WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Introduced

Senate Bill 384

BY SENATORS TAKUBO AND STOLLINGS

[Introduced January 25, 2016;

Referred to the Committee on Health and Human

Resources; and then to the Committee on the Judiciary]

A BILL to amend and reenact §9-5-12 of the Code of West Virginia, 1931, as amended, relating to requiring West Virginia Bureau for Medical Services seek federal waiver to provide for exemption from the thirty-day waiting period for a tubal ligation; and making stylistic changes.

Be it enacted by the Legislature of West Virginia:

That §9-5-12 of the Code of West Virginia, 1931, as amended, be amended and reenacted to read as follows:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-12. Medicaid program; maternity and infant care.

(a) The Legislature finds that high rates of infant mortality and morbidity are costly to the state in terms of human suffering and of expenditures for long-term institutionalization, special education and medical care. It is well documented that appropriate care during pregnancy and delivery can prevent many of the expensive, disabling problems our children experience. There exists a crisis in this state relating to the availability of obstetrical services, particularly to patients in rural areas, and to the cost patients must pay for obstetrical services. The availability of obstetrical service for Medicaid patients enables these patients to receive quality medical care and to give birth to healthier babies and, consequently, improve the health status of the next generation.

The Legislature further recognizes that public and private insurance mechanisms remain inadequate, and poor women and children are among the most likely to be without insurance. Generally, low-income, uninsured children receive half as much health care as their insured counterparts. The state is now investing millions to care for sick infants whose deaths and disabilities could have been avoided.

It is the intent of the Legislature that the department of human services <u>Department of Health and Human Resources</u> participate in the Medicaid program for indigent children and pregnant women established by Congress under the Consolidated Omnibus Budget

- Reconciliation Act (COBRA), Public Law 99-272, the Sixth Omnibus Budget Reconciliation Act (SOBRA), Public Law 99-504, and the Omnibus Budget Reconciliation Act (OBRA), Public Law 100-203.
 - (b) The department of human services shall:
 - (1) Extend Medicaid coverage to pregnant women and their newborn infants to one hundred fifty percent of the federal poverty level, effective July 1, 1988.
 - (2) As provided under COBRA, SOBRA and OBRA, effective July 1, 1988, infants shall be included under Medicaid coverage with all children eligible for Medicaid coverage born on or after October 1, 1983, whose family incomes are at or below one hundred percent of the federal poverty level and continuing until such children reach the age of eight years.
 - (3) Elect the federal options provided under COBRA, SOBRA and OBRA impacting pregnant women and children below the poverty level: *Provided*, That no provision in this article shall restrict the department of human services in exercising new options provided by or to be in compliance with new federal legislation that further expands eligibility for children and pregnant women.
 - (4) Enter into an inter-agency agreement with the department of health whereby the department of health The department shall be responsible for the implementation and program design for a maternal and infant health care system to reduce infant mortality in West Virginia. The health system design shall include quality assurance measures, case management and patient outreach activities. The department of human services shall assume responsibility for claims processing in accordance with established fee schedules, and financial aspects of the program necessary to receive available federal dollars and to meet federal rules and regulations.
 - (5) The department of health shall transfer to the department of human services through inter-agency agreement such state funds as are necessary to implement this program to the department of human services medical services account; and the department of human services shall, through inter-program transfer, provide such state funds as are necessary to implement this program.

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- (6) (5) Beginning July 1, 1988, the department of human services shall increase to no less than \$600 the reimbursement rates under the Medicaid program for prenatal care, delivery and post-partum care.
- (c) In order to be in compliance with the provisions of OBRA, through rules and regulations the department shall ensure that pregnant women and children whose incomes are above the Aid to Families and Dependent Children (AFDC) payment level are not required to apply for entitlements under the AFDC program as a condition of eligibility for Medicaid coverage. Further, the department shall develop a short, simplified pregnancy/pediatric application of no more than three pages, paralleling the simplified OBRA standards.
- (d) Any woman who establishes eligibility under this section shall continue to be treated as an eligible individual without regard to any change in income of the family of which she is a member until the end of the sixty-day period beginning on the last day of her pregnancy.
- (e) No later than July 1, 2016, the department shall seek a waiver of the requirements that all women seek thirty-day approval from the federal Center for Medicare and Medicaid Services prior to receiving a tubal ligation.
- (e) Nothing in this section shall be construed to give the department of health any jurisdiction over the Medicaid program or its operations.

NOTE: The purpose of this bill is to require the Department of Health and Human Resources to seek a federal waiver of the thirty day notice requirement for a woman to receive a tubal ligation.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.