

**AMENDMENT TO RULES COMMITTEE PRINT 119–****17****OFFERED BY MR. BACON OF NEBRASKA**

At the end of the committee print, add the following:

**1 SEC. 3. 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

1 (B) the Children’s Health Insurance Pro-  
2 gram under title XXI of such Act (42 U.S.C.  
3 1397aa et seq.), specifically funds made avail-  
4 able through a Children’s Health Insurance  
5 Program Health Services Initiative;

6 (3) guidance and technical assistance to State  
7 agencies responsible for administering State plans  
8 (or waivers of such plans) under the Medicaid pro-  
9 gram under title XIX of the Social Security Act (42  
10 U.S.C. 1396 et seq.) regarding additional flexibilities  
11 and incentives related to screening and referral for,  
12 and access to, covered pelvic health services; and

13 (4) guidance regarding suggested terminology  
14 and diagnosis codes, such as the International Clas-  
15 sification of Diseases code set, to identify women  
16 with pelvic floor dysfunction and disorders.

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

22 (1) covered pelvic health services under State  
23 plans (or waivers of such plans) under the Medicaid  
24 program under title XIX of the Social Security Act

1 (42 U.S.C. 1396 et seq.) for postpartum women;  
2 and

3 (2) other services for postpartum women who  
4 received medical assistance under a State plan (or a  
5 waiver of such plan) under the Medicaid program  
6 under title XIX of the Social Security Act (42  
7 U.S.C. 1396 et seq.) during their pregnancy.

8 (c) DEFINITIONS.—In this section:

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

13 (2) The term “covered pelvic health services”  
14 means—

15 (A) pelvic floor examinations (as defined in  
16 section 317L–2 of the Public Health Service  
17 Act, as added by section 4 of this Act); and

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

20 **SEC. 4. POSTPARTUM PELVIC HEALTH EDUCATION CAM-**  
21 **PAIGN.**

22 Part B of title III of the Public Health Service Act  
23 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
24 tion 317L–1 (42 U.S.C. 247b–13a) the following:

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

3 “(a) IN GENERAL.—The Secretary, acting through  
4 the Director of the Centers for Disease Control and Pre-  
5 vention, in collaboration with the Administrator of the  
6 Health Resources and Services Administration and the  
7 heads of other agencies, and in consultation with appro-  
8 priate health professional associations, shall develop and  
9 carry out a program—

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

13 “(2) to educate postpartum women on—

14 “(A) with respect to pelvic floor examina-  
15 tions—

16 “(i) the importance of such examina-  
17 tions during the postpartum period;

18 “(ii) how to obtain such an examina-  
19 tion, including information relating to ob-  
20 taining referrals; and

21 “(iii) what is involved in such an ex-  
22 amination; and

23 “(B) with respect to pelvic health physical  
24 therapy—

25 “(i) the benefits of, and availability of  
26 such physical therapy; and

1 “(ii) how to obtain a referral for such  
2 physical therapy.

3 “(b) DEFINITIONS.—In this section:

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

7 “(A) an external evaluation that includes  
8 analysis of posture, joint integrity, muscle per-  
9 formance, quality of movement, and palpation  
10 and observation of the pelvic floor; and

11 “(B) if deemed necessary based on the  
12 health care professional’s clinical reasoning, an  
13 internal vaginal or rectal examination, or both,  
14 to gather relevant information about the tone,  
15 strength, control, ability to contract and relax  
16 the muscles of the pelvic floor individually and  
17 together, the condition of the surrounding fas-  
18 cia, and the position of the organs.

19 “(2) The term ‘pelvic health physical therapy’  
20 means a personalized physical therapy plan imple-  
21 mented by a pelvic health physical therapist, after  
22 performing a pelvic floor examination and making a  
23 diagnosis, that is based on best available evidence to  
24 improve the patient condition, with respect to the  
25 anatomy of the pelvic floor, improve mobility, re-

1 cover from injury, prevent future injury, and man-  
2 age pain and chronic conditions.

3 “(3) The term ‘pelvic health related condition’  
4 includes urinary dysfunction, bowel dysfunction,  
5 musculoskeletal dysfunction, sexual dysfunction, can-  
6 cer-related rehabilitation, and the pre-partum state  
7 and pre-partum conditions.

8 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
9 are authorized to be appropriated to carry out this section  
10 \$2,000,000 for each of fiscal years 2026 through 2030.”.

