

117TH CONGRESS  
1ST SESSION

# H. R. 950

To require the Secretary of Health and Human Services to establish and implement a Perinatal Care Alternative Payment Model Demonstration Project, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. SCHAKOWSKY (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. BASS, Ms. PRESSLEY, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Ms. SEWELL, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To require the Secretary of Health and Human Services to establish and implement a Perinatal Care Alternative Payment Model Demonstration Project, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Innovative Maternal  
3 Payment And Coverage To Save Moms Act” or the “IM-  
4 PACT to Save Moms Act”.

5 **SEC. 2. PERINATAL CARE ALTERNATIVE PAYMENT MODEL**  
6 **DEMONSTRATION PROJECT.**

7 (a) IN GENERAL.—For the period of fiscal years  
8 2022 through 2026, the Secretary of Health and Human  
9 Services (referred to in this section as the “Secretary”),  
10 acting through the Administrator of the Centers for Medi-  
11 care & Medicaid Services, shall establish and implement,  
12 in accordance with the requirements of this section, a  
13 demonstration project, to be known as the Perinatal Care  
14 Alternative Payment Model Demonstration Project (re-  
15 ferred to in this section as the “Demonstration Project”),  
16 for purposes of allowing States to test payment models  
17 under their State plans under title XIX of the Social Secu-  
18 rity Act (42 U.S.C. 1396 et seq.) and State child health  
19 plans under title XXI of such Act (42 U.S.C. 1397aa et  
20 seq.) with respect to maternity care provided to pregnant  
21 and postpartum individuals enrolled in such State plans  
22 and State child health plans.

23 (b) COORDINATION.—In establishing the Demonstra-  
24 tion Project, the Secretary shall coordinate with stake-  
25 holders such as—

26 (1) State Medicaid programs;

1           (2) relevant organizations representing mater-  
2           nal health care providers;

3           (3) relevant organizations representing patients,  
4           with a particular focus on individuals from demo-  
5           graphic groups with disproportionate rates of ad-  
6           verse maternal health outcomes;

7           (4) relevant community-based organizations,  
8           particularly organizations that seek to improve ma-  
9           ternal health outcomes for individuals from demo-  
10          graphic groups with disproportionate rates of ad-  
11          verse maternal health outcomes;

12          (5) non-clinical perinatal health workers such as  
13          doulas, community health workers, peer supporters,  
14          certified lactation consultants, nutritionists and di-  
15          eticians, social workers, home visitors, and naviga-  
16          tors;

17          (6) relevant health insurance issuers;

18          (7) hospitals, health systems, freestanding birth  
19          centers (as such term is defined in paragraph (3)(B)  
20          of section 1905(l) of the Social Security Act (42  
21          U.S.C. 1396d(l))), Federally-qualified health centers  
22          (as such term is defined in paragraph (2)(B) of such  
23          section), and rural health clinics (as such term is de-  
24          fined in section 1861(aa) of such Act (42 U.S.C.  
25          1395x(aa)));

1           (8) researchers and policy experts in fields re-  
2           lated to maternity care payment models; and

3           (9) any other stakeholders as the Secretary de-  
4           termines appropriate, with a particular focus on  
5           stakeholders from demographic groups with dis-  
6           proportionate rates of adverse maternal health out-  
7           comes.

8           (c) CONSIDERATIONS.—In establishing the Dem-  
9           onstration Project, the Secretary shall consider each of the  
10          following:

11           (1) Findings from any evaluations of the  
12           Strong Start for Mothers and Newborns initiative  
13           carried out by the Centers for Medicare & Medicaid  
14           Services, the Health Resources and Services Admin-  
15           istration, and the Administration on Children and  
16           Families.

17           (2) Any alternative payment model that—

18           (A) is designed to improve maternal health  
19           outcomes for racial and ethnic groups with dis-  
20           proportionate rates of adverse maternal health  
21           outcomes;

22           (B) includes methods for stratifying pa-  
23           tients by pregnancy risk level and, as appro-  
24           priate, adjusting payments under such model to  
25           take into account pregnancy risk level;

1 (C) establishes evidence-based quality  
2 metrics for such payments;

3 (D) includes consideration of non-hospital  
4 birth settings such as freestanding birth centers  
5 (as so defined);

6 (E) includes consideration of social deter-  
7 minants of health that are relevant to maternal  
8 health outcomes such as housing, transpor-  
9 tation, nutrition, and other non-clinical factors  
10 that influence maternal health outcomes; or

11 (F) includes diverse maternity care teams  
12 that include—

13 (i) maternity care providers, including  
14 obstetrician-gynecologists, family physi-  
15 cians, physician assistants, midwives who  
16 meet, at a minimum, the international def-  
17 inition of the term “midwife” and global  
18 standards for midwifery education (as es-  
19 tablished by the International Confed-  
20 eration of Midwives), and nurse practi-  
21 tioners—

22 (I) from racially, ethnically, and  
23 professionally diverse backgrounds;

1 (II) with experience practicing in  
2 racially and ethnically diverse commu-  
3 nities; or

4 (III) who have undergone train-  
5 ings on racism, implicit bias, and ex-  
6 plicit bias; and

7 (ii) non-clinical perinatal health work-  
8 ers such as doulas, community health  
9 workers, peer supporters, certified lacta-  
10 tion consultants, nutritionists and dieti-  
11 cians, social workers, home visitors, and  
12 navigators.

13 (d) ELIGIBILITY.—To be eligible to participate in the  
14 Demonstration Project, a State shall submit an applica-  
15 tion to the Secretary at such time, in such manner, and  
16 containing such information as the Secretary may require.

17 (e) EVALUATION.—The Secretary shall conduct an  
18 evaluation of the Demonstration Project to determine the  
19 impact of the Demonstration Project on—

20 (1) maternal health outcomes, with data strati-  
21 fied by race, ethnicity, socioeconomic indicators, and  
22 any other factors as the Secretary determines appro-  
23 priate;

24 (2) spending on maternity care by States par-  
25 ticipating in the Demonstration Project;

1           (3) to the extent practicable, subjective meas-  
2           ures of patient experience; and

3           (4) any other areas of assessment that the Sec-  
4           retary determines relevant.

5           (f) REPORT.—Not later than one year after the com-  
6           pletion or termination date of the Demonstration Project,  
7           the Secretary shall submit to the Committee on Energy  
8           and Commerce, the Committee on Ways and Means, and  
9           the Committee on Education and Labor of the House of  
10          Representatives and the Committee on Finance and the  
11          Committee on Health, Education, Labor, and Pensions of  
12          the Senate, and make publicly available, a report con-  
13          taining—

14           (1) the results of any evaluation conducted  
15           under subsection (e); and

16           (2) a recommendation regarding whether the  
17           Demonstration Project should be continued after fis-  
18           cal year 2026 and expanded on a national basis.

19           (g) AUTHORIZATION OF APPROPRIATIONS.—There  
20           are authorized to be appropriated such sums as are nec-  
21           essary to carry out this section.

22           (h) DEFINITIONS.—In this section:

23           (1) ALTERNATIVE PAYMENT MODEL.—The  
24           term “alternative payment model” has the meaning

1 given such term in section 1833(z)(3)(C) of the So-  
2 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

3 (2) PERINATAL.—The term “perinatal” means  
4 the period beginning on the day a woman becomes  
5 pregnant and ending on the last day of the 1-year  
6 period beginning on the last day of such woman’s  
7 pregnancy.

8 **SEC. 3. MACPAC REPORT.**

9 (a) IN GENERAL.—Not later than two years after the  
10 date of the enactment of this Act, the Medicaid and CHIP  
11 Payment and Access Commission shall publish a report  
12 on issues relating to the continuity of coverage under  
13 State plans under title XIX of the Social Security Act (42  
14 U.S.C. 1396 et seq.) and State child health plans under  
15 title XXI of such Act (42 U.S.C. 1397aa et seq.) for preg-  
16 nant and postpartum individuals. Such report shall, at a  
17 minimum, include the following:

18 (1) An assessment of any existing policies  
19 under such State plans and such State child health  
20 plans regarding presumptive eligibility for pregnant  
21 individuals while their application for enrollment in  
22 such a State plan or such a State child health plan  
23 is being processed.

24 (2) An assessment of any existing policies  
25 under such State plans and such State child health



1 plans regarding measures to ensure continuity of  
2 coverage under such a State plan or such a State  
3 child health plan for pregnant and postpartum indi-  
4 viduals, including such individuals who need to  
5 change their health insurance coverage during their  
6 pregnancy or the postpartum period following their  
7 pregnancy.

8 (3) An assessment of any existing policies  
9 under such State plans and such State child health  
10 plans regarding measures to automatically reenroll  
11 individuals who are eligible to enroll under such a  
12 State plan or such a State child health plan as a  
13 parent.

14 (4) If determined appropriate by the Commis-  
15 sion, any recommendations for the Department of  
16 Health and Human Services, or such State plans  
17 and such State child health plans, to ensure con-  
18 tinuity of coverage under such a State plan or such  
19 a State child health plan for pregnant and  
20 postpartum women.

21 (b) POSTPARTUM DEFINED.—In this section, the  
22 term “postpartum” means the 1-year period beginning on  
23 the last day of a woman’s pregnancy.

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