

119TH CONGRESS
1ST SESSION

H. R. 6242

To amend title XXVII of the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2025

Mrs. WATSON COLEMAN (for herself, Ms. CLARKE of New York, Mr. CARSON, Ms. DEAN of Pennsylvania, Mr. EVANS of Pennsylvania, Mr. FIELDS, Ms. LOIS FRANKEL of Florida, Mr. GOTTHEIMER, Ms. NORTON, Mr. JACKSON of Illinois, Mrs. McIVER, Mr. MOULTON, Mr. POCAN, Ms. SEWELL, Ms. STANSBURY, Ms. TLAIB, Ms. WILSON of Florida, Mr. THANEDAR, and Mr. SWALWELL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Workforce, and Oversight and Government Reform, 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 title XXVII of the Public Health Service Act to provide for a special enrollment period for pregnant women, 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 “Healthy Maternity and
5 Obstetric Medicine Act” or the “Healthy MOM Act”.

1 **SEC. 2. FINDINGS; PURPOSE.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) Pregnancy is a significant life event for mil-
4 lions of women in the United States each year.

5 (2) For more than 30 years, our Nation,
6 through the Medicaid program, has recognized that
7 pregnant women need immediate access to afford-
8 able care, and has allowed women who meet income-
9 eligibility requirements to enroll in Medicaid cov-
10 erage when they become pregnant.

11 (3) Congress recognized the central importance
12 of maternity coverage by classifying maternity and
13 newborn care as one of the ten essential health bene-
14 fits that must now be covered on most individual
15 and small group health insurance plans under sec-
16 tion 1302(b)(1) of the Patient Protection and Af-
17 fordable Care Act (42 U.S.C. 18022(b)(1)).

18 (4) Congress has also recognized the significant
19 challenge of maternal mortality and the need to
20 eliminate disparities in maternal health outcomes for
21 pregnancy-related and pregnancy-associated deaths,
22 and to improve health outcomes for both mothers
23 and babies through passage of the Preventing Ma-
24 ternal Deaths Act of 2018 (Public Law 115–344).

25 (5) Access to comprehensive maternity coverage
26 allows women to access important pregnancy-related

1 care, which is demonstrated to improve health out-
2 comes for women and newborns and reduce financial
3 costs for both consumers and insurers.

4 (6) Uninsured women, women with grand-
5 fathered and transitional health plans, self-funded
6 student health plans, and catastrophic and high-de-
7 ductible health plans may lack access to comprehen-
8 sive and affordable maternity coverage.

9 (7) Employer health plans that exclude depend-
10 ent daughters from maternity coverage leave young
11 women without coverage for their pregnancy, even
12 though Federal law has long held that treating preg-
13 nancy differently than other conditions is sex-based
14 discrimination.

15 (8) A special enrollment period is especially im-
16 portant for young adults, who are at high risk for
17 unintended pregnancies, yet young adults are fre-
18 quently enrolled in catastrophic coverage, which
19 often has fewer benefits, more restrictions, and high-
20 er deductibles.

21 (9) This coverage would be an equalizer for
22 communities of color. The maternal mortality rate
23 varies drastically by race and ethnicity, and where a
24 woman lives. The rising maternal mortality rate in
25 the United States is driven predominantly by the

1 disproportionately high African-American maternal
2 mortality rate, which is four times more than the
3 rate for White women.

4 (10) According to the Centers for Disease Con-
5 trol and Prevention, about 700 women die each year
6 in the United States from pregnancy-related com-
7 plications. Black and American Indian/Alaska Native
8 women are about three times more likely to die from
9 a pregnancy-related cause than White women.

10 (11) Data demonstrates that 3 in 5 pregnancy
11 related deaths could be prevented. Improving access
12 to care is one way to help prevent deaths, regardless
13 of race or ethnicity.

14 (12) Timely maternity care improves the health
15 of pregnant women, as well as birth outcomes and
16 the health of babies throughout their lifetimes. Preg-
17 nancy-related maternal mortality is three to four
18 times higher among women who receive no maternity
19 care compared to women who do. Regular maternity
20 care can detect or mitigate serious pregnancy-related
21 health complications, including preeclampsia, pla-
22 cental abruption, complications from diabetes, com-
23 plications from heart disease, and Graves' disease,
24 all of which can result in morbidity or mortality for
25 the mother or newborn.

1 (13) The Centers for Disease Control and Pre-
2 vention reports that more than half of all maternal
3 deaths occur at delivery or in the first postpartum
4 year, whereas just more than one-third of preg-
5 nancy-related or pregnancy-associated deaths occur
6 while a person is still pregnant. Yet, for women eligi-
7 ble for the Medicaid program on the basis of preg-
8 nancy, such Medicaid coverage lapses at the end of
9 the month on which the 60th postpartum day lands.

10 (14) Timely maternity care and adequate
11 postpartum care can reduce short- and long-term
12 health care costs. If a woman does not have access
13 to affordable maternity care during her pregnancy,
14 and she or her newborn experiences pregnancy com-
15 plications that result in health problems after birth,
16 their insurer may end up paying much higher costs
17 than if the insurer had covered the woman's mater-
18 nity care during her pregnancy. Intensive maternity
19 care can reduce hospital and neonatal intensive care
20 unit admissions among infants, resulting in cost sav-
21 ings of \$1,768 to \$5,560 per birth. For women with
22 high-risk pregnancies, intensive maternity care saves
23 \$1.37 for every \$1 invested in maternity care.

24 (b) PURPOSE.—The purpose of this Act is to protect
25 the health of women and newborns by ensuring that all

1 women eligible for coverage through the Exchanges estab-
 2 lished under title I of the Patient Protection and Afford-
 3 able Care Act (Public Law 111–148) and women eligible
 4 for other individual or group health plan coverage can ac-
 5 cess affordable health coverage during their pregnancy.

6 **SEC. 3. PROVIDING FOR A SPECIAL ENROLLMENT PERIOD**
 7 **FOR PREGNANT INDIVIDUALS.**

8 (a) PUBLIC HEALTH SERVICE ACT.—Section
 9 2702(b)(2) of the Public Health Service Act (42 U.S.C.
 10 300gg–1(b)(2)) is amended by inserting “, including a
 11 special enrollment period for pregnant individuals, begin-
 12 ning on the date on which the pregnancy is reported to
 13 the health insurance issuer” before the period at the end.

14 (b) PATIENT PROTECTION AND AFFORDABLE CARE
 15 ACT.—Section 1311(c)(6) of the Patient Protection and
 16 Affordable Care Act (42 U.S.C. 18031(c)(6)) is amend-
 17 ed—

18 (1) in subparagraph (C), by striking “and” at
 19 the end;

20 (2) by redesignating subparagraph (D) as sub-
 21 paragraph (E); and

22 (3) by inserting after subparagraph (C) the fol-
 23 lowing new subparagraph:

24 “(D) a special enrollment period for preg-
 25 nant individuals, beginning on the date on

1 which such pregnancy is reported to the Ex-
2 change; and”.

3 (c) SPECIAL ENROLLMENT PERIODS.—

4 (1) INTERNAL REVENUE CODE.—Section
5 9801(f) of the Internal Revenue Code of 1986 (26
6 U.S.C. 9801(f)) is amended by adding at the end
7 the following new paragraph:

8 “(4) FOR PREGNANT INDIVIDUALS.—

9 “(A) A group health plan shall permit an
10 employee who is eligible, but not enrolled, for
11 coverage under the terms of the plan (or a de-
12 pendent of such an employee if the dependent
13 is eligible, but not enrolled, for coverage under
14 such terms) to enroll for coverage under the
15 terms of the plan upon pregnancy, with the spe-
16 cial enrollment period beginning on the date on
17 which the pregnancy is reported to the group
18 health plan or the pregnancy is confirmed by a
19 health care provider.

20 “(B) The Secretary shall promulgate regu-
21 lations with respect to the special enrollment
22 period under subparagraph (A), including es-
23 tablishing a time period for pregnant individ-
24 uals to enroll in coverage and effective date of
25 such coverage.”.

1 (2) ERISA.—Section 701(f) of the Employee
2 Retirement Income Security Act of 1974 (29 U.S.C.
3 1181(f)) is amended by adding at the end the fol-
4 lowing:

5 “(4) FOR PREGNANT INDIVIDUALS.—

6 “(A) A group health plan or health insur-
7 ance issuer in connection with a group health
8 plan shall permit an employee who is eligible,
9 but not enrolled, for coverage under the terms
10 of the plan (or a dependent of such an employee
11 if the dependent is eligible, but not enrolled, for
12 coverage under such terms) to enroll for cov-
13 erage under the terms of the plan upon preg-
14 nancy, with the special enrollment period begin-
15 ning on the date on which the pregnancy is re-
16 ported to the group health plan or health insur-
17 ance issuer or the pregnancy is confirmed by a
18 health care provider.

19 “(B) The Secretary shall promulgate regu-
20 lations with respect to the special enrollment
21 period under subparagraph (A), including es-
22 tablishing a time period for pregnant individ-
23 uals to enroll in coverage and effective date of
24 such coverage.”.

1 (d) EFFECTIVE DATE.—The amendments made by
 2 this section shall apply with respect to plan years begin-
 3 ning on or after January 1, 2027.

4 **SEC. 4. COVERAGE OF MATERNITY CARE FOR DEPENDENT**
 5 **CHILDREN.**

6 (a) PUBLIC HEALTH SERVICE ACT.—Section
 7 2799A–7 of the Public Health Service Act (42 U.S.C.
 8 300gg–117) is amended by adding at the end the following
 9 new subsection:

10 “(d) COVERAGE OF MATERNITY CARE.—A group
 11 health plan, or health insurance issuer offering group or
 12 individual health insurance coverage, that provides cov-
 13 erage for dependents shall ensure that such plan or cov-
 14 erage includes coverage for maternity care associated with
 15 pregnancy, childbirth, and postpartum care for all partici-
 16 pants, beneficiaries, and enrollees, including dependents,
 17 including coverage of labor and delivery. Such coverage
 18 shall be provided to all pregnant dependents regardless of
 19 age.”.

20 (b) ERISA.—Section 722 of the Employee Retire-
 21 ment Income Security Act of 1974 (29 U.S.C. 1185k) is
 22 amended by adding at the end the following new sub-
 23 section:

24 “(d) COVERAGE OF MATERNITY CARE.—A group
 25 health plan, or health insurance issuer offering group

1 health insurance coverage, that provides coverage for de-
2 pendants shall ensure that such plan or coverage includes
3 coverage for maternity care associated with pregnancy,
4 childbirth, and postpartum care for all participants, bene-
5 ficiaries, and enrollees, including dependents, including
6 coverage of labor and delivery. Such coverage shall be pro-
7 vided to all pregnant dependents regardless of age.”.

8 (c) INTERNAL REVENUE CODE.—Section 9822 of the
9 Internal Revenue Code of 1986 is amended by adding at
10 the end the following new subsection:

11 “(d) COVERAGE OF MATERNITY CARE.—A group
12 health plan that provides coverage for dependents shall en-
13 sure that such plan includes coverage for maternity care
14 associated with pregnancy, childbirth, and postpartum
15 care for all participants and beneficiaries, including de-
16 pendants, including coverage of labor and delivery. Such
17 coverage shall be provided to all pregnant dependents re-
18 gardless of age.”.

19 (d) EFFECTIVE DATE.—The amendments made by
20 this section shall apply with respect to plan years begin-
21 ning on or after January 1, 2027.

22 **SEC. 5. FEDERAL EMPLOYEE HEALTH BENEFIT PLANS.**

23 (a) COVERAGE OF PREGNANCY.—

24 (1) IN GENERAL.—The Director of the Office of
25 Personnel Management shall issue such regulations

1 as are necessary to ensure that pregnancy is consid-
2 ered a change in family status and a qualifying life
3 event for an individual who is eligible to enroll, but
4 is not enrolled, in a health benefit plan under chap-
5 ter 89 title 5, United States Code.

6 (2) EFFECTIVE DATE.—The requirement in
7 paragraph (1) shall apply with respect to any con-
8 tract entered into under section 8902 of such title
9 beginning 12 months after the date of enactment of
10 this Act.

11 (b) DESIGNATING CERTAIN FEHBP-RELATED
12 SERVICES AS EXCEPTED SERVICES UNDER THE ANTI-
13 DEFICIENCY ACT.—

14 (1) IN GENERAL.—Section 8905 of title 5,
15 United States Code, is amended by adding at the
16 end the following:

17 “(j) Any services by an officer or employee under this
18 chapter relating to enrolling individuals in a health bene-
19 fits plan under this chapter, or changing the enrollment
20 of an individual already so enrolled due to an event de-
21 scribed in section 5(a)(1) of the Healthy MOM Act, shall
22 be deemed, for purposes of section 1342 of title 31, serv-
23 ices for emergencies involving the safety of human life or
24 the protection of property.”.

1 (2) APPLICATION.—The amendment made by
 2 paragraph (1) shall apply to any lapse in appropria-
 3 tions beginning on or after the date of enactment of
 4 this Act.

5 **SEC. 6. CONTINUATION OF MEDICAID INCOME ELIGIBILITY**
 6 **STANDARD FOR PREGNANT INDIVIDUALS**
 7 **AND INFANTS.**

8 Section 1902(l)(2)(A) of the Social Security Act (42
 9 U.S.C. 1396a(l)(2)(A)) is amended—

10 (1) in clause (i), by striking “and not more
 11 than 185 percent”;

12 (2) in clause (ii)—

13 (A) in subclause (I), by striking “and”
 14 after the comma;

15 (B) in subclause (II), by striking the pe-
 16 riod at the end and inserting “, and”; and

17 (C) by adding at the end the following:

18 “(III) January 1, 2027, is the percentage pro-
 19 vided under clause (v).”; and

20 (3) by adding at the end the following new
 21 clause:

22 “(v) The percentage provided under clause (ii) for
 23 medical assistance provided on or after January 1, 2027,
 24 with respect to individuals described in subparagraph (A)
 25 or (B) of paragraph (1) shall not be less than—

1 “(I) the percentage specified for such individ-
 2 uals by the State in an amendment to its State plan
 3 (whether approved or not) as of January 1, 2025; or

4 “(II) if no such percentage is specified as of
 5 January 1, 2025, the percentage established for
 6 such individuals under the State’s authorizing legis-
 7 lation or provided for under the State’s appropria-
 8 tions as of that date.”.

9 **SEC. 7. REQUIRING AND MAKING PERMANENT 12-MONTH**
 10 **CONTINUOUS COVERAGE FOR PREGNANT**
 11 **AND POSTPARTUM INDIVIDUALS UNDER**
 12 **MEDICAID AND CHIP.**

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

15 (1) in subsection (a)—

16 (A) in paragraph (88)(B)(iii), by striking
 17 “and” at the end;

18 (B) in paragraph (89), by striking the pe-
 19 riod at the end and inserting “; and”; and

20 (C) by inserting after paragraph (89) the
 21 following new paragraph:

22 “(90) provide that the State plan is in compli-
 23 ance with subsection (e)(16).”; and

24 (2) in subsection (e)(16)—

1 (A) in subparagraph (A), by striking “At
 2 the option of the State, the State plan (or waiv-
 3 er of such State plan) may provide” and insert-
 4 ing “A State plan (or waiver of such State
 5 plan) shall provide”;

6 (B) in subparagraph (B), in the matter
 7 preceding clause (i), by striking “by a State
 8 making an election under this paragraph” and
 9 inserting “under a State plan (or a waiver of
 10 such State plan)”; and

11 (C) by striking subparagraph (C).

12 (b) CHIP.—

13 (1) IN GENERAL.—Section 2107(e)(1)(K) of the
 14 Social Security Act (42 U.S.C. 1397gg(e)(1)(K)) is
 15 amended to read as follows:

16 “(K) Paragraphs (5) and (16) of section
 17 1902(e) (relating to the requirement to provide
 18 medical assistance under the State plan or
 19 waiver consisting of full benefits during preg-
 20 nancy and throughout the 12-month
 21 postpartum period under title XIX) such that
 22 the provision of assistance under the State child
 23 health plan or waiver for targeted low-income
 24 children or targeted low-income pregnant
 25 women during pregnancy and the 12-month

1 postpartum period shall be required and shall
2 include coverage of all items or services pro-
3 vided to a targeted low-income child or targeted
4 low-income pregnant woman (as applicable)
5 under the State child health plan or waiver.”.

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

11 (c) EFFECTIVE DATE.—

12 (1) IN GENERAL.—Subject to paragraph (2),
13 the amendments made by this section shall apply
14 with respect to services furnished on or after the
15 date that is 1 year after the date of the enactment
16 of this Act.

17 (2) EXCEPTION FOR STATE LEGISLATION.—In
18 the case of a State plan under title XIX of the So-
19 cial Security Act (42 U.S.C. 1396 et seq.) or a State
20 child health plan under title XXI of such Act (42
21 U.S.C. 1397ee et seq.) that the Secretary of Health
22 and Human Services determines requires State legis-
23 lation in order for the plan to meet any requirement
24 imposed by amendments made by this section, the
25 respective plan shall not be regarded as failing to

1 comply with the requirements of such title solely on
2 the basis of its failure to meet such an additional re-
3 quirement before the first day of the first calendar
4 quarter beginning after the close of the first regular
5 session of the State legislature that begins after the
6 date of enactment of this Act. For purposes of the
7 previous sentence, in the case of a State that has a
8 2-year legislative session, each year of the session
9 shall be considered to be a separate regular session
10 of the State legislature.

11 **SEC. 8. RELATIONSHIP TO OTHER LAWS.**

12 Nothing in this Act (or an amendment made by this
13 Act) shall be construed to invalidate or limit the remedies,
14 rights, and procedures of any Federal law or the law of
15 any State or political subdivision of any State or jurisdic-
16 tion that provides greater or equal protection for enrollees
17 in a group health plan or group or individual health insur-
18 ance offered by a health insurance issuer.

○