

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 4913

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

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IN THE SENATE OF THE UNITED STATES

JUNE 24, 2026

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

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## A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

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

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

3 (a) EXTENDING CONTINUOUS MEDICAID AND CHIP  
4 COVERAGE FOR PREGNANT AND POSTPARTUM INDIVID-  
5 UALS.—

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

8 (A) in section 1902(e)—

9 (i) in paragraph (6), by striking “60-  
10 day period (beginning on the last day of  
11 her pregnancy)” and inserting “1-year pe-  
12 riod beginning on the last day of the preg-  
13 nancy (or such longer period beginning on  
14 such day as the State may elect)”;

15 (ii) by striking paragraph (16);

16 (B) in section 1902(l)(1)(A), by striking  
17 “60-day period beginning on the last day of the  
18 pregnancy” and inserting “1-year period begin-  
19 ning on the last day of the pregnancy or such  
20 longer period beginning on such day as the  
21 State may elect”;

22 (C) in section 1903(v)(4)(A)(i), by striking  
23 “60-day period beginning on the last day of the  
24 pregnancy” and inserting “1-year period begin-  
25 ning on the last day of the pregnancy or such

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

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

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

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

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

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

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

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

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

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

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

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

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

17 (2) CONFORMING AMENDMENTS.—

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

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

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

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

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

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

16 (A) in subsection (a)(4)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 (d) MAINTENANCE OF EFFORT.—

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

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

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

1       “(zz) MAINTENANCE OF EFFORT RELATED TO LOW-  
2 INCOME PREGNANT INDIVIDUALS.—For calendar quar-  
3 ters beginning on or after the date of enactment of this  
4 subsection, and before January 1, 2027, no Federal pay-  
5 ment shall be made to a State under section 1903(a) for  
6 amounts expended under a State plan under this title or  
7 a waiver of such plan if the State—

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

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

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

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

12 “(g) MAINTENANCE OF EFFORT.—For calendar  
13 quarters beginning on or after January 1, 2027, and be-  
14 fore January 1, 2031, no payment may be made under  
15 section 2105(a) with respect to a State child health plan  
16 if the State—

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

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

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

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

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

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

20 “(mm) INCREASED FMAP FOR ADDITIONAL EX-  
21 PENDITURES FOR LOW-INCOME PREGNANT INDIVID-  
22 UALS.—For calendar quarters beginning on or after Janu-  
23 ary 1, 2027, notwithstanding subsection (b), the Federal  
24 medical assistance percentage for a State, with respect to  
25 the additional amounts expended by such State for med-

1 ical assistance under the State plan under this title or a  
2 waiver of such plan that are attributable to requirements  
3 imposed by the amendments made by the Maximizing Out-  
4 comes for Moms through Medicaid Improvement and En-  
5 hancement of Services Act (as determined by the Sec-  
6 retary), shall be equal to 100 percent.”.

7 (f) GAO STUDY AND REPORT.—

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

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

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

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

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

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

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

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

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

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

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

12          (g) EFFECTIVE DATE.—The amendments made by  
13          subsections (a) and (b) shall take effect on January 1,  
14          2027.

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

17          Title XIX of the Social Security Act (42 U.S.C. 1396  
18          et seq.) is amended by inserting the following new section  
19          after section 1948:

20       **“SEC. 1949. MATERNITY CARE HOME DEMONSTRATION**  
21                               **PROJECT.**

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

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

4 “(b) DEFINITIONS.—In this section:

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

11 “(A) A freestanding birth center.

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

15 “(C) A federally qualified health center.

16 “(D) A rural health clinic.

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

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

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

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

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

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

11 “(1) To improve—

12 “(A) maternity and infant care outcomes;

13 “(B) birth equity;

14 “(C) health equity for—

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

17 “(ii) lesbian, gay, bisexual,  
18 transgender, queer, non-binary, and gender  
19 nonconfirming individuals;

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

22 “(iv) people with disabilities; and

23 “(v) other underserved populations;

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

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

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

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

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

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

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

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

4                   “(iii) interpregnancy care; and

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

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

10                  “(3) To decrease—

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

13                  “(B) overall health care spending;

14                  “(C) unnecessary emergency department  
15                  visits;

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

20                  “(E) discrimination on the basis of race,  
21                  color, national origin, sex (such as gender iden-  
22                  tity, sexual orientation, sex characteristics, sex  
23                  stereotypes, pregnancy or related conditions, or  
24                  marital status), disability, age, income, or any

1 combination thereof among health care profes-  
2 sionals;

3 “(F) discrimination on the basis of race,  
4 color, national origin, sex (such as gender iden-  
5 tity, sexual orientation, sex characteristics, sex  
6 stereotypes, pregnancy or related conditions, or  
7 marital status), disability, age, income, or any  
8 combination thereof, disrespect, trauma, and  
9 abuse in maternity care settings;

10 “(G) the rate of cesarean deliveries for  
11 low-risk pregnancies;

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

14 “(I) the rate of avoidable maternal and  
15 newborn hospitalizations and admissions to in-  
16 tensive care units; and

17 “(J) the rate of perinatal mood and anx-  
18 iety disorders.

19 “(d) CONSULTATION.—In designing and imple-  
20 menting the demonstration project the Secretary shall  
21 consult with stakeholders, including—

22 “(1) States;

23 “(2) organizations representing relevant health  
24 care professionals, including oral health services pro-  
25 fessionals;

1           “(3) organizations, particularly reproductive  
2 justice and birth justice organizations led by people  
3 of color, that represent consumers of maternal  
4 health care, including consumers of maternal health  
5 care who are disproportionately impacted by poor  
6 maternal health outcomes;

7           “(4) representatives with experience imple-  
8 menting other maternity care home models, includ-  
9 ing representatives from the Center for Medicare  
10 and Medicaid Innovation;

11           “(5) community-based health care professionals,  
12 including doulas, lactation consultants, and other  
13 stakeholders;

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

16           “(7) Black, Indigenous, and other maternal  
17 health care consumers of color who have experienced  
18 severe maternal morbidity.

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

20           “(1) IN GENERAL.—A State seeking to partici-  
21 pate in the demonstration project shall submit an  
22 application to the Secretary at such time and in  
23 such manner as the Secretary shall require.

24           “(2) SELECTION OF STATES.—

1           “(A) IN GENERAL.—The Secretary shall  
2 select at least 10 States to participate in the  
3 demonstration project.

4           “(B) SELECTION REQUIREMENTS.—In se-  
5 lecting States to participate in the demonstra-  
6 tion project, the Secretary shall—

7                   “(i) ensure that there is geographic  
8 and regional diversity in the areas in which  
9 activities will be carried out under the  
10 project;

11                   “(ii) ensure that States with signifi-  
12 cant disparities in maternal and infant  
13 health outcomes, including severe maternal  
14 morbidity, and other disparities based on  
15 race, income, or access to maternity care,  
16 are included; and

17                   “(iii) ensure that at least 1 territory  
18 is included.

19           “(f) GRANTS.—

20                   “(1) IN GENERAL.—From amounts appro-  
21 priated under subsection (l), the Secretary shall  
22 award 1 grant for each year of the demonstration  
23 project to each State that is selected to participate  
24 in the demonstration project.

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

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

6           “(B) provide financial incentives to health  
7 care professionals, including community-based  
8 health care workers and community-based  
9 doulas, who participate in the State’s maternity  
10 care home model;

11           “(C) provide adequate training for health  
12 care professionals, including community-based  
13 health care workers, doulas, and care coordina-  
14 tors, who participate in the State’s maternity  
15 care home model, which may include training  
16 for cultural humility and antiracism, racial bias,  
17 health equity, reproductive and birth justice,  
18 trauma-informed care, home visiting skills, and  
19 respectful communication and listening skills,  
20 particularly in regards to maternal health;

21           “(D) pay for personnel and administrative  
22 expenses associated with designing, imple-  
23 menting, and operating the State’s maternity  
24 care home model;

1           “(E) pay for items and services that are  
2 furnished under the State’s maternity care  
3 home model and for which payment is otherwise  
4 unavailable under this title;

5           “(F) pay for services and materials to en-  
6 sure culturally and linguistically appropriate  
7 communication, including—

8                   “(i) language services such as inter-  
9 preters and translation of written mate-  
10 rials; and

11                   “(ii) development of culturally and lin-  
12 guistically appropriate materials; and aux-  
13 iliary aids and services; and

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

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

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

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

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

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

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

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

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

22          “(g) PARTNERSHIP WITH ELIGIBLE ENTITIES.—

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

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

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

9 “(A) Provide culturally and linguistically  
10 appropriate congruent care, which may include  
11 prenatal care, family planning services, medical  
12 care, mental and behavioral care, postpartum  
13 care, and oral health services to such eligible in-  
14 dividuals through a team of health care profes-  
15 sionals, which may include obstetrician-gyne-  
16 cologists, maternal-fetal medicine specialists,  
17 family physicians, primary care providers, oral  
18 health providers, physician assistants, advanced  
19 practice registered nurses such as nurse practi-  
20 tioners and certified nurse midwives, certified  
21 midwives, certified professional midwives, phys-  
22 ical therapists, social workers, traditional and  
23 community-based doulas, lactation consultants,  
24 childbirth educators, community health workers,

1 peer mental health supporters, and other health  
2 care professionals.

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

14 “(C) Assign each such eligible individual to  
15 a culturally and linguistically appropriate care  
16 coordinator, which may be a nurse, social work-  
17 er, traditional or community-based doula, com-  
18 munity health worker, midwife, or other health  
19 care provider, who is responsible for ensuring  
20 that such eligible individual receives the nec-  
21 essary medical care and connections to essential  
22 support services.

23 “(D) Provide, or arrange for the provision  
24 of, essential support services, such as services  
25 that address—

- 1                   “(i) food access, nutrition, and exer-  
2                   cise;  
3                   “(ii) smoking cessation;  
4                   “(iii) substance use disorder and ad-  
5                   diction treatment;  
6                   “(iv) anxiety, depression, trauma, and  
7                   other mental and behavioral health issues;  
8                   “(v) breast feeding, chestfeeding, or  
9                   other infant feeding options supports, initi-  
10                  ation, continuation, and duration;  
11                  “(vi) stable, affordable, safe, and  
12                  healthy housing;  
13                  “(vii) transportation;  
14                  “(viii) intimate partner violence;  
15                  “(ix) community and police violence;  
16                  “(x) home visiting services;  
17                  “(xi) childbirth and newborn care edu-  
18                  cation;  
19                  “(xii) oral health education;  
20                  “(xiii) continuous labor support;  
21                  “(xiv) group prenatal care;  
22                  “(xv) family planning and contracep-  
23                  tive care and supplies; and  
24                  “(xvi) affordable child care.

1           “(E) As appropriate, facilitate connections  
2 to a usual primary care provider, which may be  
3 a reproductive health care provider.

4           “(F) Refer to guidelines and opinions of  
5 medical associations when determining whether  
6 an elective delivery should be performed on an  
7 eligible individual before 39 weeks of gestation.

8           “(G) Provide such eligible individual with  
9 evidence-based and culturally and linguistically  
10 appropriate education and resources to identify  
11 potential warning signs of pregnancy and  
12 postpartum complications and when and how to  
13 obtain medical attention.

14           “(H) Provide, or arrange for the provision  
15 of, culturally and linguistically appropriate  
16 pregnancy and postpartum health services, in-  
17 cluding family planning counseling and services,  
18 to eligible individuals.

19           “(I) Track and report postpartum health  
20 and birth outcomes of such eligible individuals  
21 and their children.

22           “(J) Ensure that care is person-centered,  
23 culturally and linguistically appropriate, and  
24 patient-led, including by engaging eligible indi-

1           viduals in their own care, including through  
2           communication and education.

3           “(K) Ensure adequate training for appro-  
4           priately serving the population of individuals el-  
5           igible for medical assistance under the State  
6           plan or waiver of such plan, including through  
7           reproductive justice, birth justice, birth equity,  
8           and anti-racist frameworks, home visiting skills,  
9           and knowledge of social services.

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

13          “(i) WAIVER AUTHORITY.—To the extent that the  
14       Secretary determines necessary in order to carry out the  
15       demonstration project, the Secretary may waive section  
16       1902(a)(1) (relating to statewideness) and section  
17       1902(a)(10)(B) (relating to comparability).

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

23          “(k) REPORT.—

24               “(1) IN GENERAL.—Not later than 18 months  
25       after the date of the enactment of this section and

1 annually thereafter for each year of the demonstra-  
 2 tion project term, the Secretary shall submit a re-  
 3 port to Congress on the results of the demonstration  
 4 project.

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

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

11 “(B) recommendations on whether the  
 12 model studied in the demonstration project  
 13 should be continued or more widely adopted, in-  
 14 cluding by private health plans.

15 “(l) AUTHORIZATION OF APPROPRIATIONS.—There  
 16 are authorized to be appropriated to the Secretary, for  
 17 each of fiscal years 2027 through 2034, such sums as may  
 18 be necessary to carry out this section.”.

19 **SEC. 4. REAPPLICATION OF MEDICARE PAYMENT RATE**  
 20 **FLOOR TO PRIMARY CARE SERVICES FUR-**  
 21 **NISHED UNDER MEDICAID AND INCLUSION**  
 22 **OF ADDITIONAL PROVIDERS.**

23 (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-  
 24 TIONAL PROVIDERS.—

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

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

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

8           (C) by adding at the end the following new  
9 subparagraph:

10           “(D) payment for primary care services (as  
11 defined in subsection (jj)(1)) furnished in the  
12 period that begins on the first day of the first  
13 month that begins after the date of enactment  
14 of the Maximizing Outcomes for Moms through  
15 Medicaid Improvement and Enhancement of  
16 Services Act by a provider described in sub-  
17 section (jj)(2)—

18           “(i) at a rate that is not less than 100  
19 percent of the payment rate that applies to  
20 such services and the provider of such  
21 services under part B of title XVIII (or, if  
22 greater, the payment rate that would be  
23 applicable under such part if the conver-  
24 sion factor under section 1848(d) for the

1 year were the conversion factor under such  
2 section for 2009);

3 “(ii) in the case of items and services  
4 that are not items and services provided  
5 under such part, at a rate to be established  
6 by the Secretary; and

7 “(iii) in the case of items and services  
8 that are furnished in rural areas (as de-  
9 fined in section 1886(d)(2)(D)), health  
10 professional shortage areas (as defined in  
11 section 332(a)(1)(A) of the Public Health  
12 Service Act (42 U.S.C. 254e(a)(1)(A))), or  
13 medically underserved areas (according to  
14 a designation under section 330(b)(3)(A)  
15 of the Public Health Service Act (42  
16 U.S.C. 254b(b)(3)(A))), at the rate other-  
17 wise applicable to such items or services  
18 under clause (i) or (ii) increased, at the  
19 Secretary’s discretion, by not more than 25  
20 percent;”.

21 (2) CONFORMING AMENDMENTS.—

22 (A) Section 1902(a)(13)(C) of the Social  
23 Security Act (42 U.S.C. 1396a(a)(13)(C)) is  
24 amended by striking “subsection (jj)” and in-  
25 serting “subsection (jj)(1)”.

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

3 (i) by striking “Notwithstanding” and  
4 inserting the following:

5 “(1) IN GENERAL.—Notwithstanding”;

6 (ii) in paragraph (1), as added by  
7 clause (i)—

8 (I) by striking “section  
9 1902(a)(13)(C)” and inserting “sub-  
10 paragraph (C) of section  
11 1902(a)(13)”;

12 (II) by inserting “or for services  
13 described in subparagraph (D) of sec-  
14 tion 1902(a)(13) furnished during an  
15 additional period specified in para-  
16 graph (2),” after “2015,”; and

17 (III) by striking “under such sec-  
18 tion” and inserting “under subpara-  
19 graph (C) or (D) of section  
20 1902(a)(13), as applicable”; and

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

23 “(2) ADDITIONAL PERIOD.—For purposes of  
24 paragraph (1), the additional period shall be the pe-  
25 riod that begins on the first day of the first month

1 that begins after the date of enactment of the Maxi-  
2 mizing Outcomes for Moms through Medicaid Im-  
3 provement and Enhancement of Services Act.”.

4 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-  
5 tion 1902(jj) of the Social Security Act (42 U.S.C.  
6 1396a(jj)) is amended—

7 (1) by redesignating paragraphs (1) and (2) as  
8 clauses (i) and (ii), respectively and realigning the  
9 left margins accordingly;

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

12 “(1) IN GENERAL.—

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

15 and

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

18 “(B) EXCLUSIONS.—Such term does not  
19 include any services described in subparagraph

20 (A) or (B) of paragraph (1) if such services are  
21 provided in an emergency department of a hos-

22 pital.

23 “(2) ADDITIONAL PROVIDERS.—For purposes  
24 of subparagraph (D) of subsection (a)(13), a pro-

1 vider described in this paragraph is any of the fol-  
2 lowing:

3 “(A) A physician with a primary specialty  
4 designation of family medicine, general internal  
5 medicine, or pediatric medicine, or obstetrics  
6 and gynecology.

7 “(B) An advanced practice clinician, as de-  
8 fined by the Secretary, that works under the  
9 supervision of—

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

12 “(ii) a nurse practitioner or a physi-  
13 cian assistant (as such terms are defined  
14 in section 1861(aa)(5)(A)) who is working  
15 in accordance with State law; or

16 “(iii) a certified nurse-midwife (as de-  
17 fined in section 1861(gg)) or a certified  
18 professional midwife who is working in ac-  
19 cordance with State law.

20 “(C) A rural health clinic, federally quali-  
21 fied health center, health center that receives  
22 funding under title X of the Public Health  
23 Service Act, or other health clinic that receives  
24 reimbursement on a fee schedule applicable to  
25 a physician.

1           “(D) An advanced practice clinician super-  
 2           vised by a physician described in subparagraph  
 3           (A), another advanced practice clinician, or a  
 4           certified nurse-midwife.

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

7           (c) ENSURING PAYMENT BY MANAGED CARE ENTI-  
 8           TIES.—

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

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

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

18                 (C) by inserting after clause (xiii) the fol-  
 19                 lowing:

20                 “(xiv) such contract provides that (I) payments  
 21                 to providers specified in section 1902(a)(13)(D) for  
 22                 primary care services defined in section 1902(jj)  
 23                 that are furnished during a year or period specified  
 24                 in section 1902(a)(13)(D) and section 1905(dd) are  
 25                 at least equal to the amounts set forth and required

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

14 (2) CONFORMING AMENDMENT.—Section  
 15 1932(f) of the Social Security Act (42 U.S.C.  
 16 1396u–2(f)) is amended—

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

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

22 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**  
 23 **ING ACCESS TO DOULA SERVICES FOR MED-**  
 24 **ICAID BENEFICIARIES.**

25 (a) MACPAC REPORT.—

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

8           (A) Information about coverage for doula  
9 services under State Medicaid programs that  
10 currently provide coverage for such care, includ-  
11 ing the type of doula services offered (such as  
12 prenatal, labor and delivery, postpartum sup-  
13 port, and community-based and traditional  
14 doula services), credentialing and provider en-  
15 rollment requirements for doulas under State  
16 Medicaid programs, additional forms of support  
17 contributing to doula enrollment and reimburse-  
18 ment under State Medicaid programs, and data  
19 on outcomes with respect to doula services  
20 under each State Medicaid program, including  
21 the number of doulas registered under the State  
22 Medicaid program, the number of pregnant,  
23 birthing, and postpartum individuals served by  
24 doulas under the State Medicaid program, and  
25 the amount of time it takes for doulas to re-

1           ceive payment under the State Medicaid pro-  
2           gram for services provided under the program.

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

5           (C) An identification of effective strategies  
6           to increase the use of doula services in order to  
7           provide better care and achieve better maternal  
8           and infant health outcomes, including strategies  
9           that States may use to recruit, train, sustain,  
10          and certify a diverse doula workforce, particu-  
11          larly from underserved communities, commu-  
12          nities of color, and communities facing lin-  
13          guistic or cultural barriers.

14          (D) Recommendations for legislative and  
15          administrative actions to increase access to  
16          doula services in State Medicaid programs, in-  
17          cluding actions that ensure doulas may earn a  
18          sustainable living wage that accounts for their  
19          time and costs associated with providing care  
20          and community-based doula program adminis-  
21          tration and operation.

22          (2) STAKEHOLDER CONSULTATION.—In devel-  
23          oping the report required under paragraph (1),  
24          MACPAC shall consult with relevant stakeholders,  
25          including—

1 (A) States;

2 (B) organizations, especially reproductive  
3 justice and birth justice organizations led by  
4 people of color, representing consumers of ma-  
5 ternal health care, including those that are dis-  
6 proportionately impacted by poor maternal  
7 health outcomes;

8 (C) organizations and individuals rep-  
9 resenting doulas, including community-based  
10 doula programs and those who serve under-  
11 served communities, including communities of  
12 color, and communities facing linguistic or cul-  
13 tural barriers;

14 (D) organizations representing health care  
15 providers; and

16 (E) Black, Indigenous, and other maternal  
17 health care consumers of color who have experi-  
18 enced severe maternal morbidity.

19 (b) CMS GUIDANCE.—

20 (1) IN GENERAL.—Not later than 1 year after  
21 the date that MACPAC publishes the report re-  
22 quired under subsection (a)(1), the Administrator of  
23 the Centers for Medicare & Medicaid Services shall  
24 issue guidance to States on increasing access to

1       doula services under Medicaid. Such guidance shall  
2       at a minimum include—

3               (A) options for States to provide medical  
4               assistance for doula services under State Med-  
5               icaid programs;

6               (B) best practices for ensuring that doulas,  
7               including community-based doulas, receive reim-  
8               bursement for doula services provided under a  
9               State Medicaid program, at a level that allows  
10              doulas to earn a living wage that accounts for  
11              their time and costs associated with providing  
12              care and community-based doula program ad-  
13              ministration; and

14              (C) best practices for increasing access to  
15              doula services, including services provided by  
16              community-based doulas, under State Medicaid  
17              programs.

18       (2) STAKEHOLDER CONSULTATION.—In devel-  
19       oping the guidance required under paragraph (1),  
20       the Administrator of the Centers for Medicare &  
21       Medicaid Services shall consult with MACPAC and  
22       other relevant stakeholders, including—

23              (A) State Medicaid officials;

24              (B) organizations representing consumers  
25              of maternal health care, including those that

1 are disproportionately impacted by poor mater-  
2 nal health outcomes;

3 (C) organizations representing doulas, in-  
4 cluding community-based doulas and those who  
5 serve underserved communities, such as com-  
6 munities of color and communities facing lin-  
7 guistic or cultural barriers;

8 (D) organizations representing medical  
9 professionals; and

10 (E) maternal health advocacy organiza-  
11 tions.

12 **SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE**  
13 **OF TELEHEALTH TO INCREASE ACCESS TO**  
14 **MATERNITY CARE.**

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

20 (1) The number of State Medicaid programs  
21 that utilize telehealth that increases access to mater-  
22 nity care.

23 (2) With respect to State Medicaid programs  
24 that utilize telehealth that increases access to mater-  
25 nity care, information about—

1 (A) common characteristics of such pro-  
2 grams' approaches to utilizing telehealth that  
3 increases access to maternity care;

4 (B) differences in States' approaches to  
5 utilizing telehealth to improve access to mater-  
6 nity care, and the resulting differences in State  
7 maternal health outcomes, as determined by  
8 factors described in subsection (C); and

9 (C) when compared to patients who receive  
10 maternity care in-person, what is known  
11 about—

12 (i) the demographic characteristics,  
13 such as race, ethnicity, sex, sexual orienta-  
14 tion, gender identity, disability status, age,  
15 and preferred language of the individuals  
16 enrolled in such programs who use tele-  
17 health to access maternity care;

18 (ii) health outcomes for such individ-  
19 uals, including frequency of mortality and  
20 severe morbidity, as compared to individ-  
21 uals with similar characteristics who did  
22 not use telehealth to access maternity care;

23 (iii) the services provided to individ-  
24 uals through telehealth, including family

1 planning services, mental health care serv-  
2 ices, and oral health services;

3 (iv) the devices and equipment pro-  
4 vided to individuals for remote patient  
5 monitoring and telehealth, including blood  
6 pressure monitors and blood glucose mon-  
7 itors;

8 (v) the quality of maternity care pro-  
9 vided through telehealth, including whether  
10 maternity care provided through telehealth  
11 is culturally and linguistically appropriate;

12 (vi) the level of patient satisfaction  
13 with an experience of maternity care pro-  
14 vided through telehealth to individuals en-  
15 rolled in State Medicaid programs;

16 (vii) the impact of utilizing telehealth  
17 to increase access to maternity care on  
18 spending, cost savings, access to care, and  
19 utilization of care under State Medicaid  
20 programs; and

21 (viii) the accessibility and effectiveness  
22 of telehealth for maternity care during the  
23 COVID–19 pandemic.

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

4           (4) Recommendations for such legislative and  
5           administrative actions related to increasing access to  
6           telehealth maternity services under Medicaid as the  
7           Comptroller General deems appropriate.

○