

February 19, 2009

S 243. REDUCE INFANT MORTALITY AND PRETERM BIRTHS. Filed 2/19/09. *TO REDUCE INFANT MORTALITY AND REDUCE PRETERM BIRTHS, AS RECOMMENDED BY THE CHILD FATALITY TASK FORCE.*

Requires the Department of Health and Human Services, Division of Medical Assistance (Division), to seek a Medicaid 1115 waiver or implement other Medicaid options to provide interconceptional coverage to women with incomes below 185% of the federal poverty guidelines who have given birth to a high risk infant, defined as an infant weighing less than 1500 grams, born less than 34 weeks gestation, born with a congenital anomaly, or who died within the first 28 days of life. Limits interconceptional care to the earlier of two years following the birth of a high risk infant, or a subsequent birth. Authorizes the Division to develop a benefit package to improve interconceptional care to decrease poor birth outcomes in subsequent pregnancies and requires the Division to provide estimates of the cost savings from improved birth outcomes that will offset the cost of providing Medicaid coverage.

Intro. by Purcell.

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