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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R.

To direct the Administrator of the Centers for Medicare & Medicaid Services to implement the Perinatal Care Alternative Payment Model Demonstration Project to test various payment models with respect to maternity care provided to pregnant and postpartum individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the
Committee on _____

A BILL

To direct the Administrator of the Centers for Medicare & Medicaid Services to implement the Perinatal Care Alternative Payment Model Demonstration Project to test various payment models with respect to maternity care provided to pregnant and postpartum individuals, 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,*

1 **SECTION 1. SHORT TITLE.**

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

5 **SEC. 2. PERINATAL CARE ALTERNATIVE PAYMENT MODEL**
6 **DEMONSTRATION PROJECT.**

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

23 (b) COORDINATION.—In establishing the Demonstra-
24 tion Project, the Secretary shall coordinate with stake-
25 holders such as—

26 (1) State Medicaid programs;

1 (2) maternity care providers and organizations
2 representing maternity care providers;

3 (3) relevant organizations representing patients,
4 with a particular focus on patients from demo-
5 graphic groups with elevated rates of maternal mor-
6 tality, severe maternal morbidity, maternal health
7 disparities, or other adverse perinatal or childbirth
8 outcomes;

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

16 (5) perinatal health workers;

17 (6) relevant health insurance issuers;

18 (7) hospitals, health systems, midwifery prac-
19 tices, freestanding birth centers (as such term is de-
20 fined in paragraph (3)(B) of section 1905(l) of the
21 Social Security Act (42 U.S.C. 1396d(l))), Feder-
22 ally-qualified health centers (as such term is defined
23 in paragraph (2)(B) of such section), and rural
24 health clinics (as such term is defined in section
25 1861(aa) of such Act (42 U.S.C. 1395x(aa)));

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

3 (9) any other stakeholders as the Secretary de-
4 termines appropriate, with a particular focus on
5 stakeholders from demographic groups with elevated
6 rates of maternal mortality, severe maternal mor-
7 bidity, maternal health disparities, or other adverse
8 perinatal or childbirth outcomes.

9 (c) CONSIDERATIONS.—In establishing the Dem-
10 onstration Project, the Secretary shall consider any alter-
11 native payment model that—

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

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

23 (3) establishes evidence-based quality metrics
24 for such payments;

1 (4) includes consideration of nonhospital birth
2 settings such as freestanding birth centers (as so de-
3 fined);

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

6 (6) includes diverse maternity care teams that
7 include—

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

14 (i) from racially, ethnically, and pro-
15 fessionally diverse backgrounds;

16 (ii) with experience practicing in ra-
17 cially and ethnically diverse communities;

18 or

19 (iii) who have undergone training on
20 implicit bias and racism; and

21 (B) perinatal health workers; or

22 (7) includes consideration of maternal mental
23 health conditions and substance use disorders.

24 (d) ELIGIBILITY.—To be eligible to participate in the
25 Demonstration Project, a State shall submit an applica-

1 tion to the Secretary at such time, in such manner, and
2 containing such information as the Secretary may require.

3 (e) EVALUATION.—The Secretary shall conduct an
4 evaluation of the Demonstration Project to determine the
5 impact of the Demonstration Project on—

6 (1) maternal health outcomes, with data strati-
7 fied by race, ethnicity, primary language, socio-
8 economic status, geography, insurance type, and
9 other factors as the Secretary determines appro-
10 priate;

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

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

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

17 (f) REPORT.—Not later than one year after the com-
18 pletion or termination date of the Demonstration Project,
19 the Secretary shall submit to the Congress, and make pub-
20 licly available, a report containing—

21 (1) the results of any evaluation conducted
22 under subsection (e); and

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

1 (g) DEFINITIONS.—In this section:

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

6 (2) MATERNAL MORTALITY.—The term “mater-
7 nal mortality” means a death occurring during or
8 within a 1-year period after pregnancy, caused by
9 pregnancy-related or childbirth complications, in-
10 cluding a suicide, overdose, or other death resulting
11 from a mental health or substance use disorder at-
12 tributed to or aggravated by pregnancy-related or
13 childbirth complications.

14 (3) MATERNITY CARE PROVIDER.—The term
15 “maternity care provider” means a health care pro-
16 vider who—

17 (A) is a physician, a physician assistant, a
18 midwife who meets, at a minimum, the inter-
19 national definition of a midwife and global
20 standards for midwifery education as estab-
21 lished by the International Confederation of
22 Midwives, an advanced practice registered
23 nurse, a doula accredited by a State to receive
24 reimbursement for doula services under a State
25 plan (or a waiver of such plan) under title XIX

1 of the Social Security Act (42 U.S.C. 1396 et
2 seq.), or a lactation consultant certified by the
3 International Board of Lactation Consultant
4 Examiners; and

5 (B) has a focus on maternal or perinatal
6 health.

7 (4) PERINATAL.—The term “perinatal” means
8 the period beginning on the day an individual be-
9 comes pregnant and ending on the last day of the
10 1-year period beginning on the last day of such indi-
11 vidual’s pregnancy.

12 (5) PERINATAL HEALTH WORKER.—The term
13 “perinatal health worker” means a nonclinical health
14 worker focused on maternal or perinatal health, such
15 as a doula, community health worker, peer sup-
16 porter, lactation educator or counselor, nutritionist
17 or dietitian, childbirth educator, social worker, home
18 visitor, patient navigator or coordinator, or language
19 interpreter.

20 (6) POSTPARTUM AND POSTPARTUM PERIOD.—
21 The terms “postpartum” and “postpartum period”
22 refer to the 1-year period beginning on the last day
23 of the pregnancy of an individual.

24 (7) SEVERE MATERNAL MORBIDITY.—The term
25 “severe maternal morbidity” means a health condi-

1 tion, including mental health conditions and sub-
2 stance use disorders, attributed to or aggravated by
3 pregnancy or childbirth that results in significant
4 short-term or long-term consequences to the health
5 of the individual who was pregnant.

6 (8) SOCIAL DETERMINANTS OF MATERNAL
7 HEALTH.—The term “social determinants of mater-
8 nal health” means nonclinical factors that impact
9 maternal health outcomes.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated such sums as are nec-
12 essary to carry out this section.