

117TH CONGRESS
2D SESSION

H. R. 8181

To direct the Secretary of Health and Human Services to issue guidance on coverage under the Medicaid program under title XIX of the Social Security Act of certain pelvic health services furnished during the postpartum period, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 2022

Ms. HERRERA BEUTLER (for herself and Ms. BLUNT ROCHESTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to issue guidance on coverage under the Medicaid program under title XIX of the Social Security Act of certain pelvic health services furnished during the postpartum period, 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 “Optimizing
5 Postpartum Outcomes Act of 2022”.

1 **SEC. 2. CMS GUIDANCE.**

2 (a) IN GENERAL.—Not later than 1 year after the
3 date of the enactment of this Act, the Secretary of Health
4 and Human Services shall issue guidance on coverage
5 under State plans (or waivers of such plans) under the
6 Medicaid program under title XIX of the Social Security
7 Act (42 U.S.C. 1396 et seq.) or State child health plans
8 (or waivers of such plans) under the Children’s Health In-
9 surance Program under title XXI of such Act (42 U.S.C.
10 1397aa et seq.) of covered pelvic health services furnished
11 during the prenatal or postpartum period. Such guidance
12 shall include—

13 (1) best practices from States with respect to
14 innovative or evidenced-based payment models to in-
15 crease access to covered pelvic health services;

16 (2) recommendations for States on available fi-
17 nancing options under—

18 (A) the Medicaid program under title XIX
19 of such Act (42 U.S.C. 1396 et seq.); and

20 (B) the Children’s Health Insurance Pro-
21 gram under title XXI of such Act (42 U.S.C.
22 1397aa et seq.), specifically funds made avail-
23 able through a Children’s Health Insurance
24 Program Health Services Initiative;

25 (3) guidance and technical assistance to State
26 agencies responsible for administering State plans

1 (or waivers of such plans) under the Medicaid pro-
2 gram under title XIX of the Social Security Act (42
3 U.S.C. 1396 et seq.) regarding additional flexibilities
4 and incentives related to screening and referral for,
5 and access to, covered pelvic health services; and

6 (4) guidance regarding suggested terminology
7 and diagnosis codes, such as the International Clas-
8 sification of Diseases code set, to identify women
9 with pelvic floor dysfunction and disorders.

10 (b) GAO STUDY.—Not later than 1 year after the
11 date of the enactment of this Act, the Comptroller General
12 of the United States shall conduct a study on, and submit
13 to Congress a report that addresses, gaps in coverage
14 for—

15 (1) covered pelvic health services under State
16 plans (or waivers of such plans) under the Medicaid
17 program under title XIX of the Social Security Act
18 (42 U.S.C. 1396 et seq.) for postpartum women;
19 and

20 (2) other services for postpartum women who
21 received medical assistance under a State plan (or a
22 waiver of such plan) under the Medicaid program
23 under title XIX of the Social Security Act (42
24 U.S.C. 1396 et seq.) during their pregnancy.

25 (c) DEFINITIONS.—In this section:

1 (1) The term “postpartum period” means the
2 longer of the period of lactation or the 6-month pe-
3 riod beginning on the last day of a woman’s preg-
4 nancy.

5 (2) The term “covered pelvic health services”
6 means—

7 (A) pelvic floor examinations (as defined in
8 section 317L–2 of the Public Health Service
9 Act, as added by section 2 of this Act); and

10 (B) pelvic health physical therapy (as de-
11 fined in such section 317L–2).

12 **SEC. 3. POSTPARTUM PELVIC HEALTH EDUCATION CAM-**
13 **PAIGN.**

14 Part B of title III of the Public Health Service Act
15 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
16 tion 317L–1 (42 U.S.C. 247b–13a) the following:

17 **“SEC. 317L–2. POSTPARTUM PELVIC HEALTH EDUCATION**
18 **CAMPAIGN.**

19 “(a) IN GENERAL.—The Secretary, acting through
20 the Director of the Centers for Disease Control and Pre-
21 vention, in collaboration with the Administrator of the
22 Health Resources and Services Administration and the
23 heads of other agencies, and in consultation with appro-
24 priate health professional associations, shall develop and
25 carry out a program—

1 “(1) to educate and train health professionals
2 on pelvic floor examinations and the benefits of pel-
3 vic health physical therapy; and

4 “(2) to educate postpartum women on—

5 “(A) with respect to pelvic floor examina-
6 tions—

7 “(i) the importance of such examina-
8 tions during the postpartum period;

9 “(ii) how to obtain such an examina-
10 tion, including information relating to ob-
11 taining referrals; and

12 “(iii) what is involved in such an ex-
13 amination; and

14 “(B) with respect to pelvic health physical
15 therapy—

16 “(i) the benefits of, and availability of
17 such physical therapy; and

18 “(ii) how to obtain a referral for such
19 physical therapy.

20 “(b) DEFINITIONS.—In this section:

21 “(1) The term ‘pelvic floor examination’ means
22 an examination to assess a patient for pelvic health
23 related conditions that is composed of—

24 “(A) an external evaluation that includes
25 analysis of posture, joint integrity, muscle per-

1 formance, quality of movement, and palpation
2 and observation of the pelvic floor; and

3 “(B) if deemed necessary based on the
4 health care professional’s clinical reasoning, an
5 internal vaginal or rectal examination, or both,
6 to gather relevant information about the tone,
7 strength, control, ability to contract and relax
8 the muscles of the pelvic floor individually and
9 together, the condition of the surrounding fas-
10 cia, and the position of the organs.

11 “(2) The term ‘pelvic health physical therapy’
12 means a personalized physical therapy plan imple-
13 mented by a pelvic health physical therapist, after
14 performing a pelvic floor examination and making a
15 diagnosis, that is based on best available evidence to
16 improve the patient condition, with respect to the
17 anatomy of the pelvic floor, improve mobility, re-
18 cover from injury, prevent future injury, and man-
19 age pain and chronic conditions.

20 “(3) The term ‘pelvic health related condition’
21 includes urinary dysfunction, bowel dysfunction,
22 musculoskeletal dysfunction, sexual dysfunction, can-
23 cer-related rehabilitation, and the pre-partum state
24 and pre-partum conditions.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$2,000,000 for each of fiscal years 2023 through 2027.”.

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