

118TH CONGRESS
2D SESSION

S. _____

To amend titles XIX and XXI of the Social Security Act to enhance financial support for rural and safety net hospitals providing maternity, labor, and delivery services to vulnerable populations, and for other purposes.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To amend titles XIX and XXI of the Social Security Act to enhance financial support for rural and safety net hospitals providing maternity, labor, and delivery services to vulnerable populations, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Keeping Obstetrics Local Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—ENHANCING FINANCIAL SUPPORT FOR RURAL AND
SAFETY NET HOSPITALS THAT PROVIDE OBSTETRIC SERVICES

- Sec. 101. Study and report on costs of providing maternity, labor, and delivery services.
- Sec. 102. Requiring adequate payment rates under Medicaid for maternity, labor, and delivery services at eligible hospitals.
- Sec. 103. Increased Federal financial participation for maternity, labor, and delivery services furnished by eligible hospitals.
- Sec. 104. Maternity services anchor payments.
- Sec. 105. Application of adequate payment requirement and increased Federal financial participation requirements to CHIP.

TITLE II—EXPAND COVERAGE OF MATERNAL HEALTH CARE

- Sec. 201. Requiring 12-month continuous coverage of full benefits for pregnant and postpartum individuals under Medicaid and CHIP.
- Sec. 202. Health homes for pregnant and postpartum women.
- Sec. 203. Guidance on supporting and improving access to Medicaid and CHIP coverage of services provided by doulas and certain maternal health professionals.
- Sec. 204. Medicaid and CHIP increased financial support for depression and anxiety screening during the perinatal and postpartum periods.

TITLE III—INVEST IN THE MATERNAL HEALTH CARE
WORKFORCE

- Sec. 301. Emergency Obstetric Workforce Support.
- Sec. 302. Streamlined screening and enrollment of providers of maternity, labor, and delivery services in neighboring States.

TITLE IV—REQUIRING PUBLIC COMMUNICATION OF OBSTETRICS
DATA AND UNIT CLOSURES

- Sec. 401. Timely notifications of impending hospital obstetric unit closures.
- Sec. 402. Collection of data relating to hospital obstetric units.

1 **TITLE I—ENHANCING FINAN-**
2 **CIAL SUPPORT FOR RURAL**
3 **AND SAFETY NET HOSPITALS**
4 **THAT PROVIDE OBSTETRIC**
5 **SERVICES**

6 **SEC. 101. STUDY AND REPORT ON COSTS OF PROVIDING**
7 **MATERNITY, LABOR, AND DELIVERY SERV-**
8 **ICES.**

9 (a) STATE STUDY.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this Act, each State receiv-
3 ing payment under the Medicaid program under title
4 XIX of the Social Security Act (42 U.S.C. 1396 et
5 seq.) shall conduct a study on the costs of providing
6 maternity, labor, and delivery services in hospitals
7 and submit to the Secretary of Health and Human
8 Services (referred to in this section as the “Sec-
9 retary”) a report detailing the results of such study
10 that includes the information described in paragraph
11 (2).

12 (2) STATE STUDY REQUIREMENTS.—The report
13 required by paragraph (1) shall include the following
14 information with respect to maternity, labor, and de-
15 livery services furnished by hospitals located in the
16 State:

17 (A) A representative sample of the cost of
18 providing maternity, labor, and delivery services
19 in rural areas at hospitals for which more than
20 50 percent of births are financed by the Med-
21 icaid program or the Children’s Health Insur-
22 ance Program, including the expenditures each
23 hospital incurred for providing such services
24 during the 2 most recent years for which data
25 is available.

1 (B) To the extent data allows, an evalua-
2 tion, segregated by geographic location and hos-
3 pital size, analyzing the extent to which such
4 factors affect the cost of providing maternity,
5 labor, and delivery services at hospitals, includ-
6 ing the cost of hospital services that support
7 the provision of maternity, labor, and delivery
8 services.

9 (C) The amount of reimbursement for ma-
10 ternity, labor, and delivery services, segregated
11 by geographic location and hospital size, pro-
12 vided under Medicare, the State Medicaid pro-
13 gram, the State CHIP plan, and private health
14 insurance, the last three of which should in-
15 clude, as applicable, reimbursement amounts
16 for such services under fee-for-service payments
17 and under managed care;

18 [(D) A comparative payment rate review
19 for maternity, labor, and delivery services of
20 Medicaid payment rates to payment rates under
21 other Federally-funded or State-funded pro-
22 grams (including, as practical, Medicaid man-
23 aged care rates) and to the payment rates of
24 private health insurers within geographic areas
25 of the State as described in section

1 447.203(b)(3) of title 42, Code of Federal Reg-
2 ulations (or a successor regulation), including
3 an analysis of different payment methods for
4 such services, such as the use of bundled pay-
5 ments, quality incentives, and low-volume ad-
6 justments.】

7 (E) An evaluation of whether each hospital
8 located in the State that furnishes maternity,
9 labor, and delivery services is expected to expe-
10 rience in the next 【3 to 5】 years—

11 (i) significant changes in particular
12 expenditures or types of reimbursement for
13 maternity, labor, and delivery services; or

14 (ii) any other significant change that
15 is likely to affect the hospital’s ability to
16 continue to provide such services.

17 (b) HHS REPORT 【AND PROPOSED LEGISLA-
18 TION】.—Not later than 2 years after the date of enact-
19 ment of this Act, the Secretary shall submit to Congress
20 and make publicly available a report analyzing the infor-
21 mation submitted by States under subsection (a) that in-
22 cludes—

23 (1) recommendations for improving data collec-
24 tion on the costs of providing maternity, labor, and
25 delivery services;

1 (2) guidance to States on the collection of such
2 data; and

3 (3) if the Secretary determines it appropriate
4 based on the findings made by the Secretary in such
5 report, proposed legislation adjusting the payment
6 rate that State Medicaid plans are required to pay
7 for maternity, labor, and delivery services provided
8 in an eligible hospital under subparagraph (D) of
9 section 1902(a)(13) of the Social Security Act (42
10 U.S.C. 1396a(a)(13)), as added by section 102(a),
11 to more accurately compensate such hospitals for the
12 costs of providing such services.

13 **SEC. 102. REQUIRING ADEQUATE PAYMENT RATES UNDER**
14 **MEDICAID FOR MATERNITY, LABOR, AND DE-**
15 **LIVERY SERVICES AT ELIGIBLE HOSPITALS.**

16 (a) **FEE-FOR-SERVICE PAYMENTS.**—Section 1902 of
17 the Social Security Act (42 U.S.C. 1396a) is amended—

18 (1) in subsection (a)(13)—

19 (A) by striking “and” at the end of sub-
20 paragraph (B);

21 (B) by adding “and” at the end of sub-
22 paragraph (C); and

23 (C) by adding at the end the following new
24 subparagraph:

1 “(D) payment for maternity, labor, and de-
2 livery services (as defined in subsection (uu))
3 furnished **【after 2025】** in an eligible hospital
4 (as defined in such subsection) at a rate not
5 less than **【150】** percent of the payment rate
6 that applies to such services under title
7 XVIII;”;

8 (2) by adding at the end the following new sub-
9 section:

10 “(uu) MATERNITY, LABOR, AND DELIVERY SERV-
11 ICES AND ELIGIBLE HOSPITALS DEFINED.—For purposes
12 of subsection (a)(13)(D)—

13 “(1) MATERNITY, LABOR, AND DELIVERY SERV-
14 ICES.—

15 “(A) IN GENERAL.—The term ‘maternity,
16 labor, and delivery services’ means such inpa-
17 tient and outpatient services related to mater-
18 nity care, or labor and delivery, identified by
19 appropriate ICD and CPT codes, as the Sec-
20 retary shall specify.

21 **【“(B) RULEMAKING.—Not later than**
22 **【July 1, 2025】**, the Secretary shall issue an in-
23 **terim final rule specifying such services.】**

1 “(2) ELIGIBLE HOSPITAL.—The term ‘eligible
2 hospital’ means, with respect to a State and fiscal
3 year—

4 “(A) a hospital that is located in a rural
5 area (as defined by the Federal Office of Rural
6 Health Policy for the purpose of rural health
7 grant programs administered by such Office);

8 “(B) a hospital for which, in the **【**most re-
9 cently ended fiscal year**】**, at least **【50】** percent
10 of all births for which the hospital provided ma-
11 ternity, labor, and delivery services during such
12 fiscal year were qualifying births; or

13 “(C) a hospital that is able to demonstrate,
14 through a process to be determined by the Sec-
15 retary, that, for the applicable fiscal year, the
16 hospital projects that at least **【50】** percent of
17 all births for which the hospital will provide ma-
18 ternity, labor, and delivery services during such
19 fiscal year will be qualifying births.

20 **【“(3) QUALIFYING BIRTH.—For purposes of**
21 paragraph (2), the term ‘qualifying birth’ means a
22 birth for which any maternity, labor, and delivery
23 services associated with the birth—**】**

24 “(A) were paid for under a State plan
25 under this title (or under a waiver of such a

1 plan) or under a State child health plan under
2 title XXI (or under a waiver of such a plan);

3 “(B) were paid for under title XVIII;

4 “(C) were paid for by the Indian Health
5 Service or a Native Hawaiian health care sys-
6 tem (as defined in section 12 of the Native Ha-
7 waiian Health Care Improvement Act); or

8 “(D) were provided to a patient who does
9 not have minimum essential coverage (as de-
10 fined in section 5000A(f) of the Internal Rev-
11 enue Code of 1986) and were not **fully** paid
12 for by such patient.”.

13 (b) UNDER MEDICAID MANAGED CARE PLANS.—
14 Section 1932(f) of the Social Security Act (42 U.S.C.
15 1396u–2(f)) is amended—

16 (1) in the heading, by inserting “AND MATER-
17 NITY, LABOR, AND DELIVERY SERVICES AT ELIGI-
18 BLE HOSPITALS” after “SERVICES”; and

19 (2) by striking “described in section
20 1902(a)(13)(C)” and inserting “described in sub-
21 paragraph (C) of section 1902(a)(13) or maternity,
22 labor, and delivery services described in subpara-
23 graph (D) of such section that are furnished by an
24 eligible hospital (as defined in section 1905(uu))”.

1 **SEC. 103. INCREASED FEDERAL FINANCIAL PARTICIPATION**
2 **FOR MATERNITY, LABOR, AND DELIVERY**
3 **SERVICES FURNISHED BY ELIGIBLE HOS-**
4 **PITALS.**

5 Section 1905 of the Social Security Act (42 U.S.C.
6 1396d) is amended—

7 (1) in subsection (b), by striking “and (ii)” and
8 inserting “(ii), and (kk)”; and

9 (2) by adding at the end the following new sub-
10 section:

11 “(kk) MATERNITY, LABOR, AND DELIVERY SERV-
12 ICES.—

13 “(1) IN GENERAL.—Notwithstanding subsection
14 (b), with respect to State expenditures for medical
15 assistance for maternity, labor, and delivery services
16 furnished by an eligible hospital (as such terms are
17 defined in section 1902(uu)) in a fiscal quarter that
18 begins on or after **【January 1, 2026】**,—

19 “(A) the Federal medical assistance per-
20 centage applicable to the enhanced payment
21 rate amount of such expenditures (as deter-
22 mined for the State and quarter under para-
23 graph (2)(A)) shall be equal to 100 percent;
24 and

25 “(B) subject to paragraph (3), the Federal
26 medical assistance percentage applicable to the

1 base payment rate amount of such expenditures
2 (as determined for the State and quarter under
3 paragraph (2)(B)) shall be equal to the en-
4 hanced FMAP determined for the State and
5 quarter under section 2105(b).

6 “(2) DETERMINATION OF ENHANCED PAYMENT
7 RATE AMOUNT AND BASE PAYMENT RATE
8 AMOUNT.—

9 “(A) ENHANCED PAYMENT RATE
10 AMOUNT.—

11 “(i) IN GENERAL.—For purposes of
12 paragraph (1)(A), the enhanced payment
13 rate amount for a State and fiscal quarter
14 is equal to the amount of State expendi-
15 tures for medical assistance for maternity,
16 labor, and delivery services furnished by an
17 eligible hospital (as such terms are defined
18 in section 1902(uu)) in such fiscal quarter
19 that is attributable to the amount by which
20 the minimum payment rate required under
21 section 1902(a)(13)(D) (or, by application,
22 section 1932(f)) exceeds the base payment
23 rate applicable to such services, as deter-
24 mined for the State, quarter, and services
25 under clause (ii).

1 “(ii) BASE PAYMENT RATE.—For pur-
2 poses of clause (i), the base payment rate
3 determined for a State, a fiscal quarter,
4 and maternity, labor, and delivery services
5 (as defined in section 1902(uu)) shall be
6 equal to—

7 “(I) the payment rate applicable
8 to such services under the State plan
9 (or under a waiver of such plan) as of
10 **【January 1, 2024】**; increased by

11 “(II) the percentage increase in
12 the **【medical care component of the**
13 **consumer price index for all urban**
14 **consumers】** from **【January of 2024】**
15 to the month immediately preceding
16 such fiscal quarter.

17 “(B) BASE PAYMENT RATE AMOUNT.—For
18 purposes of paragraph (1)(B), the base pay-
19 ment rate amount for a State and fiscal quarter
20 is equal to the amount by which—

21 “(i) the total amount of State expend-
22 itures for medical assistance for maternity,
23 labor, and delivery services furnished by an
24 eligible hospital (as such terms are defined

1 in section 1902(uu)) in such fiscal quarter;
2 exceeds

3 “(ii) the enhanced payment rate
4 amount determined for the State and fiscal
5 quarter under subparagraph (A).

6 “(3) APPLICATION OF HIGHER MATCH.—Sub-
7 paragraph (B) of paragraph (1) shall not apply in
8 the case of State expenditures described in such sub-
9 paragraph if the application of such subparagraph
10 would result in a lower Federal medical assistance
11 percentage for such expenditures than would other-
12 wise apply without the application of such para-
13 graph.

14 “(4) EXCLUSION OF EXPENDITURES FROM TER-
15 RITORIAL CAPS.—Any payment made to a territory
16 for medical assistance that is subject to the Federal
17 medical assistance percentage specified in paragraph
18 (1)(A) or the enhanced FMAP referred to in para-
19 graph (1)(B) shall not be taken into account for
20 purposes of applying payment limits under sub-
21 sections (f) and (g) of section 1108.”.

22 **SEC. 104. MATERNITY SERVICES ANCHOR PAYMENTS.**

23 (a) STATE REQUIREMENT.—Section 1902(a)(13)(A)
24 of the Social Security Act (42 U.S.C. 1396a(a)(13)(A))
25 is amended—

1 (1) in clause (iii), by striking “and” at the end;

2 (2) in clause (iv), by striking the semicolon at
3 the end and inserting “, and”; and

4 (3) by adding at the end the following new
5 clause:

6 “(v) in the case of hospitals, such
7 rates take into account (in a manner con-
8 sistent with section 1923A) the situation of
9 low volume obstetric hospitals (as such
10 term is defined in such section);”.

11 (b) **REQUIRING LOW VOLUME PAYMENT ADJUST-**
12 **MENTS AND SUPPLEMENTAL PAYMENTS TO LOW VOLUME**
13 **OBSTETRIC HOSPITALS.**—Title XIX of the Social Security
14 Act (42 U.S.C. 1396 et seq.) is amended by inserting the
15 following after section 1923:

16 **“SEC. 1923A. LOW VOLUME PAYMENT ADJUSTMENTS AND**
17 **SUPPLEMENTAL PAYMENTS FOR MATERNITY,**
18 **LABOR, AND DELIVERY SERVICES PROVIDED**
19 **BY LOW VOLUME OBSTETRIC HOSPITALS.**

20 “(a) **IMPLEMENTATION OF REQUIREMENT.**—A State
21 plan under this title shall not be considered to meet the
22 requirement of section 1902(a)(13)(A)(v) (insofar as it re-
23 quires payments to hospitals to take into account the situ-
24 ation of low volume obstetric hospitals), as of **【January**
25 **1, 2026,】** unless the State has submitted to the Secretary,

1 by not later than such date, an amendment to such plan
2 that provides for—

3 “(1) an annual low volume payment adjustment
4 for maternity, labor, and delivery services provided
5 by such hospitals, consistent with subsection (c); and

6 “(2) an annual supplemental payment to such
7 hospitals, consistent with subsection (d).

8 “(b) DEFINITIONS.—In this section:

9 “(1) LOW VOLUME OBSTETRIC HOSPITAL.—The
10 term ‘low volume obstetric hospital’ means, with re-
11 spect to a hospital and a fiscal year, a hospital that
12 is an eligible hospital (as defined in section
13 1902(uu)(2)) and—

14 “(A) in which the average number of
15 births for which the hospital provided mater-
16 nity, labor, and delivery services during the pre-
17 ceeding 3 fiscal years is greater than 30 births
18 per year and less than 300 births per year;

19 “(B) that did not provide maternity, labor,
20 and delivery services in the preceding fiscal
21 year, but in which the average number of births
22 for which the hospital provided maternity,
23 labor, and delivery services during the most re-
24 cent 3 fiscal years in which the hospital pro-
25 vided maternity, labor, and delivery services is

1 greater than 30 births per year and less than
2 300 births per year;

3 “(C) is not described in subparagraphs (A)
4 or (B) but, in the applicable fiscal year, pro-
5 vides maternity, labor, and delivery services for
6 more than 30 births and fewer than 300 births;
7 or

8 “(D) is not described in subparagraphs (A)
9 through (C) but is certified by the State in
10 which the hospital is located as meeting [such
11 criteria as the Secretary shall establish] for
12 identifying hospitals that are essential to meet-
13 ing the needs of an underserved population,
14 such as serving a population with limited
15 English proficiency, serving specific racial or
16 ethnic populations, or other factors.

17 “(2) MATERNITY, LABOR, AND DELIVERY SERV-
18 ICES.—The term ‘maternity, labor, and delivery
19 services’ has the meaning given such term in section
20 1902(uu)(1).

21 “(c) LOW VOLUME PAYMENT ADJUSTMENT.—For
22 each fiscal year beginning with fiscal year [2027], the
23 State shall pay to each hospital that is a low volume ob-
24 stetric hospital for the fiscal year an amount that is equal
25 to 25 percent of the total amount of all payments made

1 to such hospital under the State plan (or a waiver of such
2 plan) (other than under this section) for maternity, labor,
3 and delivery services provided by such hospital during
4 such fiscal year.

5 “(d) SUPPLEMENTAL PAYMENT FOR CERTAIN LOW
6 VOLUME HOSPITALS.—For each fiscal year beginning
7 with fiscal year **【2027】**, the State, not later than **【Decem-**
8 **ber 31 of such fiscal year】**, shall pay to each hospital that
9 is a low volume obstetric hospital described in subpara-
10 graph (A) of subsection (b)(1) for the fiscal year an
11 amount that is equal to the product of—

12 “(1) **【\$3,000,000】**; and

13 “(2) 1 minus the ratio of—

14 “(A) the number of births for which the
15 hospital provided maternity, labor, and delivery
16 services during the most recently ended fiscal
17 year; to

18 “(B) 300.

19 “(e) REQUIREMENTS FOR RECEIPT OF PAYMENTS.—
20 No payment shall be made to a low volume obstetric hos-
21 pital under this section for a fiscal year unless the hospital
22 can satisfy the following requirements:

23 “(1) SKILLS MAINTENANCE AND TRAINING AC-
24 TIVITIES.—The hospital demonstrates **【to the satis-**
25 **faction of the State】** that the hospital conducts

1 skills maintenance and training activities, including
2 continuing education and training to support main-
3 tenance of obstetric skills, that satisfy such require-
4 ments as the Secretary shall specify for the purposes
5 of this section.

6 “(2) CONTINUED PROVISION OF MATERNITY,
7 LABOR, AND DELIVERY SERVICES.—

8 “(A) IN GENERAL.—The hospital and the
9 State enter into a contract under which, in ex-
10 change for such payment under this section, the
11 hospital agrees to continue to provide mater-
12 nity, labor, and delivery services【, at a level
13 that is not less than the level at which the hos-
14 pital provided such services in the fiscal year to
15 which such payment relates,】 for the period
16 that begins with such fiscal year and ends on
17 the last day of the second fiscal year that fol-
18 lows such fiscal year.

19 “(B) RECOVERY OF PAYMENT IN THE
20 EVENT OF BREACH OF CONTRACT BY HOS-
21 PITAL.—The terms of the contract between a
22 hospital and a State required under subpara-
23 graph (A) shall provide that if the hospital does
24 not provide maternity, labor, and delivery serv-
25 ices as required under the contract throughout

1 the period described in such subparagraph for
2 any reason (including in the event of the hos-
3 pital's bankruptcy or closure) the State may re-
4 cover the full amount of the payment under this
5 section to which the contract relates.

6 “(3) REINVESTMENT OF FUNDS IN MATERNITY,
7 LABOR, AND DELIVERY SERVICES.—

8 “(A) IN GENERAL.—The hospital and the
9 State enter into a contract under which, in ex-
10 change for such payment under this section, the
11 hospital agrees to reinvest funds received under
12 such payment into the provision of maternity,
13 labor, and delivery services in the community
14 served by the hospital.

15 “(B) RECOVERY OF PAYMENT IN THE
16 EVENT OF BREACH OF CONTRACT BY HOS-
17 PITAL.—The terms of the contract between a
18 hospital and a State required under subpara-
19 graph (A) shall provide that if the hospital does
20 not reinvest payment funds in maternity, labor,
21 and delivery services as required under the con-
22 tract for any reason (including in the event of
23 the hospital's bankruptcy or closure) the State
24 may recover the full amount of the payment
25 under this section to which the contract relates.

1 “(f) TREATMENT OF PAYMENTS; RECOVERY OF PAY-
2 MENTS.—

3 “(1) IN GENERAL.—Payments made by a State
4 under this section for a fiscal year—

5 “(A) shall be in addition to any other pay-
6 ments made to hospitals for maternity, labor,
7 and delivery services under the State plan (or
8 a waiver of such plan) for the fiscal year, in-
9 cluding disproportionate share hospital pay-
10 ments under section 1923 and other supple-
11 mental payments that are not made under this
12 section; and

13 “(B) shall be treated as medical assistance
14 for which payment is made under section
15 1903(a), except that—

16 “(i) the Federal medical assistance
17 percentage applicable to amounts expended
18 by a State for low volume payment adjust-
19 ments described in subsection (c) shall be
20 equal to **【100 percent】**; and

21 “(ii) the Federal medical assistance
22 percentage applicable to amounts expended
23 by a State for supplemental payments de-
24 scribed in subsection (d) shall be equal to
25 **【the enhanced FMAP determined for the**

1 State and fiscal year under section
2 2105(b)].

3 “(2) PAYMENTS RECOVERED BY A STATE.—If a
4 State recovers any amount of a payment made by a
5 State under this section (whether pursuant to para-
6 graphs (2)(B) or (3)(B) of subsection (e) or other-
7 wise), the amount so recovered shall be treated as an
8 overpayment recovered by the State under section
9 1903(d).”.

10 (c) CONFORMING AMENDMENTS.—Title XIX of the
11 Social Security Act (42 U.S.C. 1396 et seq.) is amended
12 as follows:

13 (1) In section 1903—

14 [(A) in subsection (d)(6)(B)—]

15 [(i) by striking “related to the total
16 amount” and inserting the following: “re-
17 lated to—]

18 [“(i) the total amount”];]

19 [(ii) by striking the period at the end
20 and inserting “; and”; and]

21 [(iii) by adding at the end the fol-
22 lowing new clause:]

23 [“(ii) the total amount of payments made
24 to individual providers (by provider) under sec-
25 tion 1923A during such fiscal year.”; and]

1 (B) in subsection (bb)(2)(B)—

2 (i) in the header, by inserting “AND
3 LOW VOLUME OBSTETRIC HOSPITAL” after
4 “DSH”; and

5 (ii) by inserting “or a payment made
6 to a low volume obstetric hospital under
7 section 1923A” before the period.

8 (2) In section 1905—

9 (A) in subsection (cc), by striking “section
10 1923” the second place it appears and inserting
11 “section 1923 or 1923A”; and

12 (B) in subsection (ii)(2)(A), by inserting
13 “or payments to low volume obstetric hospitals
14 described in section 1923A” before the semi-
15 colon.

16 **[SEC. 105. APPLICATION OF ADEQUATE PAYMENT RE-**
17 **QUIREMENT AND INCREASED FEDERAL FI-**
18 **NANCIAL PARTICIPATION REQUIREMENTS TO**
19 **CHIP.**

20 Section 2107(e)(1) of the Social Security Act (42
21 U.S.C. 1397gg(e)(1)) is amended—**】**

22 **【(1) by redesignating subparagraphs (B)**
23 **through (U) as subparagraphs (C) through (V), re-**
24 **spectively; and】**

1 【(2) by inserting after subparagraph (A) the
2 following new subparagraph:】

3 【“(B) Section 1902(a)(13)(D) and section
4 1905(kk) (relating to the minimum payment
5 rate required for maternity, labor, and delivery
6 services furnished by an eligible hospital and
7 Federal financial participation for State ex-
8 penditures for such services).”】

9 **TITLE II—EXPAND COVERAGE**
10 **OF MATERNAL HEALTH CARE**

11 **SEC. 201. REQUIRING 12-MONTH CONTINUOUS COVERAGE**
12 **OF FULL BENEFITS FOR PREGNANT AND**
13 **POSTPARTUM INDIVIDUALS UNDER MED-**
14 **ICAID AND CHIP.**

15 (a) MEDICAID.—Section 1902 of the Social Security
16 Act (42 U.S.C. 1396a) is amended—

17 (1) in subsection (a)—

18 (A) in paragraph (86), by striking “and”
19 at the end;

20 (B) in paragraph (87), by striking the pe-
21 riod at the end and inserting “; and”; and

22 (C) by inserting after paragraph (87) the
23 following new paragraph:

24 “(88) provide that the State plan is in compli-
25 ance with subsection (e)(16).”; and

1 (2) in subsection (e)(16)—

2 (A) in subparagraph (A), by striking “At
3 the option of the State, the State plan (or waiv-
4 er of such State plan) may provide” and insert-
5 ing “A State plan (or waiver of such State
6 plan) shall provide”;

7 (B) in subparagraph (B), in the matter
8 preceding clause (i), by striking “by a State
9 making an election under this paragraph” and
10 inserting “under a State plan (or a waiver of
11 such State plan)”; and

12 (C) in subparagraph (C)—

13 (i) by striking “A State making an
14 election under this paragraph” and insert-
15 ing “In the case of a State”; and

16 (ii) by striking “shall also make the
17 election” and inserting “the State shall
18 provide coverage”.

19 (b) CHIP.—

20 (1) IN GENERAL.—Subparagraph (K) of section
21 2107(e)(1) of the Social Security Act (42 U.S.C.
22 1397gg(e)(1)), as redesignated by section 105, is
23 amended to read as follows:

24 “(K) Paragraphs (5) and (16) of section
25 1902(e) (relating to the requirement to provide

1 medical assistance under the State plan or
2 waiver consisting of full benefits during preg-
3 nancy and throughout the 12-month
4 postpartum period under title XIX).”.

5 (2) CONFORMING AMENDMENT.—Section
6 2112(d)(2)(A) of the Social Security Act (42 U.S.C.
7 1397ll(d)(2)(A)) is amended by striking “the month
8 in which the 60-day period” and all that follows
9 through “pursuant to section 2107(e)(1),”.

10 (c) EFFECTIVE DATE.—

11 (1) IN GENERAL.—Subject to paragraphs (2)
12 and (3), the amendments made by subsections (a)
13 and (b) shall take effect on the 1st day of the 1st
14 calendar quarter that begins on or after the date
15 that is 1 year after the date of enactment of this
16 Act;

17 (2) EXCEPTION FOR STATE LEGISLATION.—In
18 the case of a State plan under title XIX of the So-
19 cial Security Act or a State child health plan under
20 title XXI of such Act that the Secretary of Health
21 and Human Services determines requires State legis-
22 lation in order for the respective plan to meet any
23 requirement imposed by amendments made by this
24 subsection, the respective plan shall not be regarded
25 as failing to comply with the requirements of such

1 title solely on the basis of its failure to meet such
2 an additional requirement before the 1st day of the
3 1st calendar quarter beginning after the close of the
4 1st regular session of the State legislature that be-
5 gins after the date of enactment of this Act. For
6 purposes of the previous sentence, in the case of a
7 State that has a 2-year legislative session, each year
8 of the session shall be considered to be a separate
9 regular session of the State legislature.

10 (3) STATE OPTION FOR EARLIER EFFECTIVE
11 DATE.—A State may elect to have subsection (e)(16)
12 of section 1902 of the Social Security Act (42
13 U.S.C. 1396a) and subparagraph (K) of section
14 2107(e)(1) of the Social Security Act (42 U.S.C.
15 1397gg(e)(1)), as redesignated by section 105 and
16 amended by subsection (b) of this section, take ef-
17 fect with respect to the State on the 1st day of any
18 fiscal quarter that begins before the date described
19 in paragraph (1) and apply to amounts payable to
20 the State for expenditures for medical assistance,
21 child health assistance, or pregnancy-related assist-
22 ance to pregnant or postpartum individuals fur-
23 nished on or after such day.

1 **SEC. 202. HEALTH HOMES FOR PREGNANT AND**
2 **POSTPARTUM WOMEN.**

3 (a) MEDICAID.—Title XIX of the Social Security Act
4 (42 U.S.C. 1396 et seq.) is amended by inserting after
5 section 1945A the following new section:

6 **“SEC. 1945B. STATE OPTION TO PROVIDE COORDINATED**
7 **CARE THROUGH A HEALTH HOME FOR PREG-**
8 **NANT AND POSTPARTUM INDIVIDUALS.**

9 “(a) STATE OPTION.—

10 “(1) IN GENERAL.—Notwithstanding section
11 1902(a)(1) (relating to statewideness) and section
12 1902(a)(10)(B) (relating to comparability), begin-
13 ning January 1, 2028, a State, at its option as a
14 State plan amendment, may provide for medical as-
15 sistance under this title to an eligible individual who
16 chooses to—

17 “(A) enroll in a maternity health home
18 under this section by selecting a designated pro-
19 vider, a team of health care professionals oper-
20 ating with such a provider, or a health team as
21 the individual’s maternity health home for pur-
22 poses of providing the individual with preg-
23 nancy and postpartum coordinated care serv-
24 ices; or

25 “(B) receive such services from a des-
26 igned provider, a team of health care profes-

1 sionals operating with such a provider, or a
2 health team that has voluntarily opted to par-
3 ticipate in a maternity health home for eligible
4 individuals under this section.

5 “(2) ELIGIBLE INDIVIDUAL DEFINED.—In this
6 section, the term ‘eligible individual’ means an indi-
7 vidual—

8 “(A) who is eligible for medical assistance
9 under the State plan (or under a waiver of such
10 plan) for all items and services covered under
11 the State plan (or under a waiver of such plan);

12 “(B) who is not enrolled in a health home
13 under section 1945 or 1945A; and

14 “(C) who—

15 “(i) is pregnant; or

16 “(ii) had a pregnancy end within the
17 last 365 days.

18 “(b) QUALIFICATION STANDARDS.—The Secretary
19 shall establish standards for qualification as a maternity
20 health home or as a designated provider, a team of health
21 care professionals operating with such a provider, or a
22 health team eligible for participation in a maternity health
23 home for purposes of this section. In establishing such
24 standards, the Secretary shall consider best practices and
25 models of care used by recipients of grants under section

1 330P of the Public Health Service Act. Such standards
2 shall include requiring a designated provider, a team of
3 health care professionals operating with such a provider,
4 and a health team designated as a maternity health home
5 to demonstrate to the State the ability to do the following:

6 “(1) Coordinate prompt care and access to nec-
7 essary maternity care services, including services
8 provided by specialists, and programs for an eligible
9 individual during the individual’s pregnancy and the
10 365-day period beginning on the last day of such
11 pregnancy.

12 “(2) Develop an individualized, comprehensive,
13 patient-centered care plan for each eligible individual
14 that accommodates patient preferences and, if appli-
15 cable, reflects adjustments to the payment method-
16 ology described in subsection (c)(2)(B).

17 “(3) Develop and incorporate into each eligible
18 individual’s care plan, in a culturally and linguis-
19 tically appropriate manner consistent with the needs
20 of the eligible individual, ongoing home care, com-
21 munity-based primary care, inpatient care, social
22 support services, health-related social needs services,
23 behavioral health services, local hospital emergency
24 care, and, in the event of a change in income that
25 would result in the eligible individual losing eligi-

1 bility for medical assistance under the State plan (or
2 under a waiver of such plan), care management and
3 planning related to a change in the eligible individ-
4 ual’s health insurance coverage.

5 “(4) Coordinate with pediatric care providers,
6 as appropriate.

7 “(5) Collect and report information under sub-
8 section (f)(1).

9 “(c) PAYMENTS.—

10 “(1) IN GENERAL.—A State shall provide a des-
11 ignated provider, a team of health care professionals
12 operating with such a provider, or a health team
13 designated as a maternity health home with pay-
14 ments for the provision of health home services to
15 each eligible individual that selects such provider,
16 team of health care professionals, or health team as
17 the eligible individual’s health home. Payments made
18 to a designated provider, a team of health care pro-
19 fessionals operating with such a provider, or a health
20 team for such services shall be treated as medical
21 assistance for purposes of section 1903(a), except
22 that, during the first 8 fiscal year quarters that the
23 State plan amendment is in effect, the Federal med-
24 ical assistance percentage applicable to such pay-
25 ments shall be equal to 90 percent.

1 “(ii) the severity of the risks associ-
2 ated with the individual’s postpartum
3 health care needs; and

4 “(iii) the level or amount of time of
5 care coordination required with respect to
6 the individual; and

7 “(C) shall be established consistent with
8 section 1902(a)(30)(A).

9 “(d) COORDINATING CARE.—

10 “(1) HOSPITAL NOTIFICATION.—A State with a
11 State plan amendment approved under this section
12 shall require each hospital that is a participating
13 provider under the State plan (or under a waiver of
14 such plan) to establish procedures in the case of an
15 eligible individual who seeks treatment in the emer-
16 gency department of such hospital for—

17 “(A) providing the individual with cul-
18 turally and linguistically appropriate informa-
19 tion on the respective treatment models and op-
20 portunities for the individual to access a mater-
21 nity health home and its associated benefits;
22 and

23 “(B) notifying the maternity health home
24 in which the individual is enrolled, or the des-
25 ignated provider, team of health care profes-

1 sionals operating with such a provider, or
2 health team treating the individual, of the indi-
3 vidual’s treatment in the emergency department
4 and of the protocols for the maternity health
5 home, designated provider, or team to be in-
6 volved in the individual’s emergency care or
7 post-discharge care.

8 “(2) EDUCATION WITH RESPECT TO AVAIL-
9 ABILITY OF A MATERNITY HEALTH HOME.—

10 “(A) IN GENERAL.—In order for a State
11 plan amendment to be approved under this sec-
12 tion, a State shall include in the State plan
13 amendment a description of the State’s process
14 for—

15 “(i) educating providers participating
16 in the State plan (or a waiver of such
17 plan) on the availability of maternity
18 health homes for eligible individuals, in-
19 cluding the process by which such pro-
20 viders can participate in or refer an eligible
21 individual to an approved maternity health
22 home or a designated provider, team of
23 health care professionals operating such a
24 provider, or health team **【**designated as a
25 maternity health home**】**; and

1 “(ii) educating eligible individuals, in
2 a culturally and linguistically appropriate
3 manner, on the availability of maternity
4 health homes.

5 “(B) OUTREACH.—The process established
6 by the State under subparagraph (A) shall in-
7 clude the participation of entities or other pub-
8 lic or private organizations or entities that pro-
9 vide outreach and information on the avail-
10 ability of health care items and services to fami-
11 lies of individuals eligible to receive medical as-
12 sistance under the State plan (or a waiver of
13 such plan).

14 “(3) MENTAL HEALTH COORDINATION.—A
15 State with a State plan amendment approved under
16 this section shall consult and coordinate, as appro-
17 priate, with the Secretary in addressing issues re-
18 garding the prevention, identification, and treatment
19 of mental health conditions and substance use dis-
20 orders among eligible individuals.

21 “(4) SOCIAL AND SUPPORT SERVICES.—A State
22 with a State plan amendment approved under this
23 section shall consult and coordinate, as appropriate,
24 with the Secretary in establishing means to connect
25 eligible individuals receiving pregnancy and

1 postpartum coordinated care services under this sec-
2 tion with social and support services, including serv-
3 ices made available under maternal, infant, and
4 early childhood home visiting programs established
5 under section 511 and services made available under
6 section 330H or title X of the Public Health Service
7 Act.

8 “(5) COORDINATION WITH GRANT PROGRAM
9 FOR INTEGRATED SERVICES FOR PREGNANT AND
10 POSTPARTUM WOMEN.—A State with a State plan
11 amendment approved under this section shall consult
12 and coordinate, as appropriate, with the Secretary
13 with respect to the provision of medical assistance to
14 eligible individuals enrolled in a maternity health
15 home under this section and grantees delivering inte-
16 grated health care services to pregnant and
17 postpartum women under section 330P of the Public
18 Health Service Act (including, if applicable, the
19 State).

20 “(e) MONITORING.—A State shall include in the
21 State plan amendment—

22 “(1) a methodology for tracking reductions in
23 inpatient days and reductions in the total cost of
24 care resulting from improved care coordination and
25 management under this section;

1 “(2) a proposal for use of health information
2 technology in providing an eligible individual with
3 pregnancy and postpartum coordinated care services
4 as specified under this section and improving service
5 delivery and coordination across the care continuum;
6 and

7 “(3) a methodology for tracking prompt and
8 timely access to medically necessary care for eligible
9 individuals from out-of-State providers.

10 “(f) DATA COLLECTION.—

11 “(1) PROVIDER REPORTING REQUIREMENTS.—

12 In order to receive payments from a State under
13 subsection (c), a maternity health home, or a des-
14 ignated provider, a team of health care professionals
15 operating with such a provider, or a health team
16 **【designated as a maternity health home】**, shall re-
17 port to the State, at such time and in such form and
18 manner as may be required by the State, including
19 through a health information exchange or other pub-
20 lic health data sharing entity, the following informa-
21 tion:

22 “(A) With respect to each such designated
23 provider, team of health care professionals oper-
24 ating with such a provider, and health team
25 designated as a maternity health home, the

1 name, National Provider Identification number,
2 address, and specific health care services of-
3 fered to be provided to any eligible individual
4 who has selected such provider, team of health
5 care professionals, or health team as the eligible
6 individual's maternity health home.

7 “(B) Information on all other applicable
8 measures for determining the quality of services
9 provided by such provider, team of health care
10 professionals, or health team.

11 “(C) Information concerning the factors
12 described in paragraph (2)(A)(vi) **【received**
13 **from health risk assessments of eligible individ-**
14 **uals conducted and completed by the designated**
15 **provider, team of health care professionals oper-**
16 **ating with such a provider, or health team des-**
17 **ignated as a maternity health home**】.****

18 “(D) Such other information as the Sec-
19 retary shall specify in guidance.

20 “(2) STATE REPORTING REQUIREMENTS.—

21 “(A) COMPREHENSIVE REPORT.—A State
22 with a State plan amendment approved under
23 this section shall report to the Secretary (and,
24 upon request, to the Medicaid and CHIP Pay-
25 ment and Access Commission), at such time,

1 but at a minimum annually, and in such form
2 and manner determined by the Secretary to be
3 reasonable and minimally burdensome, includ-
4 ing through a health information exchange or
5 other public health data sharing entity, the fol-
6 lowing information:

7 “(i) Information described in para-
8 graph (1).

9 “(ii) The number and, to the extent
10 available and while maintaining all relevant
11 privacy and confidentiality protections,
12 disaggregated demographic information
13 (including information on geography) of el-
14 igible individuals who have enrolled in a
15 maternity health home pursuant to this
16 section.

17 “(iii) The number of maternity health
18 homes in the State **【**designated under this
19 section**】**.

20 “(iv) The medical conditions or fac-
21 tors that contribute to severe maternal
22 morbidity among eligible individuals en-
23 rolled in maternity health homes in the
24 State.

1 “(v) The extent to which such individ-
2 uals receive health care items and services
3 under the State plan before, during, and
4 after an individual’s enrollment in such a
5 maternity health home.

6 “(vi) Where applicable, mortality data
7 and data for the associated causes of death
8 for eligible individuals enrolled in a mater-
9 nity health home under this section, in ac-
10 cordance with subsection (g). For deaths
11 occurring postpartum, such data shall dis-
12 tinguish between deaths occurring up to 42
13 days postpartum and deaths occurring be-
14 tween 43 days to up to 1 year postpartum.
15 Where applicable, data reported under this
16 clause shall be reported alongside com-
17 parable data from a State’s maternal mor-
18 tality review committee, as established in
19 accordance with section 317K(d) of the
20 Public Health Service Act, for purposes of
21 further identifying and comparing state-
22 wide trends in maternal mortality among
23 populations participating in the maternity
24 health home under this section.

1 “(B) IMPLEMENTATION REPORT.—Not
2 later than 18 months after a State has a State
3 plan amendment approved under this section,
4 the State shall submit to the Secretary, and
5 make publicly available on the appropriate
6 State website, a report on how the State is im-
7 plementing the option established under this
8 section, including through any best practices
9 adopted by the State.

10 “(g) CONFIDENTIALITY.—A State with a State plan
11 amendment under this section shall establish confiden-
12 tiality protections for the purposes of subsection (f)(2)(A)
13 to ensure, at a minimum, that there is no disclosure by
14 the State of any identifying information about any specific
15 eligible individual enrolled in a maternity health home or
16 any maternal mortality case, and that all relevant con-
17 fidentiality and privacy protections, including the require-
18 ments under section 1902(a)(7)(A), are maintained.

19 “(h) RULE OF CONSTRUCTION.—Nothing in this sec-
20 tion shall be construed to require—

21 “(1) an eligible individual to enroll in a mater-
22 nity health home under this section; or

23 “(2) a designated provider or health team to
24 act as a maternity health home and provide services
25 in accordance with this section if the provider or

1 health team does not voluntarily agree to act as a
2 maternity health home.

3 “(i) PLANNING GRANTS.—

4 “(1) IN GENERAL.—Beginning January 1,
5 2027, from the amount appropriated under para-
6 graph (2), the Secretary shall award planning grants
7 to States for purposes of developing and submitting
8 a State plan amendment under this section. The
9 Secretary shall award a grant to each State that ap-
10 plies for a grant under this subsection and meets the
11 application criteria established by the Secretary, and
12 the Secretary may determine the amount of the
13 grant based on the merits of the application and the
14 goal of the State to prioritize health outcomes for el-
15 igible individuals. A planning grant awarded to a
16 State under this subsection shall remain available
17 until expended.

18 “(2) APPROPRIATION.—There are authorized to
19 be appropriated to the Secretary \$50,000,000 for
20 fiscal year 2027, for the purposes of making grants
21 under this subsection, to remain available until ex-
22 pended.

23 “(3) LIMITATION.—The total amount of pay-
24 ments made to States under this subsection shall not
25 exceed \$50,000,000.

1 “(j) ADDITIONAL DEFINITIONS.—In this section:

2 “(1) DESIGNATED PROVIDER.—The term ‘des-
3 ignated provider’ means a physician (including an
4 obstetrician-gynecologist or, if applicable, a midwife),
5 hospital, clinical practice or clinical group practice,
6 rural health clinic, community health center, commu-
7 nity mental health center, or any other entity or pro-
8 vider that is determined by the State and approved
9 by the Secretary to be qualified to be a maternity
10 health home on the basis of documentation evidenc-
11 ing that the entity has the systems, expertise, and
12 infrastructure in place to provide pregnancy and
13 postpartum coordinated care services. Such term
14 may include providers who are employed by, or affili-
15 ated with, a hospital.

16 “(2) HEALTH TEAM.—The term ‘health team’
17 has the meaning given such term for purposes of
18 section 3502 of Public Law 111–148. **【SLC Note: Is**
19 *there a regulation or other definition you’d like to cite*
20 *rather than the ACA definition?】*

21 “(3) MATERNITY HEALTH HOME.—The term
22 ‘maternity health home’ means a designated provider
23 (including a provider that operates in coordination
24 with a team of health care professionals) or a health
25 team that is selected by an eligible individual to pro-

1 vide pregnancy and postpartum coordinated care
2 services.

3 “(4) PREGNANCY AND POSTPARTUM COORDI-
4 NATED CARE SERVICES.—

5 “(A) IN GENERAL.—The term ‘pregnancy
6 and postpartum coordinated care services’
7 means items and services related to the coordi-
8 nation of care for comprehensive and timely
9 high-quality, culturally and linguistically appro-
10 priate, services described in subparagraph (B)
11 that are provided by a designated provider, a
12 team of health care professionals operating with
13 such a provider, or a health team designated as
14 a maternity health home.

15 “(B) SERVICES DESCRIBED.—

16 “(i) IN GENERAL.—The services de-
17 scribed in this subparagraph shall include
18 with respect to a State electing the State
19 plan amendment option under this section,
20 any medical assistance for items and serv-
21 ices for which payment is available under
22 the State plan or under a waiver of such
23 plan.

24 “(ii) OTHER ITEMS AND SERVICES.—

25 In addition to medical assistance described

1 in clause (i), the services described in this
2 subparagraph shall include the following:

3 “(I) Any item or service for
4 which medical assistance is otherwise
5 available under the State plan (or a
6 waiver of such plan) related to the
7 treatment of an individual during the
8 individual’s pregnancy and the 1-year
9 period beginning on the last day of
10 such pregnancy, including mental
11 health and substance use disorder
12 services.

13 “(II) Comprehensive care man-
14 agement.

15 “(III) Care coordination (includ-
16 ing with pediatricians as appropriate),
17 health promotion, and providing ac-
18 cess to the full range of maternal, ob-
19 stetric, and gynecologic services, in-
20 cluding services from out-of-State pro-
21 viders.

22 “(IV) Comprehensive transitional
23 care, including appropriate follow-up,
24 from inpatient to other settings.

1 “(V) Patient and family support
2 (including authorized representatives).

3 “(VI) Referrals to community
4 and social support services, if rel-
5 evant.

6 “(VII) Use of health information
7 technology to link services, as feasible
8 and appropriate.

9 “(5) TEAM OF HEALTH CARE PROFES-
10 SIONALS.—The term ‘team of health care profes-
11 sionals’ means a team of health care professionals
12 (as described in the State plan amendment under
13 this section) that may—

14 “(A) include—

15 “(i) physicians, including gynecologist-
16 obstetricians, family physicians, primary
17 care physicians, pediatricians, and other
18 professionals such as physicians assistants,
19 advance practice nurses, including certified
20 nurse midwives, nurses, nurse care coordi-
21 nators, dietitians, nutritionists, social
22 workers, behavioral health professionals,
23 physical counselors, physical therapists, oc-
24 cupational therapists, or any professionals
25 that assist in prenatal care, delivery, or

1 postpartum care for which medical assist-
2 ance is available under the State plan or a
3 waiver of such plan and determined to be
4 appropriate by the State and approved by
5 the Secretary;

6 “(ii) an entity or individual who is
7 designated to coordinate such care deliv-
8 ered by the team; and

9 “(iii) when appropriate and if other-
10 wise eligible to furnish items and services
11 that are reimbursable as medical assist-
12 ance under the State plan or under a waiv-
13 er of such plan, doulas, community health
14 workers, translators and interpreters, and
15 other individuals with culturally appro-
16 priate and trauma-informed expertise; and

17 “(B) provide care at a facility that is free-
18 standing, virtual, or based at a hospital, com-
19 munity health center, community mental health
20 center, rural health clinic, clinical practice or
21 clinical group practice, academic health center,
22 or any entity determined to be appropriate by
23 the State and approved by the Secretary.”.

24 (b) APPLICABILITY TO CHIP.—Section 2107(e)(1) of
25 the Social Security Act (42 U.S.C. 1397gg(e)(1)), as

1 amended by section 105, is amended by adding at the end
2 the following new subparagraph:

3 “(W) Section 1945B (relating to optional
4 health homes for pregnant and postpartum in-
5 dividuals).”.

6 **SEC. 203. GUIDANCE ON SUPPORTING AND IMPROVING AC-**
7 **CESS TO MEDICAID AND CHIP COVERAGE OF**
8 **SERVICES PROVIDED BY DOULAS AND CER-**
9 **TAIN MATERNAL HEALTH PROFESSIONALS.**

10 Not later than 1 year after the date of the enactment
11 of this Act, the Secretary of Health and Human Services
12 shall issue and publish guidance for States concerning op-
13 tions for supporting and improving access to coverage and
14 payment under a State plan under title XIX of the Social
15 Security Act (42 U.S.C. 1396 et seq.) or a waiver of such
16 plan, and under a State child health plan under title XXI
17 of such Act (42 U.S.C. 1397aa et seq.) or under a waiver
18 of such plan, for services provided by doulas, certified
19 nurse midwives, certified midwives, certified professional
20 midwives, and certain maternal health professionals—

- 21 (1) in rural areas;
- 22 (2) across a continuum of care; and
- 23 (3) among varied provider settings and payment
24 and care models, including managed care.

1 **SEC. 204. MEDICAID AND CHIP INCREASED FINANCIAL SUP-**
2 **PORT FOR DEPRESSION AND ANXIETY**
3 **SCREENING DURING THE PERINATAL AND**
4 **POSTPARTUM PERIODS.**

5 (a) **MEDICAID.**—Section 1905 of the Social Security
6 Act (42 U.S.C. 1396d), as amended by section 103, is fur-
7 ther amended—

8 (1) in the first sentence of subsection (b), by
9 striking “subsection (a)(4)(D)” and inserting “sub-
10 sections (a)(4)(D) and (ll)”;

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

12 “(ll) **INCREASED FMAP FOR DEPRESSION AND ANX-**
13 **IETY SCREENING DURING THE PERINATAL AND**
14 **POSTPARTUM PERIODS.**—

15 “(1) **IN GENERAL.**—For purposes of clause (5)
16 of the first sentence of subsection (b), services de-
17 scribed in this subsection are screening services pro-
18 vided to an individual who is eligible for such assist-
19 ance on the basis of being pregnant that include at
20 a minimum—

21 “(A) during the perinatal period, at least
22 1 screening for depression and anxiety symp-
23 toms using a standardized, validated tool; and

24 “(B) during the postpartum period, a full
25 assessment of mood and emotional well-being,
26 including screening for postpartum depression

1 and anxiety, using a standardized, validated
2 tool.

3 “(2) EXCLUSION FROM TERRITORIAL CAPS.—

4 The additional amount paid to a territory for ex-
5 penditures for medical assistance for services de-
6 scribed in paragraph (1) as a result of the applica-
7 tion of clause (5) of the first sentence of subsection
8 (b) shall not be taken into account for purposes of
9 applying payment limits under subsections (f) and
10 (g) of section 1108.”.

11 (b) CHIP.—Section 2105(c) of the Social Security
12 Act (42 U.S.C. 1397ee(c)) is amended by adding at the
13 end the following new paragraph:

14 “(13) ENHANCED PAYMENT FOR DEPRESSION
15 AND ANXIETY SCREENING DURING THE PERINATAL
16 AND POSTPARTUM PERIODS.—Notwithstanding sub-
17 section (b), the enhanced FMAP, with respect to
18 payments under subsection (a) for expenditures
19 under the State child health plan (or a waiver of
20 such plan) shall be increased by 1 percentage point
21 with respect to expenditures for services described in
22 section 1905(ll)(1) that are provided under the plan
23 (or waiver) to an individual who is eligible for such
24 assistance on the basis of being pregnant (including
25 pregnancy-related assistance provided to a targeted

1 low-income pregnant woman (as defined in section
2 2112(d)), pregnancy-related assistance provided to
3 an individual who is eligible for such assistance
4 through application of section 1903(v)(4)(A)(i)
5 under section 2107(e)(1), or any other assistance
6 under the plan (or waiver) provided to an individual
7 who is eligible for such assistance on the basis of
8 being pregnant) during the 305-day period that be-
9 gins on the 60th day after the last day of the indi-
10 vidual’s pregnancy (including any such assistance
11 provided during the month in which such period
12 ends).”.

13 **TITLE III—INVEST IN THE MA-**
14 **TERNAL HEALTH CARE**
15 **WORKFORCE**

16 **SEC. 301. EMERGENCY OBSTETRIC WORKFORCE SUPPORT.**

17 (a) IN GENERAL.—Section 203A of the Public
18 Health Service Act (42 U.S.C. 204a) is amended—

19 (1) in subsection (a)—

20 (A) in paragraph (1), in the matter pre-
21 ceding subparagraph (A), by inserting “and ur-
22 gent maternal health care needs” after “public
23 health care needs”;

1 (B) in paragraph (3), by inserting “or ur-
2 gent maternal health care need” after “public
3 health care need”; and

4 (C) by adding at the end the following:

5 “(6) URGENT MATERNAL HEALTH CARE
6 NEED.—For purposes of this section and section
7 214, the term ‘urgent maternal health care need’,
8 with respect to a community, means a maternal
9 health care need, as determined by the Secretary, in
10 consultation with the Attorney General, arising as a
11 result of the closure of a hospital or other health
12 care facility in such community, or the loss of work-
13 ers employed by such hospital or health care facility
14 who are trained to provide maternal health care
15 services. In determining whether there is an urgent
16 maternal health care need for purposes of this para-
17 graph with respect to a community, the Secretary
18 shall consider whether such closure or loss of work-
19 ers has impacted access by individuals in such com-
20 munity to a full range of maternal health care serv-
21 ices, including prenatal, labor and delivery, and post-
22 natal services.”;

23 (2) in subsection (b)—

1 (A) in paragraph (1), by inserting “or ur-
2 gent maternal health care needs” after “public
3 health care needs”; and

4 (B) in each of paragraphs (2) and (4)(B),
5 by inserting “or urgent maternal health care
6 need” after “public health care need”; and

7 (3) in subsection (c), by inserting “or urgent
8 maternal health care need” after “public health care
9 need”.

10 (b) **DETAIL OF PERSONNEL.**—Section 214 of the
11 Public Health Service Act (42 U.S.C. 215) is amended—

12 (1) by redesignating subsection (e) as sub-
13 section (f);

14 (2) by inserting after subsection (d) the fol-
15 lowing:

16 “(e)(1) Upon the request of any hospital or health
17 care facility the closure or loss of workers of which led
18 to an urgent maternal health care need (as defined in sec-
19 tion 203(a)(6)), personnel may be detailed by the Sec-
20 retary for the purpose of assisting such hospital or health
21 care facility in work related to such urgent maternal
22 health care need.

23 “(2) Personnel detailed under paragraph (1) shall be
24 paid from applicable appropriations of the Service except
25 that, in accordance with regulations, such personnel may

1 be placed on leave without pay and paid by the hospital
2 or health care facility to which they are detailed. In the
3 case of detail of personnel under paragraph (1) to be paid
4 from applicable Service appropriations, the Secretary may
5 condition such detail on an agreement by the hospital or
6 health care facility concerned that such hospital or health
7 care facility concerned shall reimburse the United States
8 for a portion of the amount of such payments made by
9 the Service. The services of personnel while detailed pursu-
10 ant to this subsection shall be considered as having been
11 performed in the Service for purposes of the computation
12 of basic pay, promotion, retirement, compensation for in-
13 jury or death, and the benefits provided by section 212.

14 “(3) The Secretary may condition a detail of per-
15 sonnel under paragraph (1) on an agreement by the hos-
16 pital or health care facility concerned that such hospital
17 or health care facility concerned shall—

18 “(A) in the case of an imminent closure or a
19 loss of workers—

20 “(i) maintain the maternal health care
21 services to the maximum extent practicable, in-
22 cluding by hiring temporary workers, until the
23 date on which the personnel are detailed to
24 such hospital or health care facility concerned;
25 and

1 “(ii) submit to the Secretary a plan for
2 hiring and retaining obstetrics practitioners in
3 the short- and long-term, both during periods in
4 which personnel are detailed to such hospital or
5 health care facility concerned and periods in
6 which personnel are not detailed to such hos-
7 pital or health care facility concerned;

8 “(B) in the case of a closure, submit to the Sec-
9 retary a plan for working with State and local agen-
10 cies and local stakeholders to transition patients to
11 alternate sources of safe maternal health care serv-
12 ices; and

13 “(C) commit to an assessment by the Secretary
14 of the workplace practices of such hospital or health
15 care facility concerned.”; and

16 (3) in subsection (f) (as so redesignated), by in-
17 serting “or an urgent maternal health care need (as
18 defined in section 203A(a)(6))”.

19 (c) FUNDING FOR COMMISSIONED CORPS OF THE
20 PUBLIC HEALTH SERVICE.—Section 203 of the Public
21 Health Service Act (42 U.S.C. 204) is amended by adding
22 at the end the following:

23 “(e) OPERATIONS OF THE COMMISSIONED CORPS OF
24 THE PUBLIC HEALTH SERVICE.—

1 “(1) IN GENERAL.—Subject to regulations pre-
2 scribed by the Secretary, the Deputy Surgeon Gen-
3 eral shall carry out duties and responsibilities relat-
4 ing to the operations of the Commissioned Corps of
5 the Service, including the following:

6 “(A) Enhance the processes and systems
7 of the Commissioned Corps Headquarters.

8 “(B) Maximize the force management,
9 operational capacity, and mission readiness of
10 the Regular Corps, the Ready Reserve Corps,
11 and the Public Health Emergency Response
12 Strike Teams, a subcomponent of the Regular
13 Corps.

14 “(C) Recruit and retain qualified profes-
15 sionals suited to serving underserved and vul-
16 nerable communities by—

17 “(i) enhancing onboarding timelines,
18 providing officer placements to align with
19 agency needs, and incentivizing recruiters
20 and recruits; and

21 “(ii) expanding training opportunities,
22 providing credentialing support for high
23 demand skill sets, and enriching leadership
24 and research potential.

1 “(D) Improve deployment processes and
2 prepare mission teams to execute routine and
3 emergent public health events.

4 “(E) Establish a legislative liaison office to
5 carry out legislative affairs functions under the
6 direction of the Deputy Surgeon General.

7 “(2) AUTHORIZATION OF APPROPRIATIONS.—In
8 addition to amounts otherwise authorized to be ap-
9 propriated for the Commissioned Corps of the Serv-
10 ice, there is authorized to be appropriated to the
11 Deputy Surgeon General to carry out paragraph (1)
12 【\$150,000,000】 for fiscal year 【2025】 and each fis-
13 cal year thereafter.”.

14 **SEC. 302. STREAMLINED SCREENING AND ENROLLMENT OF**
15 **PROVIDERS OF MATERNITY, LABOR, AND DE-**
16 **LIVERY SERVICES IN NEIGHBORING STATES.**

17 (a) APPLICATION TO MEDICAID.—Section 1902(kk)
18 of the Social Security Act (42 U.S.C. 1396a(kk)) is
19 amended by adding at the end the following new para-
20 graph:

21 “(10) STREAMLINED ENROLLMENT PROCESS
22 FOR ELIGIBLE OUT-OF-STATE PROVIDERS OF MA-
23 TERNITY, LABOR, AND DELIVERY SERVICES.—

24 “(A) IN GENERAL.—The State adopts and
25 implements a process that enables an eligible

1 out-of-State provider to enroll as a provider in
2 the State plan without the imposition of addi-
3 tional screening requirements by the State. An
4 eligible out-of-State provider that enrolls in the
5 State plan through such process shall be so en-
6 rolled for a 5-year period (unless the provider
7 is terminated or excluded from participation
8 during such period) and may revalidate such
9 enrollment through such process for subsequent
10 5-year periods.

11 “(B) ELIGIBLE OUT-OF-STATE PRO-
12 VIDER.—In this paragraph, the term ‘eligible
13 out-of-State provider’ means, with respect to a
14 State, a provider—

15 “(i) that furnishes maternity, labor,
16 and delivery services (as defined in sub-
17 section (uu)(1)) for which payment is
18 available under the State plan of the State;

19 “(ii) that is located in a neighboring
20 State (as defined by the Secretary);

21 “(iii) with respect to which the Sec-
22 retary has determined there is a limited
23 risk of fraud, waste, or abuse for purposes
24 of determining the level of screening to be
25 conducted under section 1866(j)(2)(B);

1 “(iv) that has been screened under
2 such section 1866(j)(2)(B) for purposes of
3 enrolling in the Medicare program under
4 title XVIII or the State plan of the State
5 in which such provider is located; and

6 “(v) that has not been excluded from
7 participation in the Medicare program
8 under such title or the Medicaid program
9 under this title.”.

10 (b) CONFORMING AMENDMENTS.—

11 (1) Section 1902(a)(77) of the Social Security
12 Act (42 U.S.C. 1396a(a)(77)) is amended by insert-
13 ing “enrollment,” after “screening,”.

14 (2) Section 1902(kk) of such Act (42 U.S.C.
15 1396a(kk)), as amended by subsection (a), is further
16 amended—

17 (A) in the subsection heading, by inserting
18 “ENROLLMENT,” after “SCREENING,”; and

19 (B) in paragraph (9), by striking “Noth-
20 ing” and inserting “Except as provided in para-
21 graph (10), nothing”.

22 (c) APPLICATION TO CHIP.—Section 2107(e)(1)(G)
23 of such Act (42 U.S.C. 1397gg(e)(1)(G)) is amended by
24 inserting “enrollment,” after “screening,”.

1 (d) GUIDANCE ON SCREENING AND ENROLLING OUT-
2 OF-STATE PROVIDERS OF MATERNITY, LABOR, AND DE-
3 LIVERY SERVICES.—Not later than January 1, 2027, the
4 Secretary of Health and Human Services shall issue (and
5 update as the Secretary determines necessary) guidance
6 to State Medicaid and CHIP directors on best practices
7 for screening and enrolling out-of-State providers of ma-
8 ternity, labor, and delivery services in accordance with
9 paragraph (10) of section 1902(kk) of the Social Security
10 Act (42 U.S.C. 1396a(kk)) and section 2107(e)(1)(G) of
11 such Act (42 U.S.C. 1397gg(e)(1)(G)) (as added and
12 amended by this section) and including best practices for
13 screening and enrolling out-of-State providers in managed
14 care plans.

15 (e) EFFECTIVE DATE.—The amendments made by
16 this section take effect on January 1, 2027.

17 **TITLE IV—REQUIRING PUBLIC**
18 **COMMUNICATION OF OBSTET-**
19 **RICS DATA AND UNIT CLO-**
20 **SURES**

21 **SEC. 401. TIMELY NOTIFICATIONS OF IMPENDING HOS-**
22 **PITAL OBSTETRIC UNIT CLOSURES.**

23 (a) IN GENERAL.—Section 1866(a)(1) of the Social
24 Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

1 (1) in subparagraph (X), by striking “and” at
2 the end;

3 (2) in subparagraph (Y)(ii)(V), by striking the
4 period and inserting “, and”; and

5 (3) by inserting after subparagraph (Y) the fol-
6 lowing new subparagraph:

7 “(Z) beginning 180 days after the date of
8 the enactment of this subparagraph, in the case
9 of a hospital, not less than 90 days prior to the
10 closure of any obstetric unit of the hospital, to
11 submit to the Secretary **and any relevant local**
12 **and State agencies** a notification, which shall
13 include—

14 “(i) a report analyzing the impact the
15 closure will have on the community, **in-**
16 **cluding data on any adverse outcomes and**
17 increase in costs relating to obstetric serv-
18 **ices for such community**”;

19 “(ii) steps the hospital will take to
20 identify other health care providers that
21 can alleviate any service gaps as a result of
22 the closure;

23 “(iii) the cause of the closure of such
24 obstetric unit;

1 “(iv) data regarding historic transpor-
2 tation costs related to obstetric services in
3 such community; and

4 “(v) any additional information as
5 may be required by the Secretary.”.

6 (b) STATE REQUIREMENT TO POST REPORTS.—Sec-
7 tion 1902(a) of the Social Security Act (42 U.S.C.
8 1396a(a)), as amended by section 201(a)(1), is further
9 amended—

10 (1) in paragraph (87), by striking “and” at the
11 end;

12 (2) in paragraph (88), by striking the period at
13 the end and inserting “; and”; and

14 (3) by inserting after paragraph (88) the fol-
15 lowing new paragraph:

16 “(89) provide that the State will make publicly
17 available, on the website of any relevant State agen-
18 cy, any report received by the State from a hospital
19 pursuant to section 1866(a)(1)(Z)(i).”; and

20 **SEC. 402. COLLECTION OF DATA RELATING TO HOSPITAL**
21 **OBSTETRIC UNITS.**

22 Section 1866(a)(1) of the Social Security Act (42
23 U.S.C. 1395cc(a)(1)), as amended by section 401, is
24 amended—

1 “(I) items and services furnished
2 under this title;

3 “(II) services furnished under a
4 State plan under title XIX (or a waiv-
5 er of such a plan); and

6 “(III) **【**items and services fur-
7 nished to individuals without health
8 insurance or other source of third
9 party coverage**】**.”.