

Senate File 2062 - Introduced

SENATE FILE 2062

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A BILL FOR

1 An Act relating to maternal and child health.

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

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DIVISION I

MEDICAID COVERAGE — MATERNAL AND CHILD HEALTH IMPROVEMENTS

Section 1. Section 249A.3, subsection 1, paragraph h, Code 2020, is amended to read as follows:

h. Is a woman who, while pregnant, meets eligibility requirements for assistance under the federal Social Security Act, section 1902(1), and continues to meet the requirements except for income. The woman is eligible to receive assistance until ~~sixty days~~ twelve months after the date pregnancy ends.

Sec. 2. MEDICAID REIMBURSEMENT FOR MATERNAL HEALTH. Under both fee-for-service and managed care administration of Medicaid, the department of human services shall adopt rules pursuant to chapter 17A, amend any contract with a managed care organization, and apply for any Medicaid state plan amendment or waiver as may be necessary to provide for all of the following:

1. Reimbursement in an amount appropriate to cover the entire standard of care costs for labor and delivery.
2. The same reimbursement for maternal-fetal medicine services and comprehensive maternity care, including both facility and professional fees, whether provided in person or through the use of telehealth.
3. Continuous Medicaid eligibility for a woman for a twelve-month postpartum period, if the woman applied for Medicaid coverage before the end of the woman's pregnancy, was determined Medicaid eligible, and remains eligible for coverage during the month in which the woman's pregnancy ends. The woman's eligibility for coverage shall continue during the twelve-month postpartum period beginning with the last day of the woman's pregnancy through the end of the month in which the twelve-month period ends; shall continue without regard to the basis for the woman's eligibility or changes in family income or resources; and shall continue in the same coverage group under which the woman received Medicaid coverage while pregnant unless the woman qualifies for Medicaid under another coverage

1 group once the pregnancy ends or unless the woman's eligibility
2 is through the medically needy program.

3 4. Comprehensive maternity care, to include the basic
4 number of prenatal and postpartum visits recommended by the
5 American college of obstetricians and gynecologists; additional
6 prenatal and postpartum visits that are medically necessary;
7 necessary laboratory, nutritional assessment and counseling,
8 health education, personal counseling, managed care, outreach,
9 and follow-up services; treatment of conditions which may
10 complicate pregnancy; and doula care. For the purposes of this
11 subsection, "doula" means a trained professional who provides
12 continuous physical, emotional, and informational support to a
13 woman before, during, and after childbirth, to help the woman
14 achieve the healthiest, most satisfying experience possible.

15 5. Reimbursement for breast-feeding supports, counseling,
16 and supplies including the standard cost of breast pumps,
17 including electronic breast pumps.

18 6. Reimbursement for transportation to all prenatal and
19 postpartum care appointments.

20 7. Reimbursement for all postpartum care products such as
21 breast pads, period pads, comfort products, pain relievers, and
22 other similar products.

23 DIVISION II

24 MATERNAL BEST PRACTICES OR SAFETY BUNDLES — REQUIREMENTS FOR
25 HOSPITALS

26 Sec. 3. NEW SECTION. 135B.36 Maternal best practices or
27 safety bundles — information.

28 A hospital licensed under this chapter that provides labor
29 and delivery services shall do all of the following:

30 1. Adopt and implement the current best practices or safety
31 bundles recommended by the American college of obstetricians
32 and gynecologists and the alliance for innovation on maternal
33 health including but not limited to action measures for
34 obstetrical hemorrhage, severe hypertension or preeclampsia,
35 prevention of venous thromboembolism, reduction of low-risk

1 primary cesarean births and support for intended vaginal
2 births, reduction of peripartum racial disparities, and
3 postpartum care access and standards.

4 2. Provide all of the following information to the public:

- 5 a. Maternity and neonatal level of care status and the
6 meaning of a maternity or neonatal level of care status.
7 b. Cesarean birth statistics.
8 c. Vaginal birth after cesarean statistics.
9 d. Vaginal birth after two cesarean sections statistics.
10 e. The rate of exclusive breastfeeding upon discharge from
11 a hospital.

12 3. Provide all women receiving labor and delivery services
13 with information and assistance in applying for services
14 and health care coverage available for the woman and the
15 infant including but not limited to those available through
16 Medicaid; area education agencies; the federal women, infants,
17 and children program; and home visiting programs; and other
18 relevant programs prior to discharge from the hospital.

19 4. Have in place a comprehensive labor and delivery unit
20 closure plan that includes a plan for future births and
21 pregnancies and the capacity of other providers to absorb the
22 services in case of unit closure.

23 DIVISION III

24 MATERNAL AND INFANT HOME VISITING PROGRAM

25 Sec. 4. MATERNAL AND INFANT HOME VISITING PROGRAM. The
26 department of human services shall engage in a cross-agency
27 collaboration with the department of public health and the
28 department of education to identify and leverage funding
29 sources and opportunities, including Medicaid, to expand home
30 visiting services for women and infants that promote healthy
31 pregnancies, positive birth outcomes, and healthy infant
32 growth and development. The departments shall involve key
33 stakeholders in designing a home visiting services approach
34 for the state that maximizes the coordination and integration
35 of programs and funding streams, reduces duplication of

1 efforts, and ensures that the services provided meet federal
2 evidence-based criteria. The approach shall ensure that home
3 visiting services shall be available to women prenatally,
4 throughout the pregnancy, and postpartum, and shall include
5 mental and physical health, social, educational, and other
6 services and interventions based upon the risk factors and
7 needs identified. The departments may conduct a feasibility
8 study to consider the various options available to increase
9 Medicaid coverage and funding of home visiting services, either
10 through a state plan amendment or waiver. The department of
11 human services shall seek federal approval of any Medicaid
12 state plan amendment or waiver necessary to administer this
13 section.

14 EXPLANATION

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

17 This bill relates to maternal and child health.

18 Division I of the bill relates to maternal and child health
19 improvements under the Medicaid program. The bill directs the
20 department of human services (DHS) under both fee-for-service
21 and managed care administration of Medicaid to adopt rules
22 pursuant to Code chapter 17A, amend any contract with a managed
23 care organization, and apply for any Medicaid state plan
24 amendment or waiver as may be necessary to provide all of the
25 following: 1) reimbursement in an amount appropriate to cover
26 the entire standard of care costs for labor and delivery, 2)
27 the same reimbursement for maternal-fetal medicine services
28 and comprehensive maternity care, including facility and
29 professional fees, whether provided in person or through the
30 use of telehealth, 3) continuous Medicaid eligibility for
31 a woman for a 12-month postpartum period, 4) comprehensive
32 maternity care, to include the basic number of prenatal and
33 postpartum visits recommended by the American college of
34 obstetricians and gynecologists; additional prenatal and
35 postpartum visits that are medically necessary; necessary

1 laboratory, nutritional assessment and counseling, health
2 education, personal counseling, managed care, outreach,
3 and follow-up services; treatment of conditions which may
4 complicate pregnancy; and doula care, 5) reimbursement for
5 breastfeeding supports, counseling, and supplies including
6 the standard cost of breast pumps including electronic breast
7 pumps, 6) reimbursement for transportation to all prenatal and
8 postpartum care appointments, and 7) reimbursement for all
9 postpartum care products such as breast pads, period pads,
10 comfort products, pain relievers, and other similar products.

11 Division II of the bill relates to maternal best practices or
12 safety bundle requirements for hospitals. The bill requires
13 a licensed hospital that provides labor and delivery services
14 to 1) adopt and implement the current best practices or safety
15 bundles recommended by the American college of obstetricians
16 and gynecologists and the alliance for innovation on maternal
17 health; 2) provide information to the public, including but
18 not limited to maternity and neonatal level of care status and
19 the meaning of a maternity and neonatal level of care status,
20 cesarean birth, vaginal births following cesarean births, and
21 exclusive breast-feeding statistics; 3) provide all women
22 receiving labor and delivery services with information and
23 assistance in applying for services and health care coverage
24 available for the woman and the infant including but not
25 limited to those available through Medicaid; area education
26 agencies; the federal women, infants, and children program; and
27 home visiting programs; and other programs prior to discharge
28 from the hospital; and 4) have in place a comprehensive labor
29 and delivery unit closure plan that includes a plan for future
30 births and pregnancies and the capacity of other providers to
31 absorb the services in case of unit closure.

32 Division III of the bill requires DHS to engage in a
33 cross-agency collaboration with the departments of public
34 health and education to identify and leverage funding sources
35 and opportunities, including Medicaid, to expand home visiting

1 services for women, infants, and young children that promote
2 healthy pregnancies, positive birth outcomes, and healthy
3 infant growth and development. The departments shall involve
4 key stakeholders in designing a home visiting services approach
5 for the state. Home visiting services shall be available to
6 women prenatally, throughout the pregnancy, and postpartum, and
7 shall include mental and physical health, social, educational,
8 and other services and interventions based upon the risk
9 factors and needs identified. The departments may conduct a
10 feasibility study to consider the various options available
11 to increase Medicaid coverage and funding of home visiting
12 services, either through a state plan amendment or waiver.
13 DHS shall seek federal approval of any Medicaid state plan
14 amendment or waiver necessary to administer this division of
15 the bill.