

116TH CONGRESS
2D SESSION

H. R. 6137

To require the Secretary of Health and Human Services to establish and implement a Perinatal Care Alternative Payment Model Demonstration Project, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2020

Ms. SCHAKOWSKY (for herself, Ms. UNDERWOOD, Ms. ADAMS, Ms. SCANLON, Ms. NORTON, Ms. SEWELL of Alabama, Mr. KHANNA, Ms. BASS, Ms. MOORE, Mr. CLAY, Mr. LAWSON of Florida, and Ms. PRESSLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to establish and implement a Perinatal Care Alternative Payment Model Demonstration Project, 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 “Innovative Maternal
5 Payment And Coverage To Save Moms Act” or the “IM-
6 PACT to Save Moms Act of 2020”.

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 women enrolled in such State plans and
18 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) relevant organizations representing mater-
24 nal health care providers;
- 25 (3) relevant organizations representing patients,
26 with a particular focus on women from demographic

1 groups with disproportionate rates of adverse mater-
2 nal health outcomes;

3 (4) relevant community-based organizations,
4 particularly organizations that seek to improve ma-
5 ternal health outcomes for women from demographic
6 groups with disproportionate rates of adverse mater-
7 nal health outcomes;

8 (5) non-clinical perinatal health workers such as
9 doulas, community health workers, peer supporters,
10 certified lactation consultants, nutritionists and di-
11 eticians, social workers, home visitors, and naviga-
12 tors;

13 (6) relevant health insurance issuers;

14 (7) hospitals, health systems, freestanding birth
15 centers (as such term is defined in paragraph (3)(B)
16 of section 1905(l) of the Social Security Act (42
17 U.S.C. 1396d(l))), federally qualified health centers
18 (as such term is defined in paragraph (2)(B) of such
19 section), and rural health clinics (as such term is de-
20 fined in section 1861(aa) of such Act (42 U.S.C.
21 1395x(aa)));

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

24 (9) any other stakeholders as the Secretary de-
25 termines appropriate, with a particular focus on

1 stakeholders from demographic groups with dis-
2 proportionate rates of adverse maternal health out-
3 comes.

4 (c) CONSIDERATIONS.—In establishing the Dem-
5 onstration Project, the Secretary shall consider each of the
6 following:

7 (1) Findings from any evaluations of the
8 Strong Start for Mothers and Newborns initiative
9 carried out by the Centers for Medicare & Medicaid
10 Services, the Health Resources and Services Admin-
11 istration, and the Administration on Children and
12 Families.

13 (2) Any alternative payment model that—

14 (A) is designed to improve maternal health
15 outcomes for racial and ethnic groups with dis-
16 proportionate rates of adverse maternal health
17 outcomes;

18 (B) includes methods for stratifying pa-
19 tients by pregnancy risk level and, as appro-
20 priate, adjusting payments under such model to
21 take into account pregnancy risk level;

22 (C) establishes evidence-based quality
23 metrics for such payments;

1 (D) includes consideration of non-hospital
2 birth settings such as freestanding birth centers
3 (as so defined);

4 (E) includes consideration of social deter-
5 minants of health that are relevant to maternal
6 health outcomes such as housing, transpor-
7 tation, nutrition, and other non-clinical factors
8 that influence maternal health outcomes; or

9 (F) includes diverse maternity care teams
10 that include—

11 (i) maternity care providers, including
12 obstetrician-gynecologists, family physi-
13 cians, physician assistants, midwives who
14 meet, at a minimum, the international def-
15 inition of the term “midwife” and global
16 standards for midwifery education (as es-
17 tablished by the International Confed-
18 eration of Midwives), and nurse practi-
19 tioners—

20 (I) from racially, ethnically, and
21 professionally diverse backgrounds;

22 (II) with experience practicing in
23 racially and ethnically diverse commu-
24 nities; or

1 (III) who have undergone
2 trainings on racism, implicit bias, and
3 explicit bias; and

4 (ii) non-clinical perinatal health work-
5 ers such as doulas, community health
6 workers, peer supporters, certified lacta-
7 tion consultants, nutritionists and dieti-
8 cians, social workers, home visitors, and
9 navigators.

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

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

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

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

23 (3) to the extent practicable, subjective meas-
24 ures of patient experience; and

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

3 (f) REPORT.—Not later than one year after the com-
4 pletion or termination date of the Demonstration Project,
5 the Secretary shall submit to the Committee on Energy
6 and Commerce, the Committee on Ways and Means, and
7 the Committee on Education and Labor of the House of
8 Representatives and the Committee on Finance and the
9 Committee on Health, Education, Labor, and Pensions of
10 the Senate, and make publicly available, a report con-
11 taining—

12 (1) the results of any evaluation conducted
13 under subsection (e); and

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

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

20 (h) DEFINITIONS.—In this section:

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

1 (2) PERINATAL.—The term “perinatal” means
2 the period beginning on the day a woman becomes
3 pregnant and ending on the last day of the 1-year
4 period beginning on the last day of such woman’s
5 pregnancy.

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

7 (a) IN GENERAL.—Not later than two years after the
8 date of the enactment of this Act, the Medicaid and CHIP
9 Payment and Access Commission shall publish a report
10 on issues relating to the continuity of coverage under
11 State plans under title XIX of the Social Security Act (42
12 U.S.C. 1396 et seq.) and State child health plans under
13 title XXI of such Act (42 U.S.C. 1397aa et seq.) for preg-
14 nant and postpartum women. Such report shall, at a min-
15 imum, include the following:

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

22 (2) An assessment of any existing policies
23 under such State plans and such State child health
24 plans regarding measures to ensure continuity of
25 coverage under such a State plan or such a State

1 child health plan for pregnant and postpartum
2 women, including such women who need to change
3 their health insurance coverage during their preg-
4 nancy or the postpartum period following their preg-
5 nancy.

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

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

18 (b) POSTPARTUM DEFINED.—In this section, the
19 term “postpartum” means the 1-year period beginning on
20 the last day of a woman’s pregnancy.

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