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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To direct the Secretary of Health and Human Services to issue guidance on coverage under the Medicaid program under title XIX of the Social Security Act of certain pelvic health services furnished during the postpartum period, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mr. BACON introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To direct the Secretary of Health and Human Services to issue guidance on coverage under the Medicaid program under title XIX of the Social Security Act of certain pelvic health services furnished during the postpartum period, 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 “Optimizing  
5 Postpartum Outcomes Act of 2025”.

1 **SEC. 2. CMS GUIDANCE.**

2 (a) IN GENERAL.—Not later than 1 year after the  
3 date of the enactment of this Act, the Secretary of Health  
4 and Human Services shall issue guidance on coverage  
5 under State plans (or waivers of such plans) under the  
6 Medicaid program under title XIX of the Social Security  
7 Act (42 U.S.C. 1396 et seq.) or State child health plans  
8 (or waivers of such plans) under the Children’s Health In-  
9 surance Program under title XXI of such Act (42 U.S.C.  
10 1397aa et seq.) of covered pelvic health services furnished  
11 during the prenatal or postpartum period. Such guidance  
12 shall include—

13 (1) best practices from States with respect to  
14 innovative or evidenced-based payment models to in-  
15 crease access to covered pelvic health services;

16 (2) recommendations for States on available fi-  
17 nancing options under—

18 (A) the Medicaid program under title XIX  
19 of such Act (42 U.S.C. 1396 et seq.); and

20 (B) the Children’s Health Insurance Pro-  
21 gram under title XXI of such Act (42 U.S.C.  
22 1397aa et seq.), specifically funds made avail-  
23 able through a Children’s Health Insurance  
24 Program Health Services Initiative;

25 (3) guidance and technical assistance to State  
26 agencies responsible for administering State plans

1 (or waivers of such plans) under the Medicaid pro-  
2 gram under title XIX of the Social Security Act (42  
3 U.S.C. 1396 et seq.) regarding additional flexibilities  
4 and incentives related to screening and referral for,  
5 and access to, covered pelvic health services; and

6 (4) guidance regarding suggested terminology  
7 and diagnosis codes, such as the International Clas-  
8 sification of Diseases code set, to identify women  
9 with pelvic floor dysfunction and disorders.

10 (b) GAO STUDY.—Not later than 1 year after the  
11 date of the enactment of this Act, the Comptroller General  
12 of the United States shall conduct a study on, and submit  
13 to Congress a report that addresses, gaps in coverage  
14 for—

15 (1) covered pelvic health services under State  
16 plans (or waivers of such plans) under the Medicaid  
17 program under title XIX of the Social Security Act  
18 (42 U.S.C. 1396 et seq.) for postpartum women;  
19 and

20 (2) other services for postpartum women who  
21 received medical assistance under a State plan (or a  
22 waiver of such plan) under the Medicaid program  
23 under title XIX of the Social Security Act (42  
24 U.S.C. 1396 et seq.) during their pregnancy.

25 (c) DEFINITIONS.—In this section:

1           (1) The term “postpartum period” means the  
2 longer of the period of lactation or the 6-month pe-  
3 riod beginning on the last day of a woman’s preg-  
4 nancy.

5           (2) The term “covered pelvic health services”  
6 means—

7           (A) pelvic floor examinations (as defined in  
8 section 317L–2 of the Public Health Service  
9 Act, as added by section 2 of this Act); and

10           (B) pelvic health physical therapy (as de-  
11 fined in such section 317L–2).

12 **SEC. 3. POSTPARTUM PELVIC HEALTH EDUCATION CAM-**  
13 **PAIGN.**

14           Part B of title III of the Public Health Service Act  
15 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
16 tion 317L–1 (42 U.S.C. 247b–13a) the following:

17 **“SEC. 317L–2. POSTPARTUM PELVIC HEALTH EDUCATION**  
18 **CAMPAIGN.**

19           “(a) IN GENERAL.—The Secretary, acting through  
20 the Director of the Centers for Disease Control and Pre-  
21 vention, in collaboration with the Administrator of the  
22 Health Resources and Services Administration and the  
23 heads of other agencies, and in consultation with appro-  
24 priate health professional associations, shall develop and  
25 carry out a program—

1           “(1) to educate and train health professionals  
2           on pelvic floor examinations and the benefits of pel-  
3           vic health physical therapy; and

4           “(2) to educate postpartum women on—

5                   “(A) with respect to pelvic floor examina-  
6           tions—

7                           “(i) the importance of such examina-  
8                           tions during the postpartum period;

9                           “(ii) how to obtain such an examina-  
10                          tion, including information relating to ob-  
11                          taining referrals; and

12                          “(iii) what is involved in such an ex-  
13                          amination; and

14                   “(B) with respect to pelvic health physical  
15           therapy—

16                           “(i) the benefits of, and availability of  
17                           such physical therapy; and

18                           “(ii) how to obtain a referral for such  
19                          physical therapy.

20           “(b) DEFINITIONS.—In this section:

21                   “(1) The term ‘pelvic floor examination’ means  
22                   an examination to assess a patient for pelvic health  
23                   related conditions that is composed of—

24                           “(A) an external evaluation that includes  
25                          analysis of posture, joint integrity, muscle per-

1 formance, quality of movement, and palpation  
2 and observation of the pelvic floor; and

3 “(B) if deemed necessary based on the  
4 health care professional’s clinical reasoning, an  
5 internal vaginal or rectal examination, or both,  
6 to gather relevant information about the tone,  
7 strength, control, ability to contract and relax  
8 the muscles of the pelvic floor individually and  
9 together, the condition of the surrounding fas-  
10 cia, and the position of the organs.

11 “(2) The term ‘pelvic health physical therapy’  
12 means a personalized physical therapy plan imple-  
13 mented by a pelvic health physical therapist, after  
14 performing a pelvic floor examination and making a  
15 diagnosis, that is based on best available evidence to  
16 improve the patient condition, with respect to the  
17 anatomy of the pelvic floor, improve mobility, re-  
18 cover from injury, prevent future injury, and man-  
19 age pain and chronic conditions.

20 “(3) The term ‘pelvic health related condition’  
21 includes urinary dysfunction, bowel dysfunction,  
22 musculoskeletal dysfunction, sexual dysfunction, can-  
23 cer-related rehabilitation, and the pre-partum state  
24 and pre-partum conditions.

1           “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section  
3 \$2,000,000 for each of fiscal years 2026 through 2030.”.