

119TH CONGRESS
1ST SESSION

H. R. 5202

To address maternity care shortages and promote optimal maternity outcomes by expanding access to birth centers and exploring more effective payment models for birth center care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 8, 2025

Ms. MORRISON (for herself and Mrs. HINSON) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To address maternity care shortages and promote optimal maternity outcomes by expanding access to birth centers and exploring more effective payment models for birth center care, 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 “Better Availability of
5 Birth Centers Improves Outcomes and Expands Savings
6 Act” or the “BABIES Act”.

1 **SEC. 2. GRANTS TO IMPROVE ACCESS TO FREESTANDING**
2 **BIRTH CENTER SERVICES.**

3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g et seq.) is amended by adding at the end
5 the following:

6 **“SEC. 399V–8. STRONG START BIRTH CENTER GRANTS TO**
7 **ASSIST BIRTH CENTERS WITH START-UP OR**
8 **EXPANSION COSTS TO EXPAND ACCESS TO**
9 **BIRTH CENTER SERVICES IN UNDERSERVED**
10 **AREAS.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Administrator of the Health Resources and Services
13 Administration, may award grants to eligible birth centers
14 that are accredited, or intend to seek accreditation, as
15 birth centers by a nationally recognized accrediting body
16 such as the Commission for the Accreditation of Birth
17 Centers, or that have the intention of seeking such accred-
18 itation, for the purposes described in subsection (b).

19 “(b) USE OF FUNDS.—A birth center receiving a
20 grant under this section may use such grant funds for any
21 of the following purposes:

22 “(1) Renovation, expansion, or construction of
23 a birth center facility.

24 “(2) Purchasing or updating equipment for a
25 birth center.

1 “(3) Accreditation and State licensure activi-
2 ties.

3 “(c) GRANTS; GRANT AMOUNTS.—For each of fiscal
4 years 2026 through 2030, the Secretary shall award
5 grants under this section to up to 15 birth centers, each
6 in an amount of not less than \$300,000 and not more
7 than \$500,000.

8 “(d) SPECIAL CONSIDERATIONS.—In awarding
9 grants under this section, the Secretary shall give special
10 consideration to an eligible birth center that—

11 “(1) is located in, or offers services to, a geo-
12 graphic area that—

13 “(A) has been designated under section
14 332 as a health professional shortage area with
15 respect to maternity care; or

16 “(B) has maternity care outcomes that are
17 below a threshold established by the Secretary;
18 and

19 “(2) has not previously received a grant under
20 this section.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 \$5,000,000 for the period of fiscal years 2026 through
24 2030.”.

1 **SEC. 3. MEDICAID DEMONSTRATION PROGRAM TO IM-**
 2 **PROVE FREESTANDING BIRTH CENTER SERV-**
 3 **ICES.**

4 Section 1903 of the Social Security Act (42 U.S.C.
 5 1396b) is amended by adding at the end the following new
 6 subsection:

7 “(cc) DEMONSTRATION PROGRAM TO IMPROVE
 8 FREESTANDING BIRTH CENTER SERVICES.—

9 “(1) AUTHORITY.—The Secretary shall conduct
 10 a demonstration program for the purpose of explor-
 11 ing more effective payment models for birth center
 12 care in order to improve access to, and the quality
 13 and scope of, freestanding birth center services for
 14 women with a low-risk pregnancy who are eligible
 15 for medical assistance under the State plan under
 16 this title or under a waiver of such plan.

17 “(2) DEADLINES FOR PARTICIPATION CRITERIA,
 18 PROSPECTIVE PAYMENT SYSTEM; PLANNING
 19 GRANTS.—

20 “(A) PARTICIPATION AND PROSPECTIVE
 21 PAYMENT SYSTEM DEADLINE.—Not later than
 22 1 year after the date of the enactment of this
 23 subsection, the Secretary shall do the following:

24 “(i) PUBLICATION OF PARTICIPATION
 25 CRITERIA FOR FREESTANDING BIRTH CEN-
 26 TERS.—

1 “(I) IN GENERAL.—The Sec-
2 retary shall publish criteria for a free-
3 standing birth center to be certified
4 by a State for purposes of partici-
5 pating in a State demonstration pro-
6 gram conducted under this subsection.

7 “(II) REQUIREMENTS.—The cri-
8 teria required to be published under
9 subclause (I) shall include the fol-
10 lowing:

11 “(aa) ACCREDITATION.—At
12 the time of certification for pur-
13 poses of participating in the dem-
14 onstration program conducted
15 under this subsection, a free-
16 standing birth center shall be ac-
17 credited or have completed the
18 initial phase of accreditation
19 from an approved, nationally rec-
20 ognized birth center accreditation
21 body, as determined by the Sec-
22 retary.

23 “(bb) LICENSURE AND
24 OTHER REQUIREMENTS.—A free-
25 standing birth center shall—

1 “(AA) be licensed, or
2 otherwise approved, by the
3 State to provide prenatal,
4 labor and delivery,
5 postpartum, newborn care,
6 and other ambulatory serv-
7 ices for which medical as-
8 sistance is available under
9 the State plan or waiver
10 under this title; and

11 “(BB) comply with
12 such other requirements re-
13 lating to the health and
14 safety of individuals who re-
15 ceive services furnished by
16 the facility as the State shall
17 establish.

18 “(cc) CARE COORDINA-
19 TION.—A freestanding birth cen-
20 ter shall be able to meet care co-
21 ordination requirements estab-
22 lished by the Secretary, including
23 requirements to coordinate care
24 across settings and providers to
25 ensure seamless transitions for

1 patients across the full spectrum
2 of health services, and shall be
3 able to engage in consultation for
4 higher level maternity care serv-
5 ices, non-maternity care services,
6 and behavioral health needs,
7 which may include plans for con-
8 sultation, collaboration and refer-
9 ral, and arrangements with the
10 following:

11 “(AA) Federally quali-
12 fied health centers (and as
13 applicable, rural health clin-
14 ics) to provide Federally
15 qualified health center serv-
16 ices (and as applicable, rural
17 health clinic services) to the
18 extent such services are not
19 provided directly through
20 the birth center.

21 “(BB) Other outpatient
22 clinics, including licensed
23 midwifery and physician
24 practices.

1 “(CC) Inpatient acute
2 care facilities with obstet-
3 rical care units.

4 “(dd) SCOPE OF SERV-
5 ICES.—As determined by the Sec-
6 retary, a freestanding birth cen-
7 ter shall be able to provide
8 peripartum care for women with
9 a low-risk pregnancy and for
10 newborns, consistent with evi-
11 dence-based guidelines.

12 “(ee) CAPABILITIES.—A
13 freestanding birth center shall
14 have the following capabilities:

15 “(AA) In addition to
16 the requirements specified
17 under section 431.53 of title
18 42, Code of Federal Regula-
19 tions, and any successor reg-
20 ulation (relating to assur-
21 ance of transportation), the
22 capability and equipment to
23 provide prenatal, labor and
24 delivery, postpartum, and
25 newborn care for women

1 with a low-risk pregnancy,
2 readiness at all times to ini-
3 tiate emergency procedures
4 to meet unexpected needs of
5 such women and of
6 newborns within the center,
7 including at least 2 qualified
8 staff on-site at every birth,
9 and the ability to facilitate
10 transport to an acute care
11 hospital with an obstetrical
12 care unit when necessary.

13 “(BB) An established
14 transfer plan with a receiv-
15 ing hospital with an obstet-
16 rical care unit with policies
17 and procedures for timely
18 transport.

19 “(CC) Medical con-
20 sultation available from a li-
21 censed board-certified physi-
22 cian with admitting privi-
23 leges in obstetrics at a near-
24 by hospital, as defined by
25 State law or regulation.

1 “(DD) Data collection,
2 storage, and retrieval, in-
3 cluding data on intrapartum
4 and postpartum maternal
5 and newborn transfer rates
6 and hospital admissions.

7 “(EE) The ability to
8 initiate and document qual-
9 ity improvement programs
10 as required by accreditation
11 that include efforts to maxi-
12 mize patient safety, such as
13 safety checklists, validated
14 training and competency of
15 staff, and emergency pre-
16 paredness and drills.

17 “(ff) HEALTH CARE PRO-
18 VIDERS.—A freestanding birth
19 center shall employ, or have care
20 delivery arrangements with, both
21 of the following:

22 “(AA) A physician li-
23 censed to practice within the
24 State or jurisdiction of the
25 birth center.

1 “(BB) A midwife that
2 meets or exceeds the edu-
3 cation and training stand-
4 ards of the International
5 Confederation of Midwives
6 and who is licensed to prac-
7 tice within the jurisdiction of
8 the birth center.

9 “(gg) NON-DUPLICATION.—
10 In carrying out this subsection,
11 the Secretary shall, with respect
12 to a State participating in the
13 demonstration program, establish
14 procedures to prevent, to the
15 greatest extent practicable, the
16 provision of, or payment for,
17 services under the demonstration
18 program for which medical as-
19 sistance is available under the
20 State plan under this title or
21 waiver of such plan.

22 “(ii) GUIDANCE ON DEVELOPMENT OF
23 PROSPECTIVE PAYMENT SYSTEM FOR
24 TESTING UNDER STATE DEMONSTRATION
25 PROGRAMS.—

1 “(I) IN GENERAL.—The Sec-
2 retary shall issue guidance for States
3 participating in a demonstration pro-
4 gram conducted under this subsection
5 to establish a prospective payment
6 system that shall only apply to free-
7 standing birth center services that—

8 “(aa) meet the criteria es-
9 tablished under clause (i); and

10 “(bb) are furnished by a
11 freestanding birth center partici-
12 pating in such a demonstration
13 program.

14 “(II) REQUIREMENTS.—The
15 guidance issued by the Secretary
16 under subclause (I) shall, to the
17 greatest extent practicable, provide
18 for—

19 “(aa) a partial facility pay-
20 ment based on units in the case
21 that a pregnant woman is admit-
22 ted in labor and then needs to be
23 transferred to the hospital in
24 labor before the birth of the
25 baby;

1 “(bb) a facility payment for
2 therapeutic rest or for observa-
3 tion short stays to rule out labor;

4 “(cc) ensuring payment for
5 the newborn and mother as 2
6 separate facility payment compo-
7 nents;

8 “(dd) ensuring payment for
9 nitrous oxide and hydrotherapy
10 supplies costs for pain relief;

11 “(ee) ensuring payment for
12 all professional services of health
13 professionals involved in the de-
14 livery of care in a birth center,
15 which may include—

16 “(AA) 3 or more pre-
17 natal office visits;

18 “(BB) observation and
19 triage;

20 “(CC) newborn exam
21 and care; and

22 “(DD) multiple
23 postpartum, mother, and
24 newborn visits, as needed;

1 “(ff) ensuring payment for
2 partial prenatal and postpartum
3 care episodes or for prenatal care
4 only with planned delivery in the
5 hospital and returning for
6 postpartum care in the birth cen-
7 ter; and

8 “(gg) payment for services
9 provided within—

10 “(AA) in the case of a
11 pregnant woman, the period
12 that commences upon the
13 confirmation of pregnancy
14 when the woman is accepted
15 into care at the freestanding
16 birth center, continues
17 through prenatal care, labor,
18 and delivery, and ends at
19 the completion of the
20 postpartum period (as de-
21 fined by State law or regula-
22 tion) with documentation of
23 a plan for continued well
24 woman care, inclusive of at

1 least 2 postpartum care vis-
2 its; and

3 “(BB) in the case of a
4 newborn, a period that con-
5 tinues through the first 28
6 days of life with documenta-
7 tion of continued infant
8 care.

9 “(iii) PUBLICATION OF AN RFP FOR
10 STATES TO APPLY FOR THE DEMONSTRA-
11 TION PROGRAM.—

12 “(I) IN GENERAL.—The Sec-
13 retary shall publish a request for pro-
14 posal (in this clause referred to as an
15 ‘RFP’) for States to establish and test
16 a prospective payment system for
17 freestanding birth center services
18 that—

19 “(aa) meets the criteria es-
20 tablished under clause (i); and

21 “(bb) are furnished by a
22 freestanding birth center partici-
23 pating in a demonstration pro-
24 gram under this subsection.

1 “(II) REQUIREMENTS.—The
2 RFP published by the Secretary
3 under subclause (I) shall, to the
4 greatest extent practicable, include
5 the following parameters:

6 “(aa) States shall have a
7 minimum number of established
8 or developing birth centers.

9 “(bb) States shall have a
10 mechanism to recognize or license
11 birth centers.

12 “(cc) States shall have at
13 least 1 area that has been des-
14 ignated a maternity care desert.

15 “(dd) States shall have
16 areas with maternity care out-
17 comes that are below a certain
18 threshold, as determined by the
19 Secretary.

20 “(ee) States shall represent
21 a diverse selection of geographic
22 areas, including rural and under-
23 served areas.

24 “(ff) Preference shall be
25 given to States that demonstrate

1 the potential to expand the avail-
2 ability of and access to maternity
3 care services in a demonstration
4 area and increase the quality of
5 services provided by freestanding
6 birth centers without increasing
7 net Federal spending, as deter-
8 mined by the Secretary.

9 “(III) REQUIRED INFORMA-
10 TION.—A State application to conduct
11 a demonstration program under this
12 subsection shall include the following:

13 “(aa) A description of the
14 target population of individuals
15 who are eligible for medical as-
16 sistance under the State plan
17 under this title or under a waiver
18 of such plan and are to be served
19 under the demonstration pro-
20 gram.

21 “(bb) A list of the partici-
22 pating freestanding birth centers
23 in the State.

24 “(cc) Verification that each
25 participating freestanding birth

1 center meets the participation
2 criteria established in paragraph
3 (2)(A)(i).

4 “(dd) A description of the
5 scope of the freestanding birth
6 center services available under
7 the State plan under this title or
8 waiver of such plan for women
9 with a low-risk pregnancy that
10 will be paid for under the pro-
11 spective payment system tested
12 in the demonstration program.

13 “(ee) Verification that the
14 State has agreed to pay for such
15 services at the rate established
16 under the prospective payment
17 system.

18 “(ff) An assurance that the
19 State will require freestanding
20 birth centers to submit to the
21 State, and that the State will
22 submit to the Secretary, such in-
23 formation and data as the State
24 or Secretary may require relating
25 to the demonstration program or

1 an episode of care for such a
2 pregnant woman or newborn.

3 “(gg) Such other informa-
4 tion as the Secretary may require
5 relating to the demonstration
6 program, including with respect
7 to determining the soundness of
8 the proposed prospective payment
9 system.

10 “(IV) DEADLINES FOR SUBMIS-
11 SION OF RFP APPLICATIONS.—The
12 deadline for a State to submit an ap-
13 plication to participate in the dem-
14 onstration program conducted under
15 this subsection shall be the date that
16 is 90 days after the date on which the
17 Secretary publishes the RFP under
18 subclause (I).

19 “(B) PLANNING GRANTS.—

20 “(i) IN GENERAL.—Not later than 18
21 months after the date of the enactment of
22 this subsection, the Secretary shall award
23 a planning grant to up to 6 States for the
24 purpose of developing a detailed proposal

1 to conduct a demonstration program de-
2 scribed in paragraph (3).

3 “(ii) USE OF FUNDS.—A State award-
4 ed a planning grant under this subpara-
5 graph shall use the funds awarded under
6 such grant to—

7 “(I) solicit input with respect to
8 the development of the demonstration
9 program from patients, providers (in-
10 cluding certified nurse-midwives, other
11 midwives licensed within the State,
12 and physicians), and other stake-
13 holders;

14 “(II) secure participation of free-
15 standing birth centers that meet the
16 criteria established under subpara-
17 graph (A)(i), including by providing
18 support for such centers to meet that
19 criteria (including accreditation) in
20 order to maximize the number of free-
21 standing birth centers participating in
22 the demonstration program; and

23 “(III) in accordance with the
24 guidance issued under subparagraph
25 (A)(ii), establish a prospective pay-

1 ment system which the State shall use
2 for making payments to freestanding
3 birth centers participating in the dem-
4 onstration program.

5 “(3) STATE DEMONSTRATION PROGRAMS.—

6 “(A) IN GENERAL.—Not later than 2 years
7 after the date of the enactment of this sub-
8 section, the States selected by the Secretary
9 under paragraph (2)(B)(i) shall begin con-
10 ducting the demonstration program under this
11 paragraph.

12 “(B) LENGTH OF DEMONSTRATION PRO-
13 GRAMS.—A State conducting a demonstration
14 program in accordance with this paragraph
15 shall conduct the program for a 4-year period.

16 “(C) PAYMENT FOR SERVICES PROVIDED
17 BY FREESTANDING BIRTH CENTERS.—

18 “(i) IN GENERAL.—For each quarter
19 during the 4-year period during which a
20 State participates in a demonstration pro-
21 gram under this subsection, the Secretary
22 shall pay such State an amount equal to
23 the Federal medical assistance percentage
24 (as defined in section 1905(b)) of the total
25 amount expended by such State during

1 such quarter under the prospective pay-
2 ment system established by such State
3 pursuant to paragraph (2)(B)(III) to free-
4 standing birth centers for services that
5 are—

6 “(I) furnished pursuant to the
7 criteria established under paragraph
8 (2)(A)(i) to individuals enrolled in the
9 State plan (or waiver of such plan) of
10 such State under this title; and

11 “(II) described in the demonstra-
12 tion program application submitted by
13 such State and approved by the Sec-
14 retary.

15 “(ii) ADMINISTRATIVE EXPENSES.—
16 Amounts expended by a State to conduct a
17 demonstration program in accordance with
18 this paragraph shall be considered, for pur-
19 poses of subsection (a)(7), to be necessary
20 for the proper and efficient administration
21 of the State plan.

22 “(D) WAIVER OF STATEWIDENESS RE-
23 QUIREMENT.—The Secretary shall waive the re-
24 quirements of section 1902(a)(1) (relating to
25 Statewideness), section 1902(a)(10)(B) (relat-

ing to comparability), and any other provision of this title which would be directly contrary to the authority under this subsection as may be necessary for a State to conduct a demonstration program in accordance with this paragraph.

“(E) ANNUAL REPORTS.—

“(i) IN GENERAL.—Not later than 2 years after the date on which the first State is selected to conduct a demonstration program under this subsection, and annually thereafter, based on information and data submitted by States in accordance with the assurance provided under paragraph (2)(A)(iii)(III)(ff), the Secretary shall submit to Congress an annual report on all State demonstration programs conducted under this subsection. Each such report shall include, with respect to each such State demonstration program—

“(I) an assessment of clinical outcomes for maternity services provided by freestanding birth centers participating in the demonstration

1 program for individuals who are eligi-
2 ble for medical assistance under a
3 State plan under this title or under a
4 waiver of such plan and are women
5 with a low-risk pregnancy with out-
6 comes in comparable demographic and
7 geographic areas, including with re-
8 spect to—

9 “(aa) the number of births
10 and data on intrapartum and
11 postpartum maternal and new-
12 born transfer rates and hospital
13 admissions; and

14 “(bb) the rate of primary
15 and repeat cesarean sections,
16 preterm births, and neonatal in-
17 tensive care unit admissions; and

18 “(II) an assessment of the im-
19 pact of all the State demonstration
20 programs conducted under this sub-
21 section on the Federal and State costs
22 relating to providing freestanding
23 birth center services for individuals
24 who are eligible for medical assistance
25 under a State plan under this title or

1 under a waiver of such plan and are
2 women with a low-risk pregnancy (in-
3 cluding with respect to the provision
4 of inpatient, emergency, and ambula-
5 tory services) and newborn care, com-
6 pared to the Federal and State costs
7 related to the provision of—

8 “(aa) freestanding birth cen-
9 ter services to such individuals by
10 freestanding birth centers outside
11 of such demonstration programs;
12 and

13 “(bb) traditional maternity
14 services as provided in non-birth
15 center clinics and hospital pro-
16 grams.

17 “(ii) RECOMMENDATIONS.—Not later
18 than 6 months before the the last day of
19 the 4-year period for which demonstration
20 programs are conducted under this sub-
21 section, the Secretary shall submit to Con-
22 gress recommendations concerning whether
23 such demonstration programs shall be con-
24 tinued, expanded, modified, or terminated.

25 “(4) FUNDING.—

1 “(A) IN GENERAL.—Out of any funds in
2 the Treasury not otherwise appropriated, there
3 is appropriated to the Secretary—

4 “(i) for fiscal year 2027, \$3,000,000
5 for purposes of carrying out paragraph
6 (2)(B); and

7 “(ii) for each of fiscal years 2028
8 through 2031, \$6,000,000 for purposes of
9 carrying out the demonstration programs
10 described in paragraph (3).

11 “(B) AVAILABILITY.—Funds appropriated
12 under subparagraph (A) shall remain available
13 until expended.

14 “(5) DEFINITIONS.—In this subsection:

15 “(A) FREESTANDING BIRTH CENTER
16 SERVICES.—The term ‘freestanding birth center
17 services’ has the meaning given such term in
18 section 1905(l)(3)(A) and includes such other
19 services as the Secretary shall determine for
20 purposes of conducting the demonstration pro-
21 grams described in paragraph (3).

22 “(B) LOW-RISK PREGNANCY.—The term
23 ‘low-risk pregnancy’ means an uncomplicated

- 1 singleton term pregnancy with a vertex presen-
- 2 tation and an expected uncomplicated birth.”.

