

119TH CONGRESS
1ST SESSION

H. R. 3942

To amend titles XIX and XXI of the Social Security Act to enhance financial support for rural and safety net hospitals providing maternity, labor, and delivery services to vulnerable populations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 2025

Ms. BONAMICI (for herself and Ms. KELLY of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles XIX and XXI of the Social Security Act to enhance financial support for rural and safety net hospitals providing maternity, labor, and delivery services to vulnerable populations, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Keeping Obstetrics Local Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—ENHANCING FINANCIAL SUPPORT FOR RURAL AND
SAFETY NET HOSPITALS THAT PROVIDE OBSTETRIC SERVICES

- Sec. 101. State studies and HHS report on costs of providing maternity, labor, and delivery services.
- Sec. 102. Requiring adequate payment rates under Medicaid for maternity, labor, and delivery services at eligible hospitals.
- Sec. 103. Increased Federal financial participation for maternity, labor, and delivery services furnished by eligible hospitals.
- Sec. 104. Labor and delivery services anchor payments.
- Sec. 105. Application of adequate payment requirement and increased Federal financial participation requirements to CHIP.
- Sec. 106. Disregarding increased and additional payments to hospitals for purposes of other supplemental payments and upper payment limits.

TITLE II—EXPAND COVERAGE OF MATERNAL HEALTH CARE

- Sec. 201. Requiring 12-month continuous, full benefit coverage for pregnant individuals under Medicaid and CHIP.
- Sec. 202. Health homes for pregnant and postpartum women.
- Sec. 203. Guidance on supporting and improving access to Medicaid and CHIP coverage of services provided by doulas and certain maternal health professionals.
- Sec. 204. Medicaid and CHIP increased financial support for depression and anxiety screening during the perinatal and postpartum periods.
- Sec. 205. Presumptive eligibility for pregnant individuals.

TITLE III—INVEST IN THE MATERNAL HEALTH CARE
WORKFORCE

- Sec. 301. Emergency obstetric workforce support.
- Sec. 302. Streamlined screening and enrollment of providers of maternity, labor, and delivery services in neighboring States.

TITLE IV—REQUIRING PUBLIC COMMUNICATION OF OBSTETRICS
DATA AND UNIT CLOSURES

- Sec. 401. Timely notifications of impending hospital obstetric unit closures.
- Sec. 402. Collection of data relating to hospital labor and delivery services.

1 **TITLE I—ENHANCING FINAN-**
2 **CIAL SUPPORT FOR RURAL**
3 **AND SAFETY NET HOSPITALS**
4 **THAT PROVIDE OBSTETRIC**
5 **SERVICES**

6 **SEC. 101. STATE STUDIES AND HHS REPORT ON COSTS OF**
7 **PROVIDING MATERNITY, LABOR, AND DELIV-**
8 **ERY SERVICES.**

9 (a) STATE STUDY.—

10 (1) IN GENERAL.—Not later than 24 months
11 after the date of enactment of this Act, and every
12 5 years thereafter, each State (as such term is de-
13 fined in section 1101(a)(1) of the Social Security
14 Act (42 U.S.C. 1301(a)(1)) for purposes of titles
15 XIX and XXI of such Act) shall conduct a study on
16 the costs of providing maternity, labor, and delivery
17 services in applicable hospitals (as defined in para-
18 graph (3)) and submit the results of such study to
19 the Secretary of Health and Human Services (re-
20 ferred to in this section as the “Secretary”).

21 (2) CONTENT OF STUDY.—A State study re-
22 quired under paragraph (1) shall include the fol-
23 lowing information (to the extent practicable) with
24 respect to maternity, labor, and delivery services fur-
25 nished by applicable hospitals located in the State:

1 (A) An estimate of the cost of providing
2 maternity, labor, and delivery services at appli-
3 cable hospitals, based on the expenditures a
4 representative sample of such hospitals incurred
5 for providing such services during the 2 most
6 recent years for which data is available.

7 (B) An estimate of the cost of providing
8 maternity, labor, and delivery services at appli-
9 cable hospitals that ceased providing labor and
10 delivery services within the past 5 years, based
11 on the expenditures a representative sample of
12 such hospitals incurred for providing such serv-
13 ices during the 2 most recent years for which
14 data is available.

15 (C) To the extent data allows, an analysis
16 of the extent to which geographic location, com-
17 munity demographics, and local economic fac-
18 tors (as defined by the Secretary) affect the
19 cost of providing maternity, labor, and delivery
20 services at applicable hospitals, including the
21 cost of services that support the provision of
22 maternity, labor, and delivery services.

23 (D) The amounts applicable hospitals are
24 paid for maternity, labor, and delivery services,

1 by geographic location and hospital size,
2 under—

3 (i) Medicare;

4 (ii) the State Medicaid program, in-
5 cluding payment amounts for such services
6 under fee-for-service payment arrange-
7 ments and under managed care (as appli-
8 cable);

9 (iii) the State CHIP plan, including
10 payment amounts for such services under
11 fee-for-service payment arrangements and
12 under managed care (as applicable); and

13 (iv) private health insurance.

14 (E) A comparative payment rate anal-
15 ysis—

16 (i) comparing payment rates for ma-
17 ternity, labor, and delivery services (inclu-
18 sive of all payments received by applicable
19 hospitals for furnishing maternity, labor,
20 and delivery services) under the State
21 Medicaid fee-for-service program to such
22 payment rates for such services under
23 Medicare (as described in section
24 447.203(b)(3) of title 42, Code of Federal
25 Regulations), other Federally-funded or

1 State-funded programs (including, to the
2 extent data is available, Medicaid managed
3 care rates), and to the payment rates for
4 such services, to the extent data is avail-
5 able, of private health insurers within geo-
6 graphic areas of the State; and

7 (ii) analyzing different payment meth-
8 ods for such services, such as the use of
9 bundled payments, quality incentives, and
10 low-volume adjustments.

11 (F) An evaluation, using such methodology
12 and parameters established by the Secretary, of
13 whether each hospital located in the State that
14 furnishes maternity, labor, and delivery services
15 is expected to experience in the next 3 years
16 significant changes in particular expenditures
17 or types of reimbursement for maternity, labor,
18 and delivery services.

19 (3) APPLICABLE HOSPITAL DEFINED.—For
20 purposes of this subsection, the term “applicable
21 hospital” means any hospital located in a State that
22 meets either of the following criteria:

23 (A) The hospital provides labor and deliv-
24 ery services and more than 50 percent of the
25 hospital’s births (in the most recent year for

1 which such data is available) are financed by
2 the Medicaid program or CHIP.

3 (B) The hospital—

4 (i) is located in a rural area (as de-
5 fined by the Federal Office of Rural
6 Health Policy for the purpose of rural
7 health grant programs administered by
8 such Office);

9 (ii) based on the most recent 2 years
10 of data available (as determined by the
11 Secretary), furnished services for less than
12 an average of 300 births per year; and

13 (iii) provides labor and delivery serv-
14 ices.

15 (4) ASSISTANCE TO SMALL HOSPITALS IN COM-
16 PILING COST INFORMATION.—There are appro-
17 priated to the Secretary for fiscal year 2026,
18 \$10,000,000 for the purpose of providing grants and
19 technical assistance to a hospital described in para-
20 graph (3)(B) to enable such hospital to compile de-
21 tailed information for use in the State studies re-
22 quired under paragraph (1), to remain available
23 until expended.

24 (5) HHS REPORT ON STATE STUDIES.—For
25 each year in which a State is required to conduct a

1 study under paragraph (1), the Secretary shall issue,
2 not later than 12 months after the date on which
3 the State submits to the Secretary the data de-
4 scribed in such paragraph, a publicly available re-
5 port that compiles and details the results of such
6 study and includes the information described in
7 paragraph (2).

8 (b) HHS REPORT ON NATIONAL DATA COLLECTION
9 FINDINGS.—Not later than 3 years after the date of en-
10 actment of this Act, the Secretary shall submit to Con-
11 gress, and make publicly available, a report analyzing the
12 first studies conducted by States under subsection (a)(1),
13 including recommendations for improving data collection
14 on the cost of providing maternity, labor, and delivery
15 services.

16 (c) IMPLEMENTATION FUNDING.—In addition to the
17 amount appropriated under subsection (a)(4), there are
18 appropriated, out of any funds in the Treasury not other-
19 wise obligated, \$3,000,000 for fiscal year 2026, to remain
20 available until expended, to the Secretary of Health and
21 Human Services for purposes of implementing this sec-
22 tion.

1 **SEC. 102. REQUIRING ADEQUATE PAYMENT RATES UNDER**
2 **MEDICAID FOR MATERNITY, LABOR, AND DE-**
3 **LIVERY SERVICES AT ELIGIBLE HOSPITALS.**

4 (a) **FEE-FOR-SERVICE PAYMENTS.**—Section 1902 of
5 the Social Security Act (42 U.S.C. 1396a) is amended—

6 (1) in subsection (a)(13)—

7 (A) by striking “and” at the end of sub-
8 paragraph (B);

9 (B) by adding “and” at the end of sub-
10 paragraph (C); and

11 (C) by adding at the end the following new
12 subparagraph:

13 “(D) for each fiscal year beginning with
14 fiscal year 2027, payment for maternity, labor,
15 and delivery services (as defined in subsection
16 (uu)) furnished during such fiscal year in an el-
17 igible hospital (as defined in such subsection) at
18 a rate that is not less than the minimum pay-
19 ment rate specified for the fiscal year in para-
20 graph (4) of such subsection;” and

21 (2) by adding at the end the following new sub-
22 section:

23 “(uu) **MATERNITY, LABOR, AND DELIVERY SERV-**
24 **ICES AND ELIGIBLE HOSPITALS DEFINED.**—For purposes
25 of subsection (a)(13)(D)—

1 “(1) MATERNITY, LABOR, AND DELIVERY SERV-
2 ICES.—

3 “(A) IN GENERAL.—The term ‘maternity,
4 labor, and delivery services’ means such inpa-
5 tient hospital services and outpatient hospital
6 services, including behavioral health services,
7 that are provided in relation to maternity care
8 or labor and delivery, identified by appropriate
9 ICD and CPT codes, as the Secretary shall
10 specify after consultation with professional or
11 medical societies with expertise in pregnancy,
12 childbirth, and postpartum care.

13 “(B) SCOPE.—Such term shall not be lim-
14 ited in application, for any eligible hospital,
15 only to services that relate to a birth that oc-
16 curs in the hospital.

17 “(C) RULEMAKING.—Not later than July
18 1, 2026, the Secretary shall issue an interim
19 final rule specifying which services shall be con-
20 sidered maternity, labor, and delivery services
21 for purposes of this subsection and subsection
22 (a)(13)(D).

23 “(2) ELIGIBLE HOSPITAL.—

1 “(A) IN GENERAL.—The term ‘eligible hos-
2 pital’ means, with respect to a State and fiscal
3 year—

4 “(i) a hospital that is located in a
5 rural area (as defined by the Federal Of-
6 fice of Rural Health Policy for the purpose
7 of rural health grant programs adminis-
8 tered by such Office);

9 “(ii) a critical access hospital (as de-
10 fined in section 1861(mm)(1));

11 “(iii) a hospital operated by the In-
12 dian Health Service or an Indian Tribe
13 under the Indian Self-Determination and
14 Education Assistance Act;

15 “(iv) a hospital for which, in the most
16 recent 12-month period for which data is
17 available, at least 50 percent of all births
18 for which the hospital provided maternity,
19 labor, and delivery services during such fis-
20 cal year were qualifying births; or

21 “(v) a hospital that is able to dem-
22 onstrate, through a process to be deter-
23 mined by the Secretary, that, for the appli-
24 cable fiscal year, the hospital projects that
25 at least 50 percent of all births for which

1 the hospital will provide maternity, labor,
2 and delivery services during such fiscal
3 year will be qualifying births.

4 “(B) IDENTIFICATION OF ELIGIBLE HOS-
5 PITALS.—Each State, subject to the approval of
6 the Secretary, shall identify the hospitals in the
7 State that are eligible hospitals with respect to
8 a fiscal year.

9 “(3) QUALIFYING BIRTH.—For purposes of
10 paragraph (2), the term ‘qualifying birth’ means a
11 birth for which any maternity, labor, and delivery
12 services associated with the birth—

13 “(A) were paid for under a State plan
14 under this title (or under a waiver of such a
15 plan) or under a State child health plan under
16 title XXI (or under a waiver of such a plan);

17 “(B) were paid for under title XVIII;

18 “(C) were provided by the Indian Health
19 Service or a Native Hawaiian health care sys-
20 tem (as defined in section 12 of the Native Ha-
21 waiian Health Care Improvement Act); or

22 “(D) were provided to a patient who does
23 not have minimum essential coverage (as de-
24 fined in section 5000A(f) of the Internal Rev-

1 enue Code of 1986) and were not fully paid for
2 by such patient.

3 “(4) MINIMUM PAYMENT RATE SPECIFIED.—

4 The minimum payment rate specified in this para-
5 graph is, with respect to an eligible hospital and ma-
6 ternal, labor, and delivery services—

7 “(A) for fiscal year 2027, 150 percent of
8 the payment rate that would apply for such
9 services and hospital under title XVIII; and

10 “(B) for each period of 5 fiscal years be-
11 ginning with fiscal years 2028 through 2032, a
12 payment rate that is determined for such period
13 by the Secretary to accurately reflect the costs
14 incurred by eligible hospitals in providing such
15 services, informed by the results of the most re-
16 cent State studies submitted to the Secretary
17 under section 101(a) of the Keeping Obstetrics
18 Local Act.”.

19 (b) UNDER MEDICAID MANAGED CARE PLANS.—

20 Section 1932(f) of the Social Security Act (42 U.S.C.
21 1396u–2(f)) is amended—

22 (1) in the heading, by inserting “AND MATER-
23 NITY, LABOR, AND DELIVERY SERVICES AT ELIGI-
24 BLE HOSPITALS” after “SERVICES”; and

1 (2) by striking “described in section
2 1902(a)(13)(C)” and inserting “described in sub-
3 paragraph (C) of section 1902(a)(13) or maternity,
4 labor, and delivery services described in subpara-
5 graph (D) of such section that are furnished by an
6 eligible hospital (as defined in section 1905(uu))”.

7 **SEC. 103. INCREASED FEDERAL FINANCIAL PARTICIPATION**
8 **FOR MATERNITY, LABOR, AND DELIVERY**
9 **SERVICES FURNISHED BY ELIGIBLE HOS-**
10 **PITALS.**

11 Section 1905 of the Social Security Act (42 U.S.C.
12 1396d) is amended—

13 (1) in subsection (b), by striking “and (ii)” and
14 inserting “(ii), and (kk)”;

15 (2) by adding at the end the following new sub-
16 section:

17 “(kk) MATERNITY, LABOR, AND DELIVERY SERV-
18 ICES.—

19 “(1) IN GENERAL.—Notwithstanding subsection
20 (b), with respect to State expenditures for medical
21 assistance for maternity, labor, and delivery services
22 furnished by an eligible hospital (as such terms are
23 defined in section 1902(uu)) in a fiscal quarter that
24 begins on or after October 1, 2026—

1 “(A) the Federal medical assistance per-
 2 centage applicable to the enhanced payment
 3 rate amount of such expenditures (as deter-
 4 mined for the State and quarter under para-
 5 graph (2)(A)) shall be equal to 100 percent;
 6 and

7 “(B) subject to paragraph (3), the Federal
 8 medical assistance percentage applicable to the
 9 base payment rate amount of such expenditures
 10 (as determined for the State and quarter under
 11 paragraph (2)(B)) shall be equal to the en-
 12 hanced FMAP determined for the State and
 13 quarter under section 2105(b).

14 “(2) DETERMINATION OF ENHANCED PAYMENT
 15 RATE AMOUNT AND BASE PAYMENT RATE
 16 AMOUNT.—

17 “(A) ENHANCED PAYMENT RATE
 18 AMOUNT.—

19 “(i) IN GENERAL.—For purposes of
 20 paragraph (1)(A), the enhanced payment
 21 rate amount for a State and fiscal quarter
 22 is equal to the amount of State expendi-
 23 tures for medical assistance for maternity,
 24 labor, and delivery services furnished by an
 25 eligible hospital (as such terms are defined

1 in section 1902(uu)) in such fiscal quarter
2 that is attributable to the amount by which
3 the minimum payment rate required under
4 section 1902(a)(13)(D) (or, by application,
5 section 1932(f)) exceeds the base payment
6 rate applicable to such services, as deter-
7 mined for the State, quarter, and services
8 under clause (ii).

9 “(ii) BASE PAYMENT RATE.—For pur-
10 poses of clause (i), the base payment rate
11 determined for a State, a fiscal quarter,
12 and maternity, labor, and delivery services
13 (as defined in section 1902(uu)) shall be
14 equal to—

15 “(I) the payment rate applicable
16 to such services under the State plan
17 (or under a waiver of such plan) as of
18 January 1, 2025; increased by

19 “(II) the percentage increase in
20 the medical care component of the
21 consumer price index for all urban
22 consumers from January of 2025 to
23 the month ending on the day before
24 the 1st day of such fiscal quarter.

1 “(B) BASE PAYMENT RATE AMOUNT.—For
2 purposes of paragraph (1)(B), the base pay-
3 ment rate amount for a State and fiscal quarter
4 is equal to—

5 “(i) the total amount of State expend-
6 itures for medical assistance for maternity,
7 labor, and delivery services furnished by an
8 eligible hospital (as such terms are defined
9 in section 1902(uu)) in such fiscal quarter;
10 minus

11 “(ii) the enhanced payment rate
12 amount determined for the State and fiscal
13 quarter under subparagraph (A).

14 “(3) APPLICATION OF HIGHER MATCH.—Sub-
15 paragraph (B) of paragraph (1) shall not apply in
16 the case of State expenditures described in such sub-
17 paragraph if the application of such subparagraph
18 would result in a lower Federal medical assistance
19 percentage for such expenditures than would other-
20 wise apply without the application of such para-
21 graph.

22 “(4) EXCLUSION OF EXPENDITURES FROM TER-
23 RITORIAL CAPS.—Any payment made to a territory
24 for medical assistance that is subject to the Federal
25 medical assistance percentage specified in paragraph

1 (1)(A) or the enhanced FMAP referred to in para-
2 graph (1)(B) shall not be taken into account for
3 purposes of applying payment limits under sub-
4 sections (f) and (g) of section 1108.”.

5 **SEC. 104. LABOR AND DELIVERY SERVICES ANCHOR PAY-**
6 **MENTS.**

7 (a) STATE REQUIREMENT.—Section 1902(a)(13)(A)
8 of the Social Security Act (42 U.S.C. 1396a(a)(13)(A))
9 is amended—

10 (1) in clause (iii), by striking “and” at the end;

11 (2) in clause (iv), by striking the semicolon at
12 the end and inserting “, and”; and

13 (3) by adding at the end the following new
14 clause:

15 “(v) in the case of hospitals, such
16 rates take into account (in a manner con-
17 sistent with section 1923A) the situation of
18 low volume obstetric hospitals (as such
19 term is defined in such section);”.

20 (b) REQUIRING ANCHOR PAYMENTS FOR LOW VOL-
21 UME OBSTETRIC HOSPITALS.—Title XIX of the Social Se-
22 curity Act (42 U.S.C. 1396 et seq.) is amended by insert-
23 ing the following after section 1923:

1 **“SEC. 1923A. ANCHOR PAYMENTS FOR LABOR AND DELIV-**
2 **ERY SERVICES PROVIDED BY LOW VOLUME**
3 **OBSTETRIC HOSPITALS.**

4 “(a) IMPLEMENTATION OF REQUIREMENT.—A State
5 plan under this title shall not be considered to meet the
6 requirement of section 1902(a)(13)(A)(v) (insofar as it re-
7 quires payments to hospitals to take into account the situ-
8 ation of low volume obstetric hospitals), as of October 1,
9 2026, unless the State has submitted to the Secretary, by
10 not later than such date, an amendment to such plan that
11 provides for an annual anchor payment to such hospitals,
12 consistent with subsection (c).

13 “(b) DEFINITIONS.—In this section:

14 “(1) ANTENATAL TRANSFER.—The term
15 ‘antenatal transfer’ means, with respect to a hos-
16 pital, a pregnant individual who was expected to re-
17 ceive labor and delivery services at the hospital but
18 who is transferred to a different hospital because of
19 a need for labor and delivery services that are not
20 available at the transferring hospital.

21 “(2) DELIVERY VOLUME.—The term ‘delivery
22 volume’ means, with respect to a hospital and a fis-
23 cal year, the total number of births occurring in, and
24 antenatal transfers made by, such hospital during
25 such year.

1 “(3) LABOR AND DELIVERY REVENUE
2 FLOOR.—The term ‘labor and delivery revenue floor’
3 means, with respect to a low volume obstetric hos-
4 pital and a fiscal year, the amount equal to the sum
5 of—

6 “(A) the product of—

7 “(i) the delivery volume for such hos-
8 pital and fiscal year; and

9 “(ii) the per delivery amount for such
10 fiscal year; and

11 “(B) the standby capacity amount for such
12 fiscal year.

13 “(4) LABOR AND DELIVERY SERVICES.—The
14 term ‘labor and delivery services’ means such inpa-
15 tient and outpatient hospital services related to labor
16 and delivery, including services related to antenatal
17 transfers, identified by appropriate ICD and CPT
18 codes, as the Secretary shall specify in consultation
19 with professional or medical societies with expertise
20 in this area.

21 “(5) LOW VOLUME OBSTETRIC HOSPITAL.—The
22 term ‘low volume obstetric hospital’ means, with re-
23 spect to a hospital and a fiscal year, a hospital—

24 “(A) that is an eligible hospital (as defined
25 in section 1902(uu)(2));

1 “(B) in which the average number of
2 births for which the hospital provided labor and
3 delivery services during the preceding 3 fiscal
4 years is less than 300 births per year;

5 “(C) that did not provide labor and deliv-
6 ery services in the preceding fiscal year, but in
7 which the average number of births for which
8 the hospital provided labor and delivery services
9 during the most recent 3 fiscal years in which
10 the hospital provided labor and delivery services
11 is less than 300 births per year;

12 “(D) that is not described in subpara-
13 graphs (B) or (C) but, in the applicable fiscal
14 year, provides labor and delivery services for
15 fewer than 300 births; or

16 “(E) that is not described in subpara-
17 graphs (B) through (D) but is certified by the
18 State in which the hospital is located as meet-
19 ing such criteria as the Secretary shall establish
20 for identifying hospitals that are essential to
21 meeting the needs of an underserved popu-
22 lation, such as serving a population with limited
23 English proficiency, serving specific racial or
24 ethnic populations, or other factors.

1 “(6) MEDICAID LABOR AND DELIVERY REV-
2 ENUE FLOOR.—The term ‘Medicaid labor and deliv-
3 ery revenue floor’ means, with respect to a low vol-
4 ume obstetric hospital and a fiscal year, the product
5 of—

6 “(A) the labor and delivery revenue floor
7 for such hospital and fiscal year; and

8 “(B) the percentage of the delivery volume
9 of such hospital in such fiscal year that were
10 paid for under a State plan under this title (or
11 under a waiver of such a plan) or under a State
12 child health plan under title XXI (or under a
13 waiver of such a plan).

14 “(7) PER DELIVERY AMOUNT.—

15 “(A) IN GENERAL.—The term ‘per delivery
16 amount’ means, with respect to a fiscal year, an
17 amount, as determined under subparagraph
18 (B), that represents the marginal cost to a low
19 volume obstetric hospital of a birth or an
20 antenatal transfer.

21 “(B) DETERMINATION OF PER DELIVERY
22 AMOUNT.—

23 “(i) FISCAL YEAR 2028.—For fiscal
24 year 2028, the per delivery amount shall
25 be \$10,000.

1 “(ii) INDEXING.—Subject to clause
2 (iii), for each fiscal year after fiscal year
3 2028, the per delivery amount shall be the
4 amount that applied under this subpara-
5 graph for the preceding fiscal year in-
6 creased by the percentage increase in the
7 medical care component of the consumer
8 price index for all urban consumers for the
9 12-month period ending with September of
10 such preceding fiscal year.

11 “(iii) PERIODIC REVISION OF PER DE-
12 LIVERY AMOUNT.—Not less than once
13 every 5 fiscal years, the Secretary shall col-
14 lect and analyze data on the costs of labor
15 and delivery services at low volume obstet-
16 ric hospitals and, through rulemaking,
17 shall establish a new per delivery amount
18 for purposes of this section to ensure that
19 such amount accurately reflects the mar-
20 ginal cost to a low volume obstetric hos-
21 pital of a birth or an antenatal delivery.

22 “(8) STANDBY CAPACITY AMOUNT.—

23 “(A) IN GENERAL.—The term ‘standby ca-
24 pacity amount’ means, with respect to a fiscal
25 year, an amount, as determined under subpara-

1 graph (B), that represents the minimum level of
2 expenditures by a low volume obstetric hospital
3 that is necessary to ensure that adequate per-
4 sonnel, equipment, and facilities are available at
5 all times to provide labor and delivery services.

6 “(B) DETERMINATION OF STANDBY CA-
7 PACITY AMOUNT.—

8 “(i) FISCAL YEAR 2028.—For fiscal
9 year 2028, the standby capacity amount
10 shall be \$1,200,000.

11 “(ii) INDEXING.—Subject to clause
12 (iii), for each fiscal year after fiscal year
13 2028, the standby capacity amount shall
14 be the amount that applied under this sub-
15 paragraph for the preceding fiscal year in-
16 creased by the percentage increase in the
17 medical care component of the consumer
18 price index for all urban consumers for the
19 12-month period ending with September of
20 such preceding fiscal year.

21 “(iii) PERIODIC REVISION OF STAND-
22 BY CAPACITY AMOUNT.—Not less than
23 once every 5 fiscal years, the Secretary
24 shall collect and analyze data on the costs
25 of labor and delivery services at low volume

1 obstetric hospitals and, through rule-
2 making, shall establish a new standby ca-
3 pacity amount for purposes of this section
4 to ensure that such amount accurately re-
5 flects the minimum level of expenditures by
6 a low volume obstetric hospital that is nec-
7 essary to ensure that adequate personnel,
8 equipment, and facilities are available at
9 all times to provide labor and delivery serv-
10 ices.

11 “(c) ANCHOR PAYMENT FOR LOW VOLUME OBSTET-
12 RIC HOSPITALS.—Not later than 3 months after the end
13 of each fiscal year beginning with fiscal year 2028, each
14 State shall pay to each low volume obstetric hospital in
15 the State an amount that is equal to the amount (if any)
16 by which—

17 “(1) the Medicaid labor and delivery revenue
18 floor for the hospital and fiscal year; exceeds

19 “(2) the total amount of all payments made to
20 the low volume obstetric hospital under the State
21 plan under this title (or under a waiver of such plan)
22 and under the State child health plan under title
23 XXI (or under a waiver of such plan) (other than
24 payments under this section) for labor and delivery

1 services provided by such hospital during such fiscal
2 year.

3 “(d) REQUIREMENTS FOR RECEIPT OF PAYMENTS.—

4 No anchor payment shall be made to a low volume obstet-
5 ric hospital under this section for a fiscal year unless the
6 hospital can satisfy the following requirements:

7 “(1) SKILLS MAINTENANCE AND TRAINING AC-
8 TIVITIES.—The hospital demonstrates to the satis-
9 faction of the State that the hospital conducts and
10 completes skills maintenance and training activities,
11 including continuing education and training to sup-
12 port maintenance of obstetric skills, that satisfy such
13 requirements as the Secretary, taking into consider-
14 ation nationally recognized obstetrics skills, mainte-
15 nance, and training standards such as standards
16 published by the American College of Obstetricians
17 and Gynecologists and the Association of Women’s
18 Health, Obstetric, and Neonatal Nurses, shall speci-
19 fy for the purposes of this section.

20 “(2) CONTINUED PROVISION OF LABOR AND
21 DELIVERY SERVICES.—

22 “(A) IN GENERAL.—The hospital and the
23 State enter into a contract under which, in ex-
24 change for such payment under this section for

1 a fiscal year, the hospital agrees to continue to
2 provide labor and delivery services—

3 “(i) for the period that begins with
4 such fiscal year and ends on the last day
5 of the second fiscal year that follows such
6 fiscal year; and

7 “(ii) at a level that is not less than
8 the level at which the hospital provided
9 such services in the fiscal year to which
10 such payment relates, unless the hospital
11 can demonstrate that the need for services
12 in the community has decreased and that
13 the new level of services will be adequate to
14 meet that need.

15 “(B) RECOVERY OF PAYMENT IN THE
16 EVENT OF BREACH OF CONTRACT BY HOS-
17 PITAL.—The terms of the contract between a
18 hospital and a State required under subpara-
19 graph (A) shall provide that if the hospital does
20 not provide labor and delivery services as re-
21 quired under the contract throughout the period
22 described in such subparagraph for any reason
23 (including in the event of the hospital’s bank-
24 ruptcy or closure) the State may recover the
25 full amount of the payment under this section

1 to which the contract relates and in the event
2 of the hospital's bankruptcy, the State shall be
3 given preferred creditor status for purposes of
4 the collection of such payment.

5 “(3) UTILIZATION OF FUNDS FOR LABOR AND
6 DELIVERY SERVICES.—

7 “(A) IN GENERAL.—The hospital and the
8 State enter into a contract under which, in ex-
9 change for such payment under this section, the
10 hospital agrees to utilize funds received under
11 such payment for the provision of labor and de-
12 livery services in the community served by the
13 hospital.

14 “(B) RECOVERY OF PAYMENT IN THE
15 EVENT OF BREACH OF CONTRACT BY HOS-
16 PITAL.—The terms of the contract between a
17 hospital and a State required under subpara-
18 graph (A) shall provide that if the hospital does
19 not utilize payment funds for labor and delivery
20 services as required under the contract for any
21 reason (including in the event of the hospital's
22 bankruptcy or closure) the State may recover
23 the full amount of the payment under this sec-
24 tion to which the contract relates and in the
25 event of the hospital's bankruptcy, the State

1 shall be given preferred creditor status for pur-
2 poses of the collection of such payment.

3 “(e) TREATMENT OF PAYMENTS; RECOVERY OF PAY-
4 MENTS.—

5 “(1) IN GENERAL.—Payments made by a State
6 under this section for a fiscal year—

7 “(A) shall be in addition to any other pay-
8 ments made to hospitals for labor and delivery
9 services under the State plan (or a waiver of
10 such plan) under this title, under the State
11 child health assistance plan under title XXI (or
12 under a waiver of such plan), or under title
13 XVIII for the fiscal year, including dispropor-
14 tionate share hospital payments under section
15 1923 or section 1886(d)(5)(F) and other sup-
16 plemental payments that are not made under
17 this section; and

18 “(B) shall be treated as medical assistance
19 for which payment is made under section
20 1903(a), except that the Federal medical assist-
21 ance percentage applicable to amounts ex-
22 pended by a State for such payments shall be
23 equal to the enhanced FMAP determined for
24 the State and fiscal year under section 2105(b).

1 “(2) PAYMENTS RECOVERED BY A STATE.—If a
2 State recovers any amount of a payment made by a
3 State under this section (whether pursuant to para-
4 graphs (2)(B) or (3)(B) of subsection (d) or other-
5 wise), the amount so recovered shall be treated as an
6 overpayment recovered by the State under section
7 1903(d).”.

8 (c) CONFORMING AMENDMENTS.—Title XIX of the
9 Social Security Act (42 U.S.C. 1396 et seq.) is amended
10 as follows:

11 (1) In section 1903—

12 (A) in subsection (d)(6)(B)—

13 (i) by striking “related to the total
14 amount” and inserting the following: “re-
15 lated to—

16 “(i) the total amount”;

17 (ii) by striking the period at the end
18 and inserting “; and”; and

19 (iii) by adding at the end the fol-
20 lowing new clause:

21 “(ii) the total amount of payments made to
22 individual providers (by provider) under section
23 1923A during such fiscal year.”; and

24 (B) in subsection (bb)(2)(B)—

1 (i) in the header, by inserting “AND
2 LOW VOLUME OBSTETRIC HOSPITAL” after
3 “DSH”; and

4 (ii) by inserting “or a payment made
5 to a low volume obstetric hospital under
6 section 1923A” before the period.

7 (2) In section 1905—

8 (A) in subsection (cc), by striking “section
9 1923” the second place it appears and inserting
10 “section 1923 or 1923A”; and

11 (B) in subsection (ii)(2)(A), by inserting
12 “or payments to low volume obstetric hospitals
13 described in section 1923A” before the semi-
14 colon.

15 **SEC. 105. APPLICATION OF ADEQUATE PAYMENT REQUIRE-**
16 **MENT AND INCREASED FEDERAL FINANCIAL**
17 **PARTICIPATION REQUIREMENTS TO CHIP.**

18 Section 2107(e)(1) of the Social Security Act (42
19 U.S.C. 1397gg(e)(1)) is amended—

20 (1) by redesignating subparagraphs (B)
21 through (U) as subparagraphs (C) through (V), re-
22 spectively; and

23 (2) by inserting after subparagraph (A) the fol-
24 lowing new subparagraph:

1 “(B) Section 1902(a)(13)(D) and section
2 1905(kk) (relating to the minimum payment
3 rate required for maternity, labor, and delivery
4 services furnished by an eligible hospital and
5 Federal financial participation for State ex-
6 penditures for such services).”.

7 **SEC. 106. DISREGARDING INCREASED AND ADDITIONAL**
8 **PAYMENTS TO HOSPITALS FOR PURPOSES OF**
9 **OTHER SUPPLEMENTAL PAYMENTS AND**
10 **UPPER PAYMENT LIMITS.**

11 A hospital’s eligibility for any Federally-funded sup-
12 plemental payment (including a disproportionate share
13 payment under section 1886(d)(5)(F) or 1923 of the So-
14 cial Security Act (42 U.S.C. 1395ww(d)(5)(F), 1396r-4)),
15 the determination of the amount of such payment, and
16 the application of any Federal limitation on the aggregate
17 amount of payments that a State may make to the hos-
18 pital (including any upper payment limitation), shall be
19 determined without regard to the amount of any increase
20 to a payment received by a hospital or any additional pay-
21 ment made to a hospital that is attributable to the amend-
22 ments made by this title.

1 **TITLE II—EXPAND COVERAGE**
2 **OF MATERNAL HEALTH CARE**

3 **SEC. 201. REQUIRING 12-MONTH CONTINUOUS, FULL BEN-**
4 **EFIT COVERAGE FOR PREGNANT INDIVID-**
5 **UALS UNDER MEDICAID AND CHIP.**

6 (a) MEDICAID.—Section 1902 of the Social Security
7 Act (42 U.S.C. 1396a) is amended—

8 (1) in subsection (a)—

9 (A) in paragraph (10), in the matter fol-
10 lowing subparagraph (G), by striking “(VII) the
11 medical assistance made available to an indi-
12 vidual described in subsection (l)(1)(A) who is
13 eligible for medical assistance only because of
14 subparagraph (A)(i)(IV) or (A)(ii)(IX) shall be
15 limited to medical assistance for services related
16 to pregnancy (including prenatal, delivery,
17 postpartum, and family planning services),
18 medical assistance for services related to other
19 conditions which may complicate pregnancy,
20 and medical assistance for vaccines described in
21 section 1905(a)(4)(E) and the administration of
22 such vaccines during the period described in
23 such section,” and inserting “(VII) [Re-
24 pealed],”;

1 (B) in paragraph (86), by striking “and”
2 at the end;

3 (C) in paragraph (87), by striking the pe-
4 riod at the end and inserting “; and”; and

5 (D) by inserting after paragraph (87) the
6 following new paragraph:

7 “(88) provide that the State plan is in compli-
8 ance with subsection (e)(16).”; and

9 (2) in subsection (e)(16)—

10 (A) in subparagraph (A), by striking “At
11 the option of the State, the State plan (or waiv-
12 er of such State plan) may provide” and insert-
13 ing “A State plan (or waiver of such State
14 plan) shall provide”;

15 (B) in subparagraph (B), in the matter
16 preceding clause (i), by striking “by a State
17 making an election under this paragraph” and
18 inserting “under a State plan (or a waiver of
19 such State plan)”; and

20 (C) in subparagraph (C)—

21 (i) by striking “A State making an
22 election under this paragraph” and insert-
23 ing “In the case of a State”; and

1 (ii) by striking “shall also make the
2 election” and inserting “the State shall
3 provide coverage”.

4 (b) CHIP.—

5 (1) IN GENERAL.—Subparagraph (K) of section
6 2107(e)(1) of the Social Security Act (42 U.S.C.
7 1397gg(e)(1)), as redesignated by section 105, is
8 amended to read as follows:

9 “(K) Paragraphs (5) and (16) of section
10 1902(e) (relating to the requirement to provide
11 medical assistance under the State plan or
12 waiver consisting of full benefits during preg-
13 nancy and throughout the 12-month period that
14 begins on the last day of the individual’s preg-
15 nancy and ends on the last day of the month
16 in which such 12-month period ends).”.

17 (2) CONFORMING AMENDMENT.—Section
18 2112(d)(2)(A) of the Social Security Act (42 U.S.C.
19 1397ll(d)(2)(A)) is amended by striking “the month
20 in which the 60-day period” and all that follows
21 through “pursuant to section 2107(e)(1),”.

22 (c) EFFECTIVE DATE.—

23 (1) IN GENERAL.—Subject to paragraphs (2)
24 and (3), the amendments made by subsections (a)
25 and (b) shall take effect on the 1st day of the 1st

1 calendar quarter that begins on or after the date
2 that is 1 year after the date of enactment of this
3 Act.

4 (2) EXCEPTION FOR STATE LEGISLATION.—In
5 the case of a State plan under title XIX of the So-
6 cial Security Act or a State child health plan under
7 title XXI of such Act that the Secretary of Health
8 and Human Services determines requires State legis-
9 lation in order for the respective plan to meet any
10 requirement imposed by amendments made by this
11 subsection, the respective plan shall not be regarded
12 as failing to comply with the requirements of such
13 title solely on the basis of its failure to meet such
14 an additional requirement before the 1st day of the
15 1st calendar quarter beginning after the close of the
16 1st regular session of the State legislature that be-
17 gins after the date of enactment of this Act. For
18 purposes of the previous sentence, in the case of a
19 State that has a 2-year legislative session, each year
20 of the session shall be considered to be a separate
21 regular session of the State legislature.

22 (3) STATE OPTION FOR EARLIER EFFECTIVE
23 DATE.—A State may elect to have subsection (e)(16)
24 of section 1902 of the Social Security Act (42
25 U.S.C. 1396a) and subparagraph (K) of section

1 2107(e)(1) of the Social Security Act (42 U.S.C.
2 1397gg(e)(1)), as redesignated by section 105 and
3 amended by subsection (b) of this section, take ef-
4 fect with respect to the State on the 1st day of any
5 fiscal quarter that begins before the date described
6 in paragraph (1) and apply to amounts payable to
7 the State for expenditures for medical assistance,
8 child health assistance, or pregnancy-related assist-
9 ance to pregnant or postpartum individuals fur-
10 nished on or after such day.

11 **SEC. 202. HEALTH HOMES FOR PREGNANT AND**
12 **POSTPARTUM WOMEN.**

13 (a) MEDICAID.—Title XIX of the Social Security Act
14 (42 U.S.C. 1396 et seq.) is amended by inserting after
15 section 1945A the following new section:

16 **“SEC. 1945B. STATE OPTION TO PROVIDE COORDINATED**
17 **CARE THROUGH A HEALTH HOME FOR PREG-**
18 **NANT AND POSTPARTUM INDIVIDUALS.**

19 “(a) STATE OPTION.—

20 “(1) IN GENERAL.—Notwithstanding section
21 1902(a)(1) (relating to statewideness) and section
22 1902(a)(10)(B) (relating to comparability), begin-
23 ning January 1, 2028, a State, at its option as a
24 State plan amendment, may provide for medical as-

1 sistance under this title to an eligible individual who
2 chooses to—

3 “(A) enroll in a maternity health home
4 under this section by selecting a designated pro-
5 vider, a team of health care professionals oper-
6 ating with such a provider, or a health team as
7 the individual’s maternity health home for pur-
8 poses of providing the individual with preg-
9 nancy and postpartum coordinated care serv-
10 ices; or

11 “(B) receive such services from a des-
12 ignated provider, a team of health care profes-
13 sionals operating with such a provider, or a
14 health team that has voluntarily opted to par-
15 ticipate in a maternity health home for eligible
16 individuals under this section.

17 “(2) ELIGIBLE INDIVIDUAL DEFINED.—In this
18 section, the term ‘eligible individual’ means an indi-
19 vidual—

20 “(A) who is eligible for medical assistance
21 under the State plan (or under a waiver of such
22 plan) for all items and services covered under
23 the State plan (or under a waiver of such plan);

24 “(B) who is not enrolled in a health home
25 under section 1945 or 1945A; and

1 “(C) either—

2 “(i) who is pregnant; or

3 “(ii) whose pregnancy has ended and
4 is within the 12-month period that begins
5 on the last day of the individual’s preg-
6 nancy and ends on the last day of the
7 month in which such 12-month period
8 ends.

9 “(b) QUALIFICATION STANDARDS.—The Secretary
10 shall establish standards for qualification as a maternity
11 health home or as a designated provider, a team of health
12 care professionals operating with such a provider, or a
13 health team eligible for participation in a maternity health
14 home for purposes of this section. In establishing such
15 standards, the Secretary shall consider best practices and
16 models of care used by recipients of grants under section
17 330P of the Public Health Service Act. Such standards
18 shall include requiring a designated provider, a team of
19 health care professionals operating with such a provider,
20 and a health team designated as a maternity health home
21 to demonstrate to the State the ability to do the following:

22 “(1) Coordinate prompt care and access to nec-
23 essary maternity care services, including services
24 provided by specialists, and programs for an eligible
25 individual during the individual’s pregnancy and the

1 365-day period beginning on the last day of such
2 pregnancy.

3 “(2) Develop an individualized, comprehensive,
4 patient-centered care plan for each eligible individual
5 that accommodates patient preferences and, if appli-
6 cable, reflects adjustments to the payment method-
7 ology described in subsection (c)(2)(B).

8 “(3) Develop and incorporate into each eligible
9 individual’s care plan, in a culturally and linguis-
10 tically appropriate manner consistent with the needs
11 of the eligible individual, ongoing home care, com-
12 munity-based primary care, inpatient care, social
13 support services, health-related social needs services,
14 behavioral health services, local hospital emergency
15 care, and, in the event of a change in income that
16 would result in the eligible individual losing eligi-
17 bility for medical assistance under the State plan (or
18 under a waiver of such plan), care management and
19 planning related to a change in the eligible individ-
20 ual’s health insurance coverage.

21 “(4) Coordinate with pediatric care providers,
22 as appropriate.

23 “(5) Collect and report information under sub-
24 section (f)(1).

25 “(c) PAYMENTS.—

1 “(1) IN GENERAL.—A State shall provide a des-
2 ignated provider, a team of health care professionals
3 operating with such a provider, or a health team
4 designated as a maternity health home with pay-
5 ments for the provision of health home services to
6 each eligible individual that selects such provider,
7 team of health care professionals, or health team as
8 the eligible individual’s health home. Payments made
9 to a designated provider, a team of health care pro-
10 fessionals operating with such a provider, or a health
11 team for such services shall be treated as medical
12 assistance for purposes of section 1903(a), except
13 that, during the first 8 fiscal year quarters that the
14 State plan amendment is in effect, the Federal med-
15 ical assistance percentage applicable to such pay-
16 ments shall be equal to 90 percent.

17 “(2) METHODOLOGY.—The State shall specify
18 in the State plan amendment the methodology the
19 State will use for determining payment for the provi-
20 sion of pregnancy and postpartum coordinated care
21 services or treatment during an eligible individual’s
22 pregnancy and the 365-day period beginning on the
23 last day of such pregnancy. Such methodology for
24 determining payment—

25 “(A) may be based on—

1 “(i) a per-member per-month basis for
2 each eligible individual enrolled in a mater-
3 nity health home;

4 “(ii) a prospective payment model, in
5 the case of payments to Federally qualified
6 health centers or a rural health clinics; or

7 “(iii) an alternate model of payment
8 proposed by the State and approved by the
9 Secretary;

10 “(B) may be adjusted to reflect, with re-
11 spect to each eligible individual—

12 “(i) the severity of the risks associ-
13 ated with the individual’s pregnancy;

14 “(ii) the severity of the risks associ-
15 ated with the individual’s postpartum
16 health care needs; and

17 “(iii) the level or amount of time of
18 care coordination required with respect to
19 the individual; and

20 “(C) shall be established consistent with
21 section 1902(a)(30)(A).

22 “(d) COORDINATING CARE.—

23 “(1) HOSPITAL NOTIFICATION.—A State with a
24 State plan amendment approved under this section
25 shall require each hospital that is a participating

1 provider under the State plan (or under a waiver of
2 such plan) to establish procedures in the case of an
3 eligible individual who seeks treatment in the emer-
4 gency department of such hospital for—

5 “(A) providing the individual with cul-
6 turally and linguistically appropriate informa-
7 tion supplied by the State describing the respec-
8 tive treatment models and opportunities for the
9 individual to access a maternity health home
10 and its associated benefits; and

11 “(B) notifying the maternity health home
12 in which the individual is enrolled, or the des-
13 ignated provider, team of health care profes-
14 sionals operating with such a provider, or
15 health team treating the individual, of the indi-
16 vidual’s treatment in the emergency department
17 and of the protocols for the maternity health
18 home, designated provider, or team to be in-
19 volved in the individual’s emergency care or
20 post-discharge care.

21 “(2) EDUCATION WITH RESPECT TO AVAIL-
22 ABILITY OF A MATERNITY HEALTH HOME.—

23 “(A) IN GENERAL.—In order for a State
24 plan amendment to be approved under this sec-
25 tion, a State shall include in the State plan

1 amendment a description of the State’s process
2 for—

3 “(i) educating providers participating
4 in the State plan (or a waiver of such
5 plan) on the availability of maternity
6 health homes for eligible individuals, in-
7 cluding the process by which such pro-
8 viders can participate in or refer an eligible
9 individual to an approved maternity health
10 home or a designated provider, team of
11 health care professionals operating such a
12 provider, or health team designated as a
13 maternity health home; and

14 “(ii) educating eligible individuals, in
15 a culturally and linguistically appropriate
16 manner, on the availability of maternity
17 health homes.

18 “(B) OUTREACH.—The process established
19 by the State under subparagraph (A) shall in-
20 clude the participation of entities or other pub-
21 lic or private organizations or entities that pro-
22 vide outreach and information on the avail-
23 ability of health care items and services to fami-
24 lies of individuals eligible to receive medical as-

1 sistance under the State plan (or a waiver of
2 such plan).

3 “(3) MENTAL HEALTH COORDINATION.—A
4 State with a State plan amendment approved under
5 this section shall consult and coordinate, as appro-
6 priate, with the Secretary in addressing issues re-
7 garding the prevention, identification, and treatment
8 of mental health conditions and substance use dis-
9 orders among eligible individuals.

10 “(4) SOCIAL AND SUPPORT SERVICES.—A State
11 with a State plan amendment approved under this
12 section shall consult and coordinate, as appropriate,
13 with the Secretary in establishing means to connect
14 eligible individuals receiving pregnancy and
15 postpartum coordinated care services under this sec-
16 tion with social and support services, including serv-
17 ices made available under maternal, infant, and
18 early childhood home visiting programs established
19 under section 511 and services made available under
20 section 330H or title X of the Public Health Service
21 Act.

22 “(5) COORDINATION WITH GRANT PROGRAM
23 FOR INTEGRATED SERVICES FOR PREGNANT AND
24 POSTPARTUM WOMEN.—A State with a State plan
25 amendment approved under this section shall consult

1 and coordinate, as appropriate, with the Secretary
2 with respect to the provision of medical assistance to
3 eligible individuals enrolled in a maternity health
4 home under this section and grantees delivering inte-
5 grated health care services to pregnant and
6 postpartum women under section 330P of the Public
7 Health Service Act (including, if applicable, the
8 State).

9 “(e) MONITORING.—A State shall include in the
10 State plan amendment—

11 “(1) a methodology for tracking reductions in
12 inpatient days and reductions in the total cost of
13 care resulting from improved care coordination and
14 management under this section;

15 “(2) a proposal for use of health information
16 technology in providing an eligible individual with
17 pregnancy and postpartum coordinated care services
18 as specified under this section and improving service
19 delivery and coordination across the care continuum;
20 and

21 “(3) a methodology for tracking prompt and
22 timely access to medically necessary care for eligible
23 individuals from out-of-State providers.

24 “(f) DATA COLLECTION.—

1 “(1) PROVIDER REPORTING REQUIREMENTS.—
2 In order to receive payments from a State under
3 subsection (c), a maternity health home, or a des-
4 ignated provider, a team of health care professionals
5 operating with such a provider, or a health team
6 designated as a maternity health home, shall report
7 to the State, at such time and in such form and
8 manner as may be required by the State, including
9 through a health information exchange or other pub-
10 lic health data sharing entity, the following informa-
11 tion:

12 “(A) With respect to each such designated
13 provider, team of health care professionals oper-
14 ating with such a provider, and health team
15 designated as a maternity health home, the
16 name, National Provider Identification number,
17 address, and specific health care services of-
18 fered to be provided to any eligible individual
19 who has selected such provider, team of health
20 care professionals, or health team as the eligible
21 individual’s maternity health home.

22 “(B) Information on all other applicable
23 measures for determining the quality of services
24 provided by such provider, team of health care
25 professionals, or health team.

1 “(C) Information concerning the factors
2 described in paragraph (2)(A)(vi) received from
3 health risk assessments of eligible individuals
4 conducted and completed by the designated pro-
5 vider, team of health care professionals oper-
6 ating with such a provider, or health team des-
7 ignated as a maternity health home.

8 “(D) Such other information as the Sec-
9 retary shall specify in guidance.

10 “(2) STATE REPORTING REQUIREMENTS.—

11 “(A) COMPREHENSIVE REPORT.—A State
12 with a State plan amendment approved under
13 this section shall report to the Secretary (and,
14 upon request, to the Medicaid and CHIP Pay-
15 ment and Access Commission), at such time,
16 but at a minimum annually, and in such form
17 and manner determined by the Secretary to be
18 reasonable and minimally burdensome, the fol-
19 lowing information:

20 “(i) Information described in para-
21 graph (1).

22 “(ii) The number and, to the extent
23 available and while maintaining all relevant
24 privacy and confidentiality protections,
25 disaggregated demographic information

1 (including information on geography) of el-
2 ible individuals who have enrolled in a
3 maternity health home pursuant to this
4 section.

5 “(iii) The number of maternity health
6 homes in the State designated under this
7 section.

8 “(iv) The medical conditions or fac-
9 tors that contribute to severe maternal
10 morbidity among eligible individuals en-
11 rolled in maternity health homes in the
12 State.

13 “(v) The extent to which such individ-
14 uals receive health care items and services
15 under the State plan before, during, and
16 after an individual’s enrollment in such a
17 maternity health home.

18 “(vi) Where applicable, mortality data
19 and data for the associated causes of preg-
20 nancy-related death for eligible individuals
21 enrolled in a maternity health home under
22 this section, in accordance with subsection
23 (g). For deaths occurring postpartum, such
24 data shall distinguish between deaths oc-
25 ccurring up to 42 days postpartum and

1 deaths occurring between 43 days to up to
2 1 year postpartum. Where applicable, data
3 reported under this clause shall be re-
4 ported alongside comparable data from a
5 State’s maternal mortality review com-
6 mittee, as established in accordance with
7 section 317K(d) of the Public Health Serv-
8 ice Act, for purposes of further identifying
9 and comparing statewide trends in mater-
10 nal mortality among populations partici-
11 pating in the maternity health home under
12 this section.

13 “(B) IMPLEMENTATION REPORT.—Not
14 later than 18 months after a State has a State
15 plan amendment approved under this section,
16 the State shall submit to the Secretary, and
17 make publicly available on the appropriate
18 State website, a report on how the State is im-
19 plementing the option established under this
20 section, including through any best practices
21 adopted by the State.

22 “(g) CONFIDENTIALITY.—A State with a State plan
23 amendment under this section shall establish confiden-
24 tiality protections for the purposes of subsection (f)(2)(A)
25 to ensure, at a minimum, that there is no disclosure by

1 the State of any identifying information about any specific
2 eligible individual enrolled in a maternity health home or
3 any maternal mortality case, and that all relevant con-
4 fidentiality and privacy protections, including the require-
5 ments under section 1902(a)(7)(A), are maintained.

6 “(h) RULE OF CONSTRUCTION.—Nothing in this sec-
7 tion shall be construed to require—

8 “(1) an eligible individual to enroll in a mater-
9 nity health home under this section; or

10 “(2) a designated provider or health team to
11 act as a maternity health home and provide services
12 in accordance with this section if the provider or
13 health team does not voluntarily agree to act as a
14 maternity health home.

15 “(i) PLANNING GRANTS.—

16 “(1) IN GENERAL.—Beginning January 1,
17 2027, from the amount appropriated under para-
18 graph (2), the Secretary shall award planning grants
19 to States for purposes of developing and submitting
20 a State plan amendment under this section. The
21 Secretary shall award a grant to each State that ap-
22 plies for a grant under this subsection and meets the
23 application criteria established by the Secretary, and
24 the Secretary may determine the amount of the
25 grant based on the merits of the application and the

1 goal of the State to prioritize health outcomes for el-
2 igible individuals. A planning grant awarded to a
3 State under this subsection shall remain available
4 until expended.

5 “(2) APPROPRIATION.—There are authorized to
6 be appropriated to the Secretary \$50,000,000 for
7 fiscal year 2027, for the purposes of making grants
8 under this subsection, to remain available until ex-
9 pended.

10 “(3) LIMITATION.—The total amount of pay-
11 ments made to States under this subsection shall not
12 exceed \$50,000,000.

13 “(j) ADDITIONAL DEFINITIONS.—In this section:

14 “(1) DESIGNATED PROVIDER.—The term ‘des-
15 ignated provider’ means a physician (including an
16 obstetrician-gynecologist or, if applicable, a certified
17 nurse midwife, or certified professional midwife who
18 meets or exceeds the education and training stand-
19 ards of the International Confederation of Midwives
20 and who is licensed to practice within the State), a
21 hospital, clinical practice or clinical group practice,
22 rural health clinic, community health center, commu-
23 nity mental health center, or any other entity or pro-
24 vider that is determined by the State and approved
25 by the Secretary to be qualified to be a maternity

1 health home on the basis of documentation evidenc-
2 ing that the entity or provider has the systems, ex-
3 pertise, and infrastructure in place to provide preg-
4 nancy and postpartum coordinated care services.
5 Such term may include providers who are employed
6 by, or affiliated with, a hospital.

7 “(2) HEALTH TEAM.—The term ‘health team’
8 has the meaning given such term for purposes of
9 section 3502 of Public Law 111–148.

10 “(3) MATERNITY HEALTH HOME.—The term
11 ‘maternity health home’ means a designated provider
12 (including a provider that operates in coordination
13 with a team of health care professionals) or a health
14 team that is selected by an eligible individual to pro-
15 vide pregnancy and postpartum coordinated care
16 services.

17 “(4) PREGNANCY AND POSTPARTUM COORDI-
18 NATED CARE SERVICES.—

19 “(A) IN GENERAL.—The term ‘pregnancy
20 and postpartum coordinated care services’
21 means items and services related to the coordi-
22 nation of care for comprehensive and timely
23 high-quality, culturally and linguistically appro-
24 priate, services described in subparagraph (B)
25 that are provided by a designated provider, a

1 team of health care professionals operating with
2 such a provider, or a health team designated as
3 a maternity health home.

4 “(B) SERVICES DESCRIBED.—

5 “(i) IN GENERAL.—The services de-
6 scribed in this subparagraph shall include
7 with respect to a State electing the State
8 plan amendment option under this section,
9 any medical assistance for items and serv-
10 ices for which payment is available under
11 the State plan or under a waiver of such
12 plan.

13 “(ii) OTHER ITEMS AND SERVICES.—

14 In addition to medical assistance described
15 in clause (i), the services described in this
16 subparagraph shall include the following:

17 “(I) Any item or service for
18 which medical assistance is otherwise
19 available under the State plan (or a
20 waiver of such plan) related to the
21 treatment of an individual during the
22 individual’s pregnancy and the 1-year
23 period beginning on the last day of
24 such pregnancy, including mental

1 health and substance use disorder
2 services.

3 “(II) Comprehensive care man-
4 agement.

5 “(III) Care coordination (includ-
6 ing with pediatricians as appropriate),
7 health promotion, and providing ac-
8 cess to the full range of maternal, ob-
9 stetric, and gynecologic services, in-
10 cluding services from out-of-State pro-
11 viders.

12 “(IV) Comprehensive transitional
13 care, including appropriate follow-up,
14 from inpatient to other settings.

15 “(V) Patient and family support
16 (including authorized representatives).

17 “(VI) Referrals to community
18 and social support services, if rel-
19 evant.

20 “(VII) Use of health information
21 technology to link services, as feasible
22 and appropriate.

23 “(5) TEAM OF HEALTH CARE PROFES-
24 SIONALS.—The term ‘team of health care profes-
25 sionals’ means a team of health care professionals

1 (as described in the State plan amendment under
2 this section) that may—

3 “(A) include—

4 “(i) physicians, including gynecologist-
5 obstetricians, certified nurse midwives, or
6 certified professional midwives who meet or
7 exceed the education and training stand-
8 ards of the International Confederation of
9 Midwives and who are licensed to practice
10 within the State, family physicians, pri-
11 mary care physicians, pediatricians, and
12 other professionals such as physicians as-
13 sistants, advance practice nurses, nurses,
14 nurse care coordinators, dietitians, nutri-
15 tionists, social workers, behavioral health
16 professionals, physical counselors, physical
17 therapists, occupational therapists, or any
18 professionals that assist in prenatal care,
19 delivery, or postpartum care for which
20 medical assistance is available under the
21 State plan or a waiver of such plan and de-
22 termined to be appropriate by the State
23 and approved by the Secretary;

1 “(ii) an entity or individual who is
2 designated to coordinate such care deliv-
3 ered by the team; and

4 “(iii) when appropriate and if other-
5 wise eligible to furnish items and services
6 that are reimbursable as medical assist-
7 ance under the State plan or under a waiv-
8 er of such plan, doulas, community health
9 workers, translators and interpreters, and
10 other individuals with culturally appro-
11 priate and trauma-informed expertise; and

12 “(B) provide care at a facility that is free-
13 standing, virtual, or based at a hospital, com-
14 munity health center, community mental health
15 center, rural health clinic, clinical practice or
16 clinical group practice, academic health center,
17 or any entity determined to be appropriate by
18 the State and approved by the Secretary.”.

19 (b) APPLICABILITY TO CHIP.—Section 2107(e)(1) of
20 the Social Security Act (42 U.S.C. 1397gg(e)(1)), as
21 amended by section 105, is amended by adding at the end
22 the following new subparagraph:

23 “(W) Section 1945B (relating to optional
24 health homes for pregnant and postpartum in-
25 dividuals).”.

1 **SEC. 203. GUIDANCE ON SUPPORTING AND IMPROVING AC-**
2 **CESS TO MEDICAID AND CHIP COVERAGE OF**
3 **SERVICES PROVIDED BY DOULAS AND CER-**
4 **TAIN MATERNAL HEALTH PROFESSIONALS.**

5 Not later than 1 year after the date of the enactment
6 of this Act, the Secretary of Health and Human Services
7 shall issue and publish guidance for States concerning op-
8 tions for supporting and improving access to coverage and
9 payment under a State plan under title XIX of the Social
10 Security Act (42 U.S.C. 1396 et seq.) or under a waiver
11 of such plan, and under a State child health plan under
12 title XXI of such Act (42 U.S.C. 1397aa et seq.) or under
13 a waiver of such plan, for services provided by doulas, cer-
14 tified nurse midwives, certified midwives, or certified pro-
15 fessional midwives, who meet or exceed the education and
16 training standards of the International Confederation of
17 Midwives and who are licensed to practice within the State
18 and certain maternal health professionals (specified by the
19 Secretary)—

- 20 (1) in rural areas;
- 21 (2) across a continuum of care; and
- 22 (3) among varied provider settings and payment
23 and care models, including managed care.

1 **SEC. 204. MEDICAID AND CHIP INCREASED FINANCIAL SUP-**
2 **PORT FOR DEPRESSION AND ANXIETY**
3 **SCREENING DURING THE PERINATAL AND**
4 **POSTPARTUM PERIODS.**

5 (a) **MEDICAID.**—Section 1905 of the Social Security
6 Act (42 U.S.C. 1396d), as amended by section 103, is fur-
7 ther amended—

8 (1) in the first sentence of subsection (b), by
9 striking “subsection (a)(4)(D)” and inserting “sub-
10 sections (a)(4)(D) and (ll)”;

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

12 “(ll) **INCREASED FMAP FOR DEPRESSION AND ANX-**
13 **IETY SCREENING DURING THE PERINATAL AND**
14 **POSTPARTUM PERIODS.**—

15 “(1) **IN GENERAL.**—For purposes of clause (5)
16 of the first sentence of subsection (b), services de-
17 scribed in this subsection are screening services pro-
18 vided to an individual who is eligible for such assist-
19 ance on the basis of being pregnant that include at
20 a minimum—

21 “(A) during the perinatal period, at least
22 1 screening for depression and anxiety symp-
23 toms using a standardized, validated tool; and

24 “(B) during the postpartum period, a full
25 assessment of mood and emotional well-being,
26 including screening for postpartum depression

1 and anxiety, using a standardized, validated
2 tool.

3 “(2) EXCLUSION FROM TERRITORIAL CAPS.—

4 The additional amount paid to a territory for ex-
5 penditures for medical assistance for services de-
6 scribed in paragraph (1) as a result of the applica-
7 tion of clause (5) of the first sentence of subsection
8 (b) shall not be taken into account for purposes of
9 applying payment limits under subsections (f) and
10 (g) of section 1108.”.

11 (b) CHIP.—Section 2105(c) of the Social Security
12 Act (42 U.S.C. 1397ee(c)) is amended by adding at the
13 end the following new paragraph:

14 “(13) ENHANCED PAYMENT FOR DEPRESSION
15 AND ANXIETY SCREENING DURING THE PERINATAL
16 AND POSTPARTUM PERIODS.—Notwithstanding sub-
17 section (b), the enhanced FMAP with respect to
18 payments under subsection (a) for expenditures
19 under the State child health plan (or a waiver of
20 such plan) shall be increased by 1 percentage point
21 with respect to expenditures for services described in
22 section 1905(ll)(1) that are provided under the plan
23 (or waiver) to an individual who is eligible for such
24 assistance on the basis of being pregnant (including
25 pregnancy-related assistance provided to a targeted

1 low-income pregnant woman (as defined in section
2 2112(d)), pregnancy-related assistance provided to
3 an individual who is eligible for such assistance
4 through application of section 1903(v)(4)(A)(i)
5 under section 2107(e)(1), or any other assistance
6 under the plan (or waiver) provided to an individual
7 who is eligible for such assistance on the basis of
8 being pregnant) and during the 12-month period
9 that begins on the last day of the individual’s preg-
10 nancy and ends on the last day of the month in
11 which such 12-month period ends (including any
12 such assistance provided during the month in which
13 such period ends).”.

14 (c) EFFECTIVE DATE.—The amendments made by
15 this section shall take effect on the first day of the first
16 fiscal quarter that begins on or after the date that is 1
17 year after the date of enactment of this section.

18 **SEC. 205. PRESUMPTIVE ELIGIBILITY FOR PREGNANT INDI-**
19 **VIDUALS.**

20 (a) IN GENERAL.—

21 (1) REQUIREMENT.—Section 1920(a) of the So-
22 cial Security Act (42 U.S.C. 1396r-1(a)) is amended
23 by striking “may provide” and inserting “shall pro-
24 vide”.

1 (2) APPLICATION.—Section 1920 of the Social
2 Security Act (42 U.S.C. 1396r–1) is amended by
3 adding at the end the following new subsection:

4 “(f) APPLICATION.—A State shall provide to a preg-
5 nant woman a presumptive eligibility period in accordance
6 with this section without regard to whether the individual
7 would otherwise qualify for a presumptive eligibility period
8 the State has elected to provide under section 1920A,
9 1920B, or 1920C.”.

10 (b) CONFORMING AMENDMENTS.—

11 (1) Section 1902(a)(47) of the Social Security
12 Act (42 U.S.C. 1396a(a)(47)) is amended to read as
13 follows:

14 “(47) provide—

15 “(A)(i) for making ambulatory prenatal
16 care available to pregnant women during a pre-
17 sumptive eligibility period in accordance with
18 section 1920; and

19 “(ii) at the option of the State—

20 “(I) for making medical assistance for
21 items and services described in subsection
22 (a) of section 1920A available to children
23 during a presumptive eligibility period in
24 accordance with such section;

1 “(II) for making medical assistance
2 available to individuals described in sub-
3 section (a) of section 1920B during a pre-
4 sumptive eligibility period in accordance
5 with such section; and

6 “(III) for making medical assistance
7 available to individuals described in sub-
8 section (a) of section 1920C during a pre-
9 sumptive eligibility period in accordance
10 with such section; and

11 “(B) that any hospital that is a partici-
12 pating provider under the State plan may elect
13 to be a qualified entity for purposes of deter-
14 mining, on the basis of preliminary information,
15 whether any individual is eligible for medical as-
16 sistance under the State plan or under a waiver
17 of the plan for purposes of providing the indi-
18 vidual with medical assistance during a pre-
19 sumptive eligibility period, in the same manner,
20 and subject to the same requirements, as apply
21 with respect to populations described in section
22 1920, 1920A, 1920B, or 1920C (without re-
23 gard to whether the State has elected to provide
24 for a presumptive eligibility period under sec-

1 tions 1920A, 1920B, or 1920C), subject to
2 such guidance as the Secretary shall establish;”.

3 (2) Section 1920(e) of the Social Security Act
4 (42 U.S.C. 1396r-1(e)) is amended—

5 (A) by striking “If the State has elected
6 the option to provide a presumptive eligibility
7 period under this section or section 1920A,
8 the” and inserting “The”; and

9 (B) by striking “1920A, subject to” and
10 inserting “1920A (if the State has elected the
11 option), subject to”.

12 (3) Section 2107(e)(1)(R) of the Social Security
13 Act (42 U.S.C. 1397gg(e)(1)(R)) is amended by in-
14 serting “1920 (relating to presumptive eligibility for
15 pregnant women and section” before “1920A”.

16 (4) Section 2112(c) of the Social Security Act
17 (42 U.S.C. 1397ll(c)) is amended—

18 (A) in the heading, by striking “OPTION
19 To PROVIDE”; and

20 (B) by striking “may elect” and inserting
21 “shall elect”.

1 **TITLE III—INVEST IN THE MA-**
2 **TERNAL HEALTH CARE**
3 **WORKFORCE**

4 **SEC. 301. EMERGENCY OBSTETRIC WORKFORCE SUPPORT.**

5 (a) IN GENERAL.—Section 203A of the Public
6 Health Service Act (42 U.S.C. 204a) is amended—

7 (1) in subsection (a)—

8 (A) in paragraph (1), in the matter pre-
9 ceding subparagraph (A), by inserting “and ur-
10 gent maternal health care needs” after “public
11 health care needs”;

12 (B) in paragraph (3), by inserting “or ur-
13 gent maternal health care need” after “public
14 health care need”;

15 (C) in paragraph (5)—

16 (i) in subparagraph (C), by striking
17 “or” at the end;

18 (ii) in subparagraph (D), by striking
19 the period at the end and inserting “; or”;
20 and

21 (iii) by adding at the end the fol-
22 lowing:

23 “(E) any urgent need, not rising to the
24 level of an emergency described in subpara-
25 graph (D), that, in the judgment of the Sec-

1 retary, if not addressed, could result in an
2 emergency that would be appropriate for the
3 deployment of the Commissioned Corps.”; and

4 (D) by adding at the end the following:

5 “(6) URGENT MATERNAL HEALTH CARE
6 NEED.—

7 “(A) IN GENERAL.—For purposes of this
8 section and section 214, the term ‘urgent ma-
9 ternal health care need’, with respect to an
10 area, means a maternal health care need, as de-
11 termined by the Secretary, in consultation with
12 the Attorney General, arising as a result of the
13 closure or imminent closure of a hospital or
14 other health care facility in such area, or the
15 loss of workers employed by such hospital or
16 health care facility who are trained to provide
17 maternal health care services.

18 “(B) CONSIDERATIONS.—In determining
19 whether there is an urgent maternal health care
20 need for purposes of subparagraph (A) with re-
21 spect to an area, the Secretary shall consider
22 whether such closure, imminent closure, or loss
23 of workers has impacted access by individuals
24 in such area to a full range of maternal health
25 care services, including prenatal services, labor

1 and delivery services, postnatal services, mater-
2 nal and postpartum mental health services, be-
3 havioral health services, and reproductive health
4 services.”;

5 (2) in subsection (b)—

6 (A) in paragraph (1), by inserting “or ur-
7 gent maternal health care needs” after “public
8 health care needs”; and

9 (B) in each of paragraphs (2) and (4)(B),
10 by inserting “or urgent maternal health care
11 need” after “public health care need”; and

12 (3) in subsection (c), by inserting “or urgent
13 maternal health care need” after “public health care
14 need”.

15 (b) **DETAIL OF PERSONNEL.**—Section 214 of the
16 Public Health Service Act (42 U.S.C. 215) is amended—

17 (1) by redesignating subsection (e) as sub-
18 section (f);

19 (2) by inserting after subsection (d) the fol-
20 lowing:

21 “(e)(1) Upon the request of an eligible entity with
22 respect to a hospital or other health care facility the clo-
23 sure, imminent closure, or loss of workers of which led
24 to an urgent maternal health care need in an area, per-
25 sonnel may be detailed by the Secretary for the purpose

1 of assisting such eligible entity in work related to such
2 urgent maternal health care need.

3 “(2)(A) Personnel detailed under paragraph (1) shall
4 be paid from applicable appropriations of the Service.

5 “(B) In the case of detail of personnel under para-
6 graph (1) to be paid from applicable Service appropria-
7 tions, the Secretary may condition such detail on an agree-
8 ment by the eligible entity concerned that such eligible en-
9 tity concerned shall reimburse the United States for a por-
10 tion of the amount of such payments made by the Service.

11 “(C) The services of personnel while detailed pursu-
12 ant to this subsection shall be considered as having been
13 performed in the Service for purposes of the computation
14 of basic pay, promotion, retirement, compensation for in-
15 jury or death, and the benefits provided by section 212.

16 “(3) The Secretary may condition a detail of per-
17 sonnel under paragraph (1) on an agreement by the eligi-
18 ble entity concerned that such eligible entity concerned
19 shall—

20 “(A) in the case of an imminent closure or a
21 loss of workers, as determined by the Secretary—

22 “(i) maintain the maternal health care
23 services in the applicable area to the maximum
24 extent practicable, including by hiring tem-

1 porary workers, until the date on which the per-
2 sonnel are detailed to such area; and

3 “(ii) submit to the Secretary a plan for
4 hiring and retaining health practitioners in the
5 short- and long-term, both during periods in
6 which personnel are detailed to such applicable
7 area and periods in which personnel are not de-
8 tailed to such applicable area;

9 “(B) in the case of a closure, submit to the Sec-
10 retary a plan for working with, as applicable, State
11 and local agencies and local stakeholders to transi-
12 tion patients to alternate sources of safe maternal
13 health care services; and

14 “(C) commit to an assessment by the Secretary
15 of the workplace practices of such eligible entity con-
16 cerned, if applicable.

17 “(4) In this subsection—

18 “(A) the term ‘eligible entity’ means—

19 “(i) a State;

20 “(ii) a political subdivision of a State; or

21 “(iii) a Tribal, nonprofit, or other health
22 care entity; and

23 “(B) the term ‘personnel’ means an employee
24 or officer of the Commissioned Corps.”; and

1 (3) in subsection (f) (as so redesignated), by in-
2 serting “or an urgent maternal health care need”
3 before the period at the end.

4 (c) FUNDING FOR COMMISSIONED CORPS OF THE
5 PUBLIC HEALTH SERVICE.—Section 203 of the Public
6 Health Service Act (42 U.S.C. 204) is amended by adding
7 at the end the following:

8 “(e) OPERATIONS OF THE COMMISSIONED CORPS OF
9 THE PUBLIC HEALTH SERVICE.—

10 “(1) IN GENERAL.—The Secretary shall carry
11 out duties and responsibilities relating to the oper-
12 ations of the Commissioned Corps of the Service, in-
13 cluding the following:

14 “(A) Enhance the processes and systems
15 of the Service’s Headquarters operations.

16 “(B) Maximize the force management, re-
17 quired training opportunities (as determined by
18 the Secretary under section 203A(a)(1)), oper-
19 ational capacity, and mission readiness of the
20 Regular Corps, the Ready Reserve Corps, and
21 the Public Health Emergency Response Strike
22 Teams, a subcomponent of the Regular Corps.

23 “(C) Recruit and retain qualified profes-
24 sionals suited to serving underserved and vul-
25 nerable communities by—

1 “(i) improving onboarding timelines,
2 providing officer placements to align with
3 mission needs, ensuring adequate officer
4 morale and wellness resources, and
5 incentivizing recruiters and recruits; and

6 “(ii) expanding training opportunities,
7 including training of personnel to deliver
8 maternal health care services, providing
9 credentialing support for high demand skill
10 sets, and enriching leadership and research
11 potential.

12 “(D) Improve deployment processes and
13 prepare mission teams to execute routine and
14 emergent public health events.

15 “(E) Establish a legislative liaison office to
16 carry out legislative affairs functions under the
17 direction of the Secretary.

18 “(2) AUTHORIZATION OF APPROPRIATIONS.—In
19 addition to amounts otherwise authorized to be ap-
20 propriated for the Commissioned Corps of the Serv-
21 ice, there is authorized to be appropriated to the
22 Secretary to carry out paragraph (1) \$150,000,000
23 for fiscal year 2027 and each fiscal year there-
24 after.”.

1 **SEC. 302. STREAMLINED SCREENING AND ENROLLMENT OF**
2 **PROVIDERS OF MATERNITY, LABOR, AND DE-**
3 **LIVERY SERVICES IN NEIGHBORING STATES.**

4 (a) APPLICATION TO MEDICAID.—Section 1902(kk)
5 of the Social Security Act (42 U.S.C. 1396a(kk)) is
6 amended by adding at the end the following new para-
7 graph:

8 “(10) STREAMLINED ENROLLMENT PROCESS
9 FOR ELIGIBLE OUT-OF-STATE PROVIDERS OF MA-
10 TERNITY, LABOR, AND DELIVERY SERVICES.—

11 “(A) IN GENERAL.—The State adopts and
12 implements a process that enables an eligible
13 out-of-State provider to enroll as a provider in
14 the State plan without imposing any screening
15 requirements that are in addition to the re-
16 quirements imposed on in-State providers. An
17 eligible out-of-State provider that enrolls in the
18 State plan through such process shall be so en-
19 rolled for a 5-year period (unless the provider
20 is terminated or excluded from participation
21 during such period) and may revalidate such
22 enrollment through such process for subsequent
23 5-year periods.

24 “(B) ELIGIBLE OUT-OF-STATE PRO-
25 VIDER.—In this paragraph, the term ‘eligible

1 out-of-State provider’ means, with respect to a
2 State, a provider—

3 “(i) that furnishes maternity, labor,
4 and delivery services (as defined in sub-
5 section (uu)(1)), or provides orders or re-
6 ferrals for such services, for which pay-
7 ment is available under the State plan of
8 the State;

9 “(ii) that is located in a neighboring
10 State (as defined by the Secretary);

11 “(iii) with respect to which the Sec-
12 retary has determined there is a limited
13 risk of fraud, waste, or abuse for purposes
14 of determining the level of screening to be
15 conducted under section 1866(j)(2)(B);

16 “(iv) that has been screened under
17 such section 1866(j)(2)(B) for purposes of
18 enrolling in the Medicare program under
19 title XVIII or the State plan of the State
20 in which such provider is located; and

21 “(v) that has not been excluded from
22 participation in the Medicare program
23 under such title or the Medicaid program
24 under this title.”.

25 (b) CONFORMING AMENDMENTS.—

1 (1) Section 1902(a)(77) of the Social Security
2 Act (42 U.S.C. 1396a(a)(77)) is amended by insert-
3 ing “enrollment,” after “screening,”.

4 (2) Section 1902(kk) of such Act (42 U.S.C.
5 1396a(kk)), as amended by subsection (a), is further
6 amended—

7 (A) in the subsection heading, by inserting
8 “ENROLLMENT,” after “SCREENING,”; and

9 (B) in paragraph (9), by striking “Noth-
10 ing” and inserting “Except as provided in para-
11 graph (10), nothing”.

12 (c) APPLICATION TO CHIP.—Section 2107(e)(1)(G)
13 of such Act (42 U.S.C. 1397gg(e)(1)(G)) is amended by
14 inserting “enrollment,” after “screening,”.

15 (d) GUIDANCE ON SCREENING AND ENROLLING OUT-
16 OF-STATE PROVIDERS OF MATERNITY, LABOR, AND DE-
17 LIVERY SERVICES.—Not later than January 1, 2028, the
18 Secretary of Health and Human Services shall issue (and
19 update as the Secretary determines necessary) guidance
20 to State Medicaid and CHIP directors on best practices
21 for screening and enrolling out-of-State providers of ma-
22 ternity, labor, and delivery services in accordance with
23 paragraph (10) of section 1902(kk) of the Social Security
24 Act (42 U.S.C. 1396a(kk)) and section 2107(e)(1)(G) of
25 such Act (42 U.S.C. 1397gg(e)(1)(G)) (as added and

1 amended by this section) and including best practices for
2 screening and enrolling out-of-State providers in managed
3 care plans.

4 (e) EFFECTIVE DATE.—The amendments made by
5 this section take effect on January 1, 2028.

6 **TITLE IV—REQUIRING PUBLIC**
7 **COMMUNICATION OF OBSTET-**
8 **RICS DATA AND UNIT CLO-**
9 **SURES**

10 **SEC. 401. TIMELY NOTIFICATIONS OF IMPENDING HOS-**
11 **PITAL OBSTETRIC UNIT CLOSURES.**

12 (a) IN GENERAL.—Section 1866(a)(1) of the Social
13 Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

14 (1) in subparagraph (X), by striking “and” at
15 the end;

16 (2) in subparagraph (Y)(ii)(V), by striking the
17 period and inserting “, and”; and

18 (3) by inserting after subparagraph (Y) the fol-
19 lowing new subparagraph:

20 “(Z) beginning 180 days after the date of
21 the enactment of this subparagraph, in the case
22 of a hospital, not less than 180 days prior to
23 the closure of any obstetric unit of the hospital,
24 to submit to the Secretary, any relevant local

1 and State agencies, and the community a notifi-
2 cation, which shall include—

3 “(i) a report analyzing the impact the
4 closure will have on the community, includ-
5 ing data on any adverse outcomes and in-
6 crease in costs relating to obstetric services
7 for such community;

8 “(ii) steps the hospital will take to
9 identify other health care providers that
10 can alleviate any service gaps as a result of
11 the closure;

12 “(iii) the cause of the closure of such
13 obstetric unit;

14 “(iv) data regarding historic transpor-
15 tation costs related to obstetric services in
16 such community; and

17 “(v) any additional information as
18 may be required by the Secretary.”.

19 (b) STATE REQUIREMENT TO POST REPORTS.—Sec-
20 tion 1902(a) of the Social Security Act (42 U.S.C.
21 1396a(a)), as amended by section 201(a)(1), is further
22 amended—

23 (1) in paragraph (87), by striking “and” at the
24 end;

1 (2) in paragraph (88), by striking the period at
2 the end and inserting “; and”; and

3 (3) by inserting after paragraph (88) the fol-
4 lowing new paragraph:

5 “(89) provide that the State will make publicly
6 available, on the website of any relevant State agen-
7 cy, any report received by the State from a hospital
8 pursuant to section 1866(a)(1)(Z)(i).”; and

9 **SEC. 402. COLLECTION OF DATA RELATING TO HOSPITAL**
10 **LABOR AND DELIVERY SERVICES.**

11 Section 1866(a)(1) of the Social Security Act (42
12 U.S.C. 1395cc(a)(1)), as amended by section 401, is
13 amended—

14 (1) in subparagraph (Y)(ii)(V), by striking
15 “and” at the end;

16 (2) in subparagraph (Z), by striking the period
17 and inserting “, and”; and

18 (3) by adding at the end the following new sub-
19 paragraph:

20 “(AA) in the case of a hospital, to include
21 in cost reports submitted under this title for
22 cost reporting periods beginning on or after
23 July 1, 2026—

24 “(i) the number of births that oc-
25 curred at such hospital during the cost re-

1 reporting period, delineated by the number
2 of cesarean births and vaginal births;

3 “(ii) the number of antenatal and
4 postpartum transfers from the hospital to
5 other hospitals;

6 “(iii) data on the number and charac-
7 teristics of the staff providing labor and
8 delivery services at such hospital;

9 “(iv) the expenses the hospital in-
10 incurred for providing labor and delivery
11 services at such hospital, including nursing
12 care, anesthesia, and operating room serv-
13 ices;

14 “(v) the amount the hospital spent for
15 on-call coverage for labor and delivery
16 services by physicians and midwives; and

17 “(vi) the amount and sources of rev-
18 enue received by such hospital for labor
19 and delivery services, including payments
20 received for—

21 “(I) items and services furnished
22 to individuals eligible for coverage
23 under a State plan under title XIX
24 (or a waiver of such a plan);

1 “(II) items and services fur-
2 nished to individuals with other forms
3 of health insurance or third-party cov-
4 erage; and

5 “(III) items and services fur-
6 nished to individuals without health
7 insurance or other source of third
8 party coverage.”.

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