119TH CONGRESS
2D SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

Ms. WARREN introduced the following bill; which was read twice and 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, midwives, and lactation support providers, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Mamas First Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Centers for Disease Control and Prevention, the maternal mortality rate var-

ies drastically for women by race and ethnicity. On average, there are 13.6 deaths per 100,000 live births for White women, 45 deaths per 100,000 live births for Black women, and 13.9 deaths per 100,000 live births for Hispanic women. For American Indian and Alaskan Native women, the National Council of Urban Indian Health estimates there are 54.6 deaths per 100,000 live births. While maternal mortality most disparately impacts Black women and Indigenous women, this urgent public health crisis traverses race, ethnicity, socioeconomic status, educational background, and geography.

(2) United States maternal mortality rates are the highest among similarly economically situated countries and continue to increase.

(3) Four out of 5 of these maternal deaths are likely preventable.

(4) According to the National Institutes of Health, individuals who have doula support during their pregnancy are 4 times less likely to have a low-birth-weight baby, 2 times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding.

(5) Midwifery-led care is associated with cost savings, decreased rates of intervention, lower rates of cesarean birth, lower preterm birth rates, and healthier outcomes for mothers and babies.

(6) Midwives may practice in any setting, including the home, community, hospitals, birth centers, clinics, or health units.

SEC. 3. MEDICAID COVERAGE OF SERVICES PROVIDED BY DOULAS, MIDWIVES, AND LACTATION SUPPORT PROVIDERS.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)—

(A) in paragraph (31), by striking ''and'' at the end;

(B) by redesignating paragraph (32) as paragraph (33); and

(C) by inserting after paragraph (31) the following new paragraph:

''(32) services and care, including prenatal, labor, and postpartum care, that is provided in a culturally congruent manner by doulas, midwives, tribal midwives, and lactation support providers (as those terms are defined in subsection (ll)), that is provided in the home, community, a hospital, birth

center, clinic, or health unit, or is furnished via telehealth to the extent authorized under State law; and''; and

(2) by adding at the end the following:

''(ll) DOULAS, MIDWIVES, TRIBAL MIDWIVES, AND LACTATION SUPPORT PROVIDERS DEFINED.—For purposes of subsection (a)(32):

''(1) DOULA DEFINED.—The term 'doula' means an individual who—

''(A)(i) is certified by an organization which requires the completion of continuing education to maintain such certification, to provide non-medical advice, information, emotional support, and physical comfort to an individual during such individual's pregnancy, childbirth, and postpartum period; and

''(ii) maintains such certification by completing such required continuing education;

''(B) can provide a recommendation from at least—

''(i) three different former clients for whom the prospective doula provided doula services (either paid or volunteer) within the last 5 years; or

''(ii) two different licensed health care providers (including physicians, midwives, social workers, or nurses) who observed the prospective doula providing doula services within the last 5 years; or

''(C) is authorized to serve as a Medicaid provider of doula services under the State plan under this title (or a waiver of such plan) of the individual's State.

''(2) MIDWIFE DEFINED.—The term 'midwife' means a midwife who—

''(A) is authorized to serve as a Medicaid provider of midwife services under the State plan under this title (or a waiver of such plan) of the individual's State; or

''(B) meets at a minimum the international definition of the midwife and global standards for midwifery education as established by the International Confederation of Midwives.

''(3) TRIBAL MIDWIFE DEFINED.—The term 'tribal midwife' means an individual who—

''(A) is authorized to serve as a Medicaid provider of tribal midwife services under the

State plan under this title (or a waiver of such plan) of the individual's State; or

"(B) is recognized by an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) to practice midwifery for such tribe.

"(4) LACTATION SUPPORT PROVIDER DEFINED.—The term 'lactation support provider' means an individual who—

"(A) is authorized to serve as a Medicaid provider of lactation support services under the State plan under this title (or a waiver of such plan) of the individual's State;

"(B) has completed at least 20 hours of foundational training based on the World Health Organization/United Nations Children's Fund lactation counseling training blueprint, or an equivalent training; or

"(C) is recognized within any category on the Lactation Support Provider Descriptor chart published by the U.S. Breastfeeding Committee-affiliated Lactation Support Provider Constellation.".

(b) REQUIRING MANDATORY COVERAGE UNDER STATE PLAN.—Section 1902(a)(10)(A) of the Social Se-

curity Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the matter preceding clause (i), by striking ''and (30)'' and inserting ''(30), and (32)''.

(c) COST SHARING PROHIBITION.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(1) in subsections (a)(2)(B) and (b)(2)(B) of section 1916 (42 U.S.C. 1396o(a)(2)(B), (b)(2)(B)), by inserting after the comma at the end ''and services and care (including prenatal, labor, and postpartum care) provided by a doula, midwife, tribal midwife, or lactation support provider (as those terms are defined in section 1905(ll)),''; and

(2) in section 1916A(b)(3)(B)(iii) (42 U.S.C. 1396o–1(b)(3)(B)(iii)), by inserting before the period at the end '', and services and care (including prenatal, labor, and postpartum care) provided by a doula, midwife, tribal midwife, or lactation support provider (as those terms are defined in section 1905(ll))''.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—Subject to paragraph (2), the amendments made by this section shall apply with respect to medical assistance furnished on or after January 1, 2027.

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) that the Secretary of Health and Human Services determines requires State legislation in order for the respective plan to meet any requirement imposed by amendments 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.