

.....  
(Original Signature of Member)

116TH CONGRESS  
1ST SESSION

# H. R.

---

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

Ms. MOORE introduced the following bill; which was 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 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.**

4 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-

1       ies drastically for women by race and ethnicity. On  
2       average, there are 12.7 deaths per 100,000 live  
3       births for White women, 43.5 deaths per 100,000  
4       live births for African American women, 32.5 deaths  
5       for American Indian and Alaskan Native women,  
6       and 14.4 deaths per 100,000 live births for women  
7       of other ethnicities. While maternal mortality dispar-  
8       ately impacts African American women and indige-  
9       nous women, this urgent public health crisis tra-  
10      verses race, ethnicity, socioeconomic status, edu-  
11      cational background, and geography.

12           (2) United States maternal mortality rates are  
13      the highest in the developed world and are increas-  
14      ing rapidly.

15           (3) Many of these maternal deaths are likely  
16      preventable.

17           (4) According to the National Institutes of  
18      Health, doula-assisted mothers are four times less  
19      likely to have a low-birth-weight baby, two times less  
20      likely to experience a birth complication involving  
21      themselves or their baby, and significantly more like-  
22      ly to initiate breastfeeding.

23           (5) Midwife-led care is associated with cost sav-  
24      ings, decreased rates of intervention, lower cesarean

1 rates, lower preterm birth rates, and healthier out-  
2 comes for mothers and babies.

3 (6) Midwives may practice in any setting, in-  
4 cluding the home, community, hospitals, clinics, or  
5 health units.

6 **SEC. 3. MEDICAID COVERAGE OF SERVICES PROVIDED BY**  
7 **DOULAS AND MIDWIVES.**

8 (a) IN GENERAL.—Section 1905 of the Social Secu-  
9 rity Act (42 U.S.C. 1396d) is amended—

10 (1) in subsection (a)—

11 (A) in paragraph (29), by striking “and”  
12 at the end;

13 (B) by redesignating paragraph (30) as  
14 paragraph (31); and

15 (C) by inserting after paragraph (29) the  
16 following new paragraph:

17 “(30) services, including prenatal, delivery, and  
18 postpartum services, provided by doulas and mid-  
19 wives (as those terms are defined in subsection (ff))  
20 to the extent authorized under State law; and”;

21 (2) by adding at the end the following new sub-  
22 section:

23 “(ff) DOULAS AND MIDWIVES DEFINED.—For pur-  
24 poses of subsection (a)(30):

1           “(1) DOULAS DEFINED.—The term ‘doula’  
2 means an individual who—

3           “(A) is certified by an organization, which  
4 has been established for not less than five years  
5 and which requires the completion of continuing  
6 education to maintain such certification, to pro-  
7 vide non-medical advice, information, emotional  
8 support, and physical comfort to an individual  
9 during such individual’s pregnancy, childbirth,  
10 and postpartum period; and

11           “(B) maintains such certification by com-  
12 pleting such required continuing education.

13           “(2) MIDWIVES DEFINED.—

14           “(A) IN GENERAL.—The term ‘midwife’  
15 means a certified midwife, certified professional  
16 midwife, licensed midwife, and Tribal-recog-  
17 nized midwife.

18           “(B) CERTIFIED MIDWIFE.—For purposes  
19 of subparagraph (A), the term ‘certified mid-  
20 wife’ means an individual who is certified by the  
21 American Midwifery Certification Board to  
22 practice midwifery.

23           “(C) CERTIFIED PROFESSIONAL MID-  
24 WIFE.—For purposes of subparagraph (A), the

1 term ‘certified professional midwife’ means an  
2 individual who—

3 “(i) is certified by the North Amer-  
4 ican Registry of Midwives to practice mid-  
5 wifery for normal, low-risk pregnancies and  
6 childbirths;

7 “(ii) completes—

8 “(I) a midwifery education pro-  
9 gram accredited by the Midwifery  
10 Education and Accreditation Council  
11 or any other entity recognized by the  
12 Department of Education; or

13 “(II) the requirements to obtain  
14 a Midwifery Bridge Certificate from  
15 the North American Registry of Mid-  
16 wives; and

17 “(iii) maintains the certification de-  
18 scribed in clause (i) by completing any re-  
19 quired continuing education for such cer-  
20 tification.

21 “(D) LICENSED MIDWIFE.—For purposes  
22 of subparagraph (A), the term ‘licensed mid-  
23 wife’ means, with respect to a State, an indi-  
24 vidual who is licensed under State law to prac-  
25 tice midwifery.

1           “(E) TRIBAL-RECOGNIZED MIDWIFE.—For  
2           purposes of subparagraph (A), the term ‘Tribal-  
3           recognized midwife’ means an individual who is  
4           recognized by an Indian tribe (as defined in  
5           section 4 of the Indian Health Care Improve-  
6           ment Act) to practice midwifery for such  
7           tribe.”.

8           (b) REQUIRING MANDATORY COVERAGE UNDER  
9           STATE PLAN.—Section 1902(a)(10)(A) of the Social Se-  
10          curity Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the  
11          matter preceding clause (i), by striking “and (29)” and  
12          inserting “(29), and (30)”.

13          (c) EFFECTIVE DATE.—

14               (1) IN GENERAL.—Subject to paragraph (2),  
15               the amendments made by this section shall apply  
16               with respect to medical assistance furnished on or  
17               after January 1, 2020.

18               (2) EXCEPTION FOR STATE LEGISLATION.—In  
19               the case of a State plan under title XIX of the So-  
20               cial Security Act (42 U.S.C. 1396 et seq.) that the  
21               Secretary of Health and Human Services determines  
22               requires State legislation in order for the respective  
23               plan to meet any requirement imposed by amend-  
24               ments made by this section, the respective plan shall  
25               not be regarded as failing to comply with the re-

1        requirements of such title solely on the basis of its  
2        failure to meet such an additional requirement be-  
3        fore the first day of the first calendar quarter begin-  
4        ning after the close of the first regular session of the  
5        State legislature that begins after the date of the en-  
6        actment of this Act. For purposes of the previous  
7        sentence, in the case of a State that has a 2-year  
8        legislative session, each year of the session shall be  
9        considered to be a separate regular session of the  
10       State legislature.