2 election” and inserting “the State shall  
3 provide coverage”.

4 (b) CHIP.—

5 (1) IN GENERAL.—Subparagraph (K) of section  
6 2107(e)(1) of the Social Security Act (42 U.S.C.  
7 1397gg(e)(1)), as redesignated by section 105, is  
8 amended to read as follows:

9 “(K) Paragraphs (5) and (16) of section  
10 1902(e) (relating to the requirement to provide  
11 medical assistance under the State plan or  
12 waiver consisting of full benefits during preg-  
13 nancy and throughout the 12-month period that  
14 begins on the last day of the individual’s preg-  
15 nancy and ends on the last day of the month  
16 in which such 12-month period ends).”.

17 (2) CONFORMING AMENDMENT.—Section  
18 2112(d)(2)(A) of the Social Security Act (42 U.S.C.  
19 1397ll(d)(2)(A)) is amended by striking “the month  
20 in which the 60-day period” and all that follows  
21 through “pursuant to section 2107(e)(1),”.

22 (c) EFFECTIVE DATE.—

23 (1) IN GENERAL.—Subject to paragraphs (2)  
24 and (3), the amendments made by subsections (a)  
25 and (b) shall take effect on the 1st day of the 1st

1       calendar quarter that begins on or after the date  
2       that is 1 year after the date of enactment of this  
3       Act.

4           (2) EXCEPTION FOR STATE LEGISLATION.—In  
5       the case of a State plan under title XIX of the So-  
6       cial Security Act or a State child health plan under  
7       title XXI of such Act that the Secretary of Health  
8       and Human Services determines requires State legis-  
9       lation in order for the respective plan to meet any  
10      requirement imposed by amendments made by this  
11      subsection, the respective plan shall not be regarded  
12      as failing to comply with the requirements of such  
13      title solely on the basis of its failure to meet such  
14      an additional requirement before the 1st day of the  
15      1st calendar quarter beginning after the close of the  
16      1st regular session of the State legislature that be-  
17      gins after the date of enactment of this Act. For  
18      purposes of the previous sentence, in the case of a  
19      State that has a 2-year legislative session, each year  
20      of the session shall be considered to be a separate  
21      regular session of the State legislature.

22           (3) STATE OPTION FOR EARLIER EFFECTIVE  
23      DATE.—A State may elect to have subsection (e)(16)  
24      of section 1902 of the Social Security Act (42  
25      U.S.C. 1396a) and subparagraph (K) of section

1       2107(e)(1) of the Social Security Act (42 U.S.C.  
 2       1397gg(e)(1)), as redesignated by section 105 and  
 3       amended by subsection (b) of this section, take ef-  
 4       fect with respect to the State on the 1st day of any  
 5       fiscal quarter that begins before the date described  
 6       in paragraph (1) and apply to amounts payable to  
 7       the State for expenditures for medical assistance,  
 8       child health assistance, or pregnancy-related assist-  
 9       ance to pregnant or postpartum individuals fur-  
 10      nished on or after such day.

11 **SEC. 202. HEALTH HOMES FOR PREGNANT AND**  
 12 **POSTPARTUM WOMEN.**

13       (a) MEDICAID.—Title XIX of the Social Security Act  
 14       (42 U.S.C. 1396 et seq.) is amended by inserting after  
 15       section 1945A the following new section:

16 **“SEC. 1945B. STATE OPTION TO PROVIDE COORDINATED**  
 17 **CARE THROUGH A HEALTH HOME FOR PREG-**  
 18 **NANT AND POSTPARTUM INDIVIDUALS.**

19       “(a) STATE OPTION.—

20       “(1) IN GENERAL.—Notwithstanding section  
 21       1902(a)(1) (relating to statewideness) and section  
 22       1902(a)(10)(B) (relating to comparability), begin-  
 23       ning January 1, 2028, a State, at its option as a  
 24       State plan amendment, may provide for medical as-

1       sistance under this title to an eligible individual who  
2       chooses to—

3               “(A) enroll in a maternity health home  
4       under this section by selecting a designated pro-  
5       vider, a team of health care professionals oper-  
6       ating with such a provider, or a health team as  
7       the individual’s maternity health home for pur-  
8       poses of providing the individual with preg-  
9       nancy and postpartum coordinated care serv-  
10      ices; or

11              “(B) receive such services from a des-  
12      ignated provider, a team of health care profes-  
13      sionals operating with such a provider, or a  
14      health team that has voluntarily opted to par-  
15      ticipate in a maternity health home for eligible  
16      individuals under this section.

17              “(2) ELIGIBLE INDIVIDUAL DEFINED.—In this  
18      section, the term ‘eligible individual’ means an indi-  
19      vidual—

20              “(A) who is eligible for medical assistance  
21      under the State plan (or under a waiver of such  
22      plan) for all items and services covered under  
23      the State plan (or under a waiver of such plan);

24              “(B) who is not enrolled in a health home  
25      under section 1945 or 1945A; and

1 “(C) either—

2 “(i) who is pregnant; or

3 “(ii) whose pregnancy has ended and  
4 is within the 12-month period that begins  
5 on the last day of the individual’s preg-  
6 nancy and ends on the last day of the  
7 month in which such 12-month period  
8 ends.

9 “(b) QUALIFICATION STANDARDS.—The Secretary  
10 shall establish standards for qualification as a maternity  
11 health home or as a designated provider, a team of health  
12 care professionals operating with such a provider, or a  
13 health team eligible for participation in a maternity health  
14 home for purposes of this section. In establishing such  
15 standards, the Secretary shall consider best practices and  
16 models of care used by recipients of grants under section  
17 330P of the Public Health Service Act. Such standards  
18 shall include requiring a designated provider, a team of  
19 health care professionals operating with such a provider,  
20 and a health team designated as a maternity health home  
21 to demonstrate to the State the ability to do the following:

22 “(1) Coordinate prompt care and access to nec-  
23 essary maternity care services, including services  
24 provided by specialists, and programs for an eligible  
25 individual during the individual’s pregnancy and the

1       365-day period beginning on the last day of such  
2       pregnancy.

3           “(2) Develop an individualized, comprehensive,  
4       patient-centered care plan for each eligible individual  
5       that accommodates patient preferences and, if appli-  
6       cable, reflects adjustments to the payment method-  
7       ology described in subsection (c)(2)(B).

8           “(3) Develop and incorporate into each eligible  
9       individual’s care plan, in a culturally and linguis-  
10      tically appropriate manner consistent with the needs  
11      of the eligible individual, ongoing home care, com-  
12      munity-based primary care, inpatient care, social  
13      support services, health-related social needs services,  
14      behavioral health services, local hospital emergency  
15      care, and, in the event of a change in income that  
16      would result in the eligible individual losing eligi-  
17      bility for medical assistance under the State plan (or  
18      under a waiver of such plan), care management and  
19      planning related to a change in the eligible individ-  
20      ual’s health insurance coverage.

21           “(4) Coordinate with pediatric care providers,  
22      as appropriate.

23           “(5) Collect and report information under sub-  
24      section (f)(1).

25      “(c) PAYMENTS.—



1           “(1) IN GENERAL.—A State shall provide a des-  
2           ignated provider, a team of health care professionals  
3           operating with such a provider, or a health team  
4           designated as a maternity health home with pay-  
5           ments for the provision of health home services to  
6           each eligible individual that selects such provider,  
7           team of health care professionals, or health team as  
8           the eligible individual’s health home. Payments made  
9           to a designated provider, a team of health care pro-  
10          fessionals operating with such a provider, or a health  
11          team for such services shall be treated as medical  
12          assistance for purposes of section 1903(a), except  
13          that, during the first 8 fiscal year quarters that the  
14          State plan amendment is in effect, the Federal med-  
15          ical assistance percentage applicable to such pay-  
16          ments shall be equal to 90 percent.

17          “(2) METHODOLOGY.—The State shall specify  
18          in the State plan amendment the methodology the  
19          State will use for determining payment for the provi-  
20          sion of pregnancy and postpartum coordinated care  
21          services or treatment during an eligible individual’s  
22          pregnancy and the 365-day period beginning on the  
23          last day of such pregnancy. Such methodology for  
24          determining payment—

25                 “(A) may be based on—

1 “(i) a per-member per-month basis for  
 2 each eligible individual enrolled in a mater-  
 3 nity health home;

4 “(ii) a prospective payment model, in  
 5 the case of payments to Federally qualified  
 6 health centers or a rural health clinics; or

7 “(iii) an alternate model of payment  
 8 proposed by the State and approved by the  
 9 Secretary;

10 “(B) may be adjusted to reflect, with re-  
 11 spect to each eligible individual—

12 “(i) the severity of the risks associ-  
 13 ated with the individual’s pregnancy;

14 “(ii) the severity of the risks associ-  
 15 ated with the individual’s postpartum  
 16 health care needs; and

17 “(iii) the level or amount of time of  
 18 care coordination required with respect to  
 19 the individual; and

20 “(C) shall be established consistent with  
 21 section 1902(a)(30)(A).

22 “(d) COORDINATING CARE.—

23 “(1) HOSPITAL NOTIFICATION.—A State with a  
 24 State plan amendment approved under this section  
 25 shall require each hospital that is a participating

1 provider under the State plan (or under a waiver of  
2 such plan) to establish procedures in the case of an  
3 eligible individual who seeks treatment in the emer-  
4 gency department of such hospital for—

5 “(A) providing the individual with cul-  
6 turally and linguistically appropriate informa-  
7 tion supplied by the State describing the respec-  
8 tive treatment models and opportunities for the  
9 individual to access a maternity health home  
10 and its associated benefits; and

11 “(B) notifying the maternity health home  
12 in which the individual is enrolled, or the des-  
13 ignated provider, team of health care profes-  
14 sionals operating with such a provider, or  
15 health team treating the individual, of the indi-  
16 vidual’s treatment in the emergency department  
17 and of the protocols for the maternity health  
18 home, designated provider, or team to be in-  
19 volved in the individual’s emergency care or  
20 post-discharge care.

21 “(2) EDUCATION WITH RESPECT TO AVAIL-  
22 ABILITY OF A MATERNITY HEALTH HOME.—

23 “(A) IN GENERAL.—In order for a State  
24 plan amendment to be approved under this sec-  
25 tion, a State shall include in the State plan

1 amendment a description of the State’s process  
2 for—

3 “(i) educating providers participating  
4 in the State plan (or a waiver of such  
5 plan) on the availability of maternity  
6 health homes for eligible individuals, in-  
7 cluding the process by which such pro-  
8 viders can participate in or refer an eligible  
9 individual to an approved maternity health  
10 home or a designated provider, team of  
11 health care professionals operating such a  
12 provider, or health team designated as a  
13 maternity health home; and

14 “(ii) educating eligible individuals, in  
15 a culturally and linguistically appropriate  
16 manner, on the availability of maternity  
17 health homes.

18 “(B) OUTREACH.—The process established  
19 by the State under subparagraph (A) shall in-  
20 clude the participation of entities or other pub-  
21 lic or private organizations or entities that pro-  
22 vide outreach and information on the avail-  
23 ability of health care items and services to fami-  
24 lies of individuals eligible to receive medical as-

1           sistance under the State plan (or a waiver of  
2           such plan).

3           “(3) MENTAL HEALTH COORDINATION.—A  
4           State with a State plan amendment approved under  
5           this section shall consult and coordinate, as appro-  
6           priate, with the Secretary in addressing issues re-  
7           garding the prevention, identification, and treatment  
8           of mental health conditions and substance use dis-  
9           orders among eligible individuals.

10          “(4) SOCIAL AND SUPPORT SERVICES.—A State  
11          with a State plan amendment approved under this  
12          section shall consult and coordinate, as appropriate,  
13          with the Secretary in establishing means to connect  
14          eligible individuals receiving pregnancy and  
15          postpartum coordinated care services under this sec-  
16          tion with social and support services, including serv-  
17          ices made available under maternal, infant, and  
18          early childhood home visiting programs established  
19          under section 511 and services made available under  
20          section 330H or title X of the Public Health Service  
21          Act.

22          “(5) COORDINATION WITH GRANT PROGRAM  
23          FOR INTEGRATED SERVICES FOR PREGNANT AND  
24          POSTPARTUM WOMEN.—A State with a State plan  
25          amendment approved under this section shall consult

1 and coordinate, as appropriate, with the Secretary  
2 with respect to the provision of medical assistance to  
3 eligible individuals enrolled in a maternity health  
4 home under this section and grantees delivering inte-  
5 grated health care services to pregnant and  
6 postpartum women under section 330P of the Public  
7 Health Service Act (including, if applicable, the  
8 State).

9 “(e) MONITORING.—A State shall include in the  
10 State plan amendment—

11 “(1) a methodology for tracking reductions in  
12 inpatient days and reductions in the total cost of  
13 care resulting from improved care coordination and  
14 management under this section;

15 “(2) a proposal for use of health information  
16 technology in providing an eligible individual with  
17 pregnancy and postpartum coordinated care services  
18 as specified under this section and improving service  
19 delivery and coordination across the care continuum;  
20 and

21 “(3) a methodology for tracking prompt and  
22 timely access to medically necessary care for eligible  
23 individuals from out-of-State providers.

24 “(f) DATA COLLECTION.—

1           “(1) PROVIDER REPORTING REQUIREMENTS.—

2           In order to receive payments from a State under  
3           subsection (c), a maternity health home, or a des-  
4           ignated provider, a team of health care professionals  
5           operating with such a provider, or a health team  
6           designated as a maternity health home, shall report  
7           to the State, at such time and in such form and  
8           manner as may be required by the State, including  
9           through a health information exchange or other pub-  
10          lic health data sharing entity, the following informa-  
11          tion:

12                   “(A) With respect to each such designated  
13                   provider, team of health care professionals oper-  
14                   ating with such a provider, and health team  
15                   designated as a maternity health home, the  
16                   name, National Provider Identification number,  
17                   address, and specific health care services of-  
18                   fered to be provided to any eligible individual  
19                   who has selected such provider, team of health  
20                   care professionals, or health team as the eligible  
21                   individual’s maternity health home.

22                   “(B) Information on all other applicable  
23                   measures for determining the quality of services  
24                   provided by such provider, team of health care  
25                   professionals, or health team.

“(C) Information concerning the factors described in paragraph (2)(A)(vi) received from health risk assessments of eligible individuals conducted and completed by the designated provider, team of health care professionals operating with such a provider, or health team designated as a maternity health home.

“(D) Such other information as the Secretary shall specify in guidance.

“(2) STATE REPORTING REQUIREMENTS.—

“(A) COMPREHENSIVE REPORT.—A State with a State plan amendment approved under this section shall report to the Secretary (and, upon request, to the Medicaid and CHIP Payment and Access Commission), at such time, but at a minimum annually, and in such form and manner determined by the Secretary to be reasonable and minimally burdensome, the following information:

“(i) Information described in paragraph (1).

“(ii) The number and, to the extent available and while maintaining all relevant privacy and confidentially protections, disaggregated demographic information



1 (including information on geography) of el-  
2 igible individuals who have enrolled in a  
3 maternity health home pursuant to this  
4 section.

5 “(iii) The number of maternity health  
6 homes in the State designated under this  
7 section.

8 “(iv) The medical conditions or fac-  
9 tors that contribute to severe maternal  
10 morbidity among eligible individuals en-  
11 rolled in maternity health homes in the  
12 State.

13 “(v) The extent to which such individ-  
14 uals receive health care items and services  
15 under the State plan before, during, and  
16 after an individual’s enrollment in such a  
17 maternity health home.

18 “(vi) Where applicable, mortality data  
19 and data for the associated causes of preg-  
20 nancy-related death for eligible individuals  
21 enrolled in a maternity health home under  
22 this section, in accordance with subsection  
23 (g). For deaths occurring postpartum, such  
24 data shall distinguish between deaths oc-  
25 ccurring up to 42 days postpartum and

1 deaths occurring between 43 days to up to  
2 1 year postpartum. Where applicable, data  
3 reported under this clause shall be re-  
4 ported alongside comparable data from a  
5 State’s maternal mortality review com-  
6 mittee, as established in accordance with  
7 section 317K(d) of the Public Health Serv-  
8 ice Act, for purposes of further identifying  
9 and comparing statewide trends in mater-  
10 nal mortality among populations partici-  
11 pating in the maternity health home under  
12 this section.

13 “(B) IMPLEMENTATION REPORT.—Not  
14 later than 18 months after a State has a State  
15 plan amendment approved under this section,  
16 the State shall submit to the Secretary, and  
17 make publicly available on the appropriate  
18 State website, a report on how the State is im-  
19 plementing the option established under this  
20 section, including through any best practices  
21 adopted by the State.

22 “(g) CONFIDENTIALITY.—A State with a State plan  
23 amendment under this section shall establish confiden-  
24 tiality protections for the purposes of subsection (f)(2)(A)  
25 to ensure, at a minimum, that there is no disclosure by

1 the State of any identifying information about any specific  
2 eligible individual enrolled in a maternity health home or  
3 any maternal mortality case, and that all relevant con-  
4 fidentiality and privacy protections, including the require-  
5 ments under section 1902(a)(7)(A), are maintained.

6 “(h) RULE OF CONSTRUCTION.—Nothing in this sec-  
7 tion shall be construed to require—

8 “(1) an eligible individual to enroll in a mater-  
9 nity health home under this section; or

10 “(2) a designated provider or health team to  
11 act as a maternity health home and provide services  
12 in accordance with this section if the provider or  
13 health team does not voluntarily agree to act as a  
14 maternity health home.

15 “(i) PLANNING GRANTS.—

16 “(1) IN GENERAL.—Beginning January 1,  
17 2027, from the amount appropriated under para-  
18 graph (2), the Secretary shall award planning grants  
19 to States for purposes of developing and submitting  
20 a State plan amendment under this section. The  
21 Secretary shall award a grant to each State that ap-  
22 plies for a grant under this subsection and meets the  
23 application criteria established by the Secretary, and  
24 the Secretary may determine the amount of the  
25 grant based on the merits of the application and the

1 goal of the State to prioritize health outcomes for el-  
2 igible individuals. A planning grant awarded to a  
3 State under this subsection shall remain available  
4 until expended.

5 “(2) APPROPRIATION.—There are authorized to  
6 be appropriated to the Secretary \$50,000,000 for  
7 fiscal year 2027, for the purposes of making grants  
8 under this subsection, to remain available until ex-  
9 pended.

10 “(3) LIMITATION.—The total amount of pay-  
11 ments made to States under this subsection shall not  
12 exceed \$50,000,000.

13 “(j) ADDITIONAL DEFINITIONS.—In this section:

14 “(1) DESIGNATED PROVIDER.—The term ‘des-  
15 ignated provider’ means a physician (including an  
16 obstetrician-gynecologist or, if applicable, a certified  
17 nurse midwife, or certified professional midwife who  
18 meets or exceeds the education and training stand-  
19 ards of the International Confederation of Midwives  
20 and who is licensed to practice within the State), a  
21 hospital, clinical practice or clinical group practice,  
22 rural health clinic, community health center, commu-  
23 nity mental health center, or any other entity or pro-  
24 vider that is determined by the State and approved  
25 by the Secretary to be qualified to be a maternity

1 health home on the basis of documentation evidenc-  
2 ing that the entity or provider has the systems, ex-  
3 pertise, and infrastructure in place to provide preg-  
4 nancy and postpartum coordinated care services.  
5 Such term may include providers who are employed  
6 by, or affiliated with, a hospital.

7 “(2) HEALTH TEAM.—The term ‘health team’  
8 has the meaning given such term for purposes of  
9 section 3502 of Public Law 111–148.

10 “(3) MATERNITY HEALTH HOME.—The term  
11 ‘maternity health home’ means a designated provider  
12 (including a provider that operates in coordination  
13 with a team of health care professionals) or a health  
14 team that is selected by an eligible individual to pro-  
15 vide pregnancy and postpartum coordinated care  
16 services.

17 “(4) PREGNANCY AND POSTPARTUM COORDI-  
18 NATED CARE SERVICES.—

19 “(A) IN GENERAL.—The term ‘pregnancy  
20 and postpartum coordinated care services’  
21 means items and services related to the coordi-  
22 nation of care for comprehensive and timely  
23 high-quality, culturally and linguistically appro-  
24 priate, services described in subparagraph (B)  
25 that are provided by a designated provider, a

1 team of health care professionals operating with  
2 such a provider, or a health team designated as  
3 a maternity health home.

4 “(B) SERVICES DESCRIBED.—

5 “(i) IN GENERAL.—The services de-  
6 scribed in this subparagraph shall include  
7 with respect to a State electing the State  
8 plan amendment option under this section,  
9 any medical assistance for items and serv-  
10 ices for which payment is available under  
11 the State plan or under a waiver of such  
12 plan.

13 “(ii) OTHER ITEMS AND SERVICES.—

14 In addition to medical assistance described  
15 in clause (i), the services described in this  
16 subparagraph shall include the following:

17 “(I) Any item or service for  
18 which medical assistance is otherwise  
19 available under the State plan (or a  
20 waiver of such plan) related to the  
21 treatment of an individual during the  
22 individual’s pregnancy and the 1-year  
23 period beginning on the last day of  
24 such pregnancy, including mental

1 health and substance use disorder  
2 services.

3 “(II) Comprehensive care man-  
4 agement.

5 “(III) Care coordination (includ-  
6 ing with pediatricians as appropriate),  
7 health promotion, and providing ac-  
8 cess to the full range of maternal, ob-  
9 stetric, and gynecologic services, in-  
10 cluding services from out-of-State pro-  
11 viders.

12 “(IV) Comprehensive transitional  
13 care, including appropriate follow-up,  
14 from inpatient to other settings.

15 “(V) Patient and family support  
16 (including authorized representatives).

17 “(VI) Referrals to community  
18 and social support services, if rel-  
19 evant.

20 “(VII) Use of health information  
21 technology to link services, as feasible  
22 and appropriate.

23 “(5) TEAM OF HEALTH CARE PROFES-  
24 SIONALS.—The term ‘team of health care profes-  
25 sionals’ means a team of health care professionals

1 (as described in the State plan amendment under  
2 this section) that may—

3 “(A) include—

4 “(i) physicians, including gynecologist-  
5 obstetricians, certified nurse midwives, or  
6 certified professional midwives who meet or  
7 exceed the education and training stand-  
8 ards of the International Confederation of  
9 Midwives and who are licensed to practice  
10 within the State, family physicians, pri-  
11 mary care physicians, pediatricians, and  
12 other professionals such as physicians as-  
13 sistants, advance practice nurses, nurses,  
14 nurse care coordinators, dietitians, nutri-  
15 tionists, social workers, behavioral health  
16 professionals, physical counselors, physical  
17 therapists, occupational therapists, or any  
18 professionals that assist in prenatal care,  
19 delivery, or postpartum care for which  
20 medical assistance is available under the  
21 State plan or a waiver of such plan and de-  
22 termined to be appropriate by the State  
23 and approved by the Secretary;



1 “(ii) an entity or individual who is  
 2 designated to coordinate such care deliv-  
 3 ered by the team; and

4 “(iii) when appropriate and if other-  
 5 wise eligible to furnish items and services  
 6 that are reimbursable as medical assist-  
 7 ance under the State plan or under a waiv-  
 8 er of such plan, doula, community health  
 9 workers, translators and interpreters, and  
 10 other individuals with culturally appro-  
 11 priate and trauma-informed expertise; and

12 “(B) provide care at a facility that is free-  
 13 standing, virtual, or based at a hospital, com-  
 14 munity health center, community mental health  
 15 center, rural health clinic, clinical practice or  
 16 clinical group practice, academic health center,  
 17 or any entity determined to be appropriate by  
 18 the State and approved by the Secretary.”.

19 (b) APPLICABILITY TO CHIP.—Section 2107(e)(1) of  
 20 the Social Security Act (42 U.S.C. 1397gg(e)(1)), as  
 21 amended by section 105, is amended by adding at the end  
 22 the following new subparagraph:

23 “(W) Section 1945B (relating to optional  
 24 health homes for pregnant and postpartum in-  
 25 dividuals).”.

1 **SEC. 203. GUIDANCE ON SUPPORTING AND IMPROVING AC-**  
2 **CESS TO MEDICAID AND CHIP COVERAGE OF**  
3 **SERVICES PROVIDED BY DOULAS AND CER-**  
4 **TAIN MATERNAL HEALTH PROFESSIONALS.**

5 Not later than 1 year after the date of the enactment  
6 of this Act, the Secretary of Health and Human Services  
7 shall issue and publish guidance for States concerning op-  
8 tions for supporting and improving access to coverage and  
9 payment under a State plan under title XIX of the Social  
10 Security Act (42 U.S.C. 1396 et seq.) or under a waiver  
11 of such plan, and under a State child health plan under  
12 title XXI of such Act (42 U.S.C. 1397aa et seq.) or under  
13 a waiver of such plan, for services provided by doulas, cer-  
14 tified nurse midwives, certified midwives, or certified pro-  
15 fessional midwives, who meet or exceed the education and  
16 training standards of the International Confederation of  
17 Midwives and who are licensed to practice within the State  
18 and certain maternal health professionals (specified by the  
19 Secretary)—

- 20 (1) in rural areas;
- 21 (2) across a continuum of care; and
- 22 (3) among varied provider settings and payment
- 23 and care models, including managed care.

1 **SEC. 204. MEDICAID AND CHIP INCREASED FINANCIAL SUP-**  
 2 **PORT FOR DEPRESSION AND ANXIETY**  
 3 **SCREENING DURING THE PERINATAL AND**  
 4 **POSTPARTUM PERIODS.**

5 (a) MEDICAID.—Section 1905 of the Social Security  
 6 Act (42 U.S.C. 1396d), as amended by section 103, is fur-  
 7 ther amended—

8 (1) in the first sentence of subsection (b), by  
 9 striking “subsection (a)(4)(D)” and inserting “sub-  
 10 sections (a)(4)(D) and (ll)”;

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

12 “(ll) INCREASED FMAP FOR DEPRESSION AND ANX-  
 13 IETY SCREENING DURING THE PERINATAL AND  
 14 POSTPARTUM PERIODS.—

15 “(1) IN GENERAL.—For purposes of clause (5)  
 16 of the first sentence of subsection (b), services de-  
 17 scribed in this subsection are screening services pro-  
 18 vided to an individual who is eligible for such assist-  
 19 ance on the basis of being pregnant that include at  
 20 a minimum—

21 “(A) during the perinatal period, at least  
 22 1 screening for depression and anxiety symp-  
 23 toms using a standardized, validated tool; and

24 “(B) during the postpartum period, a full  
 25 assessment of mood and emotional well-being,  
 26 including screening for postpartum depression

1           and anxiety, using a standardized, validated  
2           tool.

3           “(2) EXCLUSION FROM TERRITORIAL CAPS.—

4           The additional amount paid to a territory for ex-  
5           penditures for medical assistance for services de-  
6           scribed in paragraph (1) as a result of the applica-  
7           tion of clause (5) of the first sentence of subsection  
8           (b) shall not be taken into account for purposes of  
9           applying payment limits under subsections (f) and  
10          (g) of section 1108.”.

11          (b) CHIP.—Section 2105(c) of the Social Security  
12   Act (42 U.S.C. 1397ee(c)) is amended by adding at the  
13   end the following new paragraph:

14           “(13) ENHANCED PAYMENT FOR DEPRESSION  
15          AND ANXIETY SCREENING DURING THE PERINATAL  
16          AND POSTPARTUM PERIODS.—Notwithstanding sub-  
17          section (b), the enhanced FMAP with respect to  
18          payments under subsection (a) for expenditures  
19          under the State child health plan (or a waiver of  
20          such plan) shall be increased by 1 percentage point  
21          with respect to expenditures for services described in  
22          section 1905(l)(1) that are provided under the plan  
23          (or waiver) to an individual who is eligible for such  
24          assistance on the basis of being pregnant (including  
25          pregnancy-related assistance provided to a targeted

1 low-income pregnant woman (as defined in section  
 2 2112(d)), pregnancy-related assistance provided to  
 3 an individual who is eligible for such assistance  
 4 through application of section 1903(v)(4)(A)(i)  
 5 under section 2107(e)(1), or any other assistance  
 6 under the plan (or waiver) provided to an individual  
 7 who is eligible for such assistance on the basis of  
 8 being pregnant) and during the 12-month period  
 9 that begins on the last day of the individual's preg-  
 10 nancy and ends on the last day of the month in  
 11 which such 12-month period ends (including any  
 12 such assistance provided during the month in which  
 13 such period ends).”.

14 (c) EFFECTIVE DATE.—The amendments made by  
 15 this section shall take effect on the first day of the first  
 16 fiscal quarter that begins on or after the date that is 1  
 17 year after the date of enactment of this section.

18 **SEC. 205. PRESUMPTIVE ELIGIBILITY FOR PREGNANT INDI-**  
 19 **VIDUALS.**

20 (a) IN GENERAL.—

21 (1) REQUIREMENT.—Section 1920(a) of the So-  
 22 cial Security Act (42 U.S.C. 1396r–1(a)) is amended  
 23 by striking “may provide” and inserting “shall pro-  
 24 vide”.

1           (2) APPLICATION.—Section 1920 of the Social  
2       Security Act (42 U.S.C. 1396r–1) is amended by  
3       adding at the end the following new subsection:

4       “(f) APPLICATION.—A State shall provide to a preg-  
5       nant woman a presumptive eligibility period in accordance  
6       with this section without regard to whether the individual  
7       would otherwise qualify for a presumptive eligibility period  
8       the State has elected to provide under section 1920A,  
9       1920B, or 1920C.”.

10       (b) CONFORMING AMENDMENTS.—

11           (1) Section 1902(a)(47) of the Social Security  
12       Act (42 U.S.C. 1396a(a)(47)) is amended to read as  
13       follows:

14           “(47) provide—

15               “(A)(i) for making ambulatory prenatal  
16       care available to pregnant women during a pre-  
17       sumptive eligibility period in accordance with  
18       section 1920; and

19               “(ii) at the option of the State—

20               “(I) for making medical assistance for  
21       items and services described in subsection  
22       (a) of section 1920A available to children  
23       during a presumptive eligibility period in  
24       accordance with such section;

1 “(II) for making medical assistance  
2 available to individuals described in sub-  
3 section (a) of section 1920B during a pre-  
4 sumptive eligibility period in accordance  
5 with such section; and

6 “(III) for making medical assistance  
7 available to individuals described in sub-  
8 section (a) of section 1920C during a pre-  
9 sumptive eligibility period in accordance  
10 with such section; and

11 “(B) that any hospital that is a partici-  
12 pating provider under the State plan may elect  
13 to be a qualified entity for purposes of deter-  
14 mining, on the basis of preliminary information,  
15 whether any individual is eligible for medical as-  
16 sistance under the State plan or under a waiver  
17 of the plan for purposes of providing the indi-  
18 vidual with medical assistance during a pre-  
19 sumptive eligibility period, in the same manner,  
20 and subject to the same requirements, as apply  
21 with respect to populations described in section  
22 1920, 1920A, 1920B, or 1920C (without re-  
23 gard to whether the State has elected to provide  
24 for a presumptive eligibility period under sec-

1           tions 1920A, 1920B, or 1920C), subject to  
2           such guidance as the Secretary shall establish;”.

3           (2) Section 1920(e) of the Social Security Act  
4           (42 U.S.C. 1396r-1(e)) is amended—

5                   (A) by striking “If the State has elected  
6           the option to provide a presumptive eligibility  
7           period under this section or section 1920A,  
8           the” and inserting “The”; and

9                   (B) by striking “1920A, subject to” and  
10           inserting “1920A (if the State has elected the  
11           option), subject to”.

12           (3) Section 2107(e)(1)(R) of the Social Security  
13           Act (42 U.S.C. 1397gg(e)(1)(R)) is amended by in-  
14           serting “1920 (relating to presumptive eligibility for  
15           pregnant women and section” before “1920A”.

16           (4) Section 2112(c) of the Social Security Act  
17           (42 U.S.C. 1397ll(c)) is amended—

18                   (A) in the heading, by striking “OPTION  
19           To PROVIDE”; and

20                   (B) by striking “may elect” and inserting  
21           “shall elect”.



1 **TITLE III—INVEST IN THE MA-**  
2 **TERNAL HEALTH CARE**  
3 **WORKFORCE**

4 **SEC. 301. EMERGENCY OBSTETRIC WORKFORCE SUPPORT.**

5 (a) IN GENERAL.—Section 203A of the Public  
6 Health Service Act (42 U.S.C. 204a) is amended—

7 (1) in subsection (a)—

8 (A) in paragraph (1), in the matter pre-  
9 ceding subparagraph (A), by inserting “and ur-  
10 gent maternal health care needs” after “public  
11 health care needs”;

12 (B) in paragraph (3), by inserting “or ur-  
13 gent maternal health care need” after “public  
14 health care need”;

15 (C) in paragraph (5)—

16 (i) in subparagraph (C), by striking  
17 “or” at the end;

18 (ii) in subparagraph (D), by striking  
19 the period at the end and inserting “; or”;  
20 and

21 (iii) by adding at the end the fol-  
22 lowing:

23 “(E) any urgent need, not rising to the  
24 level of an emergency described in subpara-  
25 graph (D), that, in the judgment of the Sec-

1           retary, if not addressed, could result in an  
2           emergency that would be appropriate for the  
3           deployment of the Commissioned Corps.”; and

4           (D) by adding at the end the following:

5           “(6) URGENT MATERNAL HEALTH CARE  
6           NEED.—

7           “(A) IN GENERAL.—For purposes of this  
8           section and section 214, the term ‘urgent ma-  
9           ternal health care need’, with respect to an  
10          area, means a maternal health care need, as de-  
11          termined by the Secretary, in consultation with  
12          the Attorney General, arising as a result of the  
13          closure or imminent closure of a hospital or  
14          other health care facility in such area, or the  
15          loss of workers employed by such hospital or  
16          health care facility who are trained to provide  
17          maternal health care services.

18          “(B) CONSIDERATIONS.—In determining  
19          whether there is an urgent maternal health care  
20          need for purposes of subparagraph (A) with re-  
21          spect to an area, the Secretary shall consider  
22          whether such closure, imminent closure, or loss  
23          of workers has impacted access by individuals  
24          in such area to a full range of maternal health  
25          care services, including prenatal services, labor

1 and delivery services, postnatal services, mater-  
2 nal and postpartum mental health services, be-  
3 havioral health services, and reproductive health  
4 services.”;

5 (2) in subsection (b)—

6 (A) in paragraph (1), by inserting “or ur-  
7 gent maternal health care needs” after “public  
8 health care needs”; and

9 (B) in each of paragraphs (2) and (4)(B),  
10 by inserting “or urgent maternal health care  
11 need” after “public health care need”; and

12 (3) in subsection (c), by inserting “or urgent  
13 maternal health care need” after “public health care  
14 need”.

15 (b) DETAIL OF PERSONNEL.—Section 214 of the  
16 Public Health Service Act (42 U.S.C. 215) is amended—

17 (1) by redesignating subsection (e) as sub-  
18 section (f);

19 (2) by inserting after subsection (d) the fol-  
20 lowing:

21 “(e)(1) Upon the request of an eligible entity with  
22 respect to a hospital or other health care facility the clo-  
23 sure, imminent closure, or loss of workers of which led  
24 to an urgent maternal health care need in an area, per-  
25 sonnel may be detailed by the Secretary for the purpose

1 of assisting such eligible entity in work related to such  
2 urgent maternal health care need.

3 “(2)(A) Personnel detailed under paragraph (1) shall  
4 be paid from applicable appropriations of the Service.

5 “(B) In the case of detail of personnel under para-  
6 graph (1) to be paid from applicable Service appropria-  
7 tions, the Secretary may condition such detail on an agree-  
8 ment by the eligible entity concerned that such eligible en-  
9 tity concerned shall reimburse the United States for a por-  
10 tion of the amount of such payments made by the Service.

11 “(C) The services of personnel while detailed pursu-  
12 ant to this subsection shall be considered as having been  
13 performed in the Service for purposes of the computation  
14 of basic pay, promotion, retirement, compensation for in-  
15 jury or death, and the benefits provided by section 212.

16 “(3) The Secretary may condition a detail of per-  
17 sonnel under paragraph (1) on an agreement by the eligi-  
18 ble entity concerned that such eligible entity concerned  
19 shall—

20 “(A) in the case of an imminent closure or a  
21 loss of workers, as determined by the Secretary—

22 “(i) maintain the maternal health care  
23 services in the applicable area to the maximum  
24 extent practicable, including by hiring tem-

1           porary workers, until the date on which the per-  
2           sonnel are detailed to such area; and

3           “(ii) submit to the Secretary a plan for  
4           hiring and retaining health practitioners in the  
5           short- and long-term, both during periods in  
6           which personnel are detailed to such applicable  
7           area and periods in which personnel are not de-  
8           tailed to such applicable area;

9           “(B) in the case of a closure, submit to the Sec-  
10          retary a plan for working with, as applicable, State  
11          and local agencies and local stakeholders to transi-  
12          tion patients to alternate sources of safe maternal  
13          health care services; and

14          “(C) commit to an assessment by the Secretary  
15          of the workplace practices of such eligible entity con-  
16          cerned, if applicable.

17          “(4) In this subsection—

18               “(A) the term ‘eligible entity’ means—

19                   “(i) a State;

20                   “(ii) a political subdivision of a State; or

21                   “(iii) a Tribal, nonprofit, or other health  
22                  care entity; and

23               “(B) the term ‘personnel’ means an employee  
24          or officer of the Commissioned Corps.”; and

1           (3) in subsection (f) (as so redesignated), by in-  
2       serting “or an urgent maternal health care need”  
3       before the period at the end.

4       (c) FUNDING FOR COMMISSIONED CORPS OF THE  
5 PUBLIC HEALTH SERVICE.—Section 203 of the Public  
6 Health Service Act (42 U.S.C. 204) is amended by adding  
7 at the end the following:

8       “(e) OPERATIONS OF THE COMMISSIONED CORPS OF  
9 THE PUBLIC HEALTH SERVICE.—

10           “(1) IN GENERAL.—The Secretary shall carry  
11       out duties and responsibilities relating to the oper-  
12       ations of the Commissioned Corps of the Service, in-  
13       cluding the following:

14           “(A) Enhance the processes and systems  
15       of the Service’s Headquarters operations.

16           “(B) Maximize the force management, re-  
17       quired training opportunities (as determined by  
18       the Secretary under section 203A(a)(1)), oper-  
19       ational capacity, and mission readiness of the  
20       Regular Corps, the Ready Reserve Corps, and  
21       the Public Health Emergency Response Strike  
22       Teams, a subcomponent of the Regular Corps.

23           “(C) Recruit and retain qualified profes-  
24       sionals suited to serving underserved and vul-  
25       nerable communities by—

1           “(i) improving onboarding timelines,  
2           providing officer placements to align with  
3           mission needs, ensuring adequate officer  
4           morale and wellness resources, and  
5           incentivizing recruiters and recruits; and

6           “(ii) expanding training opportunities,  
7           including training of personnel to deliver  
8           maternal health care services, providing  
9           credentialing support for high demand skill  
10          sets, and enriching leadership and research  
11          potential.

12          “(D) Improve deployment processes and  
13          prepare mission teams to execute routine and  
14          emergent public health events.

15          “(E) Establish a legislative liaison office to  
16          carry out legislative affairs functions under the  
17          direction of the Secretary.

18          “(2) AUTHORIZATION OF APPROPRIATIONS.—In  
19          addition to amounts otherwise authorized to be ap-  
20          propriated for the Commissioned Corps of the Serv-  
21          ice, there is authorized to be appropriated to the  
22          Secretary to carry out paragraph (1) \$150,000,000  
23          for fiscal year 2027 and each fiscal year there-  
24          after.”.

1 **SEC. 302. STREAMLINED SCREENING AND ENROLLMENT OF**  
2 **PROVIDERS OF MATERNITY, LABOR, AND DE-**  
3 **LIVERY SERVICES IN NEIGHBORING STATES.**

4 (a) APPLICATION TO MEDICAID.—Section 1902(kk)  
5 of the Social Security Act (42 U.S.C. 1396a(kk)) is  
6 amended by adding at the end the following new para-  
7 graph:

8 “(10) STREAMLINED ENROLLMENT PROCESS  
9 FOR ELIGIBLE OUT-OF-STATE PROVIDERS OF MA-  
10 TERNITY, LABOR, AND DELIVERY SERVICES.—

11 “(A) IN GENERAL.—The State adopts and  
12 implements a process that enables an eligible  
13 out-of-State provider to enroll as a provider in  
14 the State plan without imposing any screening  
15 requirements that are in addition to the re-  
16 quirements imposed on in-State providers. An  
17 eligible out-of-State provider that enrolls in the  
18 State plan through such process shall be so en-  
19 rolled for a 5-year period (unless the provider  
20 is terminated or excluded from participation  
21 during such period) and may revalidate such  
22 enrollment through such process for subsequent  
23 5-year periods.

24 “(B) ELIGIBLE OUT-OF-STATE PRO-  
25 VIDER.—In this paragraph, the term ‘eligible



1 out-of-State provider’ means, with respect to a  
2 State, a provider—

3 “(i) that furnishes maternity, labor,  
4 and delivery services (as defined in sub-  
5 section (uu)(1)), or provides orders or re-  
6 ferrals for such services, for which pay-  
7 ment is available under the State plan of  
8 the State;

9 “(ii) that is located in a neighboring  
10 State (as defined by the Secretary);

11 “(iii) with respect to which the Sec-  
12 retary has determined there is a limited  
13 risk of fraud, waste, or abuse for purposes  
14 of determining the level of screening to be  
15 conducted under section 1866(j)(2)(B);

16 “(iv) that has been screened under  
17 such section 1866(j)(2)(B) for purposes of  
18 enrolling in the Medicare program under  
19 title XVIII or the State plan of the State  
20 in which such provider is located; and

21 “(v) that has not been excluded from  
22 participation in the Medicare program  
23 under such title or the Medicaid program  
24 under this title.”.

25 (b) CONFORMING AMENDMENTS.—

1           (1) Section 1902(a)(77) of the Social Security  
2       Act (42 U.S.C. 1396a(a)(77)) is amended by insert-  
3       ing “enrollment,” after “screening,”.

4           (2) Section 1902(kk) of such Act (42 U.S.C.  
5       1396a(kk)), as amended by subsection (a), is further  
6       amended—

7           (A) in the subsection heading, by inserting  
8       “ENROLLMENT,” after “SCREENING,”; and

9           (B) in paragraph (9), by striking “Noth-  
10       ing” and inserting “Except as provided in para-  
11       graph (10), nothing”.

12       (c) APPLICATION TO CHIP.—Section 2107(e)(1)(G)  
13       of such Act (42 U.S.C. 1397gg(e)(1)(G)) is amended by  
14       inserting “enrollment,” after “screening,”.

15       (d) GUIDANCE ON SCREENING AND ENROLLING OUT-  
16       OF-STATE PROVIDERS OF MATERNITY, LABOR, AND DE-  
17       LIVERY SERVICES.—Not later than January 1, 2028, the  
18       Secretary of Health and Human Services shall issue (and  
19       update as the Secretary determines necessary) guidance  
20       to State Medicaid and CHIP directors on best practices  
21       for screening and enrolling out-of-State providers of ma-  
22       ternity, labor, and delivery services in accordance with  
23       paragraph (10) of section 1902(kk) of the Social Security  
24       Act (42 U.S.C. 1396a(kk)) and section 2107(e)(1)(G) of  
25       such Act (42 U.S.C. 1397gg(e)(1)(G)) (as added and

1 amended by this section) and including best practices for  
 2 screening and enrolling out-of-State providers in managed  
 3 care plans.

4 (e) EFFECTIVE DATE.—The amendments made by  
 5 this section take effect on January 1, 2028.

6 **TITLE IV—REQUIRING PUBLIC**  
 7 **COMMUNICATION OF OBSTET-**  
 8 **RICS DATA AND UNIT CLO-**  
 9 **SURES**

10 **SEC. 401. TIMELY NOTIFICATIONS OF IMPENDING HOS-**  
 11 **PITAL OBSTETRIC UNIT CLOSURES.**

12 (a) IN GENERAL.—Section 1866(a)(1) of the Social  
 13 Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

14 (1) in subparagraph (X), by striking “and” at  
 15 the end;

16 (2) in subparagraph (Y)(ii)(V), by striking the  
 17 period and inserting “, and”; and

18 (3) by inserting after subparagraph (Y) the fol-  
 19 lowing new subparagraph:

20 “(Z) beginning 180 days after the date of  
 21 the enactment of this subparagraph, in the case  
 22 of a hospital, not less than 180 days prior to  
 23 the closure of any obstetric unit of the hospital,  
 24 to submit to the Secretary, any relevant local

1 and State agencies, and the community a notifi-  
2 cation, which shall include—

3 “(i) a report analyzing the impact the  
4 closure will have on the community, includ-  
5 ing data on any adverse outcomes and in-  
6 crease in costs relating to obstetric services  
7 for such community;

8 “(ii) steps the hospital will take to  
9 identify other health care providers that  
10 can alleviate any service gaps as a result of  
11 the closure;

12 “(iii) the cause of the closure of such  
13 obstetric unit;

14 “(iv) data regarding historic transpor-  
15 tation costs related to obstetric services in  
16 such community; and

17 “(v) any additional information as  
18 may be required by the Secretary.”.

19 (b) STATE REQUIREMENT TO POST REPORTS.—Sec-  
20 tion 1902(a) of the Social Security Act (42 U.S.C.  
21 1396a(a)), as amended by section 201(a)(1), is further  
22 amended—

23 (1) in paragraph (87), by striking “and” at the  
24 end;

1           (2) in paragraph (88), by striking the period at  
2           the end and inserting “; and”; and

3           (3) by inserting after paragraph (88) the fol-  
4           lowing new paragraph:

5           “(89) provide that the State will make publicly  
6           available, on the website of any relevant State agen-  
7           cy, any report received by the State from a hospital  
8           pursuant to section 1866(a)(1)(Z)(i).”; and

9   **SEC. 402. COLLECTION OF DATA RELATING TO HOSPITAL**  
10                           **LABOR AND DELIVERY SERVICES.**

11           Section 1866(a)(1) of the Social Security Act (42  
12   U.S.C. 1395cc(a)(1)), as amended by section 401, is  
13   amended—

14           (1) in subparagraph (Y)(ii)(V), by striking  
15           “and” at the end;

16           (2) in subparagraph (Z), by striking the period  
17           and inserting “, and”; and

18           (3) by adding at the end the following new sub-  
19           paragraph:

20           “(AA) in the case of a hospital, to include  
21           in cost reports submitted under this title for  
22           cost reporting periods beginning on or after  
23           July 1, 2026—

24           “(i) the number of births that oc-  
25           curred at such hospital during the cost re-

1           porting period, delineated by the number  
2           of cesarean births and vaginal births;

3           “(ii) the number of antenatal and  
4           postpartum transfers from the hospital to  
5           other hospitals;

6           “(iii) data on the number and charac-  
7           teristics of the staff providing labor and  
8           delivery services at such hospital;

9           “(iv) the expenses the hospital in-  
10          curred for providing labor and delivery  
11          services at such hospital, including nursing  
12          care, anesthesia, and operating room serv-  
13          ices;

14          “(v) the amount the hospital spent for  
15          on-call coverage for labor and delivery  
16          services by physicians and midwives; and

17          “(vi) the amount and sources of rev-  
18          enue received by such hospital for labor  
19          and delivery services, including payments  
20          received for—

21                 “(I) items and services furnished  
22                 to individuals eligible for coverage  
23                 under a State plan under title XIX  
24                 (or a waiver of such a plan);

1                   “(II) items and services fur-  
2                   nished to individuals with other forms  
3                   of health insurance or third-party cov-  
4                   erage; and

5                   “(III) items and services fur-  
6                   nished to individuals without health  
7                   insurance or other source of third  
8                   party coverage.”.

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