WEST virginia legislature

**FISCAL NOTE**

2024 regular session

Introduced

Senate Bill 207

By Senator Karnes

[Introduced January 11, 2024; referred to
 the Committee on Health and Human Resources; and then to the Committee on Finance]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §9-5-12b, relating to collecting and analyzing statistical information pertaining to termination of pregnancies under the West Virginia Medicaid Program; declaring legislative objectives; requiring the submission of reporting forms by providers; providing for patient confidentiality; specifying required information; providing for the collection and aggregation of data; permitting access to de-identified data; and requiring the creation of analytical reports.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-12b. Medicaid program; collection of statistical information on termination of pregnancy; analysis and reporting.

(a) The Legislature finds that there have been significant increases in the number of terminations of pregnancy provided through the West Virginia Medicaid Program in the past 10 years with a dramatic increase in the preceding three years. Without additional information regarding the medical, physical, mental, social, familial, and economic factors affecting these changing numbers, the state is unable to fashion appropriate programs to address any causes if detrimental to public health. Therefore, it is necessary to collect detailed data, without reference to patient identities, for aggregation, analysis, and planning.

(b) Every health care provider seeking reimbursement from the West Virginia Medicaid Program for services provided to terminate a pregnancy by any means without the live birth of the child shall also submit a written report, as specified in this section, of the physician or other licensed health care professional administering the services to terminate the pregnancy. To prevent the linking of invoice information with the physician's report, the secretary shall designate a separate office to receive the report for entry into a statistical analysis system. The invoice or request for reimbursement shall contain a certification from the health care provider that the required report has been filed with the data collection office designated by the secretary.

(c) The department may specify the form for reporting the statistical information in either written or electronic format or both, or the department may accept forms created by a health care provider, but in all instances the report form shall request, at a minimum, the following information in a substantially similar manner as shown here:

"Patient age: County of residence: No. of children in residence:

County where service was provided:

ICD 10 Code for Pregnancy Termination:

**Certification of General Medical Necessity** (must be certified for all procedures)

I, the undersigned attending physician, having discussed this matter with the patient prior to the service, certify that based on my professional judgment, this pregnancy termination was necessary considering the following factors relevant to the well-being of the patient.

(Complete all that apply.)

□ Physical condition (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mental condition or status (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Emotional condition (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Psychological condition (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Substance abuse or dependence (specify substances): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other medical consideration (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Familial situation (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Age consideration (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Specific Necessity** (only if applicable)

I, the undersigned attending physician, certify that based on my professional judgment, this pregnancy termination was medically necessary due to the following factor or factors (Complete all that apply):

 □ Pregnancy resulting from rape. The rape □ has □ has not been reported to law enforcement.

 □ Pregnancy resulting from incest. The incest □ has □ has not been reported to law enforcement.

 □ Endangerment of mother's life if the fetus were carried to full term. Specify condition or medical diagnosis (including diagnosis codes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 □ Due to miscarriage of fetus in course of pregnancy.

 Signature of Attending Physician

 (May be written or electronic.)

(d) The reporting form shall not contain any personally identifying information of the patient for whom the services are provided, but the department or health care provider may use a unique control number on the form to track compliance with this section and to prevent the entry of duplicate information.

(e) The department shall collect the information from all forms submitted pursuant to this section and prepare reports to be submitted quarterly to the Governor and the Joint Committee on Government and Finance with a summary of the prevalence of the individual health and social factors resulting in terminations of pregnancies, a statistical analysis of trends in those factors, and any recommendations for addressing adverse or detrimental circumstances revealed through the analysis.

(f) The department shall make the de-identified information available upon request for the purposes of review, research, and analysis and the department may, subject to the availability of funds and other resources, conduct additional research using the collected data for the purposes of health care planning, community response, and mitigation of adverse circumstances or health factors.

NOTE: The purpose of this bill is to require the collection and analysis of data relating to the delivery of pregnancy termination services through the West Virginia Medicaid Program. This bill would require health care providers seeking reimbursement for pregnancy termination services to submit reports for each instance of service identifying the health, social, and economic factors contributing to the decision to terminate a pregnancy. The Department of Health and Human Resources would be required to analyze the data and make regular reports to the Governor and the Legislature.

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