

119TH CONGRESS
2D SESSION

S. 4481

To require the Secretary of Health and Human Services to establish a demonstration project to allow States to test payment models for maternity care provided to pregnant and postpartum individuals under the Medicaid and CHIP programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 11, 2026

Ms. BLUNT ROCHESTER introduced the following bill; which was read twice
and referred to the Committee on Finance

A BILL

To require the Secretary of Health and Human Services to establish a demonstration project to allow States to test payment models for maternity care provided to pregnant and postpartum individuals under the Medicaid and CHIP programs, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Innovative Maternal
5 Payment and Coverage To Save Moms Act” or the “IM-
6 PACT to Save Moms Act”.

1 **SEC. 2. PERINATAL CARE ALTERNATIVE PAYMENT MODEL**
2 **DEMONSTRATION PROJECT.**

3 (a) IN GENERAL.—For the period of fiscal years
4 2027 through 2031, the Secretary of Health and Human
5 Services (referred to in this section as the “Secretary”),
6 acting through the Administrator of the Centers for Medi-
7 care & Medicaid Services, shall establish and implement,
8 in accordance with the requirements of this section, a
9 demonstration project, to be known as the Perinatal Care
10 Alternative Payment Model Demonstration Project (re-
11 ferred to in this section as the “Demonstration Project”),
12 for purposes of allowing States to test payment models
13 under their State plans under title XIX of the Social Secu-
14 rity Act (42 U.S.C. 1396 et seq.) and State child health
15 plans under title XXI of such Act (42 U.S.C. 1397aa et
16 seq.) with respect to maternity care provided to pregnant
17 and postpartum individuals enrolled in such State plans
18 and State child health plans.

19 (b) COORDINATION.—In establishing the Demonstra-
20 tion Project, the Secretary shall coordinate with stake-
21 holders such as—

- 22 (1) State Medicaid programs;
23 (2) maternity care providers and organizations
24 representing maternity care providers;
25 (3) relevant organizations representing patients,
26 with a particular focus on patients from demo-

1 graphic groups with elevated rates of maternal mor-
2 tality, severe maternal morbidity, maternal health
3 disparities, or other adverse perinatal or childbirth
4 outcomes;

5 (4) relevant community-based organizations,
6 particularly organizations that seek to improve ma-
7 ternal health outcomes for individuals from demo-
8 graphic groups with elevated rates of maternal mor-
9 tality, severe maternal morbidity, maternal health
10 disparities, or other adverse perinatal or childbirth
11 outcomes;

12 (5) perinatal health workers;

13 (6) relevant health insurance issuers;

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

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

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

1 stakeholders from demographic groups with elevated
2 rates of maternal mortality, severe maternal mor-
3 bidity, maternal health disparities, or other adverse
4 perinatal or childbirth outcomes.

5 (c) CONSIDERATIONS.—In establishing the Dem-
6 onstration Project, the Secretary shall consider any alter-
7 native payment model that—

8 (1) is designed to improve maternal health out-
9 comes for individuals from demographic groups with
10 elevated rates of maternal mortality, severe maternal
11 morbidity, maternal health disparities, or other ad-
12 verse perinatal or childbirth outcomes;

13 (2) includes methods for stratifying patients by
14 pregnancy risk level and, as appropriate, adjusting
15 payments under such model to take into account
16 pregnancy risk level, including consideration of the
17 appropriate transfer of patients by pregnancy risk
18 level;

19 (3) establishes evidence-based quality metrics
20 for such payments;

21 (4) includes consideration of non-hospital birth
22 settings such as freestanding birth centers (as so de-
23 fined);

24 (5) includes consideration of social deter-
25 minants of maternal health;

1 (6) includes diverse maternity care teams that
2 include—

3 (A) maternity care providers, mental and
4 behavioral health care providers acting in ac-
5 cordance with State law, and registered dieti-
6 tians or nutrition professionals (as such term is
7 defined in section 1395x(vv)(2) of title 42,
8 United States Code)—

9 (i) from racially, ethnically, and pro-
10 fessionally diverse backgrounds;

11 (ii) with experience practicing in ra-
12 cially and ethnically diverse communities;

13 or

14 (iii) who have undergone training on
15 implicit bias and racism; and

16 (B) perinatal health workers; or

17 (7) includes consideration of maternal mental
18 health conditions and substance use disorders.

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

23 (e) EVALUATION.—The Secretary shall conduct an
24 evaluation of the Demonstration Project to determine the
25 impact of the Demonstration Project on—

1 (1) maternal health outcomes, with data strati-
2 fied by race, ethnicity, primary language, socio-
3 economic status, geography, insurance type, and
4 other factors as the Secretary determines appro-
5 prium;

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

8 (3) to the extent practicable, qualitative and
9 quantitative measures of patient experience; and

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

12 (f) REPORT.—Not later than 1 year after the comple-
13 tion or termination date of the Demonstration Project, the
14 Secretary shall submit to the Congress, and make publicly
15 available, a report containing—

16 (1) the results of any evaluation conducted
17 under subsection (e); and

18 (2) a recommendation regarding whether the
19 Demonstration Project should be continued after fis-
20 cal year 2031 and expanded on a national basis.

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

24 (h) DEFINITIONS.—In this section:

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

5 (2) PERINATAL.—The term “perinatal” means
6 the period beginning on the day an individual be-
7 comes pregnant and ending on the last day of the
8 1-year period beginning on the last day of such indi-
9 vidual’s pregnancy.

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