

The following chart reflects WHG's analysis of key provisions of the proposals for maternal health reform that have been released by Democratic presidential candidates thus far.<sup>1</sup> Specifically:

- **Sen. Kamala Harris (CA)** proposes in the Maternal Care Access and Reducing Emergencies Act (Maternal CARE Act) (S. 1600) to establish grant programs to support implicit bias training in obstetrics and gynecology and state-operated pregnancy medical home programs.<sup>2</sup> Cosponsors include Democratic presidential candidates Sens. Cory Booker (NJ), Amy Klobuchar (MN), Bernie Sanders (VT), and Elizabeth Warren (MA).
- **Sen. Cory Booker (NJ)** proposes in the Maximizing Outcomes through Medicaid Improvement and Enhancement of Services Act (MOMMIES Act) (S. 1343) to extend Medicaid and CHIP eligibility for pregnant and postpartum women to one year, increase comprehensiveness and payment of Medicaid benefits for pregnant and postpartum women, and establish a grant program designed to provide coordinated, evidence-based maternity care management in patient's home, among other initiatives.<sup>3</sup> Cosponsors include Democratic presidential candidates Sens. Kamala Harris and Elizabeth Warren.

Though not reflected in the chart below, other presidential candidates have issued broad policy proposals regarding their respective positions on maternal health reform, including:

- **Sen. Elizabeth Warren (MA)** proposes bundled payment models that establishes a single price an entire episode of maternity care and provides bonuses to providers that coordinate care and improve overall outcomes.<sup>4</sup>
- **Former Rep. Beto O'Rourke (TX)** proposes addressing "maternal health deserts" through Title X and the National Health Service Corps, ensuring individuals have access to the full spectrum of maternal health services, and ensuring mental health services to new mothers and expanding home visiting programs.<sup>5</sup>
- **Mayor Pete Buttigieg (South Bend, IN)** supports an array of health care reforms, including the Maternal CARE Act and MOMMIES Act as well as the Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA Act) (S.916), Modernizing Obstetric Medicine Standards Act of 2019 (MOMS Act) (S. 116), and Rural Maternal and Obstetric Modernization of Services Act (Rural MOMS Act) (S. 2373).<sup>6</sup> Illustrative policies include providing technical assistance to states with Maternal Mortality Review Committees and establishing the Alliance for Innovation on Maternal Health (AIM) Grant Program to expand the use of "maternal safety bundles.

<sup>1</sup> This analysis includes only candidates that qualified for the fourth Democratic presidential debate on October 15.

<sup>2</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/1600>

<sup>3</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/1343/>

<sup>4</sup> <https://elizabethwarren.com/plans/addressing-maternal-mortality-epidemic>

<sup>5</sup> <https://betoorourke.com/#plans?p=health-care&tab=racial-disparities-in-maternal-and-infant-mortality>

<sup>6</sup> <https://peteforamerica.com/issues/#ReproductiveRights> <https://peteforamerica.com/policies/secure-rural-health/>; <https://www.congress.gov/bill/116th-congress/senate-bill/916/>; <https://www.congress.gov/bill/116th-congress/senate-bill/116/>; <https://www.congress.gov/bill/116th-congress/senate-bill/2373/>

## Maternal Health Plans

Democratic Candidate	Sen. Kamala Harris (CA)	Sen. Cory Booker (NJ)
<b>Medicaid and CHIP</b>	<ul style="list-style-type: none"> <li>• Not specified</li> </ul>	<ul style="list-style-type: none"> <li>• Extends Medicaid and CHIP eligibility for postpartum women from 60 days to one year<sup>7</sup>;</li> <li>• Ensures all pregnant and postpartum women receive full Medicaid benefits rather than only coverage for pregnancy-related services;</li> <li>• Requires state Medicaid programs to cover oral health services for pregnant and postpartum women<sup>8</sup>;</li> <li>• Withholds federal funding for state Medicaid and CHIP programs if they implement eligibility standards, methodologies, or procedures that are more restrictive than those under current federal law, beginning on or after January 1, 2020 and before January 1, 2023;</li> <li>• Provides an enhanced federal medical assistance percentage (FMAP) to support the expansion of Medicaid and CHIP eligibility, set at 100 percent, beginning on or after January 1, 2020;</li> <li>• Applies the Medicare payment rate floor to primary care services furnished under Medicaid and authorizes the HHS Secretary to increase this payment rate in rural and medically underserved areas by no more than 25 percent.</li> </ul>
<b>Delivery Reform</b>	<ul style="list-style-type: none"> <li>• Establishes a grant program to support implicit bias training, with a focus on obstetrics and gynecology (authorizes \$5 million for each of fiscal years 2020 through 2024);</li> <li>• Directs the HHS Secretary enter into an arrangement with the National Academy of Medicine who will study and make recommendations for incorporating bias recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Establishes the Maternal Care Home Demonstration Project, a five-year grant program available to 15 states, designed to provide coordinated, evidence-based maternity care management<sup>10</sup>; and</li> <li>• Defines providers who may receive Medicaid payment for primary care services to include a physician with a primary specialty designation of family, general internal, or pediatric medicine, or</li> </ul>

<sup>7</sup> The bill also requires the Government Accountability Office to conduct a study and deliver a report to Congress on gaps in Medicaid and CHIP coverage for pregnant and postpartum women and recommendations to address such gaps (due: one year after enactment).

<sup>8</sup> Specifically, states are required to provide coverage for preventive, diagnostic, periodontal, and restorative care aligned with related recommendations issued by the American Academy of Pediatric Dentistry and the American College of Obstetricians and Gynecologists.

<sup>10</sup> Grant funds may be used to award grants or make payments to eligible health care professionals to provide culturally competent maternal care; provide financial incentives to health care professionals (e.g., community-based doulas); provide adequate training for health care professionals (e.g., racial bias); and pay for expenses related to the state's maternity care home model. The bill requires a national external entity to submit a yearly evaluation report and a final impact report to the HHS Secretary. The HHS Secretary is required to deliver a report to Congress no later than 18 months after enactment and annually thereafter on the results of the demonstration project as well as a final report.

Democratic Candidate	Sen. Kamala Harris (CA)	Sen. Cory Booker (NJ)
	<p>in clinical skills testing for accredited schools of allopathic medicine and accredited schools for osteopathic medicine (due: three years after enactment); and</p> <ul style="list-style-type: none"> <li>Establishes a Pregnancy Medical Home Demonstration Project, a five-year grant program available to 10 states, designed to deliver integrated health care services to pregnant women and new mothers<sup>9</sup></li> </ul>	<p>obstetrics and gynecology; advanced practice clinician (e.g., nurse practitioner, physician assistant, certified nurse-midwife); and rural health clinic or federally qualified health center;</p> <ul style="list-style-type: none"> <li>Directs the Medicaid and CHIP Payment and Access Commission (MACPAC) to publish a report on coverage of doula care under Medicaid (due: one year after enactment);</li> <li>Directs the Center for Medicare and Medicaid Services to issue guidance to states on ways to increase access to doula care under Medicaid (due: one year after publication of the related MACPAC report); and</li> <li>Directs the GAO to issue a report to Congress on the use of telemedicine to increase access to maternity care under Medicaid and related legislative and administration recommendations</li> </ul>

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<sup>9</sup> Program participants are required to committed to following evidence-based practices for maternity care, conduct a standardized medical obstetric, and psychosocial risk assessment for every patient, coordinate care, and prioritize pregnant and postpartum women who are uninsured or enrolled in Medicaid. The bill requires the HHS Secretary to deliver a report to Congress no later than one year after grants are awarded on the impact of the grants, best practices, and obstacles.