

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.

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IN THE SENATE OF THE UNITED STATES

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Mr. WYDEN (for himself, Ms. HASSAN, Ms. STABENOW, Ms. CANTWELL, Mr. CARPER, Mr. CARDIN, Mr. BROWN, Mr. BENNET, Mr. CASEY, Mr. WARNER, Mr. WHITEHOUSE, Ms. CORTEZ MASTO, Ms. WARREN, Mr. HELMY, Ms. DUCKWORTH, Mr. BOOKER, Mr. MERKLEY, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**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”.

1           (b) TABLE OF CONTENTS.—The table of contents for  
2 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. State studies and HHS 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 de-  
livery services furnished by eligible hospitals.

Sec. 104. Labor and delivery services anchor payments.

Sec. 105. Application of adequate payment requirement and increased Federal  
financial participation requirements to CHIP.

Sec. 106. Disregarding increased and additional payments to hospitals for pur-  
poses of other supplemental payments and upper payment lim-  
its.

TITLE II—EXPAND COVERAGE OF MATERNAL HEALTH CARE

Sec. 201. Requiring 12-month continuous, full benefit coverage for pregnant in-  
dividuals 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.

Sec. 205. Presumptive eligibility for pregnant individuals.

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 labor and delivery services.

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

6 **SEC. 101. STATE STUDIES AND HHS REPORT ON COSTS OF**  
7 **PROVIDING MATERNITY, LABOR, AND DELIV-**  
8 **ERY SERVICES.**

9 (a) STATE STUDY.—

10 (1) IN GENERAL.—In order to meet the require-  
11 ment of section 1902(a)(6) of the Social Security  
12 Act (42 U.S.C. 1396a(a)(6)), not later than 1 year  
13 after the date of enactment of this Act, and every  
14 5 years thereafter, each State (as such term is de-  
15 fined in section 1101(a)(1) of the Social Security  
16 Act (42 U.S.C. 1301(a)(1)) for purposes of titles  
17 XIX and XXI of such Act) shall conduct a study on  
18 the costs of providing maternity, labor, and delivery  
19 services in hospitals and submit the results of such  
20 study to the Secretary of Health and Human Serv-  
21 ices (referred to in this section as the “Secretary”).

22 (2) CONTENT OF STUDY.—A State study re-  
23 quired under paragraph (1) shall include the fol-  
24 lowing information with respect to maternity, labor,

1 and delivery services furnished by hospitals located  
2 in the State:

3 (A) An estimate of the cost of providing  
4 maternity, labor, and delivery services at hos-  
5 pitals for which more than 50 percent of births  
6 are financed by the Medicaid program or the  
7 Children's Health Insurance Program, based on  
8 the expenditures a representative sample of  
9 such hospitals incurred for providing such serv-  
10 ices during the 2 most recent years for which  
11 data is available.

12 (B) An estimate of the full cost of pro-  
13 viding maternity, labor, and delivery services at  
14 independent rural hospitals with less than 300  
15 births per year, based on the expenditures a  
16 representative sample of such hospitals incurred  
17 for providing such services during the 2 most  
18 recent years for which data are available.

19 (C) An estimate of the cost of providing  
20 maternity services at hospitals that ceased pro-  
21 viding labor and delivery services within the  
22 past 5 years, based on the expenditures a rep-  
23 resentative sample of such hospitals incurred  
24 for providing such services during the 2 most  
25 recent years for which data is available.

1 (D) To the extent data allows, an analysis  
2 of the extent to which factors such as geo-  
3 graphic location and community population af-  
4 fect the cost of providing maternity, labor, and  
5 delivery services at hospitals, including the cost  
6 of hospital services that support the provision of  
7 maternity, labor, and delivery services.

8 (E) The amounts hospitals are paid for  
9 maternity, labor, and delivery services, by geo-  
10 graphic location and hospital size, under Medi-  
11 care, the State Medicaid program, the State  
12 CHIP plan, and private health insurance, in-  
13 cluding, with respect to the State Medicaid pro-  
14 gram, the State CHIP plan, and private health  
15 insurance, payment amounts for such services  
16 under fee-for-service payment arrangements  
17 and under managed care (as applicable).

18 (F) A comparative payment rate anal-  
19 ysis—

20 (i) comparing maternity, labor, and  
21 delivery services payment rates under the  
22 State Medicaid fee-for-service program to  
23 payment rates for such services under  
24 Medicare (as described in section  
25 447.203(b)(3) of title 42, Code of Federal

1 Regulations), other Federally-funded or  
2 State-funded programs (including, to the  
3 extent data is available, Medicaid managed  
4 care rates), and to the payment rates, to  
5 the extent data is available, of private  
6 health insurers within geographic areas of  
7 the State; and

8 (ii) analyzing different payment meth-  
9 ods for such services, such as the use of  
10 bundled payments, quality incentives, and  
11 low-volume adjustments.

12 (G) An evaluation of whether each hospital  
13 located in the State that furnishes maternity,  
14 labor, and delivery services is expected to expe-  
15 rience in the next 3 years—

16 (i) significant changes in particular  
17 expenditures or types of reimbursement for  
18 maternity, labor, and delivery services; or

19 (ii) any other significant change that  
20 is likely to affect the hospital's ability to  
21 continue to provide such services.

22 (3) ASSISTANCE TO SMALL HOSPITALS IN COM-  
23 PILING COST INFORMATION.—There is appropriated  
24 to the Secretary for each fiscal year beginning with  
25 fiscal year 2025, \$10,000,000 for the purpose of

1 providing grants and technical assistance to small  
2 rural obstetric hospitals to enable such hospitals to  
3 compile detailed information on expenses incurred  
4 for maternity, labor, and delivery services for use in  
5 the State studies required under paragraph (1), to  
6 remain available until expended.

7 (4) HHS REPORT ON STATE STUDIES.—For  
8 each year in which State studies are required to be  
9 conducted under paragraph (1), the Secretary shall  
10 issue a public report that compiles and details the  
11 results of such studies and includes the information  
12 described in paragraph (2).

13 (b) HHS REPORT AND PROPOSED LEGISLATION.—  
14 Not later than 2 years after the date of enactment of this  
15 Act, the Secretary shall submit to Congress and make  
16 publicly available a report analyzing the first studies con-  
17 ducted by States under subsection (a)(1) that includes—

18 (1) recommendations for improving data collec-  
19 tion on the cost of providing maternity, labor, and  
20 delivery services;

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

23 (3) if the Secretary determines it appropriate  
24 based on the findings made by the Secretary in such  
25 report, proposed legislation or administrative action,

1 including, to the extent the Secretary determines ap-  
2 propriate, issuance of regulations, to adjust the  
3 amounts paid for maternity, labor, and delivery serv-  
4 ices under Medicare, State Medicaid plans, and  
5 other federally funded payers, to more accurately  
6 compensate eligible hospitals (as such term is de-  
7 fined in subsection (uu) of section 1902 of the Social  
8 Security Act (42 U.S.C. 1396a), as added by section  
9 102) for the cost of providing such services.

10 **SEC. 102. REQUIRING ADEQUATE PAYMENT RATES UNDER**  
11 **MEDICAID FOR MATERNITY, LABOR, AND DE-**  
12 **LIVERY SERVICES AT ELIGIBLE HOSPITALS.**

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

15 (1) in subsection (a)(13)—

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

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

20 (C) by adding at the end the following new  
21 subparagraph:

22 “(D) for each fiscal year beginning with  
23 fiscal year 2026, payment for maternity, labor,  
24 and delivery services (as defined in subsection  
25 (uu)) furnished during such fiscal year in an el-



1 eligible hospital (as defined in such subsection) at  
2 a rate that is not less than the minimum pay-  
3 ment rate specified for the fiscal year in para-  
4 graph (4) of such subsection;” and

5 (2) by adding at the end the following new sub-  
6 section:

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

10 “(1) MATERNITY, LABOR, AND DELIVERY SERV-  
11 ICES.—

12 “(A) IN GENERAL.—The term ‘maternity,  
13 labor, and delivery services’ means such inpa-  
14 tient hospital services and outpatient hospital  
15 services, including behavioral health services,  
16 that are provided in relation to maternity care  
17 or labor and delivery, identified by appropriate  
18 ICD and CPT codes, as the Secretary shall  
19 specify after consultation with professional or  
20 medical societies with expertise in pregnancy,  
21 childbirth, and postpartum care.

22 “(B) SCOPE.—Such term shall not be lim-  
23 ited in application, for any eligible hospital,  
24 only to services that relate to a birth that oc-  
25 curs in the hospital.

1           “(C) RULEMAKING.—Not later than July  
2           1, 2025, the Secretary shall issue an interim  
3           final rule specifying which services shall be con-  
4           sidered maternity, labor, and delivery services  
5           for purposes of this subsection and subsection  
6           (a)(13)(D).

7           “(2) ELIGIBLE HOSPITAL.—

8           “(A) IN GENERAL.—The term ‘eligible hos-  
9           pital’ means, with respect to a State and fiscal  
10          year—

11           “(i) a hospital that is located in a  
12           rural area (as defined by the Federal Of-  
13           fice of Rural Health Policy for the purpose  
14           of rural health grant programs adminis-  
15           tered by such Office);

16           “(ii) a critical access hospital (as de-  
17           fined in section 1861(mm)(1));

18           “(iii) a hospital operated by the In-  
19           dian Health Service or an Indian Tribe  
20           under the Indian Self-Determination and  
21           Education Assistance Act;

22           “(iv) a hospital for which, in the most  
23           recent 12-month period for which data is  
24           available, at least 50 percent of all births  
25           for which the hospital provided maternity,

1 labor, and delivery services during such fis-  
2 cal year were qualifying births; or

3 “(v) a hospital that is able to dem-  
4 onstrate, through a process to be deter-  
5 mined by the Secretary, that, for the appli-  
6 cable fiscal year, the hospital projects that  
7 at least 50 percent of all births for which  
8 the hospital will provide maternity, labor,  
9 and delivery services during such fiscal  
10 year will be qualifying births.

11 “(B) IDENTIFICATION OF ELIGIBLE HOS-  
12 PITALS.—Each State, subject to the approval of  
13 the Secretary, shall identify the hospitals in the  
14 State that are eligible hospitals with respect to  
15 a fiscal year.

16 “(3) QUALIFYING BIRTH.—For purposes of  
17 paragraph (2), the term ‘qualifying birth’ means a  
18 birth for which any maternity, labor, and delivery  
19 services associated with the birth—

20 “(A) were paid for under a State plan  
21 under this title (or under a waiver of such a  
22 plan) or under a State child health plan under  
23 title XXI (or under a waiver of such a plan);

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

1           “(C) were provided by the Indian Health  
2           Service or a Native Hawaiian health care sys-  
3           tem (as defined in section 12 of the Native Ha-  
4           waiian Health Care Improvement Act); or

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

10           “(4) MINIMUM PAYMENT RATE SPECIFIED.—

11           The minimum payment rate specified in this para-  
12           graph is, with respect to an eligible hospital and ma-  
13           ternal, labor, and delivery services—

14           “(A) for fiscal year 2026, 150 percent of  
15           the payment rate that would apply for such  
16           services and hospital under title XVIII; and

17           “(B) for each period of 5 fiscal years be-  
18           ginning with fiscal years 2027 through 2031, a  
19           payment rate that is determined for such period  
20           by the Secretary to accurately reflect the costs  
21           incurred by eligible hospitals in providing such  
22           services, informed by the results of the most re-  
23           cent State studies submitted to the Secretary  
24           under section 101(a) of the Keeping Obstetrics  
25           Local Act.”.

1 (b) UNDER MEDICAID MANAGED CARE PLANS.—  
2 Section 1932(f) of the Social Security Act (42 U.S.C.  
3 1396u–2(f)) is amended—

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

7 (2) by striking “described in section  
8 1902(a)(13)(C)” and inserting “described in sub-  
9 paragraph (C) of section 1902(a)(13) or maternity,  
10 labor, and delivery services described in subpara-  
11 graph (D) of such section that are furnished by an  
12 eligible hospital (as defined in section 1905(uu))”.

13 **SEC. 103. INCREASED FEDERAL FINANCIAL PARTICIPATION**  
14 **FOR MATERNITY, LABOR, AND DELIVERY**  
15 **SERVICES FURNISHED BY ELIGIBLE HOS-**  
16 **PITALS.**

17 Section 1905 of the Social Security Act (42 U.S.C.  
18 1396d) is amended—

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

21 (2) by adding at the end the following new sub-  
22 section:

23 “(kk) MATERNITY, LABOR, AND DELIVERY SERV-  
24 ICES.—

1           “(1) IN GENERAL.—Notwithstanding subsection  
 2           (b), with respect to State expenditures for medical  
 3           assistance for maternity, labor, and delivery services  
 4           furnished by an eligible hospital (as such terms are  
 5           defined in section 1902(uu)) in a fiscal quarter that  
 6           begins on or after October 1, 2025—

7           “(A) the Federal medical assistance per-  
 8           centage applicable to the enhanced payment  
 9           rate amount of such expenditures (as deter-  
 10          mined for the State and quarter under para-  
 11          graph (2)(A)) shall be equal to 100 percent;  
 12          and

13          “(B) subject to paragraph (3), the Federal  
 14          medical assistance percentage applicable to the  
 15          base payment rate amount of such expenditures  
 16          (as determined for the State and quarter under  
 17          paragraph (2)(B)) shall be equal to the en-  
 18          hanced FMAP determined for the State and  
 19          quarter under section 2105(b).

20          “(2) DETERMINATION OF ENHANCED PAYMENT  
 21          RATE AMOUNT AND BASE PAYMENT RATE  
 22          AMOUNT.—

23                 “(A) ENHANCED PAYMENT RATE  
 24                 AMOUNT.—

1           “(i) IN GENERAL.—For purposes of  
2           paragraph (1)(A), the enhanced payment  
3           rate amount for a State and fiscal quarter  
4           is equal to the amount of State expendi-  
5           tures for medical assistance for maternity,  
6           labor, and delivery services furnished by an  
7           eligible hospital (as such terms are defined  
8           in section 1902(uu)) in such fiscal quarter  
9           that is attributable to the amount by which  
10          the minimum payment rate required under  
11          section 1902(a)(13)(D) (or, by application,  
12          section 1932(f)) exceeds the base payment  
13          rate applicable to such services, as deter-  
14          mined for the State, quarter, and services  
15          under clause (ii).

16          “(ii) BASE PAYMENT RATE.—For pur-  
17          poses of clause (i), the base payment rate  
18          determined for a State, a fiscal quarter,  
19          and maternity, labor, and delivery services  
20          (as defined in section 1902(uu)) shall be  
21          equal to—

22                  “(I) the payment rate applicable  
23                  to such services under the State plan  
24                  (or under a waiver of such plan) as of  
25                  January 1, 2024; increased by

1                   “(II) the percentage increase in  
2                   the medical care component of the  
3                   consumer price index for all urban  
4                   consumers from January of 2024 to  
5                   the month ending on the day before  
6                   the 1st day of such fiscal quarter.

7                   “(B) BASE PAYMENT RATE AMOUNT.—For  
8                   purposes of paragraph (1)(B), the base pay-  
9                   ment rate amount for a State and fiscal quarter  
10                  is equal to—

11                  “(i) the total amount of State expend-  
12                  itures for medical assistance for maternity,  
13                  labor, and delivery services furnished by an  
14                  eligible hospital (as such terms are defined  
15                  in section 1902(uu)) in such fiscal quarter;  
16                  minus

17                  “(ii) the enhanced payment rate  
18                  amount determined for the State and fiscal  
19                  quarter under subparagraph (A).

20                  “(3) APPLICATION OF HIGHER MATCH.—Sub-  
21                  paragraph (B) of paragraph (1) shall not apply in  
22                  the case of State expenditures described in such sub-  
23                  paragraph if the application of such subparagraph  
24                  would result in a lower Federal medical assistance  
25                  percentage for such expenditures than would other-



1 wise apply without the application of such para-  
2 graph.

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

11 **SEC. 104. LABOR AND DELIVERY SERVICES ANCHOR PAY-**  
12 **MENTS.**

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

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

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

19 (3) by adding at the end the following new  
20 clause:

21 “(v) in the case of hospitals, such  
22 rates take into account (in a manner con-  
23 sistent with section 1923A) the situation of  
24 low volume obstetric hospitals (as such  
25 term is defined in such section);”.

1 (b) REQUIRING ANCHOR PAYMENTS FOR LOW VOL-  
2 UME OBSTETRIC HOSPITALS.—Title XIX of the Social Se-  
3 curity Act (42 U.S.C. 1396 et seq.) is amended by insert-  
4 ing the following after section 1923:

5 **“SEC. 1923A. ANCHOR PAYMENTS FOR LABOR AND DELIV-**  
6 **ERY SERVICES PROVIDED BY LOW VOLUME**  
7 **OBSTETRIC HOSPITALS.**

8 “(a) IMPLEMENTATION OF REQUIREMENT.—A State  
9 plan under this title shall not be considered to meet the  
10 requirement of section 1902(a)(13)(A)(v) (insofar as it re-  
11 quires payments to hospitals to take into account the situ-  
12 ation of low volume obstetric hospitals), as of October 1,  
13 2025, unless the State has submitted to the Secretary, by  
14 not later than such date, an amendment to such plan that  
15 provides for an annual anchor payment to such hospitals,  
16 consistent with subsection (c).

17 “(b) DEFINITIONS.—In this section:

18 “(1) ANTENATAL TRANSFER.—The term  
19 ‘antenatal transfer’ means, with respect to a hos-  
20 pital, a pregnant individual who was expected to re-  
21 ceive labor and delivery services at the hospital but  
22 who is transferred to a different hospital because of  
23 a need for labor and delivery services that are not  
24 available at the transferring hospital.

1           “(2) DELIVERY VOLUME.—The term ‘delivery  
2 volume’ means, with respect to a hospital and a fis-  
3 cal year, the total number of births occurring in, and  
4 antenatal transfers made by, such hospital during  
5 such year.

6           “(3) LABOR AND DELIVERY REVENUE  
7 FLOOR.—The term ‘labor and delivery revenue floor’  
8 means, with respect to a low volume obstetric hos-  
9 pital and a fiscal year, the amount equal to the sum  
10 of—

11                   “(A) the product of—

12                           “(i) the delivery volume for such hos-  
13 pital and fiscal year; and

14                           “(ii) the per delivery amount for such  
15 fiscal year; and

16                   “(B) the standby capacity amount for such  
17 fiscal year.

18           “(4) LABOR AND DELIVERY SERVICES.—The  
19 term ‘labor and delivery services’ means such inpa-  
20 tient and outpatient hospital services related to labor  
21 and delivery, including services related to antenatal  
22 transfers, identified by appropriate ICD and CPT  
23 codes, as the Secretary shall specify in consultation  
24 with professional or medical societies with expertise  
25 in this area.

1           “(5) LOW VOLUME OBSTETRIC HOSPITAL.—The  
2 term ‘low volume obstetric hospital’ means, with re-  
3 spect to a hospital and a fiscal year, a hospital—

4           “(A) that is an eligible hospital (as defined  
5 in section 1902(uu)(2));

6           “(B) in which the average number of  
7 births for which the hospital provided labor and  
8 delivery services during the preceding 3 fiscal  
9 years is less than 300 births per year;

10           “(C) that did not provide labor and deliv-  
11 ery services in the preceding fiscal year, but in  
12 which the average number of births for which  
13 the hospital provided labor and delivery services  
14 during the most recent 3 fiscal years in which  
15 the hospital provided labor and delivery services  
16 is less than 300 births per year;

17           “(D) that is not described in subpara-  
18 graphs (B) or (C) but, in the applicable fiscal  
19 year, provides labor and delivery services for  
20 fewer than 300 births; or

21           “(E) that is not described in subpara-  
22 graphs (B) through (D) but is certified by the  
23 State in which the hospital is located as meet-  
24 ing such criteria as the Secretary shall establish  
25 for identifying hospitals that are essential to

1 meeting the needs of an underserved popu-  
2 lation, such as serving a population with limited  
3 English proficiency, serving specific racial or  
4 ethnic populations, or other factors.

5 “(6) MEDICAID LABOR AND DELIVERY REV-  
6 ENUE FLOOR.—The term ‘Medicaid labor and deliv-  
7 ery revenue floor’ means, with respect to a low vol-  
8 ume obstetric hospital and a fiscal year, the product  
9 of—

10 “(A) the labor and delivery revenue floor  
11 for such hospital and fiscal year; and

12 “(B) the percentage of the delivery volume  
13 of such hospital in such fiscal year that were  
14 paid for under a State plan under this title (or  
15 under a waiver of such a plan) or under a State  
16 child health plan under title XXI (or under a  
17 waiver of such a plan).

18 “(7) PER DELIVERY AMOUNT.—

19 “(A) IN GENERAL.—The term ‘per delivery  
20 amount’ means, with respect to a fiscal year, an  
21 amount, as determined under subparagraph  
22 (B), that represents the marginal cost to a low  
23 volume obstetric hospital of a birth or an  
24 antenatal transfer.



1 ginal cost to a low volume obstetric hos-  
2 pital of a birth or an antenatal delivery.

3 “(8) STANDBY CAPACITY AMOUNT.—

4 “(A) IN GENERAL.—The term ‘standby ca-  
5 pacity amount’ means, with respect to a fiscal  
6 year, an amount, as determined under subpara-  
7 graph (B), that represents the minimum level of  
8 expenditures by a low volume obstetric hospital  
9 that is necessary to ensure that adequate per-  
10 sonnel, equipment, and facilities are available at  
11 all times to provide labor and delivery services.

12 “(B) DETERMINATION OF STANDBY CA-  
13 PACITY AMOUNT.—

14 “(i) FISCAL YEAR 2027.—For fiscal  
15 year 2027, the standby capacity amount  
16 shall be \$1,200,000.

17 “(ii) INDEXING.—Subject to clause  
18 (iii), for each fiscal year after fiscal year  
19 2027, the standby capacity amount shall  
20 be the amount that applied under this sub-  
21 paragraph for the preceding fiscal year in-  
22 creased by the percentage increase in the  
23 medical care component of the consumer  
24 price index for all urban consumers for the

1 12-month period ending with September of  
2 such preceding fiscal year.

3 “(iii) PERIODIC REVISION OF STAND-  
4 BY CAPACITY AMOUNT.—Not less than  
5 once every 5 fiscal years, the Secretary  
6 shall collect and analyze data on the costs  
7 of labor and delivery services at low volume  
8 obstetric hospitals and, through rule-  
9 making, shall establish a new standby ca-  
10 pacity amount for purposes of this section  
11 to ensure that such amount accurately re-  
12 flects the minimum level of expenditures by  
13 a low volume obstetric hospital that is nec-  
14 essary to ensure that adequate personnel,  
15 equipment, and facilities are available at  
16 all times to provide labor and delivery serv-  
17 ices.

18 “(c) ANCHOR PAYMENT FOR LOW VOLUME OBSTET-  
19 RIC HOSPITALS.—Not later than 3 months after the end  
20 of each fiscal year beginning with fiscal year 2027, each  
21 State shall pay to each low volume obstetric hospital in  
22 the State an amount that is equal to the amount (if any)  
23 by which—

24 “(1) the Medicaid labor and delivery revenue  
25 floor for the hospital and fiscal year; exceeds



1           “(2) the total amount of all payments made to  
2           the low volume obstetric hospital under the State  
3           plan under this title (or under a waiver of such plan)  
4           and under the State child health plan under title  
5           XXI (or under a waiver of such plan) (other than  
6           payments under this section) for labor and delivery  
7           services provided by such hospital during such fiscal  
8           year.

9           “(d) REQUIREMENTS FOR RECEIPT OF PAYMENTS.—  
10          No anchor payment shall be made to a low volume obstet-  
11          ric hospital under this section for a fiscal year unless the  
12          hospital can satisfy the following requirements:

13                 “(1) SKILLS MAINTENANCE AND TRAINING AC-  
14                 TIVITIES.—The hospital demonstrates to the satis-  
15                 faction of the State that the hospital conducts and  
16                 completes skills maintenance and training activities,  
17                 including continuing education and training to sup-  
18                 port maintenance of obstetric skills, that satisfy such  
19                 requirements as the Secretary, taking into consider-  
20                 ation nationally recognized obstetrics skills, mainte-  
21                 nance, and training standards such as standards  
22                 published by the American College of Obstetricians  
23                 and Gynecologists and the Association of Women’s  
24                 Health, Obstetric, and Neonatal Nurses, shall speci-  
25                 fy for the purposes of this section.

1           “(2) CONTINUED PROVISION OF LABOR AND  
2 DELIVERY SERVICES.—

3           “(A) IN GENERAL.—The hospital and the  
4 State enter into a contract under which, in ex-  
5 change for such payment under this section for  
6 a fiscal year, the hospital agrees to continue to  
7 provide labor and delivery services—

8           “(i) for the period that begins with  
9 such fiscal year and ends on the last day  
10 of the second fiscal year that follows such  
11 fiscal year; and

12           “(ii) at a level that is not less than  
13 the level at which the hospital provided  
14 such services in the fiscal year to which  
15 such payment relates, unless the hospital  
16 can demonstrate that the need for services  
17 in the community has decreased and that  
18 the new level of services will be adequate to  
19 meet that need.

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

1           required under the contract throughout the period  
2           described in such subparagraph for any reason  
3           (including in the event of the hospital's bank-  
4           ruptcy or closure) the State may recover the  
5           full amount of the payment under this section  
6           to which the contract relates and in the event  
7           of the hospital's bankruptcy, the State shall be  
8           given preferred creditor status for purposes of  
9           the collection of such payment.

10           “(3) UTILIZATION OF FUNDS FOR LABOR AND  
11           DELIVERY SERVICES.—

12                   “(A) IN GENERAL.—The hospital and the  
13           State enter into a contract under which, in ex-  
14           change for such payment under this section, the  
15           hospital agrees to utilize funds received under  
16           such payment for the provision of labor and de-  
17           livery services in the community served by the  
18           hospital.

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 utilize payment funds for labor and delivery  
25           services as required under the contract for any

1           reason (including in the event of the hospital’s  
2           bankruptcy or closure) the State may recover  
3           the full amount of the payment under this sec-  
4           tion to which the contract relates and in the  
5           event of the hospital’s bankruptcy, the State  
6           shall be given preferred creditor status for pur-  
7           poses of the collection of such payment.

8           “(e) TREATMENT OF PAYMENTS; RECOVERY OF PAY-  
9           MENTS.—

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

12                   “(A) shall be in addition to any other pay-  
13                   ments made to hospitals for labor and delivery  
14                   services under the State plan (or a waiver of  
15                   such plan) under this title, under the State  
16                   child health assistance plan under title XXI (or  
17                   under a waiver of such plan), or under title  
18                   XVIII for the fiscal year, including dispropor-  
19                   tionate share hospital payments under section  
20                   1923 or section 1886(d)(5)(F) and other sup-  
21                   plemental payments that are not made under  
22                   this section; and

23                   “(B) shall be treated as medical assistance  
24                   for which payment is made under section  
25                   1903(a), except that the Federal medical assist-

1           ance percentage applicable to amounts ex-  
2           pended by a State for such payments shall be  
3           equal to the enhanced FMAP determined for  
4           the State and fiscal year under section 2105(b).

5           “(2) PAYMENTS RECOVERED BY A STATE.—If a  
6           State recovers any amount of a payment made by a  
7           State under this section (whether pursuant to para-  
8           graphs (2)(B) or (3)(B) of subsection (d) or other-  
9           wise), the amount so recovered shall be treated as an  
10          overpayment recovered by the State under section  
11          1903(d).”.

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

15               (1) In section 1903—

16                   (A) in subsection (d)(6)(B)—

17                           (i) by striking “related to the total  
18                           amount” and inserting the following: “re-  
19                           lated to—

20                           “(i) the total amount”;

21                           (ii) by striking the period at the end  
22                           and inserting “; and”; and

23                           (iii) by adding at the end the fol-  
24                           lowing new clause:

1 “(ii) the total amount of payments made to  
2 individual providers (by provider) under section  
3 1923A during such fiscal year.”; and

4 (B) in subsection (bb)(2)(B)—

5 (i) in the header, by inserting “AND  
6 LOW VOLUME OBSTETRIC HOSPITAL” after  
7 “DSH”; and

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

11 (2) In section 1905—

12 (A) in subsection (cc), by striking “section  
13 1923” the second place it appears and inserting  
14 “section 1923 or 1923A”; and

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

19 **SEC. 105. APPLICATION OF ADEQUATE PAYMENT REQUIRE-**  
20 **MENT AND INCREASED FEDERAL FINANCIAL**  
21 **PARTICIPATION REQUIREMENTS TO CHIP.**

22 Section 2107(e)(1) of the Social Security Act (42  
23 U.S.C. 1397gg(e)(1)) is amended—

1           (1) by redesignating subparagraphs (B)  
2 through (U) as subparagraphs (C) through (V), re-  
3 spectively; and

4           (2) by inserting after subparagraph (A) the fol-  
5 lowing new subparagraph:

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

12 **SEC. 106. DISREGARDING INCREASED AND ADDITIONAL**  
13 **PAYMENTS TO HOSPITALS FOR PURPOSES OF**  
14 **OTHER SUPPLEMENTAL PAYMENTS AND**  
15 **UPPER PAYMENT LIMITS.**

16       A hospital’s eligibility for any Federally-funded sup-  
17 plemental payment (including a disproportionate share  
18 payment under section 1886(d)(5)(F) or 1923 of the So-  
19 cial Security Act (42 U.S.C. 1395ww(d)(5)(F), 1396r-4)),  
20 the determination of the amount of such payment, and  
21 the application of any Federal limitation on the aggregate  
22 amount of payments that a State may make to the hos-  
23 pital (including any upper payment limitation), shall be  
24 determined without regard to the amount of any increase  
25 to a payment received by a hospital or any additional pay-

1 ment made to a hospital that is attributable to the amend-  
2 ments made by this title.

3 **TITLE II—EXPAND COVERAGE**  
4 **OF MATERNAL HEALTH CARE**

5 **SEC. 201. REQUIRING 12-MONTH CONTINUOUS, FULL BEN-**  
6 **EFIT COVERAGE FOR PREGNANT INDIVID-**  
7 **UALS UNDER MEDICAID AND CHIP.**

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

10 (1) in subsection (a)—

11 (A) in paragraph (10), in the matter fol-  
12 lowing subparagraph (G), by striking “(VII) the  
13 medical assistance made available to an indi-  
14 vidual described in subsection (1)(1)(A) who is  
15 eligible for medical assistance only because of  
16 subparagraph (A)(i)(IV) or (A)(ii)(IX) shall be  
17 limited to medical assistance for services related  
18 to pregnancy (including prenatal, delivery,  
19 postpartum, and family planning services),  
20 medical assistance for services related to other  
21 conditions which may complicate pregnancy,  
22 and medical assistance for vaccines described in  
23 section 1905(a)(4)(E) and the administration of  
24 such vaccines during the period described in



1 such section,” and inserting “(VII) [Re-  
2 pealed],”;

3 (B) in paragraph (86), by striking “and”  
4 at the end;

5 (C) in paragraph (87), by striking the pe-  
6 riod at the end and inserting “; and”; and

7 (D) by inserting after paragraph (87) the  
8 following new paragraph:

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

11 (2) in subsection (e)(16)—

12 (A) in subparagraph (A), by striking “At  
13 the option of the State, the State plan (or waiv-  
14 er of such State plan) may provide” and insert-  
15 ing “A State plan (or waiver of such State  
16 plan) shall provide”;

17 (B) in subparagraph (B), in the matter  
18 preceding clause (i), by striking “by a State  
19 making an election under this paragraph” and  
20 inserting “under a State plan (or a waiver of  
21 such State plan)”; and

22 (C) in subparagraph (C)—

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

1 (ii) by striking “shall also make the  
2 election” and inserting “the State shall  
3 provide coverage”.

4 (b) CHIP.—

5 (1) IN GENERAL.—Subparagraph (K) of section  
6 2107(e)(1) of the Social Security Act (42 U.S.C.  
7 1397gg(e)(1)), as redesignated by section 105, is  
8 amended to read as follows:

9 “(K) Paragraphs (5) and (16) of section  
10 1902(e) (relating to the requirement to provide  
11 medical assistance under the State plan or  
12 waiver consisting of full benefits during preg-  
13 nancy and throughout the 12-month period that  
14 begins on the last day of the individual’s preg-  
15 nancy and ends on the last day of the month  
16 in which such 12-month period ends).”.

17 (2) CONFORMING AMENDMENT.—Section  
18 2112(d)(2)(A) of the Social Security Act (42 U.S.C.  
19 1397ll(d)(2)(A)) is amended by striking “the month  
20 in which the 60-day period” and all that follows  
21 through “pursuant to section 2107(e)(1),”.

22 (c) EFFECTIVE DATE.—

23 (1) IN GENERAL.—Subject to paragraphs (2)  
24 and (3), the amendments made by subsections (a)  
25 and (b) shall take effect on the 1st day of the 1st

1 calendar quarter that begins on or after the date  
2 that is 1 year after the date of enactment of this  
3 Act;

4 (2) EXCEPTION FOR STATE LEGISLATION.—In  
5 the case of a State plan under title XIX of the So-  
6 cial Security Act or a State child health plan under  
7 title XXI of such Act that the Secretary of Health  
8 and Human Services determines requires State legis-  
9 lation in order for the respective plan to meet any  
10 requirement imposed by amendments made by this  
11 subsection, the respective plan shall not be regarded  
12 as failing to comply with the requirements of such  
13 title solely on the basis of its failure to meet such  
14 an additional requirement before the 1st day of the  
15 1st calendar quarter beginning after the close of the  
16 1st regular session of the State legislature that be-  
17 gins after the date of enactment of this Act. For  
18 purposes of the previous sentence, in the case of a  
19 State that has a 2-year legislative session, each year  
20 of the session shall be considered to be a separate  
21 regular session of the State legislature.

22 (3) STATE OPTION FOR EARLIER EFFECTIVE  
23 DATE.—A State may elect to have subsection (e)(16)  
24 of section 1902 of the Social Security Act (42  
25 U.S.C. 1396a) and subparagraph (K) of section

1       2107(e)(1) of the Social Security Act (42 U.S.C.  
2       1397gg(e)(1)), as redesignated by section 105 and  
3       amended by subsection (b) of this section, take ef-  
4       fect with respect to the State on the 1st day of any  
5       fiscal quarter that begins before the date described  
6       in paragraph (1) and apply to amounts payable to  
7       the State for expenditures for medical assistance,  
8       child health assistance, or pregnancy-related assist-  
9       ance to pregnant or postpartum individuals fur-  
10      nished on or after such day.

11 **SEC. 202. HEALTH HOMES FOR PREGNANT AND**  
12 **POSTPARTUM WOMEN.**

13       (a) MEDICAID.—Title XIX of the Social Security Act  
14 (42 U.S.C. 1396 et seq.) is amended by inserting after  
15 section 1945A the following new section:

16 **“SEC. 1945B. STATE OPTION TO PROVIDE COORDINATED**  
17 **CARE THROUGH A HEALTH HOME FOR PREG-**  
18 **NANT AND POSTPARTUM INDIVIDUALS.**

19       “(a) STATE OPTION.—

20               “(1) IN GENERAL.—Notwithstanding section  
21 1902(a)(1) (relating to statewideness) and section  
22 1902(a)(10)(B) (relating to comparability), begin-  
23 ning January 1, 2028, a State, at its option as a  
24 State plan amendment, may provide for medical as-

1       sistance under this title to an eligible individual who  
2       chooses to—

3               “(A) enroll in a maternity health home  
4               under this section by selecting a designated pro-  
5               vider, a team of health care professionals oper-  
6               ating with such a provider, or a health team as  
7               the individual’s maternity health home for pur-  
8               poses of providing the individual with preg-  
9               nancy and postpartum coordinated care serv-  
10              ices; or

11             “(B) receive such services from a des-  
12             ignated provider, a team of health care profes-  
13             sionals operating with such a provider, or a  
14             health team that has voluntarily opted to par-  
15             ticipate in a maternity health home for eligible  
16             individuals under this section.

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

20             “(A) who is eligible for medical assistance  
21             under the State plan (or under a waiver of such  
22             plan) for all items and services covered under  
23             the State plan (or under a waiver of such plan);

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

1 “(C) either—

2 “(i) who is pregnant; or

3 “(ii) whose pregnancy has ended and  
4 is within the 12-month period that begins  
5 on the last day of the individual’s preg-  
6 nancy and ends on the last day of the  
7 month in which such 12-month period  
8 ends.

9 “(b) QUALIFICATION STANDARDS.—The Secretary  
10 shall establish standards for qualification as a maternity  
11 health home or as a designated provider, a team of health  
12 care professionals operating with such a provider, or a  
13 health team eligible for participation in a maternity health  
14 home for purposes of this section. In establishing such  
15 standards, the Secretary shall consider best practices and  
16 models of care used by recipients of grants under section  
17 330P of the Public Health Service Act. Such standards  
18 shall include requiring a designated provider, a team of  
19 health care professionals operating with such a provider,  
20 and a health team designated as a maternity health home  
21 to demonstrate to the State the ability to do the following:

22 “(1) Coordinate prompt care and access to nec-  
23 essary maternity care services, including services  
24 provided by specialists, and programs for an eligible  
25 individual during the individual’s pregnancy and the

1 365-day period beginning on the last day of such  
2 pregnancy.

3 “(2) Develop an individualized, comprehensive,  
4 patient-centered care plan for each eligible individual  
5 that accommodates patient preferences and, if appli-  
6 cable, reflects adjustments to the payment method-  
7 ology described in subsection (c)(2)(B).

8 “(3) Develop and incorporate into each eligible  
9 individual’s care plan, in a culturally and linguis-  
10 tically appropriate manner consistent with the needs  
11 of the eligible individual, ongoing home care, com-  
12 munity-based primary care, inpatient care, social  
13 support services, health-related social needs services,  
14 behavioral health services, local hospital emergency  
15 care, and, in the event of a change in income that  
16 would result in the eligible individual losing eligi-  
17 bility for medical assistance under the State plan (or  
18 under a waiver of such plan), care management and  
19 planning related to a change in the eligible individ-  
20 ual’s health insurance coverage.

21 “(4) Coordinate with pediatric care providers,  
22 as appropriate.

23 “(5) Collect and report information under sub-  
24 section (f)(1).

25 “(c) PAYMENTS.—

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

17           “(2) METHODOLOGY.—The State shall specify  
18           in the State plan amendment the methodology the  
19           State will use for determining payment for the provi-  
20           sion of pregnancy and postpartum coordinated care  
21           services or treatment during an eligible individual’s  
22           pregnancy and the 365-day period beginning on the  
23           last day of such pregnancy. Such methodology for  
24           determining payment—

25           “(A) may be based on—



1           “(i) a per-member per-month basis for  
2           each eligible individual enrolled in a mater-  
3           nity health home;

4           “(ii) a prospective payment model, in  
5           the case of payments to Federally qualified  
6           health centers or a rural health clinics; or

7           “(iii) an alternate model of payment  
8           proposed by the State and approved by the  
9           Secretary;

10          “(B) may be adjusted to reflect, with re-  
11          spect to each eligible individual—

12                 “(i) the severity of the risks associ-  
13                 ated with the individual’s pregnancy;

14                 “(ii) the severity of the risks associ-  
15                 ated with the individual’s postpartum  
16                 health care needs; and

17                 “(iii) the level or amount of time of  
18                 care coordination required with respect to  
19                 the individual; and

20          “(C) shall be established consistent with  
21          section 1902(a)(30)(A).

22          “(d) COORDINATING CARE.—

23                 “(1) HOSPITAL NOTIFICATION.—A State with a  
24                 State plan amendment approved under this section  
25                 shall require each hospital that is a participating

1 provider under the State plan (or under a waiver of  
2 such plan) to establish procedures in the case of an  
3 eligible individual who seeks treatment in the emer-  
4 gency department of such hospital for—

5 “(A) providing the individual with cul-  
6 turally and linguistically appropriate informa-  
7 tion supplied by the State describing the respec-  
8 tive treatment models and opportunities for the  
9 individual to access a maternity health home  
10 and its associated benefits; and

11 “(B) notifying the maternity health home  
12 in which the individual is enrolled, or the des-  
13 ignated provider, team of health care profes-  
14 sionals operating with such a provider, or  
15 health team treating the individual, of the indi-  
16 vidual’s treatment in the emergency department  
17 and of the protocols for the maternity health  
18 home, designated provider, or team to be in-  
19 volved in the individual’s emergency care or  
20 post-discharge care.

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

23 “(A) IN GENERAL.—In order for a State  
24 plan amendment to be approved under this sec-  
25 tion, a State shall include in the State plan

1 amendment a description of the State’s process  
2 for—

3 “(i) educating providers participating  
4 in the State plan (or a waiver of such  
5 plan) on the availability of maternity  
6 health homes for eligible individuals, in-  
7 cluding the process by which such pro-  
8 viders can participate in or refer an eligible  
9 individual to an approved maternity health  
10 home or a designated provider, team of  
11 health care professionals operating such a  
12 provider, or health team designated as a  
13 maternity health home; and

14 “(ii) educating eligible individuals, in  
15 a culturally and linguistically appropriate  
16 manner, on the availability of maternity  
17 health homes.

18 “(B) OUTREACH.—The process established  
19 by the State under subparagraph (A) shall in-  
20 clude the participation of entities or other pub-  
21 lic or private organizations or entities that pro-  
22 vide outreach and information on the avail-  
23 ability of health care items and services to fami-  
24 lies of individuals eligible to receive medical as-

1           sistance under the State plan (or a waiver of  
2           such plan).

3           “(3) MENTAL HEALTH COORDINATION.—A  
4           State with a State plan amendment approved under  
5           this section shall consult and coordinate, as appro-  
6           priate, with the Secretary in addressing issues re-  
7           garding the prevention, identification, and treatment  
8           of mental health conditions and substance use dis-  
9           orders among eligible individuals.

10           “(4) SOCIAL AND SUPPORT SERVICES.—A State  
11           with a State plan amendment approved under this  
12           section shall consult and coordinate, as appropriate,  
13           with the Secretary in establishing means to connect  
14           eligible individuals receiving pregnancy and  
15           postpartum coordinated care services under this sec-  
16           tion with social and support services, including serv-  
17           ices made available under maternal, infant, and  
18           early childhood home visiting programs established  
19           under section 511 and services made available under  
20           section 330H or title X of the Public Health Service  
21           Act.

22           “(5) COORDINATION WITH GRANT PROGRAM  
23           FOR INTEGRATED SERVICES FOR PREGNANT AND  
24           POSTPARTUM WOMEN.—A State with a State plan  
25           amendment approved under this section shall consult

1 and coordinate, as appropriate, with the Secretary  
2 with respect to the provision of medical assistance to  
3 eligible individuals enrolled in a maternity health  
4 home under this section and grantees delivering inte-  
5 grated health care services to pregnant and  
6 postpartum women under section 330P of the Public  
7 Health Service Act (including, if applicable, the  
8 State).

9 “(e) MONITORING.—A State shall include in the  
10 State plan amendment—

11 “(1) a methodology for tracking reductions in  
12 inpatient days and reductions in the total cost of  
13 care resulting from improved care coordination and  
14 management under this section;

15 “(2) a proposal for use of health information  
16 technology in providing an eligible individual with  
17 pregnancy and postpartum coordinated care services  
18 as specified under this section and improving service  
19 delivery and coordination across the care continuum;  
20 and

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

24 “(f) DATA COLLECTION.—

1           “(1) PROVIDER REPORTING REQUIREMENTS.—

2           In order to receive payments from a State under  
3           subsection (c), a maternity health home, or a des-  
4           ignated provider, a team of health care professionals  
5           operating with such a provider, or a health team  
6           designated as a maternity health home, shall report  
7           to the State, at such time and in such form and  
8           manner as may be required by the State, including  
9           through a health information exchange or other pub-  
10          lic health data sharing entity, the following informa-  
11          tion:

12                   “(A) With respect to each such designated  
13                   provider, team of health care professionals oper-  
14                   ating with such a provider, and health team  
15                   designated as a maternity health home, the  
16                   name, National Provider Identification number,  
17                   address, and specific health care services of-  
18                   fered to be provided to any eligible individual  
19                   who has selected such provider, team of health  
20                   care professionals, or health team as the eligible  
21                   individual’s maternity health home.

22                   “(B) Information on all other applicable  
23                   measures for determining the quality of services  
24                   provided by such provider, team of health care  
25                   professionals, or health team.

1           “(C) Information concerning the factors  
2 described in paragraph (2)(A)(vi) received from  
3 health risk assessments of eligible individuals  
4 conducted and completed by the designated pro-  
5 vider, team of health care professionals oper-  
6 ating with such a provider, or health team des-  
7 ignated as a maternity health home.

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

10           “(2) STATE REPORTING REQUIREMENTS.—

11           “(A) COMPREHENSIVE REPORT.—A State  
12 with a State plan amendment approved under  
13 this section shall report to the Secretary (and,  
14 upon request, to the Medicaid and CHIP Pay-  
15 ment and Access Commission), at such time,  
16 but at a minimum annually, and in such form  
17 and manner determined by the Secretary to be  
18 reasonable and minimally burdensome, the fol-  
19 lowing information:

20           “(i) Information described in para-  
21 graph (1).

22           “(ii) The number and, to the extent  
23 available and while maintaining all relevant  
24 privacy and confidentiality protections,  
25 disaggregated demographic information

1 (including information on geography) of el-  
2 ible individuals who have enrolled in a  
3 maternity health home pursuant to this  
4 section.

5 “(iii) The number of maternity health  
6 homes in the State designated under this  
7 section.

8 “(iv) The medical conditions or fac-  
9 tors that contribute to severe maternal  
10 morbidity among eligible individuals en-  
11 rolled in maternity health homes in the  
12 State.

13 “(v) The extent to which such individ-  
14 uals receive health care items and services  
15 under the State plan before, during, and  
16 after an individual’s enrollment in such a  
17 maternity health home.

18 “(vi) Where applicable, mortality data  
19 and data for the associated causes of preg-  
20 nancy-related death for eligible individuals  
21 enrolled in a maternity health home under  
22 this section, in accordance with subsection  
23 (g). For deaths occurring postpartum, such  
24 data shall distinguish between deaths oc-  
25 ccurring up to 42 days postpartum and



1 deaths occurring between 43 days to up to  
2 1 year postpartum. Where applicable, data  
3 reported under this clause shall be re-  
4 ported alongside comparable data from a  
5 State’s maternal mortality review com-  
6 mittee, as established in accordance with  
7 section 317K(d) of the Public Health Serv-  
8 ice Act, for purposes of further identifying  
9 and comparing statewide trends in mater-  
10 nal mortality among populations partici-  
11 pating in the maternity health home under  
12 this section.

13 “(B) IMPLEMENTATION REPORT.—Not  
14 later than 18 months after a State has a State  
15 plan amendment approved under this section,  
16 the State shall submit to the Secretary, and  
17 make publicly available on the appropriate  
18 State website, a report on how the State is im-  
19 plementing the option established under this  
20 section, including through any best practices  
21 adopted by the State.

22 “(g) CONFIDENTIALITY.—A State with a State plan  
23 amendment under this section shall establish confiden-  
24 tiality protections for the purposes of subsection (f)(2)(A)  
25 to ensure, at a minimum, that there is no disclosure by

1 the State of any identifying information about any specific  
2 eligible individual enrolled in a maternity health home or  
3 any maternal mortality case, and that all relevant con-  
4 fidentiality and privacy protections, including the require-  
5 ments under section 1902(a)(7)(A), are maintained.

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

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

10 “(2) a designated provider or health team to  
11 act as a maternity health home and provide services  
12 in accordance with this section if the provider or  
13 health team does not voluntarily agree to act as a  
14 maternity health home.

15 “(i) PLANNING GRANTS.—

16 “(1) IN GENERAL.—Beginning January 1,  
17 2027, from the amount appropriated under para-  
18 graph (2), the Secretary shall award planning grants  
19 to States for purposes of developing and submitting  
20 a State plan amendment under this section. The  
21 Secretary shall award a grant to each State that ap-  
22 plies for a grant under this subsection and meets the  
23 application criteria established by the Secretary, and  
24 the Secretary may determine the amount of the  
25 grant based on the merits of the application and the

1 goal of the State to prioritize health outcomes for el-  
2 igible individuals. A planning grant awarded to a  
3 State under this subsection shall remain available  
4 until expended.

5 “(2) APPROPRIATION.—There are authorized to  
6 be appropriated to the Secretary \$50,000,000 for  
7 fiscal year 2027, for the purposes of making grants  
8 under this subsection, to remain available until ex-  
9 pended.

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

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

14 “(1) DESIGNATED PROVIDER.—The term ‘des-  
15 ignated provider’ means a physician (including an  
16 obstetrician-gynecologist or, if applicable, a certified  
17 nurse midwife, or certified professional midwife who  
18 meets or exceeds the education and training stand-  
19 ards of the International Confederation of Midwives  
20 and who is licensed to practice within the State), a  
21 hospital, clinical practice or clinical group practice,  
22 rural health clinic, community health center, commu-  
23 nity mental health center, or any other entity or pro-  
24 vider that is determined by the State and approved  
25 by the Secretary to be qualified to be a maternity

1 health home on the basis of documentation evidenc-  
2 ing that the entity or provider has the systems, ex-  
3 pertise, and infrastructure in place to provide preg-  
4 nancy and postpartum coordinated care services.  
5 Such term may include providers who are employed  
6 by, or affiliated with, a hospital.

7 “(2) HEALTH TEAM.—The term ‘health team’  
8 has the meaning given such term for purposes of  
9 section 3502 of Public Law 111–148.

10 “(3) MATERNITY HEALTH HOME.—The term  
11 ‘maternity health home’ means a designated provider  
12 (including a provider that operates in coordination  
13 with a team of health care professionals) or a health  
14 team that is selected by an eligible individual to pro-  
15 vide pregnancy and postpartum coordinated care  
16 services.

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

19 “(A) IN GENERAL.—The term ‘pregnancy  
20 and postpartum coordinated care services’  
21 means items and services related to the coordi-  
22 nation of care for comprehensive and timely  
23 high-quality, culturally and linguistically appro-  
24 priate, services described in subparagraph (B)  
25 that are provided by a designated provider, a

1 team of health care professionals operating with  
2 such a provider, or a health team designated as  
3 a maternity health home.

4 “(B) SERVICES DESCRIBED.—

5 “(i) IN GENERAL.—The services de-  
6 scribed in this subparagraph shall include  
7 with respect to a State electing the State  
8 plan amendment option under this section,  
9 any medical assistance for items and serv-  
10 ices for which payment is available under  
11 the State plan or under a waiver of such  
12 plan.

13 “(ii) OTHER ITEMS AND SERVICES.—  
14 In addition to medical assistance described  
15 in clause (i), the services described in this  
16 subparagraph shall include the following:

17 “(I) Any item or service for  
18 which medical assistance is otherwise  
19 available under the State plan (or a  
20 waiver of such plan) related to the  
21 treatment of an individual during the  
22 individual’s pregnancy and the 1-year  
23 period beginning on the last day of  
24 such pregnancy, including mental

1 health and substance use disorder  
2 services.

3 “(II) Comprehensive care man-  
4 agement.

5 “(III) Care coordination (includ-  
6 ing with pediatricians as appropriate),  
7 health promotion, and providing ac-  
8 cess to the full range of maternal, ob-  
9 stetric, and gynecologic services, in-  
10 cluding services from out-of-State pro-  
11 viders.

12 “(IV) Comprehensive transitional  
13 care, including appropriate follow-up,  
14 from inpatient to other settings.

15 “(V) Patient and family support  
16 (including authorized representatives).

17 “(VI) Referrals to community  
18 and social support services, if rel-  
19 evant.

20 “(VII) Use of health information  
21 technology to link services, as feasible  
22 and appropriate.

23 “(5) TEAM OF HEALTH CARE PROFES-  
24 SIONALS.—The term ‘team of health care profes-  
25 sionals’ means a team of health care professionals

1 (as described in the State plan amendment under  
2 this section) that may—

3 “(A) include—

4 “(i) physicians, including gynecologist-  
5 obstetricians, certified nurse midwives, or  
6 certified professional midwives who meet or  
7 exceed the education and training stand-  
8 ards of the International Confederation of  
9 Midwives and who are licensed to practice  
10 within the State, family physicians, pri-  
11 mary care physicians, pediatricians, and  
12 other professionals such as physicians as-  
13 sistants, advance practice nurses, nurses,  
14 nurse care coordinators, dietitians, nutri-  
15 tionists, social workers, behavioral health  
16 professionals, physical counselors, physical  
17 therapists, occupational therapists, or any  
18 professionals that assist in prenatal care,  
19 delivery, or postpartum care for which  
20 medical assistance is available under the  
21 State plan or a waiver of such plan and de-  
22 termined to be appropriate by the State  
23 and approved by the Secretary;

1                   “(ii) an entity or individual who is  
2                   designated to coordinate such care deliv-  
3                   ered by the team; and

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

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

19                  (b) APPLICABILITY TO CHIP.—Section 2107(e)(1) of  
20                  the Social Security Act (42 U.S.C. 1397gg(e)(1)), as  
21                  amended by section 105, is amended by adding at the end  
22                  the following new subparagraph:

23                         “(W) Section 1945B (relating to optional  
24                         health homes for pregnant and postpartum in-  
25                         dividuals).”.



1 **SEC. 203. GUIDANCE ON SUPPORTING AND IMPROVING AC-**  
2 **CESS TO MEDICAID AND CHIP COVERAGE OF**  
3 **SERVICES PROVIDED BY DOULAS AND CER-**  
4 **TAIN MATERNAL HEALTH PROFESSIONALS.**

5 Not later than 1 year after the date of the enactment  
6 of this Act, the Secretary of Health and Human Services  
7 shall issue and publish guidance for States concerning op-  
8 tions for supporting and improving access to coverage and  
9 payment under a State plan under title XIX of the Social  
10 Security Act (42 U.S.C. 1396 et seq.) or under a waiver  
11 of such plan, and under a State child health plan under  
12 title XXI of such Act (42 U.S.C. 1397aa et seq.) or under  
13 a waiver of such plan, for services provided by doulas, cer-  
14 tified nurse midwives, certified midwives, or certified pro-  
15 fessional midwives, who meet or exceed the education and  
16 training standards of the International Confederation of  
17 Midwives and who are licensed to practice within the State  
18 and certain maternal health professionals (specified by the  
19 Secretary)—

- 20 (1) in rural areas;
- 21 (2) across a continuum of care; and
- 22 (3) among varied provider settings and payment  
23 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) and during the 12-month period  
9 that begins on the last day of the individual's preg-  
10 nancy and ends on the last day of the month in  
11 which such 12-month period ends (including any  
12 such assistance provided during the month in which  
13 such period ends).”.

14 (c) EFFECTIVE DATE.—The amendments made by  
15 this section shall take effect on the first day of the first  
16 fiscal quarter that begins on or after the date that is 1  
17 year after the date of enactment of this section.

18 **SEC. 205. PRESUMPTIVE ELIGIBILITY FOR PREGNANT INDI-**

19 **VIDUALS.**

20 (a) IN GENERAL.—

21 (1) REQUIREMENT.—Section 1920(a) of the So-  
22 cial Security Act (42 U.S.C. 1396r-1(a)) is amended  
23 by striking “may provide” and inserting “shall pro-  
24 vide”.

1           (2) APPLICATION.—Section 1920 of the Social  
2           Security Act (42 U.S.C. 1396r-1) is amended by  
3           adding at the end the following new subsection:

4           “(f) APPLICATION.—A State shall provide to a preg-  
5           nant woman a presumptive eligibility period in accordance  
6           with this section without regard to whether the individual  
7           would otherwise qualify for a presumptive eligibility period  
8           the State has elected to provide under section 1920A,  
9           1920B, or 1920C.”.

10          (b) CONFORMING AMENDMENTS.—

11           (1) Section 1902(a)(47) of the Social Security  
12           Act (42 U.S.C. 1396a(a)(47)) is amended to read as  
13           follows:

14           “(47) provide—

15           “(A)(i) for making ambulatory prenatal  
16           care available to pregnant women during a pre-  
17           sumptive eligibility period in accordance with  
18           section 1920; and

19           “(ii) at the option of the State—

20           “(I) for making medical assistance for  
21           items and services described in subsection  
22           (a) of section 1920A available to children  
23           during a presumptive eligibility period in  
24           accordance with such section;

1                   “(II) for making medical assistance  
2                   available to individuals described in sub-  
3                   section (a) of section 1920B during a pre-  
4                   sumptive eligibility period in accordance  
5                   with such section; and

6                   “(III) for making medical assistance  
7                   available to individuals described in sub-  
8                   section (a) of section 1920C during a pre-  
9                   sumptive eligibility period in accordance  
10                  with such section; and

11                  “(B) that any hospital that is a partici-  
12                  pating provider under the State plan may elect  
13                  to be a qualified entity for purposes of deter-  
14                  mining, on the basis of preliminary information,  
15                  whether any individual is eligible for medical as-  
16                  sistance under the State plan or under a waiver  
17                  of the plan for purposes of providing the indi-  
18                  vidual with medical assistance during a pre-  
19                  sumptive eligibility period, in the same manner,  
20                  and subject to the same requirements, as apply  
21                  with respect to populations described in section  
22                  1920, 1920A, 1920B, or 1920C (without re-  
23                  gard to whether the State has elected to provide  
24                  for a presumptive eligibility period under sec-

1           tions 1920A, 1920B, or 1920C), subject to  
2           such guidance as the Secretary shall establish;”.

3           (2) Section 1920(e) of the Social Security Act  
4           (42 U.S.C. 1396r-1(e)) is amended—

5                   (A) by striking “If the State has elected  
6                   the option to provide a presumptive eligibility  
7                   period under this section or section 1920A,  
8                   the” and inserting “The”; and

9                   (B) by striking “1920A, subject to” and  
10                  inserting “1920A (if the State has elected the  
11                  option), subject to”.

12           (3) Section 2107(e)(1)(R) of the Social Security  
13           Act (42 U.S.C. 1397gg(e)(1)(R)) is amended by in-  
14           serting “1920 (relating to presumptive eligibility for  
15           pregnant women and section” before “1920A”.

16           (4) Section 2112(c) of the Social Security Act  
17           (42 U.S.C. 1397ll(c)) is amended—

18                   (A) in the heading, by striking “OPTION  
19                   To PROVIDE”; and

20                   (B) by striking “may elect” and inserting  
21                   “shall elect”.

1 **TITLE III—INVEST IN THE MA-**  
2 **TERNAL HEALTH CARE**  
3 **WORKFORCE**

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

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

7 (1) in subsection (a)—

8 (A) in paragraph (1), in the matter pre-  
9 ceding subparagraph (A), by inserting “and ur-  
10 gent maternal health care needs” after “public  
11 health care needs”;

12 (B) in paragraph (3), by inserting “or ur-  
13 gent maternal health care need” after “public  
14 health care need”;

15 (C) in paragraph (5)—

16 (i) in subparagraph (C), by striking  
17 “or” at the end;

18 (ii) in subparagraph (D), by striking  
19 the period at the end and inserting “; or”;  
20 and

21 (iii) by adding at the end the fol-  
22 lowing:

23 “(E) any urgent need, not rising to the  
24 level of an emergency described in subpara-  
25 graph (D), that, in the judgment of the Sec-



1           retary, if not addressed, could result in an  
2           emergency that would be appropriate for the  
3           deployment of the Commissioned Corps.”; and

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

5           “(6) URGENT MATERNAL HEALTH CARE  
6           NEED.—

7                   “(A) IN GENERAL.—For purposes of this  
8           section and section 214, the term ‘urgent ma-  
9           ternal health care need’, with respect to an  
10          area, means a maternal health care need, as de-  
11          termined by the Secretary, in consultation with  
12          the Attorney General, arising as a result of the  
13          closure or imminent closure of a hospital or  
14          other health care facility in such area, or the  
15          loss of workers employed by such hospital or  
16          health care facility who are trained to provide  
17          maternal health care services.

18                   “(B) CONSIDERATIONS.—In determining  
19          whether there is an urgent maternal health care  
20          need for purposes of subparagraph (A) with re-  
21          spect to an area, the Secretary shall consider  
22          whether such closure, imminent closure, or loss  
23          of workers has impacted access by individuals  
24          in such area to a full range of maternal health  
25          care services, including prenatal services, labor

1 and delivery services, postnatal services, mater-  
2 nal and postpartum mental health services, be-  
3 havioral health services, and reproductive health  
4 services.”;

5 (2) in subsection (b)—

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

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

12 (3) in subsection (c), by inserting “or urgent  
13 maternal health care need” after “public health care  
14 need”.

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

17 (1) by redesignating subsection (e) as sub-  
18 section (f);

19 (2) by inserting after subsection (d) the fol-  
20 lowing:

21 “(e)(1) Upon the request of an eligible entity with  
22 respect to a hospital or other health care facility the clo-  
23 sure, imminent closure, or loss of workers of which led  
24 to an urgent maternal health care need in an area, per-  
25 sonnel may be detailed by the Secretary for the purpose

1 of assisting such eligible entity in work related to such  
2 urgent maternal health care need.

3 “(2)(A) Personnel detailed under paragraph (1) shall  
4 be paid from applicable appropriations of the Service.

5 “(B) In the case of detail of personnel under para-  
6 graph (1) to be paid from applicable Service appropria-  
7 tions, the Secretary may condition such detail on an agree-  
8 ment by the eligible entity concerned that such eligible en-  
9 tity concerned shall reimburse the United States for a por-  
10 tion of the amount of such payments made by the Service.

11 “(C) The services of personnel while detailed pursu-  
12 ant to this subsection shall be considered as having been  
13 performed in the Service for purposes of the computation  
14 of basic pay, promotion, retirement, compensation for in-  
15 jury or death, and the benefits provided by section 212.

16 “(3) The Secretary may condition a detail of per-  
17 sonnel under paragraph (1) on an agreement by the eligi-  
18 ble entity concerned that such eligible entity concerned  
19 shall—

20 “(A) in the case of an imminent closure or a  
21 loss of workers, as determined by the Secretary—

22 “(i) maintain the maternal health care  
23 services in the applicable area to the maximum  
24 extent practicable, including by hiring tem-

1           porary workers, until the date on which the per-  
2           sonnel are detailed to such area; and

3           “(ii) submit to the Secretary a plan for  
4           hiring and retaining health practitioners in the  
5           short- and long-term, both during periods in  
6           which personnel are detailed to such applicable  
7           area and periods in which personnel are not de-  
8           tailed to such applicable area;

9           “(B) in the case of a closure, submit to the Sec-  
10          retary a plan for working with, as applicable, State  
11          and local agencies and local stakeholders to transi-  
12          tion patients to alternate sources of safe maternal  
13          health care services; and

14          “(C) commit to an assessment by the Secretary  
15          of the workplace practices of such eligible entity con-  
16          cerned, if applicable.

17          “(4) In this subsection—

18                 “(A) the term ‘eligible entity’ means—

19                         “(i) a State;

20                         “(ii) a political subdivision of a State; or

21                         “(iii) a Tribal, nonprofit, or other health  
22                         care entity; and

23                 “(B) the term ‘personnel’ means an employee  
24                 or officer of the Commissioned Corps.”; and

1           (3) in subsection (f) (as so redesignated), by in-  
2           serting “or an urgent maternal health care need”  
3           before the period at the end.

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

8           “(e) OPERATIONS OF THE COMMISSIONED CORPS OF  
9 THE PUBLIC HEALTH SERVICE.—

10           “(1) IN GENERAL.—The Secretary shall carry  
11 out duties and responsibilities relating to the oper-  
12 ations of the Commissioned Corps of the Service, in-  
13 cluding the following:

14           “(A) Enhance the processes and systems  
15 of the Service’s Headquarters operations.

16           “(B) Maximize the force management, re-  
17 quired training opportunities (as determined by  
18 the Secretary under section 203A(a)(1)), oper-  
19 ational capacity, and mission readiness of the  
20 Regular Corps, the Ready Reserve Corps, and  
21 the Public Health Emergency Response Strike  
22 Teams, a subcomponent of the Regular Corps.

23           “(C) Recruit and retain qualified profes-  
24 sionals suited to serving underserved and vul-  
25 nerable communities by—

1           “(i) improving onboarding timelines,  
2           providing officer placements to align with  
3           mission needs, ensuring adequate officer  
4           morale and wellness resources, and  
5           incentivizing recruiters and recruits; and

6           “(ii) expanding training opportunities,  
7           including training of personnel to deliver  
8           maternal health care services, providing  
9           credentialing support for high demand skill  
10          sets, and enriching leadership and research  
11          potential.

12          “(D) Improve deployment processes and  
13          prepare mission teams to execute routine and  
14          emergent public health events.

15          “(E) Establish a legislative liaison office to  
16          carry out legislative affairs functions under the  
17          direction of the Secretary.

18          “(2) AUTHORIZATION OF APPROPRIATIONS.—In  
19          addition to amounts otherwise authorized to be ap-  
20          propriated for the Commissioned Corps of the Serv-  
21          ice, there is authorized to be appropriated to the  
22          Secretary to carry out paragraph (1) \$150,000,000  
23          for fiscal year 2026 and each fiscal year there-  
24          after.”.

1 **SEC. 302. STREAMLINED SCREENING AND ENROLLMENT OF**  
2 **PROVIDERS OF MATERNITY, LABOR, AND DE-**  
3 **LIVERY SERVICES IN NEIGHBORING STATES.**

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

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

11 “(A) IN GENERAL.—The State adopts and  
12 implements a process that enables an eligible  
13 out-of-State provider to enroll as a provider in  
14 the State plan without imposing any screening  
15 requirements that are in addition to the re-  
16 quirements imposed on in-State providers. An  
17 eligible out-of-State provider that enrolls in the  
18 State plan through such process shall be so en-  
19 rolled for a 5-year period (unless the provider  
20 is terminated or excluded from participation  
21 during such period) and may revalidate such  
22 enrollment through such process for subsequent  
23 5-year periods.

24 “(B) ELIGIBLE OUT-OF-STATE PRO-  
25 VIDER.—In this paragraph, the term ‘eligible

1 out-of-State provider’ means, with respect to a  
2 State, a provider—

3 “(i) that furnishes maternity, labor,  
4 and delivery services (as defined in sub-  
5 section (uu)(1)), or provides orders or re-  
6 ferrals for such services, for which pay-  
7 ment is available under the State plan of  
8 the State;

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

11 “(iii) with respect to which the Sec-  
12 retary has determined there is a limited  
13 risk of fraud, waste, or abuse for purposes  
14 of determining the level of screening to be  
15 conducted under section 1866(j)(2)(B);

16 “(iv) that has been screened under  
17 such section 1866(j)(2)(B) for purposes of  
18 enrolling in the Medicare program under  
19 title XVIII or the State plan of the State  
20 in which such provider is located; and

21 “(v) that has not been excluded from  
22 participation in the Medicare program  
23 under such title or the Medicaid program  
24 under this title.”.

25 (b) CONFORMING AMENDMENTS.—



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

4           (2) Section 1902(kk) of such Act (42 U.S.C.  
5           1396a(kk)), as amended by subsection (a), is further  
6           amended—

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

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

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

15          (d) GUIDANCE ON SCREENING AND ENROLLING OUT-  
16          OF-STATE PROVIDERS OF MATERNITY, LABOR, AND DE-  
17          LIVERY SERVICES.—Not later than January 1, 2027, the  
18          Secretary of Health and Human Services shall issue (and  
19          update as the Secretary determines necessary) guidance  
20          to State Medicaid and CHIP directors on best practices  
21          for screening and enrolling out-of-State providers of ma-  
22          ternity, labor, and delivery services in accordance with  
23          paragraph (10) of section 1902(kk) of the Social Security  
24          Act (42 U.S.C. 1396a(kk)) and section 2107(e)(1)(G) of  
25          such Act (42 U.S.C. 1397gg(e)(1)(G)) (as added and

1 amended by this section) and including best practices for  
2 screening and enrolling out-of-State providers in managed  
3 care plans.

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

6 **TITLE IV—REQUIRING PUBLIC**  
7 **COMMUNICATION OF OBSTET-**  
8 **RICS DATA AND UNIT CLO-**  
9 **SURES**

10 **SEC. 401. TIMELY NOTIFICATIONS OF IMPENDING HOS-**  
11 **PITAL OBSTETRIC UNIT CLOSURES.**

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

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

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

18 (3) by inserting after subparagraph (Y) the fol-  
19 lowing new subparagraph:

20 “(Z) beginning 180 days after the date of  
21 the enactment of this subparagraph, in the case  
22 of a hospital, not less than 180 days prior to  
23 the closure of any obstetric unit of the hospital,  
24 to submit to the Secretary, any relevant local

1 and State agencies, and the community a notifi-  
2 cation, which shall include—

3 “(i) a report analyzing the impact the  
4 closure will have on the community, includ-  
5 ing data on any adverse outcomes and in-  
6 crease in costs relating to obstetric services  
7 for such community;

8 “(ii) steps the hospital will take to  
9 identify other health care providers that  
10 can alleviate any service gaps as a result of  
11 the closure;

12 “(iii) the cause of the closure of such  
13 obstetric unit;

14 “(iv) data regarding historic transpor-  
15 tation costs related to obstetric services in  
16 such community; and

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

19 (b) STATE REQUIREMENT TO POST REPORTS.—Sec-  
20 tion 1902(a) of the Social Security Act (42 U.S.C.  
21 1396a(a)), as amended by section 201(a)(1), is further  
22 amended—

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

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

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

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

9 **SEC. 402. COLLECTION OF DATA RELATING TO HOSPITAL**  
10 **LABOR AND DELIVERY SERVICES.**

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

14 (1) in subparagraph (Y)(ii)(V), by striking  
15 “and” at the end;

16 (2) in subparagraph (Z), by striking the period  
17 and inserting “, and”; and

18 (3) by adding at the end the following new sub-  
19 paragraph:

20 “(AA) in the case of a hospital, to include  
21 in cost reports submitted under this title for  
22 cost reporting periods beginning on or after  
23 July 1, 2025—

24 “(i) the number of births that oc-  
25 curred at such hospital during the cost re-

1                    reporting period, delineated by the number  
2                    of cesarean births and vaginal births;

3                    “(ii) the number of antenatal and  
4                    postpartum transfers from the hospital to  
5                    other hospitals;

6                    “(iii) data on the number and charac-  
7                    teristics of the staff providing labor and  
8                    delivery services at such hospital;

9                    “(iv) the expenses the hospital in-  
10                    curred for providing labor and delivery  
11                    services at such hospital, including nursing  
12                    care, anesthesia, and operating room serv-  
13                    ices;

14                    “(v) the amount the hospital spent for  
15                    on-call coverage for labor and delivery  
16                    services by physicians and midwives; and

17                    “(vi) the amount and sources of rev-  
18                    enue received by such hospital for labor  
19                    and delivery services, including payments  
20                    received for—

21                    “(I) items and services furnished  
22                    to individuals eligible for coverage  
23                    under a State plan under title XIX  
24                    (or a waiver of such a plan);

1                   “(II) items and services fur-  
2                   nished to individuals with other forms  
3                   of health insurance or third-party cov-  
4                   erage; and

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