

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

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

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

8 (a) STATE OPTION TO EXTEND CONTINUOUS COV-
9 ERAGE FOR PREGNANT AND POSTPARTUM INDIVID-
10 UALS.—Title XIX of the Social Security Act (42 U.S.C.
11 1396 et seq.) is amended—

12 (1) in section 1902(e)(5), by inserting after
13 “60-day period” the following: “or, at the option of
14 the State, 1-year period”;

15 (2) in section 1902(e)(6), by inserting after
16 “60-day period” the following: “or, at the option of
17 the State, 1-year period”;

18 (3) in section 1902(l)(1)(A), by inserting after
19 “60-day period” the following: “, or, at the option
20 of the State, 1-year period,”;

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

24 (5) in section 1905(a), in the fourth sentence in
25 the matter following paragraph (30), by inserting

1 after “60-day period” the following: “, or, at the op-
2 tion of the State, 1-year period,”.

3 (b) STATE OPTION TO PROVIDE CONTINUOUS COV-
4 ERAGE FOR FULL BENEFITS FOR INDIVIDUALS WHO ARE
5 OR BECOME PREGNANT.—Section 1902(e)(6) of the So-
6 cial Security Act (42 U.S.C. 1396a(e)(6)), as amended by
7 subsection (a), is further amended—

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

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

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

12 “(B)(i) At the option of the State, the State plan may
13 provide that an individual who is eligible for medical as-
14 sistance under the State plan (or a waiver of such plan)
15 or for child health assistance under title XXI and who is,
16 or who while so eligible becomes, pregnant shall continue
17 to be eligible for such medical assistance or child health
18 assistance, respectively, through the end of the month in
19 which the 1-year period (beginning on the last day of such
20 pregnancy) ends, regardless of the basis for the individ-
21 ual’s eligibility for such medical assistance.”.

22 (c) INCREASE OF FMAP.—Section 1905 of the Social
23 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)”;
3 and

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

6 “(gg) SPECIFIED COVERAGE EXTENSION STATES.—

7 “(1) IN GENERAL.—Notwithstanding subsection
8 (b), beginning January 1, 2020, in the case of a
9 specified coverage extension State, for the initial ex-
10 tension calendar quarters with respect to such State,
11 the Federal medical assistance percentage that
12 would otherwise apply to the State without applica-
13 tion of this subsection, shall be increased by 5 per-
14 centage points.

15 “(2) SPECIFIED COVERAGE EXTENSION
16 STATE.—For purposes of this subsection, the term
17 ‘specified coverage extension State’ means a State,
18 the State plan of which has in effect the application
19 of the 1-year period of continuous medical assist-
20 ance pursuant to each of paragraphs (5) and (6) of
21 section 1902(e).

22 “(3) INITIAL EXTENSION CALENDAR QUAR-
23 TER.—For purposes of this subsection, the term ‘ini-
24 tial extension calendar quarter’ means, with respect
25 to a State, each calendar quarter occurring in the

1 first fiscal year that the State is a specified coverage
2 extension State.”.

3 (d) APPLICATION TO CHIP OPTIONAL COVERAGE OF
4 TARGETED LOW-INCOME PREGNANT WOMEN.—Section
5 2112 of the Social Security Act (42 U.S.C. 1397ll) is
6 amended—

7 (1) in subsection (d)(2)(A), by inserting after
8 “60-day period” the following: “, or, at the option
9 of the State, 1-year period”; and

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

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

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

21 (a) IN GENERAL.—Not later than 1 year after the
22 date of the enactment of this Act, the Medicaid and CHIP
23 Payment and Access Commission (referred to in this sec-
24 tion as “MACPAC”) shall publish a report on the coverage

1 of doula services under State Medicaid programs, which
2 shall at a minimum include the following:

3 (1) Information about coverage for doula serv-
4 ices under State Medicaid programs that currently
5 provide coverage for such services, including the type
6 of doula services offered (such as prenatal, labor and
7 delivery, postpartum support, and also community-
8 based and traditional doula services).

9 (2) An analysis of barriers to covering doula
10 services under State Medicaid programs.

11 (3) An identification of effective strategies to
12 increase the use of doula services in order to provide
13 better care and achieve better maternal and infant
14 health outcomes, including strategies that States
15 may use to recruit, train, and certify a diverse doula
16 workforce, particularly from underserved commu-
17 nities, communities of color, and communities facing
18 linguistic or cultural barriers.

19 (4) Recommendations for legislative and admin-
20 istrative actions to increase access to doula services
21 in State Medicaid programs, including actions that
22 ensure doulas may earn a living wage that accounts
23 for their time and costs associated with providing
24 care.

1 (b) STAKEHOLDER CONSULTATION.—In developing
2 the report required under subsection (a), MACPAC shall
3 consult with relevant stakeholders, including—

4 (1) States;

5 (2) organizations representing consumers, in-
6 cluding those that are disproportionately impacted
7 by poor maternal health outcomes;

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

14 (4) organizations representing health care pro-
15 viders.

16 **SEC. 4. GAO REPORT.**

17 (a) IN GENERAL.—Not later than 2 years after the
18 date of the enactment of this Act and every five years
19 thereafter, the Comptroller General of the United States
20 shall submit to Congress a report on the State adoption,
21 under the Medicaid program under title XIX of the Social
22 Security Act (42 U.S.C. 1396 et seq.) and the Children’s
23 Health Insurance Program under title XXI of such Act,
24 of extending coverage to 365 days postpartum pursuant
25 to the provisions of (and amendments made by this Act).

1 Such report shall include the information and rec-
2 ommendations described in subsection (b) and shall also
3 identify ongoing gaps in coverage for—

4 (1) pregnant women under the Medicaid pro-
5 gram and the Children’s Health Insurance Program;
6 and

7 (2) postpartum women under the Medicaid pro-
8 gram and the Children’s Health Insurance Program
9 who received assistance under either such program
10 during their pregnancy.

11 (b) CONTENT OF REPORT.—The report under sub-
12 section (a) shall include the following:

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

23 (2) Information about the abilities, successes,
24 and challenges of State Medicaid agencies in—

1 (A) transitioning their eligibility systems to
2 incorporate such an election by a State and in
3 determining whether pregnant and postpartum
4 women are eligible under another insurance af-
5 fordability program; and

6 (B) transitioning any such women who are
7 so eligible to coverage under such a program,
8 pursuant to section 1943(b)(3) of the Social Se-
9 curity Act (42 U.S.C 1396w-3(b)(3)).

10 (3) Information on factors contributing to ongo-
11 ing gaps in coverage resulting from women
12 transitioning from coverage under the Medicaid pro-
13 gram or Children's Health Insurance Program that
14 disproportionately impact underserved populations,
15 including low-income women, women of color, women
16 who reside in a health professional shortage area (as
17 defined in section 332(a)(1)(A) of the Public Health
18 Service Act (42 U.S.C. 254e(a)(1)(A))), or who are
19 members of a medically underserved population (as
20 defined by section 330(b)(3) of such Act (42 U.S.C.
21 254b(b)(3)(A))).

22 (4) Recommendations for addressing and reduc-
23 ing such gaps in coverage.

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