



The Healthy MOMMIES Act

The U.S. has the highest rate of maternal mortality in the developed world, despite spending more money on health care than any other country on earth. **Black women are nearly four times as likely to die from childbirth complications as white women.** **The Healthy MOMMIES Act** would address these alarming statistics by expanding and enhancing coverage for pregnant women enrolled in Medicaid, which covers nearly half of all births in the U.S.:

1. **Expanding Medicaid coverage to include a full range of services to ensure people have access to comprehensive care throughout pregnancy, labor, and postpartum.** The Healthy MOMMIES Act would extend coverage for Medicaid's pregnancy pathway from 60 days to 365 days (a full year after giving birth) and would ensure that eligible new mothers have access to full comprehensive care, including oral health services, rather than services only related to their pregnancy.
2. **Granting access to primary health care providers by extending the Affordable Care Act's primary care bump for Medicaid beneficiaries.** The Healthy MOMMIES Act would increase Medicaid minimum reimbursement rates for maternal and obstetric services for people in underserved areas, incentivizing people's health providers to participate in the Medicaid program.
3. **Establishing a maternity care home model demonstration project.** Using a health and racial equity approach, the Healthy MOMMIES Act would establish a demonstration project and provide data on outcomes that could be later scaled to include more people across all 50 states. This demonstration project would be used to establish medical care homes, birth centers, and health facilities operated by tribal organizations.
4. **Encouraging Medicaid to include access to community-based doula care.** The Healthy MOMMIES Act would direct Medicaid and the Children's Health Insurance Program (CHIP) Payment and Access Commission (The Medicaid and CHIP Payment and Access Commission) to report on the coverage of doula care under state Medicaid programs and create strategies to improve access to pre- and postpartum doula care, including community-based doula care. It would also require the Centers for Medicare & Medicaid Services (CMS) to issue guidance to states on increasing care for doula services under Medicaid.
5. **Studying telemedicine as a mechanism for increasing access to maternity care.** The Healthy MOMMIES Act would require the U.S. Government Accountability Office (GAO) to submit a report to Congress on state Medicaid's use of telemedicine to increase access to maternity care, including an analysis of barriers and recommendation for increasing access to telemedicine maternity services.



STATE OF MOMMIES

- **Black women are 4 times more likely to die** from pregnancy-related complications during and after childbirth and **2 times more likely to lose their child** to premature death.
- **Medicaid covers half of all births in the US** and offers insurance coverage to low-income people.
- **Nearly 1 in 5 maternal deaths occur between 6 weeks to a year** following childbirth. Currently, people who are eligible for Medicaid on the basis of pregnancy lose coverage 60 days after giving birth.

BENEFITS OF DOULA CARE

Low-income people are often the least likely to have access to supportive resources in the delivery room. Doulas are birth companions who play a pivotal role in providing high quality, holistic care to childbearing people before, during, and after pregnancy. Doulas offer critical, comprehensive information to pregnant people - fostering positive communication and providing both emotional & hands-on support after childbirth.

Doulas improve outcomes for people at every point of their pregnancy by:

- Reducing rates of high cost, unnecessary procedures like c-section deliveries and the potential complications and chronic conditions that occur as a result
- Reducing low-birth weight, newborn intensive care unit (NICU) admissions and premature death among newborns
- Increasing breastfeeding initiation and duration
- Reducing the likelihood of postpartum depression, substance use and suicide
- Advancing health and race equity so that all people have full and equal opportunities that enable them to lead healthy lives

COST SAVINGS

- **1 in 3 births** is by c-section and costs **about 50% more** than vaginal deliveries.
- Average total cost for vaginal and c-section deliveries on Medicaid are **\$29,800** and **\$50,373**, respectively – making childbirth **the most expensive hospital treatment** in the US.
- Decreasing c-section rates would save Medicaid more than **\$650 million** annually by lowering spending on first and repeat c-sections, epidurals, complications, and chronic conditions.

Endorsed by: Center for Reproductive Rights, Ancient Song Doula Services, Black Mamas Matter Alliance, Every Mother Counts, In Our Own Voice, March of Dimes, Moms Rising, National Asian Pacific American People's Forum, National Latina Institute for Reproductive Health, National People's Law Center, Children's Dental Health Project