

118TH CONGRESS
2D SESSION

S. 4304

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.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2024

Ms. WARREN (for herself, Mr. BOOKER, Mr. CASEY, Mr. PADILLA, Ms. DUCKWORTH, Mr. SANDERS, Mr. HEINRICH, and Mr. BLUMENTHAL) introduced the following bill; which was read twice and referred to the Committee on Finance

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-

1 ies drastically for women by race and ethnicity. On
2 average, there are 26.6 deaths per 100,000 live
3 births for White women, 69.9 deaths per 100,000
4 live births for Black women, 49.2 deaths for Amer-
5 ican Indian and Alaskan Native women, and 28
6 deaths per 100,000 live births for Hispanic women.
7 While maternal mortality disparately impacts Black
8 women and indigenous women, this urgent public
9 health crisis traverses race, ethnicity, socioeconomic
10 status, educational 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) Four out of five of these maternal deaths
15 are likely 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, birth cen-
 3 ters, clinics, or 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 (31), by striking “and”
 10 at the end;

11 (B) by redesignating paragraph (32) as
 12 paragraph (33); and

13 (C) by inserting after paragraph (31) the
 14 following new paragraph:

15 “(32) services and care, including prenatal, de-
 16 livery, and postpartum care, that is provided in a
 17 culturally congruent manner by doulas, midwives,
 18 and tribal midwives (as those terms are defined in
 19 subsection (kk)), that is provided in the home, com-
 20 munity, a hospital, birth center, clinic, health unit,
 21 or is furnished via telehealth to the extent author-
 22 ized under State law; and”;

23 (2) by adding at the end the following:

24 “(kk) DOULAS, MIDWIVES, AND TRIBAL MIDWIFE
 25 DEFINED.—For purposes of subsection (a)(32):

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

3 “(A)(i) has completed 60 hours of
4 foundational training;

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

13 “(iii) maintains such certification by com-
14 pleting such required continuing education;

15 “(B) has received three letters of rec-
16 ommendation from former clients in the past 5
17 years; or

18 “(C) is already authorized to serve within
19 the individual’s State.

20 “(2) MIDWIVES DEFINED.—The term ‘midwife’
21 means a midwife who meets at a minimum the inter-
22 national definition of the midwife and global stand-
23 ards for midwifery education as established by the
24 International Confederation of Midwives.

1 “(3) TRIBAL MIDWIFE DEFINED.—The term
2 ‘tribal midwife’ means an individual who is recog-
3 nized by an Indian tribe (as defined in section 4 of
4 the Indian Health Care Improvement Act (25 U.S.C.
5 1603)) to practice midwifery for such 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 (30)” and
10 inserting “(30), and (32)”.

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, 2024.

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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