**§ 2530-a. Payment for prenatal care special services.** 1. The commissioner is authorized to establish a program to provide services under title eleven or title eleven-D of article five of the social services law, for early and continuous prenatal care for pregnant women who are eligible to receive services under those titles, to prevent complications during pregnancy and childbirth and to reduce neonatal intensive care admissions (referred to in this section as the "program"). The program shall include the collection, and transmittal to the department, of health status data pertinent to the management of pregnancy risk on a health status data form established by the department.

2. The collection of data under the program shall be based on the pregnant woman's informed written consent, which shall be in a format developed by the commissioner and maintained in the provider's medical record. Participation in the program shall be voluntary for the pregnant woman. A woman's failure to give consent for the collection of data under this section or to participate in the program shall not result in the diminution of any services otherwise available under title eleven or eleven-D of article five of the social services law.

3. If consent and voluntary participation pursuant to subdivision two of this section is obtained, providers of prenatal care under title eleven or title eleven-D of article five of the social services law, shall endeavor to collect at the earliest possible prenatal visit, and report to the department in a form and manner determined by the commissioner, health status data concerning each pregnant woman eligible for services under title eleven or title eleven-D of article five of the social services law, and treated by such provider.

4. Upon receipt of a health status data form, the department shall take one of the following actions:

(a) If the pregnant woman, at the time of the receipt of the health status data form by the department, is enrolled in a managed care health plan, the department shall send the form to the plan for triage and appropriate care management interventions, which shall include available plan services and referrals for other services available in the

community.

(b) If the pregnant woman, at the time of the receipt of the health status data form by the department, is not enrolled in a managed care health plan, the department shall send the form to an entity described in subdivision five of this section for triage and appropriate care management services, which shall include, but not be limited to, needed home visits and referrals to community based services for high risk pregnant women. If the pregnant woman subsequently becomes enrolled in a managed care health plan, the designated entity and the plan shall assure continuity of care.

5. Patient health status data collected under this section shall be maintained as confidential by the department and by any person or entity to whom the department discloses the data. Such data may only be disclosed by the department under this section.

6. For purposes of the activities described in paragraph (b) of subdivision four of this section, the department is authorized to enter into agreements with and, within amounts appropriated therefor, provide funding to, local health departments or not-for-profit organizations to promote positive pregnancy outcomes, optimal child health, growth and development, and safe home environments.

7. The department is authorized to operate the program authorized by this section in a subset of counties in the state.

8. Within amounts appropriated therefor, the commissioner is authorized to develop fees to reimburse enrolled fee-for-service providers for the collection and transmittal of clinical data authorized by this section.