

Senate File 11 - Introduced

SENATE FILE 11
BY PETERSEN

A BILL FOR

1 An Act relating to maternal health care coverage for low-income
2 women.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. MATERNAL HEALTH CARE COVERAGE FOR LOW-INCOME
2 WOMEN.

3 1. a. The department of human services, in cooperation
4 with the division of insurance of the department of commerce,
5 shall design a system that facilitates, seamlessly and with
6 continuity for low-income women who qualify for Medicaid
7 under the pregnancy-related coverage group, the transition to
8 comprehensive public or private health care coverage in the
9 postpartum period and beyond. The department and the division
10 shall cooperate to provide such women with information about
11 and assistance with enrollment in the most appropriate coverage
12 option.

13 b. The system shall include a process for a birthing
14 hospital as defined in section 135.131 or an attending
15 health care provider as defined in section 136A.2 to notify
16 the department of human services following the birth of a
17 child whose mother has pregnancy-related Medicaid coverage.
18 Following notification of the department by the birthing
19 hospital or attending health care provider, or, in the absence
20 of such notification, on the first day of the month following
21 the projected birth month of the child, the department shall
22 notify the woman who has pregnancy-related Medicaid coverage
23 that following the birth of the child she will be assigned to
24 the postpartum coverage group and that her coverage will end
25 sixty days postpartum. The notice shall also inform the woman
26 of the public and private health care coverage options for
27 which the woman may be eligible, and that the department will
28 assist in enrolling the woman in the most appropriate coverage.
29 The process shall ensure that any continued health care
30 coverage includes coverage of comprehensive maternal health
31 services including but not limited to screening and treatment
32 for postpartum depression and chronic conditions prevalent in
33 women of child-bearing age.

34 2. The department of human services shall collaborate
35 with Medicaid managed care organizations and Medicaid

1 providers including maternal and child health centers and
2 other appropriate entities, to ensure that low-income women of
3 child-bearing age are aware of health care coverage options and
4 the need for health care coverage and care before, during, and
5 after a pregnancy. The department shall incorporate into any
6 managed care organization contract a provision requiring the
7 offering of incentives to recipients to comply with prenatal
8 and postpartum care standards and requiring managed care
9 organizations to provide prenatal and postpartum care managers.

10 3. The department of human services shall collaborate with
11 the department of public health to coordinate their respective
12 programs in providing comprehensive maternal health services.
13 The department of public health shall incorporate into any
14 maternal health program, including but not limited to healthy
15 opportunities for parents to experience hope and the healthy
16 families Iowa program, information regarding options for
17 public and private health care coverage for low-income women
18 of child-bearing age. The department of human services and
19 the department of public health shall utilize Medicaid program
20 data, vital records data, and public health survey data to
21 identify gaps in health care coverage, monitor outcomes, and
22 inform policy to ensure the availability of comprehensive
23 maternal health care coverage and care for low-income women of
24 child-bearing age in the state.

25 EXPLANATION

26 The inclusion of this explanation does not constitute agreement with
27 the explanation's substance by the members of the general assembly.

28 This bill relates to maternal health care coverage for
29 low-income women.

30 The bill directs the department of human services (DHS), in
31 cooperation with the division of insurance of the department
32 of commerce, to design a system that facilitates, seamlessly
33 and with continuity for low-income women who qualify for
34 Medicaid under the pregnancy-related coverage group, the
35 transition to comprehensive public or private health care

1 coverage during the postpartum period and beyond. DHS and the
2 division of insurance are to cooperate to provide such women
3 with information about and assistance with enrollment in the
4 most appropriate coverage option.

5 The system developed by DHS is also to include a process
6 for a birthing hospital or an attending health care provider
7 to notify DHS following the birth of a child whose mother
8 has pregnancy-related Medicaid coverage. Following such
9 notification or, in the absence of such notification, on the
10 first day of the month following the projected birth month
11 of the child, DHS is required to notify the woman who has
12 pregnancy-related Medicaid coverage that following the birth of
13 the child the woman will be assigned to the postpartum coverage
14 group and that coverage will end 60 days postpartum. The
15 notice is also required to inform the woman of the public and
16 private health care coverage options for which the woman may
17 be eligible, and that DHS will assist in enrolling the woman
18 in the most appropriate health care coverage. The process
19 shall ensure that any continued health care coverage includes
20 coverage of comprehensive maternal health services including
21 but not limited to screening and treatment for postpartum
22 depression and chronic conditions prevalent in women of
23 child-bearing age.

24 The bill also requires DHS to collaborate with Medicaid
25 managed care organizations and Medicaid providers including
26 maternal and child health centers and other appropriate
27 entities to ensure that low-income women of child-bearing
28 age are aware of health care coverage options and the need
29 for health care coverage and care before, during, and after
30 a pregnancy. The department shall incorporate into any
31 managed care organization contract a provision requiring the
32 offering of incentives to encourage compliance of recipients
33 with prenatal and postpartum care standards and requiring the
34 managed care organizations to provide prenatal and postpartum
35 care managers.

1 The bill requires DHS to collaborate with the department of
2 public health (DPH) to coordinate their respective programs
3 in providing comprehensive maternal health services. DPH is
4 required to incorporate into any maternal health program,
5 including but not limited to healthy opportunities for parents
6 to experience hope and the healthy families Iowa program,
7 information regarding options for public and private health
8 care coverage for low-income women of child-bearing age.
9 DHS and DPH are required to utilize Medicaid program data,
10 vital records data, and public health survey data to identify
11 gaps in maternal health care coverage, monitor outcomes, and
12 inform policy to ensure the availability of comprehensive
13 maternal health care coverage and care for low-income women of
14 child-bearing age in the state.