Committee Print

[SHOWING THE TEXT OF H.R. 4996, AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH ON NOVEMBER 13, 2019]

116TH CONGRESS
1ST SESSION

H. R. 4996

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

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.

Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Helping Medicaid Offer Maternity Services Act of 2019” or the “Helping MOMS Act of 2019”.

SEC. 2. STATE OPTION UNDER MEDICAID PROGRAM TO PROVIDE FOR AND EXTEND CONTINUOUS COVERAGE FOR CERTAIN INDIVIDUALS.

(a) State Option To Extend Continuous Coverage For Pregnant and Postpartum Individuals.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(1) in section 1902(e)(5), by inserting after “60-day period” the following: “or, at the option of the State, 1-year period”;

(2) in section 1902(e)(6), by inserting after “60-day period” the following: “or, at the option of the State, 1-year period”;

(3) in section 1902(l)(1)(A), by inserting after “60-day period” the following: “, or, at the option of the State, 1-year period,”;

(4) in section 1903(v)(4)(A)(i), by inserting after “60-day period” the following: “, or, at the option of the State, 1-year period,”; and

(5) in section 1905(a), in the fourth sentence in the matter following paragraph (30), by inserting
after “60-day period” the following: “, or, at the option of the State, 1-year period.”.

(b) State Option To Provide Continuous Coverage for Full Benefits for Individuals Who Are Or Become Pregnant.—Section 1902(c)(6) of the Social Security Act (42 U.S.C. 1396a(c)(6)), as amended by subsection (a), is further amended—

(1) by striking “(6) In the case of a pregnant woman” and inserting

“(6)(A) In the case of a pregnant woman”; and

(2) by adding at the end the following:

“(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) or for child health assistance under title XXI and who is, or who while so eligible becomes, pregnant shall continue to be eligible for such medical assistance or child health assistance, respectively, through the end of the month in which 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 Security Act (42 U.S.C. 1396d) is amended—
(1) in subsection (b), in the first sentence, by 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.—For purposes of this subsection, the term ‘specified 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.”.

(d) Application to CHIP Optional Coverage of
Targeted Low-Income Pregnant Women.—Section
2112 of the Social Security Act (42 U.S.C. 1397ll) is
amended—

(1) in subsection (d)(2)(A), by inserting after
“60-day period” the following: “, or, at the option
of the State, 1-year period”; and

(2) in subsection (f)(2), by inserting after “60-
day period” the following: “, or, at the option of the
State, 1-year period”.

(e) Effective Date.—The amendments made by
this section shall apply with respect to eligibility deter-
minations for items and services under State plans under
title XIX of the Social Security Act (or a waiver of such
a plan) (42 U.S.C. 1396 et seq.) and under State child
health plans under title XXI (or waiver of such a plan)
made on or after January 1, 2020.

SEC. 3. MACPAC REPORT.

(a) In General.—Not later than 1 year after the
date of the enactment of this Act, the Medicaid and CHIP
Payment and Access Commission (referred to in this sec-
tion as “MACPAC”) shall publish a report on the coverage
of doula services under State Medicaid programs, which
shall at a minimum include the following:

(1) Information about coverage for doula serv-
ices under State Medicaid programs that currently
provide coverage for such services, including the type
of doula services offered (such as prenatal, labor and
delivery, postpartum support, and also community-
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 commu-
nities, communities of color, and communities facing
linguistic or cultural barriers.

(4) Recommendations for legislative and admin-
istrative 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.
(b) Stakeholder Consultation.—In developing the report required under subsection (a), MACPAC shall consult with relevant stakeholders, including—

(1) States;

(2) organizations representing consumers, including those that are disproportionately impacted by poor maternal health outcomes;

(3) organizations and individuals representing doula services providers, including community-based doula programs and those who serve underserved communities, including communities of color, and communities facing linguistic or cultural barriers; and

(4) organizations representing health care providers.

SEC. 4. GAO REPORT.

(a) In General.—Not later than 2 years after the date of the enactment of this Act and every five years thereafter, the Comptroller General of the United States shall submit to Congress a report on the State adoption, under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the Children’s Health Insurance Program under title XXI of such Act, of extending coverage to 365 days postpartum pursuant to the provisions of (and amendments made by this Act).
Such report shall include the information and recommendations described in subsection (b) and shall also identify ongoing gaps in coverage for—

(1) pregnant women under the Medicaid program and the Children’s Health Insurance Program; and

(2) postpartum women under the Medicaid program and the Children’s Health Insurance Program who received assistance under either such program during their pregnancy.

(b) CONTENT OF REPORT.—The report under subsection (a) shall include the following:

(1) Information regarding the extent to which States have elected to extend coverage to 365 days postpartum pursuant to the provisions of (and amendments made by this Act), including which States make the election and when, impacts on perinatal insurance churn in those States compared to States that did not make such election, other health impacts of such election including regarding maternal mortality and morbidity rates, and impacts on State and Federal Medicaid spending.

(2) Information about the abilities, successes, and challenges of State Medicaid agencies in—
(A) transitioning their eligibility systems to incorporate such an election by a State and in determining whether pregnant and postpartum women are eligible under another insurance affordability program; and

(B) transitioning any such women who are so eligible to coverage under such a program, pursuant to section 1943(b)(3) of the Social Security Act (42 U.S.C 1396w–3(b)(3)).

(3) Information on factors contributing to ongoing gaps in coverage resulting from women transitioning from coverage under the Medicaid program or Children’s Health Insurance Program that disproportionately impact underserved populations, including low-income women, women of color, women who reside in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))), or who are members of a medically underserved population (as defined by section 330(b)(3) of such Act (42 U.S.C. 254b(b)(3)(A))).

(4) Recommendations for addressing and reducing such gaps in coverage.

(5) Such other information as the Comptroller General determines appropriate.