115TH CONGRESS
2D SESSION

S. 3494

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.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 25, 2018

Mr. BOOKER (for himself, Mrs. GILLIBRAND, Ms. BALDWIN, Mr. CARDIN, Mr. BLUMENTHAL, and Ms. HARRIS) 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''.

7 **SEC. 2. ENHANCING MEDICAID AND CHIP BENEFITS FOR**
8 **LOW-INCOME PREGNANT WOMEN.**

9 (a) MEDICAID.—

(1) STATE REQUIREMENT TO EXTEND ELIGIBILITY FOR MEDICAL ASSISTANCE FOR LOW-INCOME PREGNANT WOMEN.—

(A) IN GENERAL.—Section 1902(l)(1)(A) of the Social Security Act (42 U.S.C. 1396a(l)(1)(A)) is amended by striking ‘‘60-day period’’ and inserting ‘‘365-day period’’.

(B) CONFORMING AMENDMENTS.—

(i) Section 1902(e)(6) of the Social Security Act (42 U.S.C. 1396a(e)(6)) is amended by striking ‘‘60-day period’’ and inserting ‘‘365-day period’’.

(ii) Section 1903(v)(4)(A)(i) of the Social Security Act (42 U.S.C. 1396b(v)(4)(A)(i)) is amended by striking ‘‘60-day period’’ and inserting ‘‘365-day period’’.

(2) NO RESTRICTION ON TYPES OF MEDICAL ASSISTANCE AVAILABLE TO LOW-INCOME PREGNANT WOMEN.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G) by striking ‘‘(VII) the medical assistance’’ and all that follows through ‘‘complicate pregnancy,’’.

1 (3) EXTENSION OF POSTPARTUM ELIGIBILITY
2 FOR PREGNANT WOMEN.—Section 1902(e)(5) of the
3 Social Security Act (42 U.S.C. 1396a(e)(5)) is
4 amended by striking "60-day period" and inserting
5 "365-day period".
6 (b) CHIP.—Section 2112 of the Social Security Act
7 (42 U.S.C. 1397ll) is amended by striking "60-day pe-
8 riod" each place it appears and inserting "365-day pe-
9 riod".
10 (c) MAINTENANCE OF EFFORT.—
11 (1) MEDICAID.—Section 1902 of the Social Se-
12 curity Act (42 U.S.C. 1396a) is amended—
13 (A) in paragraph (74), by striking "sub-
14 section (gg); and" and inserting "subsections
15 (gg) and (nn);"; and
16 (B) by adding at the end the following new
17 subsection:
18 "(nn) MAINTENANCE OF EFFORT RELATED TO LOW-
19 INCOME PREGNANT WOMEN.—For calendar quarters be-
20 ginning on or after the date of enactment of this sub-
21 section, and before January 1, 2023, no Federal payment
22 shall be made to a State under section 1903(a) for
23 amounts expended under a State plan under this title or
24 a waiver of such plan if the State—

1 "(1) has in effect under such plan eligibility
2 standards, methodologies, or procedures (including
3 any enrollment cap or other numerical limitation on
4 enrollment, any waiting list, any procedures designed
5 to delay the consideration of applications for enroll-
6 ment, or similar limitation with respect to enroll-
7 ment) for individuals described in subsection (l)(1)
8 who are eligible for medical assistance under the
9 State plan or waiver under subsection
10 (a)(10)(A)(ii)(IX) that are more restrictive than the
11 eligibility standards, methodologies, or procedures,
12 respectively, for such individuals under such plan or
13 waiver that are in effect on the date of the enact-
14 ment of the Maximizing Outcomes for Moms
15 through Medicaid Improvement and Enhancement of
16 Services Act; or

17 "(2) provides medical assistance to individuals
18 described in subsection (l)(1) who are eligible for
19 medical assistance under such plan or waiver under
20 subsection (a)(10)(A)(ii)(IX) at a level that is less
21 than the level at which the State provides such as-
22 sistance to such individuals under such plan or waiv-
23 er on the date of the enactment of the Maximizing
24 Outcomes for Moms through Medicaid Improvement
25 and Enhancement of Services Act.".

1 (2) CHIP.—Section 2112 of the Social Security
2 Act (42 U.S.C. 1397ll), as amended by subsection
3 (b), is further amended by adding at the end the fol-
4 lowing subsection:
5 "(g) MAINTENANCE OF EFFORT.—For calendar
6 quarters beginning on or after January 1, 2020, and be-
7 fore January 1, 2023, no payment may be made under
8 section 2105(a) with respect to a State child health plan
9 if the State—
10 "(1) has in effect under such plan eligibility
11 standards, methodologies, or procedures (including
12 any enrollment cap or other numerical limitation on
13 enrollment, any waiting list, any procedures designed
14 to delay the consideration of applications for enroll-
15 ment, or similar limitation with respect to enroll-
16 ment) for targeted low-income pregnant women that
17 are more restrictive than the eligibility standards,
18 methodologies, or procedures, respectively, under
19 such plan that are in effect on the date of the enact-
20 ment of the Maximizing Outcomes for Moms
21 through Medicaid Improvement and Enhancement of
22 Services Act; or
23 "(2) provides pregnancy-related assistance to
24 targeted low-income pregnant women under such
25 plan at a level that is less than the level at which

1 the State provides such assistance to such women
2 under such plan on the date of the enactment of the
3 Maximizing Outcomes for Moms through Medicaid
4 Improvement and Enhancement of Services Act.''.
5 (d) ENHANCED FMAP.—Section 1905 of the Social
6 Security Act (42 U.S.C. 1396d) is amended—
7 (1) in subsection (b), by striking ''and (aa)''
8 and inserting ''(aa), and (ee)''; and
9 (2) by adding at the end the following:
10 ''(ee) INCREASED FMAP FOR ADDITIONAL EXPEND-
11 ITURES FOR LOW-INCOME PREGNANT WOMEN.—For cal-
12 endar quarters beginning on or after January 1, 2020,
13 notwithstanding subsection (b), the Federal medical as-
14 sistance percentage for a State, with respect to the addi-
15 tional amounts expended by such State for medical assist-
16 ance under the State plan under this title or a waiver of
17 such plan that are attributable to requirements imposed
18 by the amendments made by the Maximizing Outcomes
19 for Moms through Medicaid Improvement and Enhance-
20 ment of Services Act (as determined by the Secretary),
21 shall be equal to 100 percent.''.
22 (e) GAO STUDY AND REPORT.—
23 (1) IN GENERAL.—Not later than 1 year after
24 the date of the enactment of this Act, the Comp-

1 troller General of the United States shall submit to
2 Congress a report on the gaps in coverage for—
3 (A) pregnant women under the Medicaid
4 program under title XIX of the Social Security
5 Act (42 U.S.C. 1396 et seq.) and the Children's
6 Health Insurance Program under title XXI of
7 the Social Security Act (42 U.S.C. 1397aa et
8 seq.); and
9 (B) postpartum women under the Medicaid
10 program and the Children's Health Insurance
11 Program who received assistance under either
12 such program during their pregnancy.
13 (2) CONTENT OF REPORT.—The report re-
14 quired under this subsection shall include the fol-
15 lowing:
16 (A) Information about the abilities and
17 successes of State Medicaid agencies in deter-
18 mining whether pregnant and postpartum
19 women are eligible under another insurance af-
20 fordability program, and in transitioning any
21 such women who are so eligible to coverage
22 under such a program, pursuant to section
23 435.1200 of the title 42, Code of Federal Regu-
24 lations (as in effect on September 1, 2018).

(B) Information on factors contributing to gaps in coverage that disproportionately impact underserved populations, including low-income women, women of color, women who reside in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))) or who are members of a medically underserved population (as defined by section 330(b)(3) of such Act (42 U.S.C. 254b(b)(3)(A))).

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

(D) Such other information as the Comptroller General deems necessary.

(f) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall take effect January 1, 2020.

SEC. 3. MATERNITY CARE HOME DEMONSTRATION PROJECT.

Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting the following new section after section 1943:

"MATERNITY CARE HOME DEMONSTRATION PROJECT

"SEC. 1944. (a) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary shall establish a demonstration project (in this section referred to as the 'demonstration project') under

1 which the Secretary shall provide grants to States to enter
2 into arrangements with eligible entities to implement or
3 expand a maternity care home model for eligible individ-
4 uals.

5 ''(b) DEFINITIONS.—In this section:

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

12 ''(A) A freestanding birth center.

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

16 ''(C) A federally qualified health center.

17 ''(D) A rural health clinic.

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

22 ''(2) ELIGIBLE INDIVIDUAL.—The term 'eligible
23 individual' means a pregnant woman or a formerly
24 pregnant woman during the 365-day period begin-
25 ning on the last day of her pregnancy who is—

1 "(A) enrolled in a State plan under this
2 title, a waiver of such a plan, or a State child
3 health plan under title XXI; and
4 "(B) a patient of an eligible entity which
5 has entered into an arrangement with a State
6 under subsection (g).
7 "(c) GOALS OF DEMONSTRATION PROJECT.—The
8 goals of the demonstration project are the following:
9 "(1) To improve—
10 "(A) maternity and infant care outcomes;
11 "(B) communication by maternity, infant
12 care, and social services providers;
13 "(C) care coordination between maternity,
14 infant care, and social services providers within
15 the community;
16 "(D) the quality and safety of maternity
17 and infant care;
18 "(E) the experience of women receiving
19 maternity care, including by increasing the abil-
20 ity of a woman to develop and follow her own
21 birthing plan; and
22 "(F) access to adequate prenatal and
23 postpartum care, including—
24 "(i) prenatal care that is initiated in
25 a timely manner;

1 "(ii) not less than 2 post-pregnancy
2 visits to a maternity care provider; and
3 "(iii) interpregnancy care.
4 "(2) To provide coordinated, evidence-based
5 maternity care management.
6 "(3) To decrease—
7 "(A) severe maternal morbidity and mater-
8 nal mortality;
9 "(B) overall health care spending;
10 "(C) unnecessary emergency department
11 visits;
12 "(D) disparities in maternal and infant
13 care outcomes, including racial, economic, and
14 geographical disparities;
15 "(E) the rate of cesarean deliveries for
16 low-risk pregnancies;
17 "(F) the rate of preterm births and infants
18 born with low birth weight; and
19 "(G) the rate of avoidable maternal and
20 newborn hospitalizations and admissions to in-
21 tensive care units.
22 "(d) CONSULTATION.—In designing and imple-
23 menting the demonstration project the Secretary shall
24 consult with stakeholders, including—
25 "(1) States;

1 "(2) organizations representing relevant health
2 care professionals;
3 "(3) organizations representing consumers, in-
4 cluding consumers that are disproportionately im-
5 pacted by poor maternal health outcomes;
6 "(4) representatives with experience imple-
7 menting other maternity care home models, includ-
8 ing representatives from the Center for Medicare
9 and Medicaid Innovation; and
10 "(5) community-based health care professionals
11 and other stakeholders.
12 "(e) APPLICATION AND SELECTION OF STATES.—
13 "(1) IN GENERAL.—A State seeking to partici-
14 pate in the demonstration project shall submit an
15 application to the Secretary at such time and in
16 such manner as the Secretary shall require.
17 "(2) SELECTION OF STATES.—
18 "(A) IN GENERAL.—The Secretary may se-
19 lect 15 States to participate in the demonstra-
20 tion project.
21 "(B) SELECTION REQUIREMENTS.—In se-
22 lecting States to participate in the demonstra-
23 tion project, the Secretary shall—

1 "(i) ensure that there is geographic
2 diversity in the areas in which activities
3 will be carried out under the project; and
4 "(ii) ensure that States with signifi-
5 cant disparities in maternal health out-
6 comes, including disparities based on race,
7 income, and access to maternity care, are
8 included.
9 "(f) GRANTS.—
10 "(1) IN GENERAL.—From amounts appro-
11 priated under subsection (l), the Secretary shall
12 award 1 grant for each year of the demonstration
13 project to each State that is selected to participate
14 in the demonstration project.
15 "(2) USE OF GRANT FUNDS.—A State may use
16 funds received under this section to—
17 "(A) award grants or make payments to
18 eligible entities as part of an arrangement de-
19 scribed in subsection (g)(2);
20 "(B) provide financial incentives to health
21 care professionals, including community health
22 workers, who participate in the State's mater-
23 nity care home model;
24 "(C) provide training for health care pro-
25 fessionals, including community health workers,

1 who participate in the State's maternity care
2 home model, which may include training for
3 cultural competency, racial bias, and health eq-
4 uity, particularly in regards to maternal health;
5 "(D) pay for personnel and administrative
6 expenses associated with designing, imple-
7 menting, and operating the State's maternity
8 care home model;
9 "(E) pay for items and services that are
10 furnished under the State's maternity care
11 home model and for which payment is otherwise
12 unavailable under this title; and
13 "(F) pay for other costs related to the
14 State's maternity care home model, as deter-
15 mined by the Secretary.
16 "(3) GRANT FOR NATIONAL INDEPENDENT
17 EVALUATOR.—
18 "(A) IN GENERAL.—From the amounts
19 appropriated under subsection (l), prior to
20 awarding any grants under paragraph (1), the
21 Secretary shall enter into a contract with a na-
22 tional external entity to create a single, uniform
23 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 competent care,
10 which may include prenatal care, family plan-
11 ning services, medical care, mental and behav-
12 ioral care, and oral health care to such eligible
13 individuals through a team of health care pro-
14 fessionals, which may include obstetrician-gyne-
15 cologists, maternal-fetal medicine specialists,
16 family physicians, primary care providers, phy-
17 sician assistants, advanced practice registered
18 nurses such as nurse practitioners and certified
19 nurse midwives, certified midwives, social work-
20 ers, doulas, lactation consultants, childbirth
21 educators, community health workers, and other
22 health care professionals;
23 ‘‘(B) conduct a risk assessment of each
24 such eligible individual to determine if her preg-
25 nancy is high or low risk, and establish a tai-

1 lored pregnancy care plan, which takes into
2 consideration the individual's own pregnancy
3 care and birthing plans, for each such eligible
4 individual based on the results of such risk as-
5 sessment;

6 "(C) assign each such eligible individual to
7 a care coordinator, which may be a nurse, social
8 worker, doula, community health worker, or
9 other health care provider, who is responsible
10 for ensuring that such eligible individual re-
11 ceives the necessary medical care and connec-
12 tions to essential support services;

13 "(D) provide, or arrange for the provision
14 of, essential support services, such as services
15 that address—

16 "(i) nutrition and exercise;

17 "(ii) smoking cessation;

18 "(iii) substance use disorder and ad-
19 diction treatment;

20 "(iv) anxiety, depression, and other
21 mental and behavioral health issues;

22 "(v) breast feeding;

23 "(vi) housing;

24 "(vii) transportation;

25 "(viii) intimate partner violence;

1 “(ix) home visiting services;
2 “(x) childbirth education;
3 “(xi) continuous labor support; and
4 “(xii) group prenatal care.
5 “(E) as appropriate, facilitate connections
6 to a usual primary care provider, which may be
7 a women’s health provider;
8 “(F) refer to guidelines and opinions of
9 medical associations when determining whether
10 an elective delivery should be performed on an
11 eligible individual before 39 weeks of gestation;
12 “(G) provide such eligible individuals with
13 evidence-based education and resources to iden-
14 tify potential warning signs of postpartum com-
15 plications and when and how to obtain medical
16 attention;
17 “(H) provide eligible individuals with
18 postpartum health services, including family
19 planning services;
20 “(I) track and report birth outcomes of
21 such eligible individuals and their children; and
22 “(J) ensure that care is patient-led, includ-
23 ing by engaging eligible individuals in their own
24 care, including through communication and
25 education.

1 "(h) TERM OF DEMONSTRATION PROJECT.—The
2 Secretary shall conduct the demonstration project for a
3 period of 5 years.

4 "(i) WAIVER AUTHORITY.—To the extent that the
5 Secretary determines necessary in order to carry out the
6 demonstration project, the Secretary may waive section
7 1902(a)(1) (relating to statewideness) and section
8 1902(a)(10)(B) (relating to comparability).

9 "(j) TECHNICAL ASSISTANCE.—The Secretary shall
10 establish a process to provide technical assistance to
11 States that are awarded grants under this section and to
12 eligible entities and other providers participating in a
13 State maternity care home model funded by such a grant.

14 "(k) REPORT.—

15 "(1) IN GENERAL.—Not later than 18 months
16 after the date of the enactment of this section and
17 annually thereafter for each year of the demonstra-
18 tion project term, the Secretary shall submit a re-
19 port to Congress on the results of the demonstration
20 project.

21 "(2) FINAL REPORT.—As part of the final re-
22 port required under paragraph (1), the Secretary
23 shall include—

1 "(A) the results of the final report of the
2 national external entity required under sub-
3 section (f)(3)(B)(ii); and
4 "(B) recommendations on whether the
5 model studied in the demonstration project
6 should be continued or more widely adopted, in-
7 cluding by private health plans.
8 "(l) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to the Secretary, for
10 each of fiscal years 2019 through 2026, such sums as may
11 be necessary to carry out this section.".
12 **SEC. 4. REAPPLICATION OF MEDICARE PAYMENT RATE**
13 **FLOOR TO PRIMARY CARE SERVICES FUR-**
14 **NISHED UNDER MEDICAID AND INCLUSION**
15 **OF ADDITIONAL PROVIDERS.**
16 (a) REAPPLICATION OF PAYMENT FLOOR; ADDI-
17 TIONAL PROVIDERS.—
18 (1) IN GENERAL.—Section 1902(a)(13) of the
19 Social Security Act (42 U.S.C. 1396a(a)(13)) is
20 amended—
21 (A) in subparagraph (B), by striking ";
22 and" and inserting a semicolon;
23 (B) in subparagraph (C), by striking the
24 semicolon and inserting "; and"; and

1 (C) by adding at the end the following new
2 subparagraph:
3 ''(D) payment for primary care services (as
4 defined in subsection (jj)(1)) furnished in the
5 period that begins on the first day of the first
6 month that begins after the date of enactment
7 of the Maximizing Outcomes for Moms through
8 Medicaid Improvement and Enhancement of
9 Services Act by a provider described in sub-
10 section (jj)(2)—
11 ''(i) at a rate that is not less than 100
12 percent of the payment rate that applies to
13 such services and the provider of such
14 services under part B of title XVIII (or, if
15 greater, the payment rate that would be
16 applicable under such part if the conver-
17 sion factor under section 1848(d) for the
18 year were the conversion factor under such
19 section for 2009);
20 ''(ii) in the case of items and services
21 that are not items and services provided
22 under such part, at a rate to be established
23 by the Secretary; and
24 ''(iii) in the case of items and services
25 that are furnished in rural areas (as de-

1 fined in section 1886(d)(2)(D)), health
2 professional shortage areas (as defined in
3 section 332(a)(1)(A) of the Public Health
4 Service Act (42 U.S.C. 254e(a)(1)(A))), or
5 medically underserved areas (according to
6 a designation under section 330(b)(3)(A)
7 of the Public Health Service Act (42
8 U.S.C. 254b(b)(3)(A))), at the rate other-
9 wise applicable to such items or services
10 under clause (i) or (ii) increased, at the
11 Secretary's discretion, by not more than 25
12 percent;''.
13 (2) CONFORMING AMENDMENTS.—
14 (A) Section 1902(a)(13)(C) of the Social
15 Security Act (42 U.S.C. 1396a(a)(13)(C)) is
16 amended by striking ''subsection (jj)'' and in-
17 serting ''subsection (jj)(1)''.
18 (B) Section 1905(dd) of the Social Secu-
19 rity Act (42 U.S.C. 1396d(dd)) is amended—
20 (i) by striking ''Notwithstanding'' and
21 inserting the following:
22 ''(1) IN GENERAL.—Notwithstanding'';
23 (ii) by striking ''section
24 1902(a)(13)(C)'' and inserting ''subpara-
25 graph (C) of section 1902(a)(13)'';

1 (iii) by inserting "or for services de-
2 scribed in subparagraph (D) of section
3 1902(a)(13) furnished during an additional
4 period specified in paragraph (2)," after
5 "2015,";
6 (iv) by striking "under such section"
7 and inserting "under subparagraph (C) or
8 (D) of section 1902(a)(13), as applicable";
9 and
10 (v) by adding at the end the following:
11 "(2) ADDITIONAL PERIODS.—For purposes of
12 paragraph (1), the following are additional periods:
13 "(A) The period that begins on the first
14 day of the first month that begins after the
15 date of enactment of the Maximizing Outcomes
16 for Moms through Medicaid Improvement and
17 Enhancement of Services Act.".
18 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-
19 tion 1902(jj) of the Social Security Act (42 U.S.C.
20 1396a(jj)) is amended—
21 (1) by redesignating paragraphs (1) and (2) as
22 clauses (i) and (ii), respectively and realigning the
23 left margins accordingly;
24 (2) by striking "For purposes of subsection
25 (a)(13)(C)" and inserting the following:

1 "(1) IN GENERAL.—
2 "(A) DEFINITION.—For purposes of sub-
3 paragraphs (C) and (D) of subsection (a)(13)";
4 and
5 (3) by inserting after clause (ii) (as so redesig-
6 nated) the following:
7 "(B) EXCLUSIONS.—Such term does not
8 include any services described in subparagraph
9 (A) or (B) of paragraph (1) if such services are
10 provided in an emergency department of a hos-
11 pital.
12 "(2) ADDITIONAL PROVIDERS.—For purposes
13 of subparagraph (D) of subsection (a)(13), a pro-
14 vider described in this paragraph is any of the fol-
15 lowing:
16 "(A) A physician with a primary specialty
17 designation of family medicine, general internal
18 medicine, or pediatric medicine, or obstetrics
19 and gynecology.
20 "(B) An advanced practice clinician, as de-
21 fined by the Secretary, that works under the
22 supervision of—
23 "(i) a physician that satisfies the cri-
24 teria specified in subparagraph (A);

1 "(ii) a nurse practitioner or a physi-
2 cian assistant (as such terms are defined
3 in section 1861(aa)(5)(A)) who is working
4 in accordance with State law; or
5 "(iii) or a certified nurse-midwife (as
6 defined in section 1861(gg)) who is work-
7 ing in accordance with State law.
8 "(C) A rural health clinic, Federally-quali-
9 fied health center, or other health clinic that re-
10 ceives reimbursement on a fee schedule applica-
11 ble to a physician.
12 "(D) An advanced practice clinician super-
13 vised by a physician described in subparagraph
14 (A), another advanced practice clinician, or a
15 certified nurse-midwife.".
16 (c) ENSURING PAYMENT BY MANAGED CARE ENTI-
17 TIES.—
18 (1) IN GENERAL.—Section 1903(m)(2)(A) of
19 the Social Security Act (42 U.S.C. 1396b(m)(2)(A))
20 is amended—
21 (A) in clause (xii), by striking "and" after
22 the semicolon;
23 (B) by realigning the left margin of clause
24 (xiii) so as to align with the left margin of

1 clause (xii) and by striking the period at the
2 end of clause (xiii) and inserting "; and"; and
3 (C) by inserting after clause (xiii) the fol-
4 lowing:
5 "(xiv) such contract provides that (I) payments
6 to providers specified in section 1902(a)(13)(D) for
7 primary care services defined in section 1902(jj)
8 that are furnished during a year or period specified
9 in section 1902(a)(13)(D) and section 1905(dd) are
10 at least equal to the amounts set forth and required
11 by the Secretary by regulation, (II) the entity shall,
12 upon request, provide documentation to the State,
13 sufficient to enable the State and the Secretary to
14 ensure compliance with subclause (I), and (III) the
15 Secretary shall approve payments described in sub-
16 clause (I) that are furnished through an agreed
17 upon capitation, partial capitation, or other value-
18 based payment arrangement if the capitation, partial
19 capitation, or other value-based payment arrange-
20 ment is based on a reasonable methodology and the
21 entity provides documentation to the State sufficient
22 to enable the State and the Secretary to ensure com-
23 pliance with subclause (I).".

1 (2) CONFORMING AMENDMENT.—Section
2 1932(f) of the Social Security Act (42 U.S.C.
3 1396u–2(f)) is amended—
4 (A) by striking ''section 1902(a)(13)(C)''
5 and inserting ''subsections (C) and (D) of sec-
6 tion 1902(a)(13)''; and
7 (B) by inserting ''and clause (xiv) of sec-
8 tion 1903(m)(2)(A)'' before the period.

9 **SEC. 5. MACPAC REPORT AND CMS GUIDANCE ON INCREAS-**
10 **ING ACCESS TO DOULA CARE FOR MEDICAID**
11 **BENEFICIARIES.**

12 (a) MACPAC REPORT.—
13 (1) IN GENERAL.—Not later than 1 year after
14 the date of the enactment of this Act, the Medicaid
15 and CHIP Payment and Access Commission (re-
16 ferred to in this section as ''MACPAC'') shall pub-
17 lish a report on the coverage of doula care under
18 State Medicaid programs, which shall at a minimum
19 include the following:
20 (A) Information about coverage for doula
21 care under State Medicaid programs that cur-
22 rently provide coverage for such care, including
23 the type of doula care offered (such as prenatal,
24 labor and delivery, and postpartum care).

1 (B) An analysis of barriers to covering
2 doula care under State Medicaid programs.
3 (C) An identification of effective strategies
4 to increase the use of doula care in order to
5 provide better care and achieve better maternal
6 and infant health outcomes.
7 (D) Recommendations for legislative and
8 administrative actions to increase access to
9 doula care in State Medicaid programs.
10 (2) STAKEHOLDER CONSULTATION.—In devel-
11 oping the report required under paragraph (1),
12 MACPAC shall consult with relevant stakeholders,
13 including—
14 (A) States;
15 (B) organizations representing consumers,
16 including those that are disproportionately im-
17 pacted by poor maternal health outcomes;
18 (C) organizations and individuals rep-
19 resenting doula care providers, including those
20 who serve underserved communities; and
21 (D) organizations representing health care
22 providers.
23 (b) CMS GUIDANCE.—
24 (1) IN GENERAL.—Not later than 1 year after
25 the date that MACPAC publishes the report re-

1 quired under subsection (a)(1), the Administrator of
2 the Centers for Medicare & Medicaid Services shall
3 issue guidance to States on increasing access to
4 doula care under Medicaid. Such guidance shall at
5 a minimum include—

6 (A) options for States to provide medical
7 assistance for doula care services under State
8 Medicaid programs;

9 (B) best practices for ensuring that doulas
10 receive reimbursement for doula care services
11 provided under a State Medicaid program,
12 which may include allowing organizations such
13 as doula collectives to receive reimbursement di-
14 rectly for doula care services provided under the
15 State Medicaid program; and

16 (C) best practices for increasing access to
17 doula care services under State Medicaid pro-
18 grams.

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

24 (A) State Medicaid officials;

(B) organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;

(C) organizations representing doula care providers, including those who serve underserved communities; and

(D) organizations representing health care professionals.

SEC. 6. GAO REPORT ON STATE MEDICAID PROGRAMS' USE OF TELEMEDICINE TO INCREASE ACCESS TO MATERNITY CARE.

Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit a report to Congress on State Medicaid programs' use of telemedicine to increase access to maternity care. Such report shall include the following:

(1) The number of State Medicaid programs that utilize telemedicine to increase access to maternity care.

(2) With respect to State Medicaid programs that utilize telemedicine to increase access to maternity care, information about—

(A) common characteristics of such programs' approaches to utilizing telemedicine to increase access to maternity care; and

(B) what is known about—

(i) the demographic characteristics of the individuals enrolled in such programs who use telemedicine to access maternity care;

(ii) health outcomes for such individuals as compared to individuals with similar characteristics who did not use telemedicine to access maternity care;

(iii) the services provided to individuals through telemedicine, including family planning services;

(iv) the quality of maternity care provided through telemedicine, including whether maternity care provided through telemedicine is culturally competent;

(v) the level of patient satisfaction with maternity care provided through telemedicine to individuals enrolled in State Medicaid programs; and

(vi) the impact of utilizing telemedicine to increase access to maternity care on spending, cost savings, access to care, and utilization of care under State Medicaid programs.

1 (3) An identification and analysis of the bar-
2 riers to using telemedicine to increase access to ma-
3 ternity care under State Medicaid programs.
4 (4) Recommendations for such legislative and
5 administrative actions related to increasing access to
6 telemedicine maternity services under Medicaid as
7 the Comptroller General deems appropriate.

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