

HB 252 -- EARLY ELECTIVE DELIVERIES

SPONSOR: Crawford

This bill changes the law regarding early elective deliveries for pregnant MO HealthNet recipients. The bill prohibits the MO HealthNet Division within the Department of Social Services from reimbursing for early elective deliveries and deliveries before 39 weeks gestation without a medical necessity. Payment for services related to the deliveries must be denied or recouped by the MO HealthNet Division and nonpayment of services must include services billed by the delivering physician or provider and the delivering institution.

The bill requires both an induction of labor without medical necessity followed by vaginal or caesarean section delivery and a delivery by caesarean section before 39 weeks gestation without medical necessity to be considered early elective deliveries.

Services related to an early elective delivery must include all services provided during the delivery-related stay at the delivering institution for maternal care and nonroutine newborn services provided for newborns during the initial delivery-related stay at the delivering institution for conditions resulting from an early elective delivery and that are identified within 72 hours of delivery. Nonpayment or recoupment must include facility or institutional charges.

The bill requires payment for delivery prior to 39 weeks to be made only if delivery is medically necessary. Services must be consistent with accepted health care practice standards and guidelines and the division must audit deliveries prior to 39 weeks gestational age that are billed to the division for medical necessity. Documentation must adequately demonstrate sufficient evidence of medical necessity to justify delivery prior to 39 weeks. Evidence must include information of a substantial nature about the pregnancy complicating condition which is directly associated with the need for delivery prior to 39 weeks. The bill requires that delivery be considered medically necessary if, without delivery, the mother or child would be adversely affected. The bill defines "adverse affect" to mean a significant and immediate impact on the normal function of the body, illness, infection, or mortality. A medically necessary delivery must be demonstrated to be:

- (1) Of clear clinical benefit and required for reasons other than convenience of the patient, family, or medical provider;
- (2) Appropriate for the pregnancy complicating condition in

question; and

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

The bill requires the determination of services caused by early elective delivery to be a final decision of the MO HealthNet Division. If a newborn, mother, or both are transferred to another hospital for higher level care following standard medical practice, the receiving hospital must not be subject to the denial of reimbursement under these provisions and the hospital receiving the transfer must be reimbursed following MO HealthNet reimbursement rules.