

119TH CONGRESS  
1ST SESSION

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

To amend the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Ms. ALSOBROOKS introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Public Health Service Act to provide for a special enrollment period for 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 “Healthy Maternity and  
5       Obstetric Medicine Act” or the “Healthy MOM Act”.

6       **SEC. 2. FINDINGS; PURPOSE.**

7       (a) FINDINGS.—Congress finds the following:

8               (1) Pregnancy is a significant life event for mil-  
9       lions of women in the United States each year.

1           (2) For more than 30 years, our Nation,  
2           through the Medicaid program, has recognized that  
3           pregnant women need immediate access to afford-  
4           able care, and has allowed women who meet income-  
5           eligibility requirements to enroll in Medicaid cov-  
6           erage when they become pregnant.

7           (3) Congress recognized the central importance  
8           of maternity coverage by classifying maternity and  
9           newborn care as one of the ten essential health bene-  
10          fits that must now be covered on most individual  
11          and small group health insurance plans under sec-  
12          tion 1302(b)(1) of the Patient Protection and Af-  
13          fordable Care Act (42 U.S.C. 18022(b)(1)).

14          (4) Congress has also recognized the significant  
15          challenge of maternal mortality and the need to  
16          eliminate disparities in maternal health outcomes for  
17          pregnancy-related and pregnancy-associated deaths,  
18          and to improve health outcomes for both mothers  
19          and babies through passage of the Preventing Ma-  
20          ternal Deaths Act of 2018 (Public Law 115–344).

21          (5) Access to comprehensive maternity coverage  
22          allows women to access important pregnancy-related  
23          care, which is demonstrated to improve health out-  
24          comes for women and newborns and reduce financial  
25          costs for both consumers and insurers.

1           (6) Uninsured women, women with grand-  
2           fathered and transitional health plans, self-funded  
3           student health plans, and catastrophic and high-de-  
4           ductible health plans may lack access to comprehen-  
5           sive and affordable maternity coverage.

6           (7) Employer health plans that exclude depend-  
7           ent daughters from maternity coverage leave young  
8           women without coverage for their pregnancy, even  
9           though Federal law has long held that treating preg-  
10          nancy differently than other conditions is sex-based  
11          discrimination.

12          (8) A special enrollment period is especially im-  
13          portant for young adults, who are at high risk for  
14          unintended pregnancies, yet young adults are fre-  
15          quently enrolled in catastrophic coverage, which  
16          often has fewer benefits, more restrictions, and high-  
17          er deductibles.

18          (9) This coverage would be an equalizer for  
19          communities of color. The maternal mortality rate  
20          varies drastically by race and ethnicity, and where a  
21          woman lives. The rising maternal mortality rate in  
22          the United States is driven predominantly by the  
23          disproportionately high African-American maternal  
24          mortality rate, which is four times more than the  
25          rate for White women.

1           (10) According to the Centers for Disease Con-  
2           trol and Prevention, about 700 women die each year  
3           in the United States from pregnancy-related com-  
4           plications. Black and American Indian/Alaska Native  
5           women are about three times more likely to die from  
6           a pregnancy-related cause than White women.

7           (11) Data demonstrates that 3 in 5 pregnancy  
8           related deaths could be prevented. Improving access  
9           to care is one way to help prevent deaths, regardless  
10          of race or ethnicity.

11          (12) Timely maternity care improves the health  
12          of pregnant women, as well as birth outcomes and  
13          the health of babies throughout their lifetimes. Preg-  
14          nancy-related maternal mortality is three to four  
15          times higher among women who receive no maternity  
16          care compared to women who do. Regular maternity  
17          care can detect or mitigate serious pregnancy-related  
18          health complications, including preeclampsia, pla-  
19          cental abruption, complications from diabetes, com-  
20          plications from heart disease, and Graves' disease,  
21          all of which can result in morbidity or mortality for  
22          the mother or newborn.

23          (13) The Centers for Disease Control and Pre-  
24          vention reports that more than half of all maternal  
25          deaths occur at delivery or in the first postpartum

1 year, whereas just more than one-third of preg-  
2 nancy-related or pregnancy-associated deaths occur  
3 while a person is still pregnant. Yet, for women eligi-  
4 ble for the Medicaid program on the basis of preg-  
5 nancy, such Medicaid coverage lapses at the end of  
6 the month on which the 60th postpartum day lands.

7 (14) Timely maternity care and adequate  
8 postpartum care can reduce short- and long-term  
9 health care costs. If a woman does not have access  
10 to affordable maternity care during her pregnancy,  
11 and she or her newborn experiences pregnancy com-  
12 plications that result in health problems after birth,  
13 their insurer may end up paying much higher costs  
14 than if the insurer had covered the woman's mater-  
15 nity care during her pregnancy. Intensive maternity  
16 care can reduce hospital and neonatal intensive care  
17 unit admissions among infants, resulting in cost sav-  
18 ings of \$1,768 to \$5,560 per birth. For women with  
19 high-risk pregnancies, intensive maternity care saves  
20 \$1.37 for every \$1 invested in maternity care.

21 (b) PURPOSE.—The purpose of this Act is to protect  
22 the health of women and newborns by ensuring that all  
23 women eligible for coverage through the Exchanges estab-  
24 lished under title I of the Patient Protection and Afford-  
25 able Care Act (Public Law 111–148) and women eligible

1 for other individual or group health plan coverage can ac-  
2 cess affordable health coverage during their pregnancy.

3 **SEC. 3. PROVIDING FOR A SPECIAL ENROLLMENT PERIOD**  
4 **FOR PREGNANT INDIVIDUALS.**

5 (a) PUBLIC HEALTH SERVICE ACT.—Section  
6 2702(b)(2) of the Public Health Service Act (42 U.S.C.  
7 300gg–1(b)(2)) is amended by inserting “, including a  
8 special enrollment period for pregnant individuals, begin-  
9 ning on the date on which the pregnancy is reported to  
10 the health insurance issuer” before the period at the end.

11 (b) PATIENT PROTECTION AND AFFORDABLE CARE  
12 ACT.—Section 1311(c)(6) of the Patient Protection and  
13 Affordable Care Act (42 U.S.C. 18031(c)(6)) is amend-  
14 ed—

15 (1) in subparagraph (C), by striking “and” at  
16 the end;

17 (2) by redesignating subparagraph (D) as sub-  
18 paragraph (E); and

19 (3) by inserting after subparagraph (C) the fol-  
20 lowing:

21 “(D) a special enrollment period for preg-  
22 nant individuals, beginning on the date on  
23 which the pregnancy is reported to the Ex-  
24 change; and”.

1 (c) INTERNAL REVENUE CODE.—Section 9801(f) of  
2 the Internal Revenue Code of 1986 is amended by adding  
3 at the end the following:

4 “(4) FOR PREGNANT INDIVIDUALS.—

5 “(A) IN GENERAL.—A group health plan  
6 shall permit an employee who is eligible, but  
7 not enrolled, for coverage under the terms of  
8 the plan (or a dependent of such an employee  
9 if the dependent is eligible, but not enrolled, for  
10 coverage under such terms) to enroll for cov-  
11 erage under the terms of the plan upon preg-  
12 nancy, with the special enrollment period begin-  
13 ning on the date on which the pregnancy is re-  
14 ported to the group health plan or the preg-  
15 nancy is confirmed by a health care provider.

16 “(B) REGULATIONS.—The Secretary shall  
17 promulgate regulations with respect to the spe-  
18 cial enrollment period under subparagraph (A),  
19 including establishing a time period for preg-  
20 nant individuals to enroll in coverage and effec-  
21 tive date of such coverage.”.

22 (d) ERISA.—Section 701(f) of the Employee Retire-  
23 ment Income Security Act of 1974 (29 U.S.C. 1181(f))  
24 is amended by adding at the end the following:

25 “(4) FOR PREGNANT INDIVIDUALS.—

1           “(A) IN GENERAL.—A group health plan  
2           or health insurance issuer in connection with a  
3           group health plan shall permit an employee who  
4           is eligible, but not enrolled, for coverage under  
5           the terms of the plan (or a dependent of such  
6           an employee if the dependent is eligible, but not  
7           enrolled, for coverage under such terms) to en-  
8           roll for coverage under the terms of the plan  
9           upon pregnancy, with the special enrollment pe-  
10          riod beginning on the date on which the preg-  
11          nancy is reported to the group health plan or  
12          health insurance issuer or the pregnancy is con-  
13          firmed by a health care provider.

14          “(B) REGULATIONS.—The Secretary shall  
15          promulgate regulations with respect to the spe-  
16          cial enrollment period under subparagraph (A),  
17          including establishing a time period for preg-  
18          nant individuals to enroll in coverage and effec-  
19          tive date of such coverage.”.

20          (e) EFFECTIVE DATE.—The amendments made by  
21          this section shall apply with respect to plan years begin-  
22          ning on or after January 1, 2027.



1   **SEC. 4. COVERAGE OF MATERNITY CARE FOR DEPENDENT**  
2                   **CHILDREN.**

3           (a) PUBLIC HEALTH SERVICE ACT.—Section  
4 2799A–7 of the Public Health Service Act (42 U.S.C.  
5 300gg–117) is amended by adding at the end the fol-  
6 lowing:

7           “(d) COVERAGE OF MATERNITY CARE.—A group  
8 health plan, or health insurance issuer offering group or  
9 individual health insurance coverage, that provides cov-  
10 erage for dependents shall ensure that such plan or cov-  
11 erage includes coverage for maternity care associated with  
12 pregnancy, childbirth, and postpartum care for all partici-  
13 pants, beneficiaries, and enrollees, including dependents,  
14 including coverage of labor and delivery. Such coverage  
15 shall be provided to all pregnant dependents regardless of  
16 age.”.

17           (b) ERISA.—Section 722 of the Employee Retire-  
18 ment Income Security Act of 1974 (29 U.S.C. 1185k) is  
19 amended by adding at the end the following:

20           “(d) COVERAGE OF MATERNITY CARE.—A group  
21 health plan, or health insurance issuer offering group  
22 health insurance coverage, that provides coverage for de-  
23 pendents shall ensure that such plan or coverage includes  
24 coverage for maternity care associated with pregnancy,  
25 childbirth, and postpartum care for all participants, bene-  
26 ficiaries, and enrollees, including dependents, including

1 coverage of labor and delivery. Such coverage shall be pro-  
2 vided to all pregnant dependents regardless of age.”.

3 (c) INTERNAL REVENUE CODE.—Section 9822 of the  
4 Internal Revenue Code of 1986 is amended by adding at  
5 the end the following:

6 “(d) COVERAGE OF MATERNITY CARE.—A group  
7 health plan that provides coverage for dependents shall en-  
8 sure that such plan includes coverage for maternity care  
9 associated with pregnancy, childbirth, and postpartum  
10 care for all participants and beneficiaries, including de-  
11 pendents, including coverage of labor and delivery. Such  
12 coverage shall be provided to all pregnant dependents re-  
13 gardless of age.”.

14 (d) EFFECTIVE DATE.—The amendments made by  
15 this section shall apply with respect to plan years begin-  
16 ning on or after January 1, 2027.

17 **SEC. 5. FEDERAL EMPLOYEE HEALTH BENEFIT PLANS.**

18 (a) COVERAGE OF PREGNANCY.—

19 (1) IN GENERAL.—The Director of the Office of  
20 Personnel Management shall issue such regulations  
21 as are necessary to ensure that pregnancy is consid-  
22 ered a change in family status and a qualifying life  
23 event for an individual who is eligible to enroll, but  
24 is not enrolled, in a health benefit plan under chap-  
25 ter 89 of title 5, United States Code.

1           (2) EFFECTIVE DATE.—The requirement in  
2       paragraph (1) shall apply with respect to any con-  
3       tract entered into under section 8902 of title 5,  
4       United States Code, on or after the date that is 1  
5       year after the date of enactment of this Act.

6       (b) DESIGNATING CERTAIN FEHBP-RELATED  
7       SERVICES AS EXCEPTED SERVICES UNDER THE ANTI-  
8       DEFICIENCY ACT.—

9           (1) IN GENERAL.—Section 8905 of title 5,  
10      United States Code, is amended by adding at the  
11      end the following:

12      “(j) Any services by an officer or employee under this  
13      chapter relating to enrolling individuals in a health bene-  
14      fits plan under this chapter, or changing the enrollment  
15      of an individual already so enrolled due to an event de-  
16      scribed in section 5(a)(1) of the Healthy MOM Act, shall  
17      be deemed, for purposes of section 1342 of title 31, serv-  
18      ices for emergencies involving the safety of human life or  
19      the protection of property.”.

20           (2) APPLICATION.—The amendment made by  
21      paragraph (1) shall apply to any lapse in appropria-  
22      tions beginning on or after the date of enactment of  
23      this Act.

1 **SEC. 6. CONTINUATION OF MEDICAID INCOME ELIGIBILITY**  
2 **STANDARD FOR PREGNANT INDIVIDUALS**  
3 **AND INFANTS.**

4 Section 1902(l)(2)(A) of the Social Security Act (42  
5 U.S.C. 1396a(l)(2)(A)) is amended—

6 (1) in clause (i), by striking “and not more  
7 than 185 percent”;

8 (2) in clause (ii)—

9 (A) in subclause (I), by striking “and”  
10 after the comma;

11 (B) in subclause (II), by striking the pe-  
12 riod at the end and inserting “, and”; and

13 (C) by adding at the end the following:

14 “(III) January 1, 2027, is the percentage pro-  
15 vided under clause (v).”; and

16 (3) by adding at the end the following new  
17 clause:

18 “(v) The percentage provided under clause (ii) for  
19 medical assistance provided on or after January 1, 2027,  
20 with respect to individuals described in subparagraph (A)  
21 or (B) of paragraph (1) shall not be less than—

22 “(I) the percentage specified for such individ-  
23 uals by the State in an amendment to the State plan  
24 under this title (whether approved or not) as of Jan-  
25 uary 1, 2025; or

1 “(II) if no such percentage is specified as of  
2 January 1, 2025, the percentage established for  
3 such individuals under the State’s authorizing legis-  
4 lation or provided for under the State’s appropria-  
5 tions as of that date.”.

6 **SEC. 7. REQUIRING AND MAKING PERMANENT 12-MONTH**  
7 **CONTINUOUS COVERAGE FOR PREGNANT**  
8 **AND POSTPARTUM INDIVIDUALS UNDER**  
9 **MEDICAID AND CHIP.**

10 (a) MEDICAID.—Section 1902 of the Social Security  
11 Act (42 U.S.C. 1396a) is amended—

12 (1) in subsection (a)—

13 (A) in paragraph (88)(B)(iii), by striking  
14 “and” at the end;

15 (B) in paragraph (89), by striking the pe-  
16 riod at the end and inserting “; and”; and

17 (C) by inserting after paragraph (89) the  
18 following new paragraph:

19 “(90) provide that the State plan is in compli-  
20 ance with subsection (e)(16).”; and

21 (2) in subsection (e)(16)—

22 (A) in subparagraph (A), by striking “At  
23 the option of the State, the State plan (or waiv-  
24 er of such State plan) may provide,” and insert-

1 ing “A State plan (or waiver of such State  
2 plan) shall provide”;

3 (B) in subparagraph (B), in the matter  
4 preceding clause (i), by striking “by a State  
5 making an election under this paragraph” and  
6 inserting “under a State plan (or a waiver of  
7 such State plan)”; and

8 (C) by striking subparagraph (C).

9 (b) CHIP.—

10 (1) IN GENERAL.—Section 2107(e)(1)(K) of the  
11 Social Security Act (42 U.S.C. 1397gg(e)(1)(K)) is  
12 amended to read as follows:

13 “(K) Paragraphs (5) and (16) of section  
14 1902(e) (relating to the requirement to provide  
15 medical assistance under the State plan or  
16 waiver consisting of full benefits during preg-  
17 nancy and throughout the 12-month  
18 postpartum period under title XIX) such that  
19 the provision of assistance under the State child  
20 health plan or waiver for targeted low-income  
21 children or targeted low-income pregnant  
22 women during pregnancy and the 12-month  
23 postpartum period shall be required and shall  
24 include coverage of all items or services pro-  
25 vided to a targeted low-income child or targeted

1 low-income pregnant woman (as applicable)  
2 under the State child health plan or waiver.”.

3 (2) CONFORMING.—Section 2112(d)(2)(A) of  
4 the Social Security Act (42 U.S.C. 1397ll(d)(2)(A))  
5 is amended by striking “the month in which the 60-  
6 day period” and all that follows through “pursuant  
7 to section 2107(e)(1),”.

8 (c) EFFECTIVE DATE.—

9 (1) IN GENERAL.—Subject to paragraph (2),  
10 the amendments made by this section shall apply  
11 with respect to services furnished on or after the  
12 date that is 1 year after the date of the enactment  
13 of this Act.

14 (2) EXCEPTION FOR STATE LEGISLATION.—In  
15 the case of a State plan under title XIX of the So-  
16 cial Security Act (42 U.S.C. 1396 et seq.) or a State  
17 child health plan under title XXI of such Act (42  
18 U.S.C. 1397ee et seq.) that the Secretary of Health  
19 and Human Services determines requires State legis-  
20 lation in order for the plan to meet any requirement  
21 imposed by amendments made by this section, the  
22 respective plan shall not be regarded as failing to  
23 comply with the requirements of such title solely on  
24 the basis of its failure to meet such an additional re-  
25 quirement before the first day of the first calendar

1 quarter beginning after the close of the first regular  
2 session of the State legislature that begins after the  
3 date of enactment of this Act. For purposes of the  
4 previous sentence, in the case of a State that has a  
5 2-year legislative session, each year of the session  
6 shall be considered to be a separate regular session  
7 of the State legislature.

8 **SEC. 8. RELATIONSHIP TO OTHER LAWS.**

9 Nothing in this Act (or an amendment made by this  
10 Act) shall be construed to invalidate or limit the remedies,  
11 rights, and procedures of any Federal law or the law of  
12 any State or political subdivision of any State or jurisdic-  
13 tion that provides greater or equal protection for enrollees  
14 in a group health plan or group or individual health insur-  
15 ance offered by a health insurance issuer.