

Regular Session, 2010

HOUSE BILL NO. 616

BY REPRESENTATIVE BARROW

HEALTH/DHH: Provides for preterm labor prevention services

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 program to provide preterm labor prevention services to
4 Medicaid-eligible women with certain high-risk pregnancies; to require the
5 department to seek necessary Medicaid State Plan Amendments or other Centers for
6 Medicare and Medicaid Services approvals that are needed to implement the
7 program; to provide for an effective date; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

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

10 §972.1. Preterm labor program; duties of the Department of Health and 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 preterm labor prevention program, referred to in this Section as "program",
14 for high-risk pregnancies of Medicaid-eligible women in Louisiana. The program
15 shall be designed to identify women who are Medicaid-eligible and have a potential
16 for high-risk pregnancies, especially women at risk for repeat preterm birth. The
17 Department of Health and Hospitals shall conduct a study to determine the program
18 impact and if there are any cost savings.

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, telemedicine, use of 17-OH
6 Progesterone, use of off-label drugs, and other evidence-based strategies which have
7 a scientific basis. Special attention may be paid to pregnancy conditions which lead
8 to a repeat preterm delivery, including pregnancy-induced hypertension, chronic
9 hypertension, and diabetes.

10 D. All services shall require treatment directed by a licensed physician and
11 by Medicaid-approved protocols for treatment.

12 E. The Department of Health and Hospitals shall seek federal Medicaid State
13 Plan Amendments and other Centers for Medicare and Medicaid Services approval
14 necessary to implement this program.

15 Section 2. This Act shall become effective upon signature by the governor or, if not
16 signed by the governor, upon expiration of the time for bills to become law without signature
17 by the governor, as provided in Article III, Section 18 of the Constitution of Louisiana. If
18 vetoed by the governor and subsequently approved by the legislature, this Act shall become
19 effective on the day following such approval.

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 program to provide preterm labor prevention services for Medicaid-eligible women with certain high-risk pregnancies in La.

Proposed law allows DHH to create a program, in conjunction with the La. Commission on Perinatal Care and Prevention of Infant Mortality, to provide preterm labor prevention services for certain women with high-risk pregnancies, especially women who are at risk of a repeat preterm birth.

Proposed law requires DHH to conduct a study to determine the program impact and if there are any cost savings associated with it.

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, telemedicine, 17-OH Progesterone, off-label drugs, and other evidence-based strategies which have a scientific basis.

Proposed law requires treatment to be directed by a licensed physician and by Medicaid-approved protocols for treatment.

Proposed law requires DHH to seek any federal Medicaid State Plan Amendments and other Centers for Medicare and Medicaid Services approval necessary to implement the program.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 46:972.1)

Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Health and Welfare to the original bill.

1. Changed the program from a preterm labor management pilot program for 200 Medicaid-eligible women to a preterm labor prevention program for certain Medicaid-eligible women with high-risk pregnancies, especially women who are at risk of a repeat preterm birth.
2. Deleted the requirement for the program to study how many high-risk pregnancies occur among the illegal population in the program and replaces it with a requirement for DHH to conduct a study to determine program impact and if there are any cost savings.
3. Changed what may be included in the program by deleting use of home uterine activity monitoring and subcutaneous terbutaline infusion pump therapy and replaces them with the use of 17-OH Progesterone.
4. Changed the pregnancy conditions that are monitored with special attention.
5. Deleted the provision that all services will require pre-authorization by a licensed physician and pre-certification by Medicaid and instead provides that all services in the program will require treatment directed by a licensed physician and by Medicaid-approved protocols for treatment.
6. Deleted the requirement for DHH to seek federal Medicaid waivers to implement the program and instead required DHH to seek federal Medicaid State Plan Amendments and other CMS approvals necessary to implement the program.
7. Deleted the termination date of the program.
8. Provided for the act to be effective upon the governor's signature or upon the lapse of time for gubernatorial action.