117TH CONGRESS 2D SESSION

H. R. 7475

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

April 7, 2022

Ms. Moore of Wisconsin (for herself, Ms. Underwood, Ms. Adams, Mrs. Dingell, and Ms. Pressley) introduced the following bill; which was referred to the Committee on Energy and Commerce

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.
- 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-
- 9 ies drastically for women by race and ethnicity. On

- 1 average, there are 12.7 deaths per 100,000 live 2 births for White women, 43.5 deaths per 100,000 live births for African-American women, 32.5 deaths 3 for American Indian and Alaskan Native women, 5 and 14.4 deaths per 100,000 live births for women 6 of other ethnicities. While maternal mortality dispar-7 ately impacts African-American women and indige-8 nous women, this urgent public health crisis tra-9 verses race, ethnicity, socioeconomic status, edu-10 cational background, and geography.
 - (2) United States maternal mortality rates are the highest in the developed world and are increasing rapidly.
 - (3) Many of these maternal deaths are likely preventable.
 - (4) According to the National Institutes of Health, doula-assisted mothers are four times less likely to have a low-birth-weight baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding.
 - (5) Midwife-led care is associated with cost savings, decreased rates of intervention, lower cesarean rates, lower preterm birth rates, and healthier outcomes for mothers and babies.

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1	(6) Midwives may practice in any setting, in-
2	cluding the home, community, hospitals, birth cen-
3	ters, clinics, or health units.
4	SEC. 3. MEDICAID COVERAGE OF SERVICES PROVIDED BY
5	DOULAS AND MIDWIVES.
6	(a) In General.—Section 1905 of the Social Secu-
7	rity Act (42 U.S.C. 1396d) is amended—
8	(1) in subsection (a)—
9	(A) in paragraph (30), by striking "and"
10	at the end;
11	(B) by redesignating paragraph (31) as
12	paragraph (32); and
13	(C) by inserting after paragraph (30) the
14	following new paragraph:
15	"(31) services and care, including prenatal, de-
16	livery, and postpartum care, that is provided in a
17	culturally congruent manner (as defined in sub-
18	section (kk)) by doulas, midwives, and tribal mid-
19	wives (as those terms are defined in subsection (jj))
20	that is provided in the home, community, a hospital
21	birth center, clinic, health unit, or is furnished via
22	telehealth to the extent authorized under State law
23	and"; and
24	(2) by adding at the end the following:

1	"(jj) Doulas, Midwives, and Tribal Midwife
2	Defined.—For purposes of subsection (a)(31):
3	"(1) Doulas defined.—The term 'doula'
4	means an individual who—
5	"(A) has completed 60 hours of
6	foundational training;
7	"(B) is certified by an organization, which
8	has been established for not less than five years
9	and which requires the completion of continuing
10	education to maintain such certification, to pro-
11	vide non-medical advice, information, emotional
12	support, and physical comfort to an individual
13	during such individual's pregnancy, childbirth,
14	and postpartum period; and
15	"(C) maintains such certification by com-
16	pleting such required continuing education.
17	"(2) Midwives defined.—The term 'midwife'
18	means a midwife who meets at a minimum the inter-
19	national definition of the midwife and global stand-
20	ards for midwifery education as established by the
21	International Confederation of Midwives.
22	"(3) Tribal midwife defined.—The term
23	'tribal midwife' means an individual who is recog-
24	nized by an Indian tribe (as defined in section 4 of

- 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),
- the amendments made by this section shall apply
- with respect to medical assistance furnished on or
- 18 after January 1, 2022.
- 19 (2) Exception for state legislation.—In
- the case of a State plan under title XIX of the So-
- cial Security Act (42 U.S.C. 1396 et seq.) that the
- 22 Secretary of Health and Human Services determines
- 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

not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

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