



Ohio Legislative Service Commission

Bill Analysis

Bob Bennett

S.B. 280

130th General Assembly
(As Introduced)

Sens. Jones and Tavares

BILL SUMMARY

- Requires Medicaid managed care contracts to provide for payment reductions unless case management services for postpartum care are made available to pregnant Medicaid recipients with high risks of suffering pregnancy-related poor health outcomes.
- Requires those services to include counseling regarding the optimal intervals at which pregnancies may be spaced in order to promote healthy pregnancies, reduce the risk of infant mortality, and achieve other positive health outcomes.
- Requires the Medicaid Director to complete an annual report about the optimal pregnancy spacing counseling that is to be included in the postpartum case management services.
- Requires the Director of Health to award grants to private, nonprofit community-based service providers whose services (1) are intended to reduce infant mortality rates among populations that have historically experienced high infant mortality rates or are at risk of experiencing them and (2) are not covered by Medicaid.
- Provides for the grants to supplement, not supplant, funds the providers procured in years recently preceding application for the grants.
- Creates the Infant Vitality Grant Fund, which is to consist of money the General Assembly appropriates to it and be used to award the grants.

CONTENT AND OPERATION

Postpartum case management services under Medicaid managed care

The Medicaid program covers pregnant women who have countable incomes not exceeding 200% of the federal poverty line and meet all other applicable eligibility requirements.¹ Eligibility for pregnancy-related and postpartum Medicaid services continues until the last day of the month in which the 60-day period after the pregnancy ends.²

The bill requires each Medicaid managed care contract between the Ohio Department of Medicaid and a health insuring corporation (HIC) to provide for the payment the HIC receives under the contract to be reduced if the HIC fails to provide, or arrange for the provision of, case management services for the postpartum care available to each Medicaid recipient who is (1) enrolled in the HIC, (2) is eligible for Medicaid on the basis of the recipient's pregnancy, and (3) has a high risk of suffering poor health outcomes related to the pregnancy.³ The Medicaid Director is required to adopt rules that are to be used to determine whether a woman has a high risk of suffering pregnancy-related poor health outcomes. The Medicaid Director also is required to determine the amount of a HIC's payment reduction. The case management services for postpartum care must include counseling regarding the optimal intervals at which an individual's pregnancies may be spaced in order to promote healthy pregnancies, reduce the risk of infant mortality, and achieve other positive health outcomes.

Not less than once each year, the Medicaid Director must complete a report about the optimal pregnancy spacing counseling that HICs are to include in the case management services for postpartum care.⁴ The report is to include information about the counseling's effectiveness in promoting healthy pregnancies, reducing the risk of infant mortality, and achieving other positive health outcomes. A copy of the report must be submitted to the Governor, General Assembly, and Joint Medicaid Oversight Committee. The report also must be made available to the public.

¹ R.C. 5163.06 and 5163.061, not in the bill.

² 42 United States Code 1396a(l)(1)(A).

³ R.C. 5167.15.

⁴ R.C. 5162.135.



Infant vitality grants

The bill requires the Director of Health to award grants to private, nonprofit entities that provide community-based services that (1) are intended to reduce infant mortality rates among populations the Director identifies that have historically experienced high infant mortality rates or are at risk of experiencing them and (2) are not covered by the Medicaid program.⁵

The Director is to create an application for the grants and develop a process for receiving and evaluating completed applications on a competitive basis. The application is to require an applicant to demonstrate how it will use the grant only to supplement, and not supplant, public and private funds that the applicant has procured in the years recently preceding submission of the application to pay for expenses associated with providing community-based services for which the grant may be awarded.

The Director is required, in evaluating completed applications, to consider applicants' efforts to date to procure public and private funds to pay for community-based services for which the grant may be awarded. The Director's decision regarding applications is final.

The bill creates the Infant Vitality Grant Fund. The fund is to be part of the state treasury and consist of money the General Assembly appropriates to it. The bill appropriates \$25 million for the fund for fiscal year 2015.⁶ Money in the fund is to be used to award the grants the bill authorizes.

HISTORY

ACTION	DATE
Introduced	02-12-14

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⁵ R.C. 3701.68.

⁶ Section 2.

