

117TH CONGRESS
1ST SESSION

S. 334

To establish an alternative payment model demonstration project for maternity care provided to pregnant and postpartum individuals under State Medicaid and CHIP programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 22, 2021

Mr. CASEY (for himself, Mr. MENENDEZ, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To establish an alternative payment model demonstration project for maternity care provided to pregnant and postpartum individuals under State Medicaid and CHIP programs, 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 “IMPACT to Save
5 Moms Act”.

1 **SEC. 2. PERINATAL CARE ALTERNATIVE PAYMENT MODEL**
2 **DEMONSTRATION PROJECT.**

3 (a) IN GENERAL.—For the period of fiscal years
4 2022 through 2026, the Secretary of Health and Human
5 Services (referred to in this section as the “Secretary”),
6 acting through the Administrator of the Centers for Medi-
7 care & Medicaid Services, shall establish and implement,
8 in accordance with the requirements of this section, a
9 demonstration project, to be known as the Perinatal Care
10 Alternative Payment Model Demonstration Project (re-
11 ferred to in this section as the “Demonstration Project”),
12 for purposes of allowing States to test payment models
13 under their State plans under title XIX of the Social Secu-
14 rity Act (42 U.S.C. 1396 et seq.) and State child health
15 plans under title XXI of such Act (42 U.S.C. 1397aa et
16 seq.) with respect to maternity care provided to pregnant
17 and postpartum individuals enrolled in such State plans
18 and State child health plans.

19 (b) COORDINATION.—In establishing the Demonstra-
20 tion Project, the Secretary shall coordinate with stake-
21 holders such as—

- 22 (1) State Medicaid programs;
23 (2) maternity care providers and organizations
24 representing maternity care providers;

1 (3) relevant organizations representing patients,
 2 with a particular focus on patients from racial and
 3 ethnic minority groups;

4 (4) relevant community-based organizations,
 5 particularly organizations that seek to improve ma-
 6 ternal health outcomes for pregnant and postpartum
 7 individuals from racial and ethnic minority groups;

8 (5) perinatal health workers;

9 (6) relevant health insurance issuers;

10 (7) hospitals, health systems, midwifery prac-
 11 tices, freestanding birth centers (as such term is de-
 12 fined in paragraph (3)(B) of section 1905(l) of the
 13 Social Security Act (42 U.S.C. 1396d(l)), federally
 14 qualified health centers (as such term is defined in
 15 paragraph (2)(B) of such section), and rural health
 16 clinics (as such term is defined in section 1861(aa)
 17 of such Act (42 U.S.C. 1395x(aa)));

18 (8) researchers and policy experts in fields re-
 19 lated to maternity care payment models; and

20 (9) any other stakeholders as the Secretary de-
 21 termines appropriate, with a particular focus on
 22 stakeholders from racial and ethnic minority groups.

23 (c) CONSIDERATIONS.—In establishing the Dem-
 24 onstration Project, the Secretary shall consider any alter-
 25 native payment model that—

1 (1) is designed to improve maternal health out-
2 comes for racial and ethnic groups with dispropor-
3 tionate rates of adverse maternal health outcomes;

4 (2) includes methods for stratifying patients by
5 pregnancy risk level and, as appropriate, adjusting
6 payments under such model to take into account
7 pregnancy risk level;

8 (3) establishes evidence-based quality metrics
9 for such payments;

10 (4) includes consideration of non-hospital birth
11 settings such as freestanding birth centers (as so de-
12 fined);

13 (5) includes consideration of social deter-
14 minants of maternal health; or

15 (6) includes diverse maternity care teams that
16 include—

17 (A) maternity care providers, mental and
18 behavioral health care providers acting in ac-
19 cordance with State law, registered dietitians or
20 nutrition professionals (as such term is defined
21 in section 1861(vv)(2) of the Social Security
22 Act (42 U.S.C. 1395x(vv)(2))), and Inter-
23 national Board Certified Lactation Consult-
24 ants—

1 (i) from racially, ethnically, and pro-
 2 fessionally diverse backgrounds;

3 (ii) with experience practicing in ra-
 4 cially and ethnically diverse communities;
 5 or

6 (iii) who have undergone training on
 7 implicit bias and racism; and

8 (B) perinatal health workers.

9 (d) ELIGIBILITY.—To be eligible to participate in the
 10 Demonstration Project, a State shall submit an applica-
 11 tion to the Secretary at such time, in such manner, and
 12 containing such information as the Secretary may require.

13 (e) EVALUATION.—The Secretary shall conduct an
 14 evaluation of the Demonstration Project to determine the
 15 impact of the Demonstration Project on—

16 (1) maternal health outcomes, with data strati-
 17 fied by race, ethnicity, socioeconomic indicators, and
 18 any other factors as the Secretary determines appro-
 19 priate;

20 (2) spending on maternity care by States par-
 21 ticipating in the Demonstration Project;

22 (3) to the extent practicable, qualitative and
 23 quantitative measures of patient experience; and

24 (4) any other areas of assessment that the Sec-
 25 retary determines relevant.

1 (f) REPORT.—Not later than 1 year after the comple-
 2 tion or termination date of the Demonstration Project, the
 3 Secretary shall submit to the Congress, and make publicly
 4 available, a report containing—

5 (1) the results of any evaluation conducted
 6 under subsection (e); and

7 (2) a recommendation regarding whether the
 8 Demonstration Project should be continued after fis-
 9 cal year 2026 and expanded on a national basis.

10 (g) AUTHORIZATION OF APPROPRIATIONS.—There
 11 are authorized to be appropriated such sums as are nec-
 12 essary to carry out this section.

13 (h) DEFINITIONS.—In this section:

14 (1) ALTERNATIVE PAYMENT MODEL.—The
 15 term “alternative payment model” has the meaning
 16 given such term in section 1833(z)(3)(C) of the So-
 17 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

18 (2) PERINATAL.—The term “perinatal” means
 19 the period beginning on the day an individual be-
 20 comes pregnant and ending on the last day of the
 21 1-year period beginning on the last day of such indi-
 22 vidual’s pregnancy.

23 (3) RACIAL AND ETHNIC MINORITY GROUP.—
 24 The term “racial and ethnic minority group” has the
 25 meaning given such term in section 1707(g)(1) of

1 the Public Health Service Act (42 U.S.C. 300u–
2 6(g)(1)).

3 **SEC. 3. MACPAC REPORT.**

4 Not later than 2 years after the date of the enact-
5 ment of this Act, the Medicaid and CHIP Payment and
6 Access Commission shall publish a report on issues relat-
7 ing to the continuity of coverage under State plans under
8 title XIX of the Social Security Act (42 U.S.C. 1396 et
9 seq.) and State child health plans under title XXI of such
10 Act (42 U.S.C. 1397aa et seq.) for pregnant and
11 postpartum individuals. Such report shall, at a minimum,
12 include the following:

13 (1) An assessment of any existing policies
14 under such State plans and such State child health
15 plans regarding presumptive eligibility for pregnant
16 individuals while their application for enrollment in
17 such a State plan or such a State child health plan
18 is being processed.

19 (2) An assessment of any existing policies
20 under such State plans and such State child health
21 plans regarding measures to ensure continuity of
22 coverage under such a State plan or such a State
23 child health plan for pregnant and postpartum indi-
24 viduals, including such individuals who need to
25 change their health insurance coverage during their

1 pregnancy or the postpartum period following their
2 pregnancy.

3 (3) An assessment of any existing policies
4 under such State plans and such State child health
5 plans regarding measures to automatically reenroll
6 individuals who are eligible to enroll under such a
7 State plan or such a State child health plan as a
8 parent.

9 (4) If determined appropriate by the Commis-
10 sion, any recommendations for the Department of
11 Health and Human Services, or such State plans
12 and such State child health plans, to ensure con-
13 tinuity of coverage under such a State plan or such
14 a State child health plan for pregnant and
15 postpartum individuals.

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