

Regular Session, 2010

HOUSE BILL NO. 616

BY REPRESENTATIVE BARROW

HEALTH/DHH: Allows DHH to create a pilot program to provide preterm labor management services for Medicaid-eligible women with high risk pregnancies

1 AN ACT

2 To enact R.S. 46:972.1, relative to preterm labor; to allow the Department of Health and
3 Hospitals to create a pilot program to provide preterm labor management services
4 to Medicaid-eligible women with high-risk pregnancies; to require the department
5 to seek necessary Medicaid waivers to implement the program; to provide for the
6 termination of the program; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 46:972.1 is hereby enacted to read as follows:

9 §972.1. Preterm labor pilot program; duties of the Department of Health and
10 Hospitals

11 A. The Department of Health and Hospitals may work in conjunction with
12 the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality to
13 create a pilot preterm labor management program, referred to in this Section as
14 "program", for high-risk pregnancies of Medicaid-eligible women in Louisiana. The
15 program shall be designed to identify, at a maximum, two hundred women who are
16 Medicaid-eligible and have a potential for high-risk pregnancies. The program shall
17 also conduct a study to determine how many high-risk pregnancies occur among the
18 illegal alien population who are in the program.

19 B. The program is intended to demonstrate improved birth outcomes and
20 reduce costs associated with complicated pregnancies, preterm births, and low birth

1 weight babies. The program may also demonstrate reduced neonatal intensive care
2 unit hospital stays.

3 C. The program may include but not be limited to the use of preconception
4 and inter-conception counseling, risk assessment, patient education, weight
5 management, case management, home nurse visits, home uterine activity monitoring,
6 subcutaneous terbutaline infusion pump therapy, telemedicine, use of off-label drugs,
7 and other evidence-based strategies which have a scientific basis. Special attention
8 may be paid to pregnancy conditions which lead to preterm delivery, including
9 pregnancy-induced hypertension, diabetes, nausea, vomiting in pregnancy, stress,
10 and coagulation disorders.

11 D. All services shall require pre-authorization by a licensed physician and
12 pre-certification by Medicaid.

13 E. The Department of Health and Hospitals shall seek federal Medicaid
14 waivers necessary to implement this program.

15 F. This Section shall cease to be effective after December 31, 2013.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Barrow

HB No. 616

Abstract: Allows the Dept. of Health and Hospitals (DHH) to create a pilot program to provide preterm labor management services for Medicaid-eligible women with high-risk pregnancies in La.

Proposed law allows DHH to create a pilot program, in conjunction with the La. Commission on Perinatal Care and Prevention of Infant Mortality, to provide preterm labor management services for up to 200 Medicaid-eligible women with high-risk pregnancies.

Proposed law requires the program to conduct a study to determine how many high-risk pregnancies occur among the illegal alien population who are in the program.

Proposed law provides that the program is intended to demonstrate improved birth outcomes and reduce costs associated with complicated pregnancies, preterm births, and low birth weight babies. Further provides that the program may demonstrate reduced neonatal intensive care unit hospital stays.

Proposed law provides that the pilot program may include an array of services, including but not limited to the use of preconception and inter-conception counseling, risk assessment, patient education, weight management, case management, home nurse visits, subcutaneous

terbutaline infusion pump therapy, telemedicine, off-label drugs, and other evidence-based strategies which have a scientific basis.

Proposed law requires that all services have pre-authorization by a physician and pre-certification by Medicaid.

Proposed law requires DHH to seek any federal Medicaid waivers necessary to implement the pilot program.

Proposed law provides that the program will cease after Dec. 31, 2013.

(Adds R.S. 46:972.1)