

FIRST REGULAR SESSION

HOUSE BILL NO. 252

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE CRAWFORD.

0907H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to early elective deliveries.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be
2 known as section 208.248, to read as follows:

**208.248. 1. Early elective deliveries and deliveries before thirty-nine weeks
2 gestation without a medical necessity shall not be reimbursed by the MO HealthNet
3 division. Payment for services related to such deliveries shall be denied or recouped by the
4 MO HealthNet division. Nonpayment of services shall include services billed by the
5 delivering physician or provider and the delivering institution.**

6 2. The following shall be considered an early elective delivery:

**7 (1) An induction of labor without medical necessity followed by vaginal or
8 caesarean section delivery; or**

**9 (2) A delivery by caesarean section before thirty-nine weeks gestation without
10 medical necessity.**

11 3. Services related to an early elective delivery shall include:

**12 (1) All services provided during the delivery-related stay at the delivering
13 institution for maternal care including obstetric and institutional or facility charges; and**

**14 (2) Nonroutine newborn services provided for newborns during the initial delivery-
15 related stay at the delivering institution for conditions resulting from an early elective
16 delivery and that are identified within seventy-two hours of delivery. Nonpayment or
17 recoupment shall include facility or institutional charges.**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 **4. Payment for delivery prior to thirty-nine weeks shall only be made if delivery is**
19 **medically necessary.**

20 **(1) Services shall be consistent with accepted health care practice standards and**
21 **guidelines. The MO HealthNet division shall audit deliveries prior to thirty-nine weeks**
22 **gestational age that are billed to the division for medical necessity. Documentation shall**
23 **adequately demonstrate sufficient evidence of medical necessity to justify delivery prior to**
24 **thirty-nine weeks. Evidence shall include information of a substantial nature about the**
25 **pregnancy complicating condition which is directly associated with the need for delivery**
26 **prior to thirty-nine weeks. Delivery will be considered medically necessary if, without**
27 **delivery, the mother or child would be adversely affected. Adverse affect shall mean a**
28 **significant and immediate impact on the normal function of the body, illness, infection, or**
29 **mortality.**

30 **(2) A medically necessary delivery shall be demonstrated to be:**

31 **(a) Of clear clinical benefit and required for reasons other than convenience of the**
32 **patient, family, or medical provider;**

33 **(b) Appropriate for the pregnancy complicating condition in question; and**

34 **(c) Conform to the standards of generally accepted obstetrics practice as supported**
35 **by applicable medical and scientific literature.**

36 **(3) The determination of services caused by early elective delivery shall be a final**
37 **decision of the MO HealthNet division.**

38 **5. If a newborn, mother, or both are transferred to another hospital for higher level**
39 **care following standard medical practice, the receiving hospital shall not be subject to the**
40 **denial of reimbursement under this section. The hospital receiving the transfer shall be**
41 **reimbursed following MO HealthNet reimbursement rules.**

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