

118TH CONGRESS
1ST SESSION

S. 1797

To establish a demonstration program to allow States to test payment models for maternity care provided under Medicaid and the Children’s Health Insurance Program.

IN THE SENATE OF THE UNITED STATES

JUNE 1, 2023

Mr. CASEY (for himself, Mr. BOOKER, and Mr. MENENDEZ) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To establish a demonstration program to allow States to test payment models for maternity care provided under Medicaid and the Children’s Health Insurance Program.

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 “IMPACT to Save
5 Moms Act”.

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

8 (a) IN GENERAL.—For the period of fiscal years
9 2024 through 2028, the Secretary of Health and Human

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

15 (b) COORDINATION.—In establishing the Demonstra-
16 tion Project, the Secretary shall coordinate with stake-
17 holders such as—

18 (1) State Medicaid programs;

19 (2) maternity care providers and organizations
20 representing maternity care providers;

21 (3) relevant organizations representing patients,
22 with a particular focus on patients from demo-
23 graphic groups with elevated rates of maternal mor-
24 tality, severe maternal morbidity, maternal health

1 disparities, or other adverse perinatal or childbirth
2 outcomes;

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

10 (5) perinatal health workers;

11 (6) relevant health insurance issuers;

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

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

22 (9) any other stakeholders as the Secretary de-
23 termines appropriate, with a particular focus on
24 stakeholders from demographic groups with elevated
25 rates of maternal mortality, severe maternal mor-

1 bidity, maternal health disparities, or other adverse
2 perinatal or childbirth outcomes.

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

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

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

17 (3) establishes evidence-based quality metrics
18 for such payments;

19 (4) includes consideration of nonhospital birth
20 settings such as freestanding birth centers (as so de-
21 fined);

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

24 (6) includes diverse maternity care teams that
25 include—

1 (A) maternity care providers, mental and
2 behavioral health care providers acting in ac-
3 cordance with State law, and registered dieti-
4 tians or nutrition professionals (as such term is
5 defined in section 1861(vv)(2) of the Social Se-
6 curity Act (42 U.S.C. 1395x(vv)(2)))—

7 (i) from racially, ethnically, and pro-
8 fessionally diverse backgrounds;

9 (ii) with experience practicing in ra-
10 cially and ethnically diverse communities;

11 or

12 (iii) who have undergone training on
13 implicit bias and racism; and

14 (B) perinatal health workers; or

15 (7) includes consideration of maternal mental
16 health conditions and substance use disorders.

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

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

24 (1) maternal health outcomes, with data strati-
25 fied by race, ethnicity, primary language, socio-

1 economic status, geography, insurance type, and
2 other factors as the Secretary determines appro-
3 priate;

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

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

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

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

14 (1) the results of any evaluation conducted
15 under subsection (e); and

16 (2) a recommendation regarding whether the
17 Demonstration Project should be continued after fis-
18 cal year 2028 and expanded on a national basis.

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

22 (h) DEFINITIONS.—In this section:

23 (1) ALTERNATIVE PAYMENT MODEL.—The
24 term “alternative payment model” has the meaning

1 given such term in section 1833(z)(3)(C) of the So-
2 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

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

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