

# Union Calendar No. 428

116TH CONGRESS 2D SESSION

# H. R. 4996

[Report No. 116-527]

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes.

# IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Ms. Kelly of Illinois (for herself, Mr. Burgess, Ms. Underwood, Mrs. Rodgers of Washington, Ms. Pressley, and Mr. Carter of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

### September 21, 2020

Additional sponsors: Ms. Herrera Beutler, Mr. Walden, Mr. Engel, Mrs. Hayes, Mr. Trone, Mr. Crenshaw, Mr. Guthrie, Mr. Ruiz, Ms. Schakowsky, Mr. Fitzpatrick, Mr. Cunningham, Ms. Norton, Mr. Larsen of Washington, Mr. Clay, Mr. McGovern, Ms. Kendra S. Horn of Oklahoma, Ms. Finkenauer, Mrs. Axne, Ms. Shalala, Mr. Walberg, Mr. McEachin, Mrs. Fletcher, Mrs. Bustos, Mr. Van Drew, Ms. Jackson Lee, Ms. Dean, Mr. Lamb, Mrs. Davis of California, Ms. Porter, Mrs. Napolitano, and Ms. Houlahan

### September 21, 2020

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed [Strike out all after the enacting clause and insert the part printed in italic] [For text of introduced bill, see copy of bill as introduced on November 8, 2019]

# **A BILL**

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes.

1	Be it enacted by the Senate and House of Representa-
2	tives of the United States of America in Congress assembled,
3	SECTION 1. SHORT TITLE.
4	This Act may be cited as the "Helping Medicaid Offer
5	Maternity Services Act of 2019" or the "Helping MOMS
6	Act of 2019".
7	SEC. 2. STATE OPTION UNDER MEDICAID PROGRAM TO
8	PROVIDE FOR AND EXTEND CONTINUOUS
9	COVERAGE FOR CERTAIN INDIVIDUALS.
10	(a) State Option To Extend Continuous Cov-
11	ERAGE FOR PREGNANT AND POSTPARTUM INDIVIDUALS.—
12	Title XIX of the Social Security Act (42 U.S.C. 1396 et
13	seq.) is amended—
14	(1) in section 1902(e)(5), by inserting after "60-
15	day period" the following: "or, at the option of the
16	State, 1-year period";
17	(2) in section 1902(e)(6), by inserting after "60-
18	day period" the following: "or, at the option of the
19	State, 1-year period";
20	(3) in section 1902(l)(1)(A), by inserting after
21	"60-day period" the following: ", or, at the option of
22	the State, 1-year period,";
23	(4) in section $1903(v)(4)(A)(i)$ , by inserting after
24	"60-day period" the following: ", or, at the option of
25	the State, 1-year period,": and

1 (5) in section 1905(a), in the fourth sentence in 2 the matter following paragraph (30), by inserting after "60-day period" the following: ", or, at the op-3 tion of the State, 1-year period,". 4 5 (b) State Option To Provide Continuous Cov-ERAGE FOR FULL BENEFITS FOR INDIVIDUALS WHO ARE OR BECOME PREGNANT.—Section 1902(e)(6) of the Social 8 Security Act (42 U.S.C. 1396a(e)(6)), as amended by subsection (a), is further amended— 10 (1) by striking "(6) In the case of a pregnant 11 woman" and inserting 12 "(6)(A) In the case of a pregnant woman"; and 13 (2) by adding at the end the following: 14 "(B)(i) At the option of the State, the State plan may provide that an individual who is eligible for medical assistance under the State plan (or a waiver of such plan) 16 or for child health assistance under title XXI and who is, or who while so eligible becomes, pregnant shall continue 18 to be eligible for such medical assistance or child health as-19 sistance, respectively, through the end of the month in which 21 the 1-year period (beginning on the last day of such pregnancy) ends, regardless of the basis for the individual's eligibility for such medical assistance.". (c) Increase of FMAP.—Section 1905 of the Social 24 Security Act (42 U.S.C. 1396d) is amended—

- 1 (1) in subsection (b), in the first sentence, by 2 striking "and (ff)" and inserting "(ff), and (gg)"; and
  - (2) by adding at the end the following new subsection:
    - "(gg) Specified Coverage Extension States.—
      - "(1) In General.—Notwithstanding subsection (b), beginning January 1, 2020, in the case of a specified coverage extension State, for the initial extension calendar quarters with respect to such State, the Federal medical assistance percentage that would otherwise apply to the State without application of this subsection, shall be increased by 5 percentage points.
      - "(2) Specified coverage extension state means a State, the State coverage extension State means a State, the State plan of which has in effect the application of the 1-year period of continuous medical assistance pursuant to each of paragraphs (5) and (6) of section 1902(e).
      - "(3) Initial extension calendar quarter.—
        For purposes of this subsection, the term 'initial extension calendar quarter' means, with respect to a State, each calendar quarter occurring in the first fiscal year that the State is a specified coverage extension State.".

- 1 (d) Application to CHIP Optional Coverage of
- 2 Targeted Low-Income Pregnant Women.—Section
- 3 2112 of the Social Security Act (42 U.S.C. 1397ll) is
- 4 amended—
- 5 (1) in subsection (d)(2)(A), by inserting after
- 6 "60-day period" the following: ", or, at the option of
- 7 the State, 1-year period"; and
- 8 (2) in subsection (f)(2), by inserting after "60-
- 9 day period" the following: ", or, at the option of the
- 10 State, 1-year period".
- 11 (e) Effective Date.—The amendments made by this
- 12 section shall apply with respect to eligibility determinations
- 13 for items and services under State plans under title XIX
- 14 of the Social Security Act (or a waiver of such a plan) (42
- 15 U.S.C. 1396 et seq.) and under State child health plans
- 16 under title XXI (or waiver of such a plan) made on or after
- 17 January 1, 2020.
- 18 SEC. 3. MACPAC REPORT.
- 19 (a) In General.—Not later than 1 year after the date
- 20 of the enactment of this Act, the Medicaid and CHIP Pay-
- 21 ment and Access Commission (referred to in this section
- 22 as "MACPAC") shall publish a report on the coverage of
- 23 doula services under State Medicaid programs, which shall
- 24 at a minimum include the following:

- 1 (1) Information about coverage for doula services 2 under State Medicaid programs that currently pro-3 vide coverage for such services, including the type of 4 doula services offered (such as prenatal, labor and de-5 livery, postpartum support, and also community-6 based and traditional doula services).
  - (2) An analysis of barriers to covering doula services under State Medicaid programs.
  - (3) An identification of effective strategies to increase the use of doula services in order to provide better care and achieve better maternal and infant health outcomes, including strategies that States may use to recruit, train, and certify a diverse doula workforce, particularly from underserved communities, communities of color, and communities facing linguistic or cultural barriers.
  - (4) Recommendations for legislative and administrative actions to increase access to doula services in State Medicaid programs, including actions that ensure doulas may earn a living wage that accounts for their time and costs associated with providing care.
- 22 (b) Stakeholder Consultation.—In developing the 23 report required under subsection (a), MACPAC shall con-24 sult with relevant stakeholders, including—
- 25 (1) States;

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

- (2) organizations representing consumers, in cluding those that are disproportionately impacted by
   poor maternal health outcomes;
- 4 (3) organizations and individuals representing 5 doula services providers, including community-based 6 doula programs and those who serve underserved com-7 munities, including communities of color, and com-8 munities facing linguistic or cultural barriers; and
- 9 (4) organizations representing health care pro-10 viders.

### 11 SEC. 4. GAO REPORT.

12 (a) In General.—Not later than 2 years after the
13 date of the enactment of this Act and every five years there14 after, the Comptroller General of the United States shall
15 submit to Congress a report on the State adoption, under
16 the Medicaid program under title XIX of the Social Secu17 rity Act (42 U.S.C. 1396 et seq.) and the Children's Health
18 Insurance Program under title XXI of such Act, of extend19 ing coverage to 365 days postpartum pursuant to the provi20 sions of (and amendments made by this Act). Such report
21 shall include the information and recommendations de22 scribed in subsection (b) and shall also identify ongoing
23 gaps in coverage for—

1	(1) pregnant women under the Medicaid pro-
2	gram and the Children's Health Insurance Program;
3	and
4	(2) postpartum women under the Medicaid pro-
5	gram and the Children's Health Insurance Program
6	who received assistance under either such program
7	during their pregnancy.
8	(b) Content of Report.—The report under sub-
9	section (a) shall include the following:
10	(1) Information regarding the extent to which
11	States have elected to extend coverage to 365 days
12	postpartum pursuant to the provisions of (and
13	amendments made by this Act), including which
14	States make the election and when, impacts on
15	perinatal insurance churn in those States compared
16	to States that did not make such election, other health
17	impacts of such election including regarding maternal
18	mortality and morbidity rates, and impacts on State
19	and Federal Medicaid spending.
20	(2) Information about the abilities, successes,
21	and challenges of State Medicaid agencies in—
22	(A) transitioning their eligibility systems to
23	incorporate such an election by a State and in

determining whether pregnant and postpartum

24

1	women are eligible under another insurance af-
2	fordability program; and
3	(B) transitioning any such women who are
4	so eligible to coverage under such a program,
5	pursuant to section 1943(b)(3) of the Social Se-
6	curity Act (42 U.S.C 1396w-3(b)(3)).
7	(3) Information on factors contributing to ongo-
8	ing gaps in coverage resulting from women
9	transitioning from coverage under the Medicaid pro-
10	gram or Children's Health Insurance Program that
11	disproportionately impact underserved populations,
12	including low-income women, women of color, women
13	who reside in a health professional shortage area (as
14	defined in section 332(a)(1)(A) of the Public Health
15	Service Act (42 U.S.C. 254e(a)(1)(A))), or who are
16	members of a medically underserved population (as
17	defined by section 330(b)(3) of such Act (42 U.S.C.
18	254b(b)(3)(A))).
19	(4) Recommendations for addressing and reduc-
20	ing such gaps in coverage.
21	(5) Such other information as the Comptroller
22	General determines appropriate.

## 1 SEC. 5. REPORT ON MEDICAID BUNDLED PAYMENTS FOR

_	
)	
,	PREGNANCY-RELATED SERVICES.
_	I MEGINARY CIPMENTED SERVICES.

- 3 Not later than 2 years after the date of the enactment
- 4 of this Act, the Medicaid and CHIP Payment Advisory
- 5 Commission shall submit to Congress a report containing
- 6 an analysis of the use of bundled payments for reimbursing
- 7 health care providers with respect to pregnancy-related
- 8 services furnished under State plans (or waivers of such
- 9 plans) under title XIX of the Social Security Act (42 U.S.C.
- 10 1396 et seq.).

# Union Calendar No. 428

116TH CONGRESS H. R. 4996

[Report No. 116-527]

# A BILL

To amend title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for and extend continuous coverage for certain individuals, and for other purposes.

September 21, 2020

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed