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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To amend title XIX of the Social Security Act to provide coverage under the Medicaid program for services provided by doulas and midwives, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. MOORE of Wisconsin introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to provide coverage under the Medicaid program for services provided by doulas and midwives, 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 “Mamas First Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) According to the Centers for Disease Con-
8 trol and Prevention, the maternal mortality rate var-

1 ies drastically for women by race and ethnicity. On
2 average, there are 12.7 deaths per 100,000 live
3 births for White women, 43.5 deaths per 100,000
4 live births for African-American women, 32.5 deaths
5 for American Indian and Alaskan Native women,
6 and 14.4 deaths per 100,000 live births for women
7 of other ethnicities. While maternal mortality dispar-
8 ately impacts African-American women and indige-
9 nous women, this urgent public health crisis tra-
10 verses race, ethnicity, socioeconomic status, edu-
11 cational background, and geography.

12 (2) United States maternal mortality rates are
13 the highest in the developed world and are increas-
14 ing rapidly.

15 (3) Many of these maternal deaths are likely
16 preventable.

17 (4) According to the National Institutes of
18 Health, doula-assisted mothers are four times less
19 likely to have a low-birth-weight baby, two times less
20 likely to experience a birth complication involving
21 themselves or their baby, and significantly more like-
22 ly to initiate breastfeeding.

23 (5) Midwife-led care is associated with cost sav-
24 ings, decreased rates of intervention, lower cesarean

1 rates, lower preterm birth rates, and healthier out-
2 comes for mothers and babies.

3 (6) Midwives may practice in any setting, in-
4 cluding the home, community, hospitals, birth cen-
5 ters, clinics, or health units.

6 **SEC. 3. MEDICAID COVERAGE OF SERVICES PROVIDED BY**
7 **DOULAS AND MIDWIVES.**

8 (a) IN GENERAL.—Section 1905 of the Social Secu-
9 rity Act (42 U.S.C. 1396d) is amended—

10 (1) in subsection (a)—

11 (A) in paragraph (30), by striking “and”
12 at the end;

13 (B) by redesignating paragraph (31) as
14 paragraph (32); and

15 (C) by inserting after paragraph (30) the
16 following new paragraph:

17 “(31) services and care, including prenatal, de-
18 livery, and postpartum care, that is provided in a
19 culturally congruent manner (as defined in sub-
20 section (kk)) by doulas, midwives, and tribal mid-
21 wives (as those terms are defined in subsection (jj)),
22 that is provided in the home, community, a hospital,
23 birth center, clinic, health unit, or is furnished via
24 telehealth to the extent authorized under State law;
25 and”;

1 (2) by adding at the end the following:

2 “(jj) DOULAS, MIDWIVES, AND TRIBAL MIDWIFE
3 DEFINED.—For purposes of subsection (a)(31):

4 “(1) DOULAS DEFINED.—The term ‘doula’
5 means an individual who—

6 “(A) has completed 60 hours of
7 foundational training;

8 “(B) is certified by an organization, which
9 has been established for not less than five years
10 and which requires the completion of continuing
11 education to maintain such certification, to pro-
12 vide non-medical advice, information, emotional
13 support, and physical comfort to an individual
14 during such individual’s pregnancy, childbirth,
15 and postpartum period; and

16 “(C) maintains such certification by com-
17 pleting such required continuing education.

18 “(2) MIDWIVES DEFINED.—The term ‘midwife’
19 means a midwife who meets at a minimum the inter-
20 national definition of the midwife and global stand-
21 ards for midwifery education as established by the
22 International Confederation of Midwives.

23 “(3) TRIBAL MIDWIFE DEFINED.—The term
24 ‘tribal midwife’ means an individual who is recog-
25 nized by an Indian tribe (as defined in section 4 of

1 the Indian Health Care Improvement Act (25 U.S.C.
2 1603)) to practice midwifery for such tribe.

3 “(kk) CULTURALLY CONGRUENT CARE DEFINED.—
4 For purposes of subsection (a)(31), the term ‘culturally
5 congruent care’, with respect to maternity care, means
6 care that is provided in agreement with the preferred cul-
7 tural values, beliefs, worldview, language, and practices of
8 the health care consumer and other stakeholders.”.

9 (b) REQUIRING MANDATORY COVERAGE UNDER
10 STATE PLAN.—Section 1902(a)(10)(A) of the Social Se-
11 curity Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the
12 matter preceding clause (i), by striking “and (30)” and
13 inserting “(30), and (31)”.

14 (c) EFFECTIVE DATE.—

15 (1) IN GENERAL.—Subject to paragraph (2),
16 the amendments made by this section shall apply
17 with respect to medical assistance furnished on or
18 after January 1, 2022.

19 (2) EXCEPTION FOR STATE LEGISLATION.—In
20 the case of a State plan under title XIX of the So-
21 cial Security Act (42 U.S.C. 1396 et seq.) that the
22 Secretary of Health and Human Services determines
23 requires State legislation in order for the respective
24 plan to meet any requirement imposed by amend-
25 ments made by this section, the respective plan shall

1 not be regarded as failing to comply with the re-
2 quirements of such title solely on the basis of its
3 failure to meet such an additional requirement be-
4 fore the first day of the first calendar quarter begin-
5 ning after the close of the first regular session of the
6 State legislature that begins after the date of the en-
7 actment of this Act. For purposes of the previous
8 sentence, in the case of a State that has a 2-year
9 legislative session, each year of the session shall be
10 considered to be a separate regular session of the
11 State legislature.