



LB857: Creating the Nebraska Prenatal Plus Program

POLICY BRIEF | 2024

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□ Key Points

- ▶ Both preterm birth and babies born with low birth weight face higher risks of serious health problems, both at birth and throughout their lives. These can include death, developmental delays, hearing or vision loss and more.
- ▶ The Nebraska Prenatal Plus Program would offer additional health services for high-risk mothers currently receiving prenatal services through Medicaid.
- ▶ The program would include targeted case management, mental health support, substance abuse and tobacco cessation, nutrition services and more.
- ▶ A similar program in Colorado resulted in a 22.5% reduction in low birth weight rates among participants.¹

Preterm and low birth weight births may result in death or long-term health problems for Nebraska children.

LB857 would create the Nebraska Prenatal Plus Program to provide additional prenatal health supports for mothers at high risk.

This is a powerful opportunity to promote healthier outcomes for mothers and babies.

■ Background

In 2021, 1 in 9 Nebraska babies (10.8% of live births) was born preterm and 1 in 13 Nebraska babies (7.6% of live births) was low birth weight.² Preterm birth is when a live birth is completed before 37 weeks gestation. As a baby's gestational age decreases, the risk of neonatal health problems increases. Low birth weight is often associated with preterm birth, as babies that are born too soon are often born too small.

Preterm and low birth weight infants have a higher risk of neonatal death or long-term health problems, such as developmental delays, feeding difficulties, breathing problems, hearing impairment and vision problems. These problems can continue into adulthood, leading to chronic health problems.

- ▶ The rate of preterm birth in Nebraska is highest for black infants (15.3%), followed by American Indian/Alaska Natives (13.4%), Asian/Pacific Islanders (11.5%), Hispanic (10.4%) and Whites (10.0%).² Risk factors for preterm or low birth weight delivery include:
 - ▶ Demographics such as age, ethnicity and low socioeconomic status
 - ▶ Tobacco, drug or alcohol use
 - ▶ Maternal medical disorders such as obesity, diabetes or hypertension
 - ▶ Mental health disorders or psychological stress
 - ▶ Previous preterm or low birth weight delivery

■ Prenatal care for mothers in Medicaid

To be eligible for Medicaid, a pregnant woman must have income equal to or less than 194% of the Federal Poverty Level (FPL).³ Nebraska women who receive prenatal care through Medicaid are offered a range of health care services that continue for 12 months after they give birth.

There is currently a federal match for all mothers covered for prenatal care by Medicaid. Nebraska contracts with managed care organizations to deliver care to pregnant women enrolled in the Medicaid program.

LB857: Creating the Nebraska Prenatal Plus Program

■ Components of Nebraska Prenatal Plus

LB857, introduced by State Senator George Dungan (District 26), would create the Nebraska Prenatal Plus Program, modeled after a similar program in Colorado. The Prenatal Plus Program would provide health services to Medicaid-eligible mothers who are at high risk for preterm or low birth weight births, among other adverse health outcomes. The goal is to improve the health of high-risk pregnant women and reduce the incidence of preterm and low birth weight births in Nebraska.

As amended by AM2409, LB857:

- ▶ Specificities that services would be available only to mothers who are eligible for Medicaid
- ▶ Limits the delivery of services to the prenatal period only
- ▶ Covers (but is not limited to) the following: Six or fewer nutritional planning sessions, psychosocial counseling, general education for maternal wellness, breastfeeding support and targeted case management
- ▶ Allows the Nebraska Department of Health and Human Services (NDHHS) to offer an enhanced payment structure to providers for these services
- ▶ Requires NDHHS to submit a state plan amendment or waiver if necessary
- ▶ Requires NDHHS to submit an annual report to the Legislature on the reach, services delivered and outcomes of the Prenatal Plus Program

■ Funding Source

Under LB857, the Prenatal Plus Program would be funded through the Medicaid Managed Care Excess Profit Fund (68-996) created by the Legislature in 2020. This cash fund is comprised of funds that are returned to the state when a managed care entity:

- ▶ Earns profits that exceed contractor limitations, or
- ▶ Meets the minimum medical loss ratio

These funds are intended to offset losses in the Medicaid program and address the needs of adults and children participating in Medicaid.

■ Expected outcomes of LB857

Preterm and low birth weight births are among Nebraska's most significant neonatal health problems. Implementing the Nebraska Prenatal Plus Program would make a significant improvement in birth outcomes for the state.

In Colorado, the Prenatal Plus Program consistently improved birth outcomes among high-risk mothers. In 2007, the low birth weight for infants born to Prenatal Plus program participants was 10.7%, compared with 13.8% expected for high-risk women who did not receive Prenatal Plus services. This is a 22.5% reduction in the expected rate.¹

By providing targeted case management, mental health support, nutrition guidance and other services, the Nebraska Prenatal Plus Program will help create optimal health conditions for high-risk mothers and their babies so they face fewer challenges associated with preterm or low birth weight births.

□ Potential Cost Savings of LB857⁴

- ▶ For every \$1 spent on Prenatal Plus services, \$2.48 is saved in Medicaid costs annually.
- ▶ For each infant, savings are estimated at \$1,424.
- ▶ In 2007, the Prenatal Plus Program saved Medicaid an estimated \$2.7 million in health care costs for 1,893 women who received Prenatal Plus services.

References

- ¹ Colorado Department of Public Health and Environment (November 2008). [Prenatal Plus Program 2007 Annual Report](#). Accessed January 17, 2024.
- ² March of Dimes. (2021). [Peristats: State Summary for Nebraska](#).
- ³ Hubbert, Elice. (27 October 2023). Memorandum. Prenatal Care Coverage Under Medicaid. Legislative Research Office.
- ⁴ Glazner, J. and Beaty, B. (2002). [The Effects of the Prenatal Plus Program on Infant Birth Weight and Medicaid Costs](#). Colorado Department of Public Health and Environment. Accessed January 25, 2024.



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