

## **“PREVENT PREMATURETY AND IMPROVE CHILD HEALTH ACT”**

### ***Summary by Section***

The March of Dimes is proud to support the “Prevent Prematurity and Improve Child Health Act,” (S. 794) sponsored by Senators Blanche Lincoln (D-AR), Richard Lugar (R-IN), Olympia Snowe (R-ME) and Jeff Bingaman (D-NM); and in the House of Representatives (H.R. 2746), Congresswoman Diana DeGette (D-CO). This bill includes provisions designed to increase access to health coverage for the complete spectrum of maternal and child health services:

- **Gives states flexibility to extend SCHIP to income eligible pregnant women.** This provision of the bill would allow states to use federal funds to cover income-eligible pregnant women through State Children’s Health Insurance Programs (SCHIP) without securing a federal waiver. While states can currently pursue a state plan amendment to cover unborn children, thus offering prenatal, labor, and delivery services, postpartum care is not reimbursable.
- **Allows states to enroll legal immigrant pregnant women and children in Medicaid and SCHIP.** Currently, states cannot receive federal reimbursement for services to legal immigrants unless they have been in the country for five or more years. Roughly half of states use their own funds to offer health coverage to at least some of their low-income immigrants. In a number of states, budget cuts have resulted in benefit reductions or the elimination of coverage for this population. Allowing legal immigrant pregnant women and children to enroll in Medicaid and SCHIP will relieve states of the sole financial responsibility for providing these needed services.
- **Provides federal reimbursement for tobacco cessation pharmaceuticals and counseling in Medicaid.** Cigarette smoking is a known risk factor for premature birth and its complications. Currently, states can exempt smoking cessation drugs from their Medicaid drug formularies. This provision would require states to make prescribed smoking cessation drugs available to women enrolled in Medicaid. States would also be allowed to offer tobacco cessation counseling to pregnant women under the supervision of a physician or other health care professional.
- **Allows states to cover family planning services without a federal waiver.** More than half of pregnancies are unplanned. Currently, 18 states provide family planning

services to women solely on the basis of income or as an extension of coverage for women losing Medicaid for any reason.

- **Allows states to extend the postpartum family planning services without a federal waiver.** A pregnancy spaced too closely to a previous pregnancy presents a medical risk factor for premature delivery. Six states currently operate under waivers to extend postpartum family planning services in Medicaid beyond the 60-day requirement, allowing families to carefully choose the timing of subsequent children.
- **Allows states to include underinsured children with special health care needs in SCHIP.** Children must be without any insurance to qualify for SCHIP. Some infants with significant health care needs—such as those born prematurely—have private insurance that is limited in its benefits and does not meet their health needs. Paralleling a feature of current Medicaid law, this provision would allow states to use SCHIP as a secondary payer for children when private insurance is inadequate.
- **Authorizes a Medicaid demonstration of telemedicine services to improve access to specialty maternity care providers for high risk pregnant women in rural areas.** As of 2004, 24 states provide Medicaid reimbursement for telemedicine services in rural areas. However, only a few states have used telemedicine to improve maternity care. Telemedicine would allow a local provider to conduct a standard exam and connect in real time with an off-site specialist who provides valuable consultation. A study of pregnant women with a prior pre-term delivery, conducted by the Department of Obstetrics and Gynecology at the University of Mississippi Medical Center, found that women who received specialty care via telemedicine and their newborns had much better health outcomes and significantly lower costs than the women who received standard maternity care.<sup>1</sup>
- **Directs the Department of Health and Human Services (HHS) to work with health professionals and consumer groups to develop and disseminate a core set of pediatric and perinatal quality measures.** There is already a quality reporting requirement in SCHIP. However, there is a lack of uniformity among states' measures and reporting mechanisms, and much more can be done to improve the quality of children's healthcare nationwide.

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<sup>1</sup> Morrison, J. et.al. "Telemedicine: Cost-Effective Management of High Risk Pregnancy," *Managed Care*. 2001 Nov;10(11):42-6, 48-9.