

119TH CONGRESS
1ST SESSION

S. 3274

To amend the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2025

Ms. ALSOBROOKS (for herself, Ms. BALDWIN, Mr. BLUMENTHAL, Ms. CORTEZ MASTO, Mr. FETTERMAN, Mrs. GILLIBRAND, Mr. KING, Ms. KLOBUCHAR, Mr. MERKLEY, Mrs. MURRAY, Mr. VAN HOLLEN, Mr. BOOKER, Ms. DUCKWORTH, and Mr. KAINE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for a special enrollment period for pregnant women, 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.**

4 This Act may be cited as the “Healthy Maternity and
5 Obstetric Medicine Act” or the “Healthy MOM Act”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—Congress finds the following:

1 (1) Pregnancy is a significant life event for mil-
2 lions of women in the United States each year.

3 (2) For more than 30 years, our Nation,
4 through the Medicaid program, has recognized that
5 pregnant women need immediate access to afford-
6 able care, and has allowed women who meet income-
7 eligibility requirements to enroll in Medicaid cov-
8 erage when they become pregnant.

9 (3) Congress recognized the central importance
10 of maternity coverage by classifying maternity and
11 newborn care as one of the ten essential health bene-
12 fits that must now be covered on most individual
13 and small group health insurance plans under sec-
14 tion 1302(b)(1) of the Patient Protection and Af-
15 fordable Care Act (42 U.S.C. 18022(b)(1)).

16 (4) Congress has also recognized the significant
17 challenge of maternal mortality and the need to
18 eliminate disparities in maternal health outcomes for
19 pregnancy-related and pregnancy-associated deaths,
20 and to improve health outcomes for both mothers
21 and babies through passage of the Preventing Ma-
22 ternal Deaths Act of 2018 (Public Law 115–344).

23 (5) Access to comprehensive maternity coverage
24 allows women to access important pregnancy-related
25 care, which is demonstrated to improve health out-

1 comes for women and newborns and reduce financial
2 costs for both consumers and insurers.

3 (6) Uninsured women, women with grand-
4 fathered and transitional health plans, self-funded
5 student health plans, and catastrophic and high-de-
6 ductible health plans may lack access to comprehen-
7 sive and affordable maternity coverage.

8 (7) Employer health plans that exclude depend-
9 ent daughters from maternity coverage leave young
10 women without coverage for their pregnancy, even
11 though Federal law has long held that treating preg-
12 nancy differently than other conditions is sex-based
13 discrimination.

14 (8) A special enrollment period is especially im-
15 portant for young adults, who are at high risk for
16 unintended pregnancies, yet young adults are fre-
17 quently enrolled in catastrophic coverage, which
18 often has fewer benefits, more restrictions, and high-
19 er deductibles.

20 (9) This coverage would be an equalizer for
21 communities of color. The maternal mortality rate
22 varies drastically by race and ethnicity, and where a
23 woman lives. The rising maternal mortality rate in
24 the United States is driven predominantly by the
25 disproportionately high African-American maternal

1 mortality rate, which is four times more than the
2 rate for White women.

3 (10) According to the Centers for Disease Con-
4 trol and Prevention, about 700 women die each year
5 in the United States from pregnancy-related com-
6 plications. Black and American Indian/Alaska Native
7 women are about three times more likely to die from
8 a pregnancy-related cause than White women.

9 (11) Data demonstrates that 3 in 5 pregnancy
10 related deaths could be prevented. Improving access
11 to care is one way to help prevent deaths, regardless
12 of race or ethnicity.

13 (12) Timely maternity care improves the health
14 of pregnant women, as well as birth outcomes and
15 the health of babies throughout their lifetimes. Preg-
16 nancy-related maternal mortality is three to four
17 times higher among women who receive no maternity
18 care compared to women who do. Regular maternity
19 care can detect or mitigate serious pregnancy-related
20 health complications, including preeclampsia, pla-
21 cental abruption, complications from diabetes, com-
22 plications from heart disease, and Graves' disease,
23 all of which can result in morbidity or mortality for
24 the mother or newborn.

1 (13) The Centers for Disease Control and Pre-
2 vention reports that more than half of all maternal
3 deaths occur at delivery or in the first postpartum
4 year, whereas just more than one-third of preg-
5 nancy-related or pregnancy-associated deaths occur
6 while a person is still pregnant. Yet, for women eligi-
7 ble for the Medicaid program on the basis of preg-
8 nancy, such Medicaid coverage lapses at the end of
9 the month on which the 60th postpartum day lands.

10 (14) Timely maternity care and adequate
11 postpartum care can reduce short- and long-term
12 health care costs. If a woman does not have access
13 to affordable maternity care during her pregnancy,
14 and she or her newborn experiences pregnancy com-
15 plications that result in health problems after birth,
16 their insurer may end up paying much higher costs
17 than if the insurer had covered the woman's mater-
18 nity care during her pregnancy. Intensive maternity
19 care can reduce hospital and neonatal intensive care
20 unit admissions among infants, resulting in cost sav-
21 ings of \$1,768 to \$5,560 per birth. For women with
22 high-risk pregnancies, intensive maternity care saves
23 \$1.37 for every \$1 invested in maternity care.

24 (b) PURPOSE.—The purpose of this Act is to protect
25 the health of women and newborns by ensuring that all

1 women eligible for coverage through the Exchanges estab-
 2 lished under title I of the Patient Protection and Afford-
 3 able Care Act (Public Law 111–148) and women eligible
 4 for other individual or group health plan coverage can ac-
 5 cess affordable health coverage during their pregnancy.

6 **SEC. 3. PROVIDING FOR A SPECIAL ENROLLMENT PERIOD**
 7 **FOR PREGNANT INDIVIDUALS.**

8 (a) PUBLIC HEALTH SERVICE ACT.—Section
 9 2702(b)(2) of the Public Health Service Act (42 U.S.C.
 10 300gg–1(b)(2)) is amended by inserting “, including a
 11 special enrollment period for pregnant individuals, begin-
 12 ning on the date on which the pregnancy is reported to
 13 the health insurance issuer” before the period at the end.

14 (b) PATIENT PROTECTION AND AFFORDABLE CARE
 15 ACT.—Section 1311(c)(6) of the Patient Protection and
 16 Affordable Care Act (42 U.S.C. 18031(c)(6)) is amend-
 17 ed—

18 (1) in subparagraph (C), by striking “and” at
 19 the end;

20 (2) by redesignating subparagraph (D) as sub-
 21 paragraph (E); and

22 (3) by inserting after subparagraph (C) the fol-
 23 lowing:

24 “(D) a special enrollment period for preg-
 25 nant individuals, beginning on the date on

1 which the pregnancy is reported to the Ex-
2 change; and”.

3 (c) INTERNAL REVENUE CODE.—Section 9801(f) of
4 the Internal Revenue Code of 1986 is amended by adding
5 at the end the following:

6 “(4) FOR PREGNANT INDIVIDUALS.—

7 “(A) IN GENERAL.—A group health plan
8 shall permit an employee who is eligible, but
9 not enrolled, for coverage under the terms of
10 the plan (or a dependent of such an employee
11 if the dependent is eligible, but not enrolled, for
12 coverage under such terms) to enroll for cov-
13 erage under the terms of the plan upon preg-
14 nancy, with the special enrollment period begin-
15 ning on the date on which the pregnancy is re-
16 ported to the group health plan or the preg-
17 nancy is confirmed by a health care provider.

18 “(B) REGULATIONS.—The Secretary shall
19 promulgate regulations with respect to the spe-
20 cial enrollment period under subparagraph (A),
21 including establishing a time period for preg-
22 nant individuals to enroll in coverage and effec-
23 tive date of such coverage.”.

1 (d) ERISA.—Section 701(f) of the Employee Retire-
2 ment Income Security Act of 1974 (29 U.S.C. 1181(f))
3 is amended by adding at the end the following:

4 “(4) FOR PREGNANT INDIVIDUALS.—

5 “(A) IN GENERAL.—A group health plan
6 or health insurance issuer in connection with a
7 group health plan shall permit an employee who
8 is eligible, but not enrolled, for coverage under
9 the terms of the plan (or a dependent of such
10 an employee if the dependent is eligible, but not
11 enrolled, for coverage under such terms) to en-
12 roll for coverage under the terms of the plan
13 upon pregnancy, with the special enrollment pe-
14 riod beginning on the date on which the preg-
15 nancy is reported to the group health plan or
16 health insurance issuer or the pregnancy is con-
17 firmed by a health care provider.

18 “(B) REGULATIONS.—The Secretary shall
19 promulgate regulations with respect to the spe-
20 cial enrollment period under subparagraph (A),
21 including establishing a time period for preg-
22 nant individuals to enroll in coverage and effec-
23 tive date of such coverage.”.

1 (e) EFFECTIVE DATE.—The amendments made by
2 this section shall apply with respect to plan years begin-
3 ning on or after January 1, 2027.

4 **SEC. 4. COVERAGE OF MATERNITY CARE FOR DEPENDENT**
5 **CHILDREN.**

6 (a) PUBLIC HEALTH SERVICE ACT.—Section
7 2799A–7 of the Public Health Service Act (42 U.S.C.
8 300gg–117) is amended by adding at the end the fol-
9 lowing:

10 “(d) COVERAGE OF MATERNITY CARE.—A group
11 health plan, or health insurance issuer offering group or
12 individual health insurance coverage, that provides cov-
13 erage for dependents shall ensure that such plan or cov-
14 erage includes coverage for maternity care associated with
15 pregnancy, childbirth, and postpartum care for all partici-
16 pants, beneficiaries, and enrollees, including dependents,
17 including coverage of labor and delivery. Such coverage
18 shall be provided to all pregnant dependents regardless of
19 age.”.

20 (b) ERISA.—Section 722 of the Employee Retire-
21 ment Income Security Act of 1974 (29 U.S.C. 1185k) is
22 amended by adding at the end the following:

23 “(d) COVERAGE OF MATERNITY CARE.—A group
24 health plan, or health insurance issuer offering group
25 health insurance coverage, that provides coverage for de-

pendents shall ensure that such plan or coverage includes coverage for maternity care associated with pregnancy, childbirth, and postpartum care for all participants, beneficiaries, and enrollees, including dependents, including coverage of labor and delivery. Such coverage shall be provided to all pregnant dependents regardless of age.”.

(c) INTERNAL REVENUE CODE.—Section 9822 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“(d) COVERAGE OF MATERNITY CARE.—A group health plan that provides coverage for dependents shall ensure that such plan includes coverage for maternity care associated with pregnancy, childbirth, and postpartum care for all participants and beneficiaries, including dependents, including coverage of labor and delivery. Such coverage shall be provided to all pregnant dependents regardless of age.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2027.

SEC. 5. FEDERAL EMPLOYEE HEALTH BENEFIT PLANS.

(a) COVERAGE OF PREGNANCY.—

(1) IN GENERAL.—The Director of the Office of Personnel Management shall issue such regulations as are necessary to ensure that pregnancy is consid-

1 ered a change in family status and a qualifying life
2 event for an individual who is eligible to enroll, but
3 is not enrolled, in a health benefit plan under chap-
4 ter 89 of title 5, United States Code.

5 (2) EFFECTIVE DATE.—The requirement in
6 paragraph (1) shall apply with respect to any con-
7 tract entered into under section 8902 of title 5,
8 United States Code, on or after the date that is 1
9 year after the date of enactment of this Act.

10 (b) DESIGNATING CERTAIN FEHBP-RELATED
11 SERVICES AS EXCEPTED SERVICES UNDER THE ANTI-
12 DEFICIENCY ACT.—

13 (1) IN GENERAL.—Section 8905 of title 5,
14 United States Code, is amended by adding at the
15 end the following:

16 “(j) Any services by an officer or employee under this
17 chapter relating to enrolling individuals in a health bene-
18 fits plan under this chapter, or changing the enrollment
19 of an individual already so enrolled due to an event de-
20 scribed in section 5(a)(1) of the Healthy MOM Act, shall
21 be deemed, for purposes of section 1342 of title 31, serv-
22 ices for emergencies involving the safety of human life or
23 the protection of property.”.

24 (2) APPLICATION.—The amendment made by
25 paragraph (1) shall apply to any lapse in appropria-

1 tions beginning on or after the date of enactment of
 2 this Act.

3 **SEC. 6. CONTINUATION OF MEDICAID INCOME ELIGIBILITY**
 4 **STANDARD FOR PREGNANT INDIVIDUALS**
 5 **AND INFANTS.**

6 Section 1902(l)(2)(A) of the Social Security Act (42
 7 U.S.C. 1396a(l)(2)(A)) is amended—

8 (1) in clause (i), by striking “and not more
 9 than 185 percent”;

10 (2) in clause (ii)—

11 (A) in subclause (I), by striking “and”
 12 after the comma;

13 (B) in subclause (II), by striking the pe-
 14 riod at the end and inserting “, and”; and

15 (C) by adding at the end the following:

16 “(III) January 1, 2027, is the percentage pro-
 17 vided under clause (v).”; and

18 (3) by adding at the end the following new
 19 clause:

20 “(v) The percentage provided under clause (ii) for
 21 medical assistance provided on or after January 1, 2027,
 22 with respect to individuals described in subparagraph (A)
 23 or (B) of paragraph (1) shall not be less than—

24 “(I) the percentage specified for such individ-
 25 uals by the State in an amendment to the State plan

1 under this title (whether approved or not) as of Jan-
 2 uary 1, 2025; or

3 “(II) if no such percentage is specified as of
 4 January 1, 2025, the percentage established for
 5 such individuals under the State’s authorizing legis-
 6 lation or provided for under the State’s appropria-
 7 tions as of that date.”.

8 **SEC. 7. REQUIRING AND MAKING PERMANENT 12-MONTH**
 9 **CONTINUOUS COVERAGE FOR PREGNANT**
 10 **AND POSTPARTUM INDIVIDUALS UNDER**
 11 **MEDICAID AND CHIP.**

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

14 (1) in subsection (a)—

15 (A) in paragraph (88)(B)(iii), by striking
 16 “and” at the end;

17 (B) in paragraph (89), by striking the pe-
 18 riod at the end and inserting “; and”; and

19 (C) by inserting after paragraph (89) the
 20 following new paragraph:

21 “(90) provide that the State plan is in compli-
 22 ance with subsection (e)(16).”; and

23 (2) in subsection (e)(16)—

24 (A) in subparagraph (A), by striking “At
 25 the option of the State, the State plan (or waiv-

er of such State plan) may provide,” and inserting “A State plan (or waiver of such State plan) shall provide”;

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

(C) by striking subparagraph (C).

(b) CHIP.—

(1) IN GENERAL.—Section 2107(e)(1)(K) of the Social Security Act (42 U.S.C. 1397gg(e)(1)(K)) is amended to read as follows:

“(K) Paragraphs (5) and (16) of section 1902(e) (relating to the requirement to provide medical assistance under the State plan or waiver consisting of full benefits during pregnancy and throughout the 12-month postpartum period under title XIX) such that the provision of assistance under the State child health plan or waiver for targeted low-income children or targeted low-income pregnant women during pregnancy and the 12-month postpartum period shall be required and shall include coverage of all items or services pro-

1 vided to a targeted low-income child or targeted
 2 low-income pregnant woman (as applicable)
 3 under the State child health plan or waiver.”.

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

9 (c) EFFECTIVE DATE.—

10 (1) IN GENERAL.—Subject to paragraph (2),
 11 the amendments made by this section shall apply
 12 with respect to services furnished on or after the
 13 date that is 1 year after the date of the enactment
 14 of this Act.

15 (2) EXCEPTION FOR STATE LEGISLATION.—In
 16 the case of a State plan under title XIX of the So-
 17 cial Security Act (42 U.S.C. 1396 et seq.) or a State
 18 child health plan under title XXI of such Act (42
 19 U.S.C. 1397ee et seq.) that the Secretary of Health
 20 and Human Services determines requires State legis-
 21 lation in order for the plan to meet any requirement
 22 imposed by amendments made by this section, the
 23 respective plan shall not be regarded as failing to
 24 comply with the requirements of such title solely on
 25 the basis of its failure to meet such an additional re-

1 quirement before the first day of the first calendar
2 quarter beginning after the close of the first regular
3 session of the State legislature that begins after the
4 date of enactment of this Act. For purposes of the
5 previous sentence, in the case of a State that has a
6 2-year legislative session, each year of the session
7 shall be considered to be a separate regular session
8 of the State legislature.

9 **SEC. 8. RELATIONSHIP TO OTHER LAWS.**

10 Nothing in this Act (or an amendment made by this
11 Act) shall be construed to invalidate or limit the remedies,
12 rights, and procedures of any Federal law or the law of
13 any State or political subdivision of any State or jurisdic-
14 tion that provides greater or equal protection for enrollees
15 in a group health plan or group or individual health insur-
16 ance offered by a health insurance issuer.

○