

117TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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.

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IN THE SENATE OF THE UNITED STATES

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Ms. WARREN (for herself, Mr. BOOKER, Mr. CASEY, Mr. PADILLA, Mr. SANDERS, Ms. DUCKWORTH, and Mr. BLUMENTHAL) introduced the following bill; which was read twice and referred to the Committee on

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**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, birth cen-  
5 ters, clinics, or 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 (30), by striking “and”  
12 at the end;

13 (B) by redesignating paragraph (31) as  
14 paragraph (32); and

15 (C) by inserting after paragraph (30) the  
16 following new paragraph:

17 “(31) services and care, including prenatal, de-  
18 livery, and postpartum care, that is provided in a  
19 culturally congruent manner (as defined in sub-  
20 section (kk)) by doulas, midwives, and tribal mid-  
21 wives (as those terms are defined in subsection (jj)),  
22 that is provided in the home, community, a hospital,  
23 birth center, clinic, health unit, or is furnished via  
24 telehealth to the extent authorized under State law;  
25 and”;

1 (2) by adding at the end the following:

2 “(jj) DOULAS, MIDWIVES, AND TRIBAL MIDWIFE

3 DEFINED.—For purposes of subsection (a)(31):

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

6 “(A) has completed 60 hours of  
7 foundational training;

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

16 “(C) maintains such certification by com-  
17 pleting such required continuing education.

18 “(2) MIDWIVES DEFINED.—The term ‘midwife’  
19 means a midwife who meets at a minimum the inter-  
20 national definition of the midwife and global stand-  
21 ards for midwifery education as established by the  
22 International Confederation of Midwives.

23 “(3) TRIBAL MIDWIFE DEFINED.—The term  
24 ‘tribal midwife’ means an individual who is recog-  
25 nized by an Indian tribe (as defined in section 4 of

1 the Indian Health Care Improvement Act (25 U.S.C.  
2 1603)) to practice midwifery for such tribe.

3 “(kk) CULTURALLY CONGRUENT CARE DEFINED.—

4 For purposes of subsection (a)(31), the term ‘culturally  
5 congruent care’, with respect to maternity care, means  
6 care that is provided in agreement with the preferred cul-  
7 tural values, beliefs, worldview, language, and practices of  
8 the health care consumer and other stakeholders.”.

9 (b) REQUIRING MANDATORY COVERAGE UNDER  
10 STATE PLAN.—Section 1902(a)(10)(A) of the Social Se-  
11 curity Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the  
12 matter preceding clause (i), by striking “and (30)” and  
13 inserting “(30), and (31)”.

14 (c) CONFORMING AMENDMENTS.—

15 (1) Section 1902(nm)(3) of the Social Security  
16 Act (42 U.S.C. 1396a(nm)(3)) is amended by strik-  
17 ing “(30)” and inserting “(32)”.

18 (2) Section 1905(a) of the Social Security Act  
19 (42 U.S.C. 1396d(a)) is amended, in the 5th sen-  
20 tence, by striking “(30)” and inserting “(32)”.

21 (d) EFFECTIVE DATE.—

22 (1) IN GENERAL.—Subject to paragraph (2),  
23 the amendments made by this section shall apply  
24 with respect to medical assistance furnished on or  
25 after January 1, 2022.

1           (2) EXCEPTION FOR STATE LEGISLATION.—In  
2           the case of a State plan under title XIX of the So-  
3           cial Security Act (42 U.S.C. 1396 et seq.) that the  
4           Secretary of Health and Human Services determines  
5           requires State legislation in order for the respective  
6           plan to meet any requirement imposed by amend-  
7           ments made by this section, the respective plan shall  
8           not be regarded as failing to comply with the re-  
9           quirements of such title solely on the basis of its  
10          failure to meet such an additional requirement be-  
11          fore the first day of the first calendar quarter begin-  
12          ning after the close of the first regular session of the  
13          State legislature that begins after the date of the en-  
14          actment of this Act. For purposes of the previous  
15          sentence, in the case of a State that has a 2-year  
16          legislative session, each year of the session shall be  
17          considered to be a separate regular session of the  
18          State legislature.