

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1771

To reduce infant mortality in rural, underserved areas by improving access to needed health care services by pregnant women.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 1993

Mr. ROWLAND (for himself, Mr. HALL of Texas, Mrs. VUCANOVICH, Mr. THOMAS of Wyoming, Mr. EMERSON, Mr. LANCASTER, Mr. ROBERTS, Mr. BEREUTER, Mr. SLATTERY, Mr. STENHOLM, Ms. SNOWE, and Mr. DURBIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To reduce infant mortality in rural, underserved areas by improving access to needed health care services by pregnant women.

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 “Rural Access to  
5 Obstetrical Care Act of 1993”.

1 **SEC. 2. MEDICAID DEMONSTRATION PROJECTS TO IM-**  
2 **PROVE ACCESS IN RURAL, UNDERSERVED**  
3 **AREAS TO 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 rural, underserved areas  
8 to obstetric services for eligible pregnant women under  
9 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  
7           patients.

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 \$30,000,000 during the 5-fiscal-year period begin-  
22          ning 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 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 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 rural areas. The compendium shall in-  
5 clude information on activities addressing liability prob-  
6 lems, efforts to retain and place providers of pregnancy-  
7 related services in rural areas, and efforts to recruit and  
8 retain providers of obstetric services under the Medicaid  
9 program. The compendium shall also include information  
10 on the results on any evaluations that have been conducted  
11 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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