

117TH CONGRESS
1ST SESSION

S. 1622

To amend title XIX of the Social Security Act to provide States with the option to provide coordinated care through a pregnancy medical home for high-risk pregnant women, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 13, 2021

Mr. PORTMAN (for himself and Ms. STABENOW) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to provide States with the option to provide coordinated care through a pregnancy medical home for high-risk 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 “Harnessing Effective
5 and Appropriate Long-Term Health for Moms On Med-
6 icaid Act of 2021” or the “HEALTH for MOM Act of
7 2021”.

1 **SEC. 2. STATE OPTION TO PROVIDE COORDINATED CARE**
 2 **THROUGH A HEALTH HOME FOR PREGNANT**
 3 **AND POSTPARTUM WOMEN.**

4 Title XIX of the Social Security Act (42 U.S.C. 1396
 5 et seq.) is amended by inserting after section 1945A the
 6 following new section:

7 **“SEC. 1945B. STATE OPTION TO PROVIDE COORDINATED**
 8 **CARE THROUGH A HEALTH HOME FOR PREG-**
 9 **NANT AND POSTPARTUM WOMEN.**

10 “(a) STATE OPTION.—

11 “(1) IN GENERAL.—Notwithstanding section
 12 1902(a)(1) (relating to statewideness) and section
 13 1902(a)(10)(B) (relating to comparability), begin-
 14 ning April 1, 2023, a State, at its option as a State
 15 plan amendment, may provide for medical assistance
 16 under this title to an eligible woman who chooses
 17 to—

18 “(A) enroll in a maternity health home
 19 under this section by selecting a designated pro-
 20 vider, a team of health care professionals oper-
 21 ating with such a provider, or a health team as
 22 the woman’s maternity health home for pur-
 23 poses of providing the woman with pregnancy
 24 and postpartum coordinated care services; or

25 “(B) receive such services from a des-
 26 ignated provider, a team of health care profes-

sionals operating with such a provider, or a health team that has voluntarily opted to participate in a maternity health home for eligible women under this section.

“(2) ELIGIBLE WOMAN DEFINED.—

“(A) IN GENERAL.—In this section, the term ‘eligible woman’ means an individual who—

“(i) is eligible for medical assistance under the State plan (or under a waiver of such plan) for all items and services covered under the State plan (or waiver) that are not less in amount, duration, or scope, or are determined by the Secretary to be substantially equivalent, to the medical assistance available for an individual described in subsection (a)(10)(A)(i); and

“(ii) is pregnant.

“(B) CONTINUATION OF ELIGIBILITY.—An individual described in subparagraph (A) shall be deemed to be described in such subparagraph through the earlier of—

“(i) the end of the month in which the individual’s eligibility for medical assist-

1 ance under the State plan (or waiver)
2 ends; and

3 “(ii) the last day of the 1-year period
4 that begins on the last day of the individ-
5 ual’s pregnancy.

6 “(C) EXCLUSION OF INDIVIDUALS ELIGI-
7 BLE FOR A LIMITED PREGNANCY-RELATED
8 ONLY BENEFIT PACKAGE.—Such term does not
9 include an individual who had a pregnancy end
10 within the last 365 days and whose eligibility
11 under such plan (or waiver) is limited to cov-
12 erage for a limited type of benefits and services.

13 “(b) QUALIFICATION STANDARDS.—The Secretary
14 shall establish standards for qualification as a maternity
15 health home or as a designated provider, team of health
16 care professionals operating with such a provider, or a
17 health team eligible for participation in a maternity health
18 home for purposes of this section. Such standards shall
19 include requiring designated providers, teams of health
20 care professionals operating with such providers, and
21 health teams (designated as a maternity health home) to
22 demonstrate to the State the ability to do the following:

23 “(1) Coordinate prompt care and access to ma-
24 ternity and postpartum care services, including serv-
25 ices provided by specialists, and programs for an eli-

1 gible woman during pregnancy and during the pe-
2 riod for which she remains eligible as described in
3 subsection (a)(2)(B).

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

9 “(3) Develop and incorporate into each eligible
10 woman’s care plan, in a culturally and linguistically
11 appropriate manner consistent with the needs of the
12 eligible woman, ongoing home care, community-
13 based primary care, inpatient care, social support
14 services, behavioral health services, local hospital
15 emergency care, and to the extent, applicable, care
16 management and planning related to a change in an
17 eligible woman’s eligibility for medical assistance or
18 a change in health insurance coverage.

19 “(4) Coordinate with pediatric care providers,
20 as appropriate.

21 “(5) Collect and report information under sub-
22 section (f)(1).

23 “(c) PAYMENTS.—

24 “(1) IN GENERAL.—A State shall provide a des-
25 ignated provider, a team of health care professionals

1 operating with such a provider, or a health team
 2 with payments for the provision of pregnancy and
 3 postpartum coordinated care services, to each eligi-
 4 ble woman that selects such provider, team of health
 5 care professionals, or health team as the woman's
 6 maternity health home or care provider. Payments
 7 made to a maternity health home or care provider
 8 for such services shall be treated as medical assist-
 9 ance for purposes of section 1903(a), except that,
 10 during the first 2 fiscal year quarters that the State
 11 plan amendment is in effect, the Federal medical as-
 12 sistance percentage applicable to such payments
 13 shall be increased by 15 percentage points, but in no
 14 case may exceed 90 percent.

15 “(2) METHODOLOGY.—The State shall specify
 16 in the State plan amendment the methodology the
 17 State will use for determining payment for the provi-
 18 sion of pregnancy and postpartum coordinated care
 19 services or treatment to an eligible woman. Such
 20 methodology for determining payment—

21 “(A) may be based on—

22 “(i) a per-member per-month basis for
 23 each eligible woman enrolled in the mater-
 24 nity health home;

1 “(ii) a prospective payment model, in
 2 the case of payments to Federally qualified
 3 health centers or a rural health clinics; or

4 “(iii) an alternate model of payment
 5 (which may include a model developed
 6 under a waiver under section 1115) pro-
 7 posed by the State and approved by the
 8 Secretary;

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

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

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

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

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

21 “(d) COORDINATING CARE.—

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

1 such plan) to establish procedures in the case of an
 2 eligible woman who seeks treatment in the emer-
 3 gency department of such hospital for—

4 “(A) providing the woman with culturally
 5 and linguistically appropriate information on
 6 the respective treatment models and opportuni-
 7 ties for the woman to access a maternity health
 8 home and its associated benefits; and

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

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

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

1 “(i) educating providers participating
2 in the State plan (or a waiver of such
3 plan) on the availability of maternity
4 health homes for eligible women, including
5 the process by which such providers can
6 participate in or refer eligible women to an
7 approved maternity health home or a des-
8 ignated provider, team of health care pro-
9 fessionals operating such a provider, or
10 health team; and

11 “(ii) educating eligible women, in a
12 culturally and linguistically appropriate
13 manner, on the availability of maternity
14 health homes.

15 “(B) OUTREACH.—The process established
16 by the State under subparagraph (A) shall in-
17 clude the participation of relevant stakeholders
18 or other public or private organizations or enti-
19 ties that provide outreach and information on
20 the availability of health care items and services
21 to families of individuals eligible to receive med-
22 ical assistance under the State plan (or a waiv-
23 er of such plan).

24 “(3) MENTAL HEALTH COORDINATION.—A
25 State with a State plan amendment approved under

1 this section shall consult and coordinate, as appro-
 2 priate, with the Secretary in addressing issues re-
 3 garding the prevention, identification, and treatment
 4 of mental health conditions and substance use dis-
 5 orders among eligible women.

6 “(4) COORDINATION OF SOCIAL AND SUPPORT
 7 SERVICES.—A State with a State plan amendment
 8 approved under this section shall consult and coordi-
 9 nate, as appropriate, with the Secretary in estab-
 10 lishing means to connect eligible women receiving
 11 pregnancy and postpartum care coordinated under
 12 this section with social and support services, includ-
 13 ing services made available under maternal, infant,
 14 and early childhood home visiting programs estab-
 15 lished under section 511, and services made avail-
 16 able under section 330H or title X of the Public
 17 Health Service Act.

18 “(e) MONITORING.—A State shall include in the
 19 State plan amendment—

20 “(1) a methodology for tracking reductions in
 21 inpatient days and reductions in the total cost of
 22 care resulting from improved care coordination and
 23 management under this section;

24 “(2) a proposal for use of health information
 25 technology in providing an eligible woman with preg-

1 nancy and postpartum coordinated care services as
 2 specified under this section and improving service
 3 delivery and coordination across the care continuum;
 4 and

5 “(3) a methodology for tracking prompt and
 6 timely access to medically necessary care for eligible
 7 women from out-of-State providers.

8 “(f) DATA COLLECTION.—

9 “(1) PROVIDER REPORTING REQUIREMENTS.—

10 In order to receive payments from a State under
 11 subsection (c), a maternity health home, or a des-
 12 ignated provider, a team of health care professionals
 13 operating with such a provider, or a health team,
 14 shall report to the State, at such time and in such
 15 form and manner as may be required by the State,
 16 including through a health information exchange or
 17 other public health data sharing entity, the following
 18 information:

19 “(A) With respect to each such designated
 20 provider, team of health care professionals oper-
 21 ating with such a provider, and health team
 22 (designated as a maternity health home), the
 23 name, National Provider Identification number,
 24 address, and specific health care services of-
 25 fered to be provided to eligible women who have

1 selected such provider, team of health care pro-
 2 fessionals, or health team as the women’s ma-
 3 ternity health home.

4 “(B) Information on all applicable meas-
 5 ures for determining the quality of services pro-
 6 vided by such provider, team of health care pro-
 7 fessionals, or health team, including, to the ex-
 8 tent applicable, maternal and perinatal health
 9 quality measures under section 1139B.

10 “(C) Such other information as the Sec-
 11 retary shall specify in guidance.

12 “(2) STATE REPORTING REQUIREMENTS.—

13 “(A) COMPREHENSIVE REPORT.—A State
 14 with a State plan amendment approved under
 15 this section shall report to the Secretary (and,
 16 upon request, to the Medicaid and CHIP Pay-
 17 ment and Access Commission), at such time,
 18 but at a minimum frequency of every 12
 19 months, and in such form and manner deter-
 20 mined by the Secretary to be reasonable and
 21 minimally burdensome, including through a
 22 health information exchange or other public
 23 health data sharing entity, the following infor-
 24 mation:

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

3 “(ii) The number and, to the extent
4 available and while maintaining all relevant
5 protecting privacy and confidentially pro-
6 tections, disaggregated demographic infor-
7 mation of eligible women who have enrolled
8 in a maternity health home pursuant to
9 this section.

10 “(iii) The number of maternity health
11 homes in the State.

12 “(iv) The medical and behavioral
13 health conditions or factors that contribute
14 to severe maternal morbidity among eligi-
15 ble women enrolled in maternity health
16 homes in the State.

17 “(v) The extent to which such women
18 receive health care items and services
19 under the State plan before, during, and
20 after the women’s enrollment in such a
21 maternity health home.

22 “(vi) Where applicable, mortality data
23 and data for the associated causes of death
24 for eligible women enrolled in a maternity
25 health home under this section, in accord-

1 ance with subsection (g). For deaths occur-
2 ring postpartum, such data shall distin-
3 guish between deaths occurring up to 42
4 days postpartum and deaths occurring be-
5 tween 43 days to up to 1 year postpartum.
6 Where applicable, data reported under this
7 clause shall be reported alongside com-
8 parable data from a State’s maternal mor-
9 tality review committee, as established in
10 accordance with section 317K(d) of the
11 Public Health Service Act, for purposes of
12 further identifying and comparing state-
13 wide trends in maternal mortality among
14 populations participating in the maternity
15 health home under this section.

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

1 “(g) CONFIDENTIALITY.—A State with a State plan
 2 amendment under this section shall establish confiden-
 3 tiality protections for the purposes of subsection (f)(2)(A)
 4 to ensure, at a minimum, that there is no disclosure by
 5 the State of any identifying information about any specific
 6 eligible woman enrolled in a maternity health home or any
 7 maternal mortality case, and that all relevant confiden-
 8 tiality and privacy protections, including the requirements
 9 under 1902(a)(7)(A), are maintained.

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

12 “(1) an eligible woman to enroll in a maternity
 13 health home under this section; or

14 “(2) a designated provider or health team to
 15 act as a maternity health home and provide services
 16 in accordance with this section if the provider or
 17 health team does not voluntarily agree to act as a
 18 maternity health home.

19 “(i) PLANNING GRANTS.—

20 “(1) IN GENERAL.—Beginning October 1,
 21 2022, from the amount appropriated under para-
 22 graph (2), the Secretary shall award planning grants
 23 to States for purposes of developing and submitting
 24 a State plan amendment under this section. The
 25 Secretary shall award a grant to each State that ap-

1 plies for a grant under this subsection, but the Sec-
 2 retary may determine the amount of the grant based
 3 on the merits of the application and the goal of the
 4 State to prioritize health outcomes for eligible
 5 women. A planning grant awarded to a State under
 6 this subsection shall remain available until expended.

7 “(2) APPROPRIATION.—There are authorized to
 8 be appropriated to the Secretary \$50,000,000 for
 9 the period of fiscal years 2021 through 2022, for the
 10 purposes of making grants under this subsection, to
 11 remain available until expended.

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

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

16 “(1) DESIGNATED PROVIDER.—The term ‘des-
 17 ignated provider’ means a physician (including an
 18 obstetrician-gynecologist), hospital, clinical practice
 19 or clinical group practice, a medicaid managed care
 20 organization, as defined in section 1903(m)(1)(A), a
 21 prepaid inpatient health plan, as defined in section
 22 438.2 of title 42, Code of Federal Regulations (or
 23 any successor regulation), a prepaid ambulatory
 24 health plan, as defined in such section (or any suc-
 25 cessor regulation), rural clinic, community health

center, community mental health center, or any other entity or provider that is determined by the State and approved by the Secretary to be qualified to be a maternity health home on the basis of documentation evidencing that the entity has the systems, expertise, and infrastructure in place to provide pregnancy and postpartum coordinated care services. Such term may include providers who are employed by, or affiliated with, a hospital.

“(2) MATERNITY HEALTH HOME.—The term ‘maternity health home’ means a designated provider (including a provider that operates in coordination with a team of health care professionals) or a health team is selected by an eligible woman to provide pregnancy and postpartum coordinated care services.

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

“(4) PREGNANCY AND POSTPARTUM COORDINATED CARE SERVICES.—

“(A) IN GENERAL.—The term ‘pregnancy and postpartum coordinated care services’ means items and services related to the coordination of care for comprehensive and timely high-quality, culturally and linguistically appro-

1 appropriate, services described in subparagraph (B)
 2 that are provided to an eligible woman by a
 3 designated provider, a team of health care pro-
 4 fessionals operating with such a provider, or a
 5 health team (designated as a maternity health
 6 home).

7 “(B) SERVICES DESCRIBED.—

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

16 “(ii) OTHER ITEMS AND SERVICES.—

17 In addition to medical assistance described
 18 in clause (i), the services described in this
 19 subparagraph shall include the following:

20 “(I) Comprehensive care manage-
 21 ment.

22 “(II) Care coordination (includ-
 23 ing with pediatricians as appropriate),
 24 health promotion, and providing ac-
 25 cess to the full range of maternal, ob-

1 stetric, and gynecologic services, in-
 2 cluding services from out-of-State pro-
 3 viders.

4 “(III) Comprehensive transitional
 5 care, including appropriate follow-up,
 6 from inpatient to other settings.

7 “(IV) Patient and family support
 8 (including authorized representatives).

9 “(V) Referrals to community and
 10 social support services, if relevant.

11 “(VI) Use of health information
 12 technology to link services, as feasible
 13 and appropriate.

14 “(5) TEAM OF HEALTH CARE PROFES-
 15 SIONALS.—The term ‘team of health care profes-
 16 sionals’ means a team of health care professionals
 17 (as described in the State plan amendment under
 18 this section) that may—

19 “(A) include—

20 “(i) physicians, including gynecologist-
 21 obstetricians, pediatricians, and other pro-
 22 fessionals such as physicians assistants,
 23 advance practice nurses, including certified
 24 nurse midwives, nurses, nurse care coordi-
 25 nators, dietitians, nutritionists, social

workers, behavioral health professionals, physical counselors, physical therapists, occupational therapists, or any professionals that assist in prenatal care, delivery, or postpartum care for which medical assistance is available under the State plan or a waiver of such plan and determined to be appropriate by the State and approved by the Secretary;

“(ii) an entity or individual who is designated to coordinate such care delivered by the team; and

“(iii) when appropriate and if otherwise eligible to furnish items and services that are reimbursable as medical assistance under the State plan or under a waiver of such plan, doulas, community health workers, translators and interpreters, and other individuals with culturally appropriate and trauma-informed expertise; and

“(B) provide care at a facility that is free-standing, virtual, or based at a hospital, community health center, community mental health center, rural clinic, clinical practice or clinical group practice, academic health center, or any

- 1 entity determined to be appropriate by the
- 2 State and approved by the Secretary.”.

