

116TH CONGRESS  
1ST SESSION

# H. R. 2751

To amend title XIX of the Social Security Act to provide coverage under the Medicaid program for services provided by doulas and midwives, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2019

Ms. MOORE (for herself, Ms. HAALAND, and Mrs. DINGELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title XIX of the Social Security Act to provide coverage under the Medicaid program for services provided by doulas and midwives, 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 “Mamas First Act”.

5       **SEC. 2. FINDINGS.**

6       Congress finds the following:

7               (1) According to the Centers for Disease Con-  
8       trol and Prevention, the maternal mortality rate var-  
9       ies drastically for women by race and ethnicity. On

1 average, there are 12.7 deaths per 100,000 live  
2 births for White women, 43.5 deaths per 100,000  
3 live births for African-American women, 32.5 deaths  
4 for American Indian and Alaskan Native women,  
5 and 14.4 deaths per 100,000 live births for women  
6 of other ethnicities. While maternal mortality dispar-  
7 ately impacts African-American women and indige-  
8 nous women, this urgent public health crisis tra-  
9 verses race, ethnicity, socioeconomic status, edu-  
10 cational background, and geography.

11 (2) United States maternal mortality rates are  
12 the highest in the developed world and are increas-  
13 ing rapidly.

14 (3) Many of these maternal deaths are likely  
15 preventable.

16 (4) According to the National Institutes of  
17 Health, doula-assisted mothers are four times less  
18 likely to have a low-birth-weight baby, two times less  
19 likely to experience a birth complication involving  
20 themselves or their baby, and significantly more like-  
21 ly to initiate breastfeeding.

22 (5) Midwife-led care is associated with cost sav-  
23 ings, decreased rates of intervention, lower cesarean  
24 rates, lower preterm birth rates, and healthier out-  
25 comes for mothers and babies.

1 (6) Midwives may practice in any setting, in-  
2 cluding the home, community, hospitals, clinics, or  
3 health units.

4 **SEC. 3. MEDICAID COVERAGE OF SERVICES PROVIDED BY**  
5 **DOULAS AND MIDWIVES.**

6 (a) IN GENERAL.—Section 1905 of the Social Secu-  
7 rity Act (42 U.S.C. 1396d) is amended—

8 (1) in subsection (a)—

9 (A) in paragraph (29), by striking “and”  
10 at the end;

11 (B) by redesignating paragraph (30) as  
12 paragraph (31); and

13 (C) by inserting after paragraph (29) the  
14 following new paragraph:

15 “(30) services, including prenatal, delivery, and  
16 postpartum services, provided by doulas and mid-  
17 wives (as those terms are defined in subsection (ff))  
18 to the extent authorized under State law; and”;

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

21 “(ff) DOULAS AND MIDWIVES DEFINED.—For pur-  
22 poses of subsection (a)(30):

23 “(1) DOULAS DEFINED.—The term ‘doula’  
24 means an individual who—

1           “(A) is certified by an organization, which  
2           has been established for not less than five years  
3           and which requires the completion of continuing  
4           education to maintain such certification, to pro-  
5           vide non-medical advice, information, emotional  
6           support, and physical comfort to an individual  
7           during such individual’s pregnancy, childbirth,  
8           and postpartum period; and

9           “(B) maintains such certification by com-  
10          pleting such required continuing education.

11         “(2) MIDWIVES DEFINED.—

12                 “(A) IN GENERAL.—The term ‘midwife’  
13                 means a certified midwife, certified professional  
14                 midwife, licensed midwife, and Tribal-recog-  
15                 nized midwife.

16                 “(B) CERTIFIED MIDWIFE.—For purposes  
17                 of subparagraph (A), the term ‘certified mid-  
18                 wife’ means an individual who is certified by the  
19                 American Midwifery Certification Board to  
20                 practice midwifery.

21                 “(C) CERTIFIED PROFESSIONAL MID-  
22                 WIFE.—For purposes of subparagraph (A), the  
23                 term ‘certified professional midwife’ means an  
24                 individual who—

1 “(i) is certified by the North Amer-  
2 ican Registry of Midwives to practice mid-  
3 wifery for normal, low-risk pregnancies and  
4 childbirths;

5 “(ii) completes—

6 “(I) a midwifery education pro-  
7 gram accredited by the Midwifery  
8 Education and Accreditation Council  
9 or any other entity recognized by the  
10 Department of Education; or

11 “(II) the requirements to obtain  
12 a Midwifery Bridge Certificate from  
13 the North American Registry of Mid-  
14 wives; and

15 “(iii) maintains the certification de-  
16 scribed in clause (i) by completing any re-  
17 quired continuing education for such cer-  
18 tification.

19 “(D) LICENSED MIDWIFE.—For purposes  
20 of subparagraph (A), the term ‘licensed mid-  
21 wife’ means, with respect to a State, an indi-  
22 vidual who is licensed under State law to prac-  
23 tice midwifery.

24 “(E) TRIBAL-RECOGNIZED MIDWIFE.—For  
25 purposes of subparagraph (A), the term ‘Tribal-

1           recognized midwife’ means an individual who is  
2           recognized by an Indian tribe (as defined in  
3           section 4 of the Indian Health Care Improve-  
4           ment Act) to practice midwifery for such  
5           tribe.”.

6           (b) REQUIRING MANDATORY COVERAGE UNDER  
7   STATE PLAN.—Section 1902(a)(10)(A) of the Social Se-  
8   curity Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the  
9   matter preceding clause (i), by striking “and (29)” and  
10   inserting “(29), and (30)”.

11          (c) EFFECTIVE DATE.—

12           (1) IN GENERAL.—Subject to paragraph (2),  
13           the amendments made by this section shall apply  
14           with respect to medical assistance furnished on or  
15           after January 1, 2020.

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

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

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