

103^D CONGRESS
1ST SESSION

H. R. 1814

To direct the Secretary of Health and Human Services to provide for demonstration projects under the medicaid program to improve access to obstetric services in underserved areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 22, 1993

Mr. BILIRAKIS (for himself, Mr. ROWLAND, Mr. KILDEE, Mr. McDERMOTT, Mr. LAFALCE, Mr. EMERSON, Mr. ROMERO-BARCELÓ, Mr. SMITH of New Jersey, Mr. WALSH, Mr. SKEEN, Mrs. BYRNE of Virginia, Mr. CLYBURN, Mr. SCOTT, Ms. NORTON, Miss COLLINS of Michigan, Mrs. CLAYTON, Mr. BARRETT of Wisconsin, Mr. EVANS, Mr. GLICKMAN, and Mr. BLACKWELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to provide for demonstration projects under the medicaid program to improve access to obstetric services in underserved areas, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Access to Obstetric
5 Care Act of 1993”.

1 **SEC. 2. MEDICAID DEMONSTRATION PROJECTS TO IM-**
2 **PROVE ACCESS IN UNDERSERVED AREAS TO**
3 **OBSTETRIC SERVICES.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services shall provide under this section for dem-
6 onstration projects by States that seek to reduce infant
7 mortality by improving access in urban and rural under-
8 served areas to obstetric services for eligible pregnant
9 women under title XIX of the Social Security Act.

10 (b) NATURE OF PROJECTS.—Demonstration projects
11 under this section shall incorporate innovative approaches
12 for increasing the participation of obstetric providers
13 under title XIX of the Social Security Act, such as—

14 (1) expediting reimbursement and using innova-
15 tive payment mechanisms, including global fees for
16 obstetric services with guaranteed periodic pay-
17 ments;

18 (2) special or enhanced reimbursement for early
19 prenatal care, risk-assessment, and high-risk serv-
20 ices;

21 (3) patient distribution or referral systems;

22 (4) subsidizing medical liability insurance pre-
23 miums, in whole or in part, for selected obstetric
24 providers;

1 (5) paying for all or a portion of payments
2 made in settlement of malpractice claims by patients
3 of obstetric providers who meet certain criteria; and

4 (6) providing professional liability coverage
5 under the State tort claims act for certain obstetric
6 providers while treating a specified category of pa-
7 tients.

8 Demonstration projects addressing reimbursement must
9 provide for integrated prenatal, delivery and postpartum
10 services.

11 (c) SUPPLEMENTAL FUNDING.—(1) With respect to
12 the additional expenditures for medical assistance made
13 under the State plan under title XIX of the Social Secu-
14 rity Act to carry out a demonstration project under this
15 section, the Federal medical assistance percentage (other-
16 wise determined under section 1905(b) of such Act) shall
17 be increased by 25 percentage points (but in no case to
18 a percentage greater than 95 percent).

19 (2) The amount of funds that may be expended as
20 medical assistance to carry out the purposes of this section
21 shall be such sums as may be appropriated during the 5-
22 fiscal-year period beginning with fiscal year 1994.

23 (d) WAIVER AUTHORITY.—(1) Except as provided
24 under paragraphs (2) and (3), the Secretary is authorized
25 to waive the requirements of title XIX of the Social Secu-

1 rity Act to the extent necessary to implement demonstra-
2 tion projects under this section.

3 (2) Except as permitted under section 1915(b)(1) of
4 the Social Security Act, the Secretary may not waive
5 under paragraph (1) the requirement of sections
6 1902(a)(23) and 1916 of such Act.

7 (3) The Secretary may not approve a demonstration
8 project under this section, or a waiver under paragraph
9 (1), that reduces the amount, duration, or scope of medi-
10 cal assistance made available under title XIX of the Social
11 Security Act or that results in a loss of eligibility for indi-
12 viduals otherwise eligible for such assistance.

13 (e) TIMELY ACTION ON APPLICATIONS.—A request
14 to the Secretary by a State for approval of a demonstra-
15 tion project under this section (and any accompanying
16 waiver of a requirement of title XIX of the Social Security
17 Act) shall be deemed granted unless the Secretary, within
18 90 days after the date of its submission to the Secretary,
19 either denies such request in writing or informs the State
20 in writing with respect to any additional information
21 which is needed in order to make a final determination
22 with respect to the request. After the date the Secretary
23 receives such additional information, the request shall be
24 deemed granted unless the Secretary, within 90 days of
25 such date, denies the request.

1 (f) DURATION.—A demonstration project under this
2 section may be conducted for any portion of the period
3 beginning after the date of enactment of this Act and end-
4 ing December 31, 1997.

5 (g) EVALUATION.—Such projects must include a plan
6 for evaluating the effects of the demonstration projects on
7 provider participation.

8 (h) REPORT.—The Secretary shall report to Con-
9 gress, not later than March 1, 1998, on the demonstration
10 projects carried out under this section and on how the re-
11 sults of such projects may be used to implement programs
12 to lower infant mortality and morbidity through improving
13 the access of pregnant women to obstetric services in
14 urban and rural underserved areas.

15 (i) OBSTETRIC PROVIDER DEFINED.—In this sec-
16 tion, the term “obstetric provider” means an obstetrician,
17 obstetrician-gynecologist, family practitioner, certified
18 nurse midwife, or certified family nurse practitioner.

19 **SEC. 3. ANNUAL COMPENDIUM ON STATE INITIATIVES.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services, in consultation with the Office of Rural
22 Health Policy, shall develop and make available to the
23 public each year a compendium of the various State initia-
24 tives undertaken to address the obstetric access crisis in
25 urban and rural areas.

1 (b) NATURE OF COMPENDIUM.—The compendium
2 shall include information on State laws, regulations, pro-
3 grams and other initiatives undertaken to increase access
4 to obstetric care in underserved areas. The compendium
5 shall include information on activities addressing liability
6 problems, efforts to retain and place providers of preg-
7 nancy-related services in underserved areas, and efforts to
8 recruit and retain providers of obstetric services under the
9 Medicaid program. The compendium shall also include in-
10 formation on the results on any evaluations that have been
11 conducted on such initiatives.

12 **SEC. 4. STUDY OF OBSTETRICAL MALPRACTICE CLAIMS.**

13 (a) STUDY.—The Secretary of Health and Human
14 Services shall provide a grant to a public or private non-
15 profit organization to conduct a study on the rate of medi-
16 cal malpractice actions or claims relating to obstetrical
17 care for patients whose care is paid for by title XIX of
18 the Social Security Act as compared to those whose care
19 is paid for by private insurance. Such study shall include
20 a review of medical records at selected hospitals, including
21 rural hospitals, to determine the rates for each group.

22 (b) REPORT.—By not later than 2 years after the
23 date of the enactment of this Act, the Secretary shall sub-
24 mit to Congress a report on the study conducted under
25 subsection (a).

1 (c) MEDICAL MALPRACTICE ACTION OR CLAIM DE-
2 FINED.—In this section, the term “medical malpractice
3 action or claim” has the meaning given such term in sec-
4 tion 431(7) of the Health Care Quality Improvement Act
5 of 1986 (42 U.S.C. 11151(7)).

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