

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Introduced

House Bill 5505

By Delegates Crouse, Moore, Dittman, Lucas, Ward,

Young, Mazzocchi, and Petitto

[Introduced February 07, 2024; Referred to the
Committee on Health and Human Resources then
Finance]

1 A BILL to amend and reenact §9-5-12 of the Code of West Virginia, 1931, as amended, relating to
 2 expanding certain insurance coverages for pregnant women; defining terms; requiring the
 3 Bureau for Medical Services to file a state plan amendment; defining services subject to
 4 state plan amendment; 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.

1 (a) ~~The department~~ Bureau for Medical Services shall:

2 (1) Extend Medicaid coverage to pregnant women and their newborn infants to 185
 3 percent of the federal poverty level and to provide coverage up to 1-year postpartum care,
 4 effective July 1, 2021, or as soon as federal approval has occurred.

5 (2) As provided under the Consolidated Omnibus Budget Reconciliation Act (COBRA),
 6 Public Law 99-272, the Sixth Omnibus Budget Reconciliation Act (SOBRA), Public Law 99-509,
 7 and the Omnibus Budget Reconciliation Act (OBRA), Public Law 100-203, effective July 1, 1988,
 8 infants shall be included under Medicaid coverage with all children eligible for Medicaid coverage,
 9 born after October 1, 1983, whose family incomes are at or below 100 percent of the federal
 10 poverty level and continuing until such children reach the age of eight years.

11 (3) Elect the federal options provided under COBRA, SOBRA, and OBRA impacting
 12 pregnant women and children below the poverty level: *Provided*, That no provision in this article
 13 shall restrict the department in exercising new options provided by, or to be in compliance with,
 14 new federal legislation that further expands eligibility for children and pregnant women.

15 (4) ~~The department is~~ Be responsible for the implementation and program design for a
 16 maternal and infant health care system to reduce infant mortality in West Virginia. The health
 17 system design shall include quality assurance measures, case management, and patient outreach
 18 activities. The department shall assume responsibility for claims processing in accordance with
 19 established fee schedules and financial aspects of the program necessary to receive available

20 federal dollars and to meet federal rules and regulations.

21 (5) ~~The department shall~~ Increase the reimbursement rates to no less than \$600 the
22 ~~reimbursement rates~~ under the Medicaid program for prenatal care, delivery, and post-partum
23 care.

24 (6) File a state plan amendment, as preventative services, to extend Medicaid coverage to
25 doula services. A "doula" means a trained professional providing continuous physical, emotional,
26 and informational support during pregnancy, throughout the antepartum, intrapartum, and
27 postpartum periods. Doula services may be provided from the date of confirmed conception
28 through 180 days after delivery, contingent on the client maintaining Medicaid eligibility. The doula
29 services are provided to improve maternal health outcomes. The Bureau for Medical Services
30 shall file the state plan amendment on or before January 1, 2025.

31 (b) In order to ~~be in compliance with~~ comply with the provisions of OBRA through rules and
32 regulations, the department shall ensure that pregnant women and children whose incomes are
33 above the Aid to Families and Dependent Children (AFDC) payment level are not required to apply
34 for entitlements under the AFDC program as a condition of eligibility for Medicaid coverage.
35 Further, the department shall develop a short, simplified pregnancy/pediatric application of no
36 more than three pages, paralleling the simplified OBRA standards.

37 (c) Any woman who establishes eligibility under this section shall continue to be treated as
38 an eligible individual without regard to any change in income of the family of which she is a
39 member until the end of the one-year period beginning on the last day of her pregnancy.

40 (d) The department shall make payment for tubal ligation without requiring at least 30 days
41 between the date of informed consent and the date of the tubal ligation procedure.

NOTE: The purpose of this bill is to extend Medicaid coverage for pregnant women by having the Bureau for Medical Services request a State Plan Amendment.

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