WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Originating

House Bill 4416

By Delegates Rohrbach, Kessinger, Robinson,
Walker, Bartlett, Ellington, Hanna, Hornbuckle,
D. Kelly, Mandt, and Pushkin

[Originating in the Committee on Prevention and Treatment of Substance Abuse; Reported on January 16, 2020.]

A BILL to amend and reenact §9-5-12 of the Code of West Virginia, 1931, as amended, relating to expanding certain insurance coverages for pregnant women; and providing an effective date.

Be it enacted by the Legislature of West Virginia:

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 and middle income 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 Health and Human Resources 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) (a) The department shall:

- (1) Extend Medicaid coverage to pregnant women and their newborn infants to 185 percent of the federal poverty level and to provide coverage up to 60 days 1 year postpartum care for women, effective July 1, 2019, 2020 or as soon as federal approval has occurred.
- (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 100 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 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) 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 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) Beginning July 1, 1988, The department 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.

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(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 60-day 1 year 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 30-day approval from the federal Center for Medicare and Medicaid Services prior to receiving a tubal ligation.

NOTE: The purpose of this bill is provide Medicaid coverage up to 1 year postpartum.

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