

119TH CONGRESS
2^D SESSION

H. R. 8907

To direct the Administrator of the Centers for Medicare & Medicaid Services to implement the Perinatal Care Alternative Payment Model Demonstration Project to test various payment models with respect to maternity care provided to pregnant and postpartum individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2026

Ms. SCHAKOWSKY (for herself, Ms. BARRAGÁN, Ms. BUDZINSKI, Mr. CARBAJAL, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Ms. CRAIG, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. DELBENE, Mr. EVANS of Pennsylvania, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GOTTHEIMER, Mrs. HAYES, Mr. HUFFMAN, Mr. KRISHNAMOORTHY, Mr. LYNCH, Ms. MCCOLLUM, Ms. MCCLELLAN, Mr. MEEKS, Ms. MENG, Mr. MORELLE, Ms. MOORE of Wisconsin, Mr. MOULTON, Mr. MULLIN, Ms. PRESSLEY, Mr. SCHNEIDER, Ms. SEWELL, Ms. SIMON, Mr. SMITH of Washington, Ms. STRICKLAND, Ms. STANSBURY, Mrs. SYKES, Mr. TAKANO, Ms. TLAIB, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. VARGAS, Mr. VEASEY, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Administrator of the Centers for Medicare & Medicaid Services to implement the Perinatal Care Alternative Payment Model Demonstration Project to test various payment models with respect to maternity care provided to pregnant and postpartum individuals, and for other purposes.

1 (b) COORDINATION.—In establishing the Demonstra-
2 tion Project, the Secretary shall coordinate with stake-
3 holders such as—

4 (1) State Medicaid programs;

5 (2) maternity care providers and organizations
6 representing maternity care providers;

7 (3) relevant organizations representing patients,
8 with a particular focus on patients from demo-
9 graphic groups with elevated rates of maternal mor-
10 tality, severe maternal morbidity, maternal health
11 disparities, or other adverse perinatal or childbirth
12 outcomes;

13 (4) relevant community-based organizations,
14 particularly organizations that seek to improve ma-
15 ternal health outcomes for individuals from demo-
16 graphic groups with elevated rates of maternal mor-
17 tality, severe maternal morbidity, maternal health
18 disparities, or other adverse perinatal or childbirth
19 outcomes;

20 (5) perinatal health workers;

21 (6) relevant health insurance issuers;

22 (7) hospitals, health systems, midwifery prac-
23 tices, freestanding birth centers (as such term is de-
24 fined in paragraph (3)(B) of section 1905(l) of the
25 Social Security Act (42 U.S.C. 1396d(l))), Feder-

1 ally-qualified health centers (as such term is defined
2 in paragraph (2)(B) of such section), and rural
3 health clinics (as such term is defined in section
4 1861(aa) of such Act (42 U.S.C. 1395x(aa)));

5 (8) researchers and policy experts in fields re-
6 lated to maternity care payment models; and

7 (9) any other stakeholders as the Secretary de-
8 termines appropriate, with a particular focus on
9 stakeholders from demographic groups with elevated
10 rates of maternal mortality, severe maternal mor-
11 bidity, maternal health disparities, or other adverse
12 perinatal or childbirth outcomes.

13 (c) CONSIDERATIONS.—In establishing the Dem-
14 onstration Project, the Secretary shall consider any alter-
15 native payment model that—

16 (1) is designed to improve maternal health out-
17 comes for individuals from demographic groups with
18 elevated rates of maternal mortality, severe maternal
19 morbidity, maternal health disparities, or other ad-
20 verse perinatal or childbirth outcomes;

21 (2) includes methods for stratifying patients by
22 pregnancy risk level and, as appropriate, adjusting
23 payments under such model to take into account
24 pregnancy risk level, including consideration of the

1 appropriate transfer of patients by pregnancy risk
2 level;

3 (3) establishes evidence-based quality metrics
4 for such payments;

5 (4) includes consideration of nonhospital birth
6 settings such as freestanding birth centers (as so de-
7 fined);

8 (5) includes consideration of social deter-
9 minants of maternal health;

10 (6) includes diverse maternity care teams that
11 include—

12 (A) maternity care providers, mental and
13 behavioral health care providers acting in ac-
14 cordance with State law, and registered dieti-
15 tians or nutrition professionals (as such term is
16 defined in section 1395x(vv)(2) of title 42,
17 United States Code)—

18 (i) from racially, ethnically, and pro-
19 fessionally diverse backgrounds;

20 (ii) with experience practicing in ra-
21 cially and ethnically diverse communities;

22 or

23 (iii) who have undergone training on
24 implicit bias and racism; and

25 (B) perinatal health workers; or

1 (7) includes consideration of maternal mental
2 health conditions and substance use disorders.

3 (d) ELIGIBILITY.—To be eligible to participate in the
4 Demonstration Project, a State shall submit an applica-
5 tion to the Secretary at such time, in such manner, and
6 containing such information as the Secretary may require.

7 (e) EVALUATION.—The Secretary shall conduct an
8 evaluation of the Demonstration Project to determine the
9 impact of the Demonstration Project on—

10 (1) maternal health outcomes, with data strati-
11 fied by race, ethnicity, primary language, socio-
12 economic status, geography, insurance type, and
13 other factors as the Secretary determines appro-
14 priate;

15 (2) spending on maternity care by States par-
16 ticipating in the Demonstration Project;

17 (3) to the extent practicable, qualitative and
18 quantitative measures of patient experience; and

19 (4) any other areas of assessment that the Sec-
20 retary determines relevant.

21 (f) REPORT.—Not later than one year after the com-
22 pletion or termination date of the Demonstration Project,
23 the Secretary shall submit to the Congress, and make pub-
24 licly available, a report containing—

1 (1) the results of any evaluation conducted
2 under subsection (e); and

3 (2) a recommendation regarding whether the
4 Demonstration Project should be continued after fis-
5 cal year 2031 and expanded on a national basis.

6 (g) DEFINITIONS.—In this section:

7 (1) ALTERNATIVE PAYMENT MODEL.—The
8 term “alternative payment model” has the meaning
9 given such term in section 1833(z)(3)(C) of the So-
10 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

11 (2) MATERNAL MORTALITY.—The term “mater-
12 nal mortality” means a death occurring during or
13 within a 1-year period after pregnancy, caused by
14 pregnancy-related or childbirth complications, in-
15 cluding a suicide, overdose, or other death resulting
16 from a mental health or substance use disorder at-
17 tributed to or aggravated by pregnancy-related or
18 childbirth complications.

19 (3) MATERNITY CARE PROVIDER.—The term
20 “maternity care provider” means a health care pro-
21 vider who—

22 (A) is a physician, a physician assistant, a
23 midwife who meets, at a minimum, the inter-
24 national definition of a midwife and global
25 standards for midwifery education as estab-

1 lished by the International Confederation of
2 Midwives, an advanced practice registered
3 nurse, a doula accredited by a State to receive
4 reimbursement for doula services under a State
5 plan (or a waiver of such plan) under title XIX
6 of the Social Security Act (42 U.S.C. 1396 et
7 seq.), or a lactation consultant certified by the
8 International Board of Lactation Consultant
9 Examiners; and

10 (B) has a focus on maternal or perinatal
11 health.

12 (4) PERINATAL.—The term “perinatal” means
13 the period beginning on the day an individual be-
14 comes pregnant and ending on the last day of the
15 1-year period beginning on the last day of such indi-
16 vidual’s pregnancy.

17 (5) PERINATAL HEALTH WORKER.—The term
18 “perinatal health worker” means a nonclinical health
19 worker focused on maternal or perinatal health, such
20 as a doula, community health worker, peer sup-
21 porter, lactation educator or counselor, nutritionist
22 or dietitian, childbirth educator, social worker, home
23 visitor, patient navigator or coordinator, or language
24 interpreter.

1 (6) POSTPARTUM AND POSTPARTUM PERIOD.—
2 The terms “postpartum” and “postpartum period”
3 refer to the 1-year period beginning on the last day
4 of the pregnancy of an individual.

5 (7) SEVERE MATERNAL MORBIDITY.—The term
6 “severe maternal morbidity” means a health condi-
7 tion, including mental health conditions and sub-
8 stance use disorders, attributed to or aggravated by
9 pregnancy or childbirth that results in significant
10 short-term or long-term consequences to the health
11 of the individual who was pregnant.

12 (8) SOCIAL DETERMINANTS OF MATERNAL
13 HEALTH.—The term “social determinants of mater-
14 nal health” means nonclinical factors that impact
15 maternal health outcomes.

16 (h) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as are nec-
18 essary to carry out this section.

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