LC003199

2022 -- H 7341

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

AN ACT

RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN

Introduced By: Representatives Felix, Kazarian, Casimiro, Alzate, J Lombardi, Ackerman, Speakman, Potter, Batista, and Amore Date Introduced: February 04, 2022

Referred To: House Finance

It is enacted by the General Assembly as follows:

1	SECTION 1. The title of Chapter 42-12.3 of the General Laws entitled "Health Care for
2	Children and Pregnant Women" is hereby amended to read as follows:
3	CHAPTER 42-12.3
4	Health Care for Children and Pregnant Women
5	<u>CHAPTER 42-12.3</u>
6	HEALTH CARE FOR CHILDREN AND PREGNANT AND POSTPARTUM PATIENTS
7	SECTION 2. Sections 42-12.3-1, 42-12.3-2, 42-12.3-3, 42-12.3-9 and 42-12.3-10 of the
8	General Laws in Chapter 42-12.3 entitled "Health Care for Children and Pregnant Women" are
9	hereby amended to read as follows:
10	<u>42-12.3-1. Short title.</u>
11	This chapter shall be known as the "1993 Health Care Act for Children and Pregnant
12	Women and Postpartum Patients ".
13	<u>42-12.3-2. Purposes.</u>
14	(a) It is the intent of the general assembly to assure access to the comprehensive health care
15	by providing health insurance to all Rhode Islanders who are uninsured;
16	Universal comprehensive coverage for all Rhode Islanders is a goal to be achieved over
17	the course of several years;
18	The first step in providing comprehensive health coverage is to assure coverage for the

- 1 most vulnerable residents of the state; 2 Uninsured pregnant women and postpartum patients, and children under age eight (8) are 3 among the most vulnerable residents of the state; and 4 The governor's health care advisory committee has provided advice and recommendations 5 in its report of January, 1993 to improve access to health care for pregnant women and postpartum patients, and children up to age six (6); 6 7 The objectives to meet the goal of comprehensive health coverage are: 8 (1) Every child under age eight (8) in Rhode Island will have a reliable source of health 9 coverage and health care; 10 (2) Every pregnant woman and postpartum patient in Rhode Island will have early and comprehensive prenatal and maternity care and postpartum services; 11 12 (3) All low income families will have improved access to family planning and reproductive 13 services; and 14 (4) Every pregnant woman and postpartum patient, and child in Rhode Island will receive 15 effective, preventive primary care. 16 (b) To assure access to care and availability of services, the following principles will guide 17 the design of the health care act: 18 (1) There will be equal access to health care for children and pregnant women and 19 postpartum patients, regardless of the type of coverage; 20 (2) There shall be an emphasis on primary and preventive care which will include a 21 "medical home" for every child; 22 (3) Current deficiencies in the fee for service delivery system will be addressed; (4) In addition to accessibility of health care, provisions must be made to address language, 23 24 cultural and transportation barriers; 25 (5) Enrollment must be both timely and accomplished in a user friendly fashion; 26 (6) An adequate source of primary care providers should be developed; (7) An enhanced set of services should be developed to support and address the needs of 27 28 families at risk. 29 42-12.3-3. Medical assistance expansion for pregnant women/RIte Start Medical 30 assistance expansion for pregnant and postpartum patients/RIte Start. 31 (a) The director of the department of human services is authorized to amend its Title XIX 32 state plan pursuant to Title XIX of the Social Security Act to provide Medicaid coverage and to 33 amend its Title XXI state plan pursuant to Title XXI of the Social Security Act to provide medical
- 34 assistance coverage through expanded family income disregards for pregnant women and

postpartum patients whose family income levels are between one hundred eighty-five percent (185%) and two hundred fifty percent (250%) of the federal poverty level. The department is further authorized to promulgate any regulations necessary and in accord with Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act necessary in order to implement said state plan amendment. The services provided shall be in accord with Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act.

7 (b) The director of the department of human services is authorized and directed to establish 8 a payor of last resort program to cover prenatal, delivery and postpartum care. The program shall 9 cover the cost of maternity and postpartum care for any woman pregnant and postpartum patient 10 who lacks health insurance coverage for maternity and postpartum care and who is not eligible for 11 medical assistance under Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa 12 et seq.] of the Social Security Act including, but not limited to, a noncitizen pregnant woman and 13 postpartum patient lawfully admitted for permanent residence on or after August 22, 1996, without 14 regard to the availability of federal financial participation, provided such pregnant woman and 15 postpartum patient satisfies all other eligibility requirements. The director shall promulgate 16 regulations to implement this program. Such regulations shall include specific eligibility criteria; 17 the scope of services to be covered; procedures for administration and service delivery; referrals 18 for non-covered services; outreach; and public education. Excluded services under this subsection 19 will include, but not be limited to, induced abortion except in cases of rape or incest or to save the 20 life of the pregnant individual.

- (c) The department of human services may enter into cooperative agreements with the
 department of health and/or other state agencies to provide services to individuals eligible for
 services under subsections (a) and (b) above.
- 24 (d) The following services shall be provided through the program:
- 25 (1) Ante-partum and postpartum care;
- 26 (2) Delivery;
- 27 (3) Cesarean section;
- 28 (4) Newborn hospital care;
- (5) Inpatient transportation from one hospital to another when authorized by a medicalprovider; and
- 31 (6) Prescription medications and laboratory tests.

(e) The department of human services shall provide enhanced services, as appropriate, to
 pregnant women and postpartum patients as defined in subsections (a) and (b), as well as to other
 pregnant women eligible for medical assistance. These services shall include: care coordination,

1 nutrition and social service counseling, high risk obstetrical care, childbirth and parenting 2 preparation programs, smoking cessation programs, outpatient counseling for drug-alcohol use, 3 interpreter services, mental health services, and home visitation. The provision of enhanced 4 services is subject to available appropriations. In the event that appropriations are not adequate for 5 the provision of these services, the department has the authority to limit the amount, scope and duration of these enhanced services. 6

7 (f) The department of human services shall provide for extended family planning services 8 for up to twenty-four (24) months postpartum. These services shall be available to women patients 9 who have been determined eligible for RIte Start or for medical assistance under Title XIX [42 10 U.S.C. § 1396 et seq.] or Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act.

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42-12.3-9. Insurance coverage -- Third party insurance.

12 (a) No payment will be made nor service provided in the RIte Start or RIte Track program 13 with respect to any health care that is covered or would be covered, by any employee welfare benefit 14 plan under which a woman patient or child is either covered or eligible to be covered either as an 15 employee or dependent, whether or not coverage under such plan is elected.

16 (b) A premium may be charged for participation in the RIte Track or RIte Start programs 17 for eligible individuals whose family incomes are in excess of two hundred fifty percent (250%) of 18 the federal poverty level and who have voluntarily terminated health care insurance within one year 19 of the date of application for benefits under this chapter.

20 (c) Every family who is eligible to participate in the RIte Track program, who has an 21 additional child who because of age is not eligible for RIte Track, or whose child becomes ineligible 22 for RIte Track because of his or her age, may be offered by the managed care provider with whom 23 the family is enrolled, the opportunity to enroll such ineligible child or children in the same 24 managed care program on a self-pay basis at the same cost, charge or premium as is being charged 25 to the state under the provisions of this chapter for other covered children within the managed care program. The family may also purchase a package of enhanced services at the same cost or charge 26 27 to the department.

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42-12.3-10. Administration.

29 The department of human services may cooperate through interagency cooperative 30 agreements, with the department of health and/or other state agencies, and any other agreements 31 they deem necessary, to assure that health care services for eligible pregnant women and 32 postpartum patients and children under the age of eighteen (18) are provided in an efficient and 33 timely basis. The department of human services shall monitor and evaluate the medical services 34 and health outcomes of clients served by the RIte Track and RIte Start programs. The department

- 1 of human services shall be responsible for assuring marketing, enrollee relations, quality assurance,
- 2 provider recruitment, and network development. The department is hereby authorized to
- 3 promulgate any and all necessary rules and regulations to carry out the intent of this chapter.
 - SECTION 3. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN

- 1 This act would amend the current law so that all pregnant and postpartum patients in Rhode
- 2 Island would have access to prenatal, maternity and postpartum care services.
- 3 This act would take effect upon passage.

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