

119TH CONGRESS
1ST SESSION

H. R. 3365

To amend title XIX of the Social Security Act to provide States with the option to provide coordinated care through a pregnancy medical home for high-risk pregnant women, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2025

Mr. NUNN of Iowa (for himself, Ms. PRESSLEY, and Ms. UNDERWOOD) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide States with the option to provide coordinated care through a pregnancy medical home for high-risk pregnant women, 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 “Harnessing Effective
5 and Appropriate Long-Term Health for Moms On Med-
6 icaid Act of 2025” or the “HEALTH for MOM Act of
7 2025”.

1 **SEC. 2. STATE OPTION TO PROVIDE COORDINATED CARE**
2 **THROUGH A HEALTH HOME FOR PREGNANT**
3 **AND POSTPARTUM WOMEN.**

4 Title XIX of the Social Security Act (42 U.S.C. 1396
5 et seq.) is amended by inserting after section 1945A the
6 following new section:

7 **“SEC. 1945B. STATE OPTION TO PROVIDE COORDINATED**
8 **CARE THROUGH A HEALTH HOME FOR PREG-**
9 **NANT AND POSTPARTUM WOMEN.**

10 “(a) STATE OPTION.—

11 “(1) IN GENERAL.—Notwithstanding section
12 1902(a)(1) (relating to statewideness) and section
13 1902(a)(10)(B) (relating to comparability), begin-
14 ning 2 years after the date of the enactment of this
15 section, a State, at its option as a State plan amend-
16 ment and after consultation with health care pro-
17 viders and individuals enrolled under such plan who
18 are or have been pregnant, may provide for medical
19 assistance under this title to an eligible woman who
20 chooses to—

21 “(A) enroll in a maternity health home
22 under this section by selecting a designated pro-
23 vider, a team of health care professionals oper-
24 ating with such a provider, or a health team as
25 the woman’s maternity health home for pur-

poses of providing the woman with pregnancy
and postpartum coordinated care services; or

“(B) receive such services from a designated provider, a team of health care professionals operating with such a provider, or a health team that has voluntarily opted to participate in a maternity health home for eligible women under this section.

“(2) ELIGIBLE WOMAN DEFINED.—

“(A) IN GENERAL.—In this section, the term ‘eligible woman’ means an individual who—

“(i) is eligible for medical assistance under the State plan (or under a waiver of such plan) for all items and services covered under the State plan (or waiver) that are not less in amount, duration, or scope, or are determined by the Secretary to be substantially equivalent, to the medical assistance available for an individual described in subsection (a)(10)(A)(i); and

“(ii) is pregnant.

“(B) CONTINUATION OF ELIGIBILITY.—An individual described in subparagraph (A) shall

1 be deemed to be described in such subpara-
2 graph through the earlier of—

3 “(i) the end of the month in which the
4 individual’s eligibility for medical assist-
5 ance under the State plan (or waiver)
6 ends; and

7 “(ii) the last day of the 1-year period
8 that begins on the last day of the individ-
9 ual’s pregnancy.

10 “(C) EXCLUSION OF INDIVIDUALS ELIGI-
11 BLE FOR A LIMITED PREGNANCY-RELATED
12 ONLY BENEFIT PACKAGE.—Such term does not
13 include an individual who had a pregnancy end
14 within the last 365 days and whose eligibility
15 under such plan (or waiver) is limited to cov-
16 erage for a limited type of benefits and services.

17 “(b) QUALIFICATION STANDARDS.—The Secretary
18 shall establish standards for qualification as a maternity
19 health home or as a designated provider, team of health
20 care professionals operating with such a provider, or a
21 health team eligible for participation in a maternity health
22 home for purposes of this section. Such standards shall
23 include requiring designated providers, teams of health
24 care professionals operating with such providers, and

1 health teams (designated as a maternity health home) to
2 demonstrate to the State the ability to do the following:

3 “(1) Coordinate prompt care and access to ma-
4 ternity and postpartum care services, including serv-
5 ices provided by specialists, and programs for an eli-
6 gible woman during pregnancy and during the pe-
7 riod for which she remains eligible as described in
8 subsection (a)(2)(B).

9 “(2) Develop an individualized, comprehensive,
10 patient-centered care plan for each eligible woman
11 that accommodates patient preferences and, if appli-
12 cable, reflects adjustments to the payment method-
13 ology described in subsection (c)(2)(B).

14 “(3) Develop and incorporate into each eligible
15 woman’s care plan, in a culturally and linguistically
16 appropriate manner consistent with the needs of the
17 eligible woman, ongoing home care, community-
18 based primary care, inpatient care, social support
19 services, behavioral health services, local hospital
20 emergency care, oral health care, and to the extent,
21 applicable, care management and planning related to
22 a change in an eligible woman’s eligibility for med-
23 ical assistance or a change in health insurance cov-
24 erage.

1 “(4) Coordinate with pediatric care providers,
2 community-based providers, behavioral health pro-
3 viders, social service providers, local hospital and
4 emergency care providers, oral health providers, spe-
5 cialists, and providers of early intervention services
6 to ensure full implementation of the client’s care
7 plan, as appropriate.

8 “(5) Collect and report information under sub-
9 section (f)(1).

10 “(c) PAYMENTS.—

11 “(1) IN GENERAL.—A State shall provide a des-
12 ignated provider, a team of health care professionals
13 operating with such a provider, or a health team
14 with payments for the provision of pregnancy and
15 postpartum coordinated care services, to each eligi-
16 ble woman that selects such provider, team of health
17 care professionals, or health team as the woman’s
18 maternity health home or care provider. Payments
19 made to a maternity health home or care provider
20 for such services shall be treated as medical assist-
21 ance for purposes of section 1903(a), except that,
22 during the first 4 fiscal year quarters that the State
23 plan amendment is in effect, the Federal medical as-
24 sistance percentage applicable to such payments

1 shall be increased by 15 percentage points, but in no
2 case may exceed 90 percent.

3 “(2) METHODOLOGY.—The State shall specify
4 in the State plan amendment the methodology the
5 State will use for determining payment for the provi-
6 sion of pregnancy and postpartum coordinated care
7 services or treatment to an eligible woman. Such
8 methodology for determining payment—

9 “(A) may be based on—

10 “(i) a per-member per-month basis for
11 each eligible woman enrolled in the mater-
12 nity health home;

13 “(ii) a prospective payment model, in
14 the case of payments to Federally qualified
15 health centers or a rural health clinics; or

16 “(iii) an alternate model of payment
17 (which may include a model developed
18 under a waiver under section 1115) pro-
19 posed by the State and approved by the
20 Secretary;

21 “(B) may be adjusted to reflect, with re-
22 spect to each eligible woman—

23 “(i) the severity of the risks associ-
24 ated with the woman’s pregnancy;

1 “(ii) the severity of the risks associ-
2 ated with the woman’s postpartum health
3 care needs; and

4 “(iii) the level or amount of time of
5 care coordination required with respect to
6 the woman; and

7 “(C) shall be established consistent with
8 section 1902(a)(30)(A).

9 “(d) COORDINATING CARE.—

10 “(1) HOSPITAL NOTIFICATION.—A State with a
11 State plan amendment approved under this section
12 shall require each hospital that is a participating
13 provider under the State plan (or under a waiver of
14 such plan) to establish procedures in the case of an
15 eligible woman who seeks treatment in the emer-
16 gency department of such hospital for—

17 “(A) providing the woman with culturally
18 and linguistically appropriate information on
19 the respective treatment models and opportuni-
20 ties for the woman to access a maternity health
21 home and its associated benefits; and

22 “(B) notifying the maternity health home
23 in which the woman is enrolled, or the des-
24 ignated provider, team of health care profes-
25 sionals operating with such a provider, or

1 health team treating the woman, of the wom-
2 an's treatment in the emergency department
3 and of the protocols for the maternity health
4 home, designated provider, or team to be in-
5 volved in the woman's emergency care or post-
6 discharge care.

7 “(2) EDUCATION WITH RESPECT TO AVAIL-
8 ABILITY OF A MATERNITY HEALTH HOME.—

9 “(A) IN GENERAL.—In order for a State
10 plan amendment to be approved under this sec-
11 tion, a State shall include in the State plan
12 amendment a description of the State's process
13 for—

14 “(i) educating providers participating
15 in the State plan (or a waiver of such
16 plan) on the availability of maternity
17 health homes for eligible women, including
18 the process by which such providers can
19 participate in or refer eligible women to an
20 approved maternity health home or a des-
21 ignated provider, team of health care pro-
22 fessionals operating with such a provider,
23 or health team; and

24 “(ii) educating eligible women, in a
25 culturally and linguistically appropriate

1 manner, on the availability of maternity
2 health homes.

3 “(B) OUTREACH.—The process established
4 by the State under subparagraph (A) shall in-
5 clude the participation of relevant stakeholders
6 or other public or private organizations or enti-
7 ties that provide outreach and information on
8 the availability of health care items and services
9 to families of individuals eligible to receive med-
10 ical assistance under the State plan (or a waiv-
11 er of such plan).

12 “(3) MENTAL HEALTH COORDINATION.—A
13 State with a State plan amendment approved under
14 this section shall consult and coordinate, as appro-
15 priate, with the Secretary in addressing issues re-
16 garding the prevention, identification, and treatment
17 of mental health conditions and substance use dis-
18 orders among eligible women.

19 “(4) COORDINATION OF SOCIAL AND SUPPORT
20 SERVICES.—A State with a State plan amendment
21 approved under this section shall consult and coordi-
22 nate, as appropriate, with the Secretary in estab-
23 lishing means to connect eligible women receiving
24 pregnancy and postpartum care coordinated under
25 this section with social and support services, includ-

1 ing services made available under maternal, infant,
2 and early childhood home visiting programs estab-
3 lished under section 511, and services made avail-
4 able under section 330H or title X of the Public
5 Health Service Act, the Special Supplemental Nutri-
6 tion Program for Women, Infants, and Children, or
7 under title V.

8 “(e) MONITORING.—A State shall include in the
9 State plan amendment—

10 “(1) a methodology for tracking reductions in
11 inpatient days and reductions in the total cost of
12 care resulting from improved care coordination and
13 management under this section;

14 “(2) a proposal for use of health information
15 technology in providing an eligible woman with preg-
16 nancy and postpartum coordinated care services as
17 specified under this section and improving service
18 delivery and coordination across the care continuum;
19 and

20 “(3) a methodology for tracking prompt and
21 timely access to medically necessary care for eligible
22 women from out-of-State providers.

23 “(f) DATA COLLECTION.—

24 “(1) PROVIDER REPORTING REQUIREMENTS.—

25 In order to receive payments from a State under

1 subsection (c), a maternity health home, or a des-
2 ignated provider, a team of health care professionals
3 operating with such a provider, or a health team,
4 shall report to the State, at such time and in such
5 form and manner as may be required by the State,
6 including through a health information exchange or
7 other public health data sharing entity, the following
8 information:

9 “(A) With respect to each such designated
10 provider, team of health care professionals oper-
11 ating with such a provider, and health team
12 (designated as a maternity health home), the
13 name, National Provider Identification number,
14 address, and specific health care services of-
15 fered to be provided to eligible women who have
16 selected such provider, team of health care pro-
17 fessionals, or health team as the womens mater-
18 nity health home.

19 “(B) Information on all applicable meas-
20 ures for determining the quality of services pro-
21 vided by such provider, team of health care pro-
22 fessionals, or health team, including, to the ex-
23 tent applicable, maternal, perinatal, and child
24 health quality measures under section 1139B.

1 “(C) Such other information as the Sec-
2 retary shall specify in guidance.

3 “(2) STATE REPORTING REQUIREMENTS.—

4 “(A) COMPREHENSIVE REPORT.—A State
5 with a State plan amendment approved under
6 this section shall report to the Secretary (and,
7 upon request, to the Medicaid and CHIP Pay-
8 ment and Access Commission), at such time,
9 but at a minimum frequency of every 12
10 months, and in such form and manner deter-
11 mined by the Secretary to be reasonable and
12 minimally burdensome, including through a
13 health information exchange or other public
14 health data sharing entity, the following infor-
15 mation:

16 “(i) Information described in para-
17 graph (1).

18 “(ii) The number and, to the extent
19 available and while maintaining all relevant
20 protecting privacy and confidentially pro-
21 tections, disaggregated demographic infor-
22 mation of eligible women who have enrolled
23 in a maternity health home pursuant to
24 this section.

1 “(iii) The number of maternity health
2 homes in the State.

3 “(iv) The medical and behavioral
4 health conditions or factors that contribute
5 to severe maternal morbidity among eligi-
6 ble women enrolled in maternity health
7 homes in the State.

8 “(v) The extent to which such women
9 receive health care items and services
10 under the State plan before, during, and
11 after the women’s enrollment in such a
12 maternity health home.

13 “(vi) Where applicable, mortality data
14 and data for the associated causes of death
15 for eligible women enrolled in a maternity
16 health home under this section, in accord-
17 ance with subsection (g). For deaths occur-
18 ring postpartum, such data shall distin-
19 guish between deaths occurring up to 42
20 days postpartum and deaths occurring be-
21 tween 43 days to up to 1 year postpartum.
22 Where applicable, data reported under this
23 clause shall be reported alongside com-
24 parable data from a State’s maternal mor-
25 tality review committee, as established in

1 accordance with section 317K(d) of the
2 Public Health Service Act, for purposes of
3 further identifying and comparing state-
4 wide trends in maternal mortality among
5 populations participating in the maternity
6 health home under this section.

7 “(vii) The type of delivery systems
8 and payment models used to provide health
9 home services to eligible individuals en-
10 rolled in a maternal health home under
11 such amendment.

12 “(viii) Information on hospitalizations,
13 morbidity, and mortality of eligible individ-
14 uals and their infants enrolled in a mater-
15 nal health home in such State alongside
16 comparable data from a State’s maternal
17 mortality review committee.

18 “(B) IMPLEMENTATION REPORT.—Not
19 later than 18 months after a State has a State
20 plan amendment approved under this section,
21 the State shall submit to the Secretary, and
22 make publicly available on the appropriate
23 State website, a report on how the State is im-
24 plementing the option established under this

1 section, including through any best practices
2 adopted by the State.

3 “(g) CONFIDENTIALITY.—A State with a State plan
4 amendment under this section shall establish confiden-
5 tiality protections for the purposes of subsection (f)(2)(A)
6 to ensure, at a minimum, that there is no disclosure by
7 the State of any identifying information about any specific
8 eligible woman enrolled in a maternity health home or any
9 maternal mortality case, and that all relevant confiden-
10 tiality and privacy protections, including the requirements
11 under 1902(a)(7)(A), are maintained.

12 “(h) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed to require—

14 “(1) an eligible woman to enroll in a maternity
15 health home under this section; or

16 “(2) a designated provider or health team to
17 act as a maternity health home and provide services
18 in accordance with this section if the provider or
19 health team does not voluntarily agree to act as a
20 maternity health home.

21 “(i) PLANNING GRANTS.—

22 “(1) IN GENERAL.—Beginning October 1,
23 2025, from the amount appropriated under para-
24 graph (2), the Secretary shall award planning grants
25 to States for purposes of developing and submitting

1 a State plan amendment under this section. The
2 Secretary shall award a grant to each State that ap-
3 plies for a grant under this subsection, but the Sec-
4 retary may determine the amount of the grant based
5 on the merits of the application and the goal of the
6 State to prioritize health outcomes for eligible
7 women. A planning grant awarded to a State under
8 this subsection shall remain available until expended.

9 “(2) APPROPRIATION.—There are authorized to
10 be appropriated to the Secretary \$50,000,000 for
11 the 2-year period beginning on the date of the enact-
12 ment of this section, for the purposes of making
13 grants under this subsection, to remain available
14 until expended.

15 “(3) LIMITATION.—The total amount of pay-
16 ments made to States under this subsection shall not
17 exceed \$50,000,000.

18 “(j) ADDITIONAL DEFINITIONS.—In this section:

19 “(1) DESIGNATED PROVIDER.—The term ‘des-
20 ignated provider’ means a physician (including an
21 obstetrician-gynecologist), hospital, clinical practice
22 or clinical group practice, rural clinic, community
23 health center, community mental health center, or
24 any other entity or provider that is determined by
25 the State and approved by the Secretary to be quali-

1 fied to be a maternity health home on the basis of
2 documentation evidencing that the entity has the
3 systems, expertise, and infrastructure in place to
4 provide pregnancy and postpartum coordinated care
5 services. Such term may include providers who are
6 employed by, or affiliated with, a hospital.

7 “(2) MATERNITY HEALTH HOME.—The term
8 ‘maternity health home’ means a designated provider
9 (including a provider that operates in coordination
10 with a team of health care professionals) or a health
11 team is selected by an eligible woman to provide
12 pregnancy and postpartum coordinated care services.

13 “(3) HEALTH TEAM.—The term ‘health team’
14 has the meaning given such term for purposes of
15 section 3502 of Public Law 111–148.

16 “(4) PREGNANCY AND POSTPARTUM COORDI-
17 NATED CARE SERVICES.—

18 “(A) IN GENERAL.—The term ‘pregnancy
19 and postpartum coordinated care services’
20 means items and services related to the coordi-
21 nation of care for comprehensive and timely
22 high-quality, culturally and linguistically appro-
23 priate, services described in subparagraph (B)
24 that are provided to an eligible woman by a
25 designated provider, a team of health care pro-

1 professionals operating with such a provider, or a
2 health team (designated as a maternity health
3 home).

4 “(B) SERVICES DESCRIBED.—

5 “(i) IN GENERAL.—The services de-
6 scribed in this subparagraph shall include
7 with respect to a State electing the State
8 plan amendment option under this section,
9 any medical assistance for items and serv-
10 ices for which payment is available under
11 the State plan or under a waiver of such
12 plan.

13 “(ii) OTHER ITEMS AND SERVICES.—

14 In addition to medical assistance described
15 in clause (i), the services described in this
16 subparagraph shall include the following:

17 “(I) Comprehensive care manage-
18 ment.

19 “(II) Care coordination (includ-
20 ing with pediatricians, specialists, and
21 providers of early intervention serv-
22 ices, as appropriate), health pro-
23 motion, and providing access to the
24 full range of maternal, obstetric, and

1 gynecologic services, including services
2 from out-of-State providers.

3 “(III) Comprehensive transitional
4 care, including appropriate follow-up,
5 from inpatient to other settings.

6 “(IV) Patient and family support
7 (including authorized representatives).

8 “(V) Referrals to community and
9 social support services, if relevant.

10 “(VI) Use of health information
11 technology to link services, as feasible
12 and appropriate.

13 “(5) TEAM OF HEALTH CARE PROFES-
14 SIONALS.—The term ‘team of health care profes-
15 sionals’ means a team of health care professionals
16 (as described in the State plan amendment under
17 this section) that may—

18 “(A) include—

19 “(i) physicians, including gynecologist-
20 obstetricians, pediatricians, and other pro-
21 fessionals such as physicians assistants,
22 advance practice nurses, including certified
23 midwives, nurses, nurse care coordinators,
24 dietitians, nutritionists, social workers, be-
25 havioral health professionals, physical

1 counselors, physical therapists, occupa-
2 tional therapists, or any professionals that
3 assist in prenatal care, delivery, or
4 postpartum care for which medical assist-
5 ance is available under the State plan or a
6 waiver of such plan and determined to be
7 appropriate by the State and approved by
8 the Secretary;

9 “(ii) an entity or individual who is
10 designated to coordinate such care deliv-
11 ered by the team; and

12 “(iii) when appropriate and if other-
13 wise eligible to furnish items and services
14 that are reimbursable as medical assist-
15 ance under the State plan or under a waiv-
16 er of such plan, doulas, community health
17 workers, translators and interpreters, and
18 other individuals with culturally appro-
19 priate and trauma-informed expertise; and

20 “(B) provide care at a facility that is free-
21 standing, virtual, or based at a hospital, com-
22 munity health center, community mental health
23 center, rural clinic, clinical practice or clinical
24 group practice, academic health center, or any
25 entity determined to be appropriate by the

1 State and approved by the Secretary, or provide
2 care at the home of an individual with respect
3 to a home birth.”.

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