

FIRST REGULAR SESSION

# HOUSE BILL NO. 286

## 102ND GENERAL ASSEMBLY

---

INTRODUCED BY REPRESENTATIVE LEWIS (25).

1186H.01I

DANA RADEMAN MILLER, Chief Clerk

---

### AN ACT

To repeal sections 208.151 and 208.662, RSMo, and to enact in lieu thereof two new sections relating to health care services for certain low-income women, with an emergency clause.

---

*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 208.151 and 208.662, RSMo, are repealed and two new sections  
2 enacted in lieu thereof, to be known as sections 208.151 and 208.662, to read as follows:

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO  
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,  
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section  
4 301, et seq.) as amended, the following needy persons shall be eligible to receive MO  
5 HealthNet benefits to the extent and in the manner hereinafter provided:

6 (1) All participants receiving state supplemental payments for the aged, blind and  
7 disabled;

8 (2) All participants receiving aid to families with dependent children benefits,  
9 including all persons under nineteen years of age who would be classified as dependent  
10 children except for the requirements of subdivision (1) of subsection 1 of section 208.040.  
11 Participants eligible under this subdivision who are participating in treatment court, as  
12 defined in section 478.001, shall have their eligibility automatically extended sixty days from  
13 the time their dependent child is removed from the custody of the participant, subject to  
14 approval of the Centers for Medicare and Medicaid Services;

15 (3) All participants receiving blind pension benefits;

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 (4) All persons who would be determined to be eligible for old age assistance  
17 benefits, permanent and total disability benefits, or aid to the blind benefits under the  
18 eligibility standards in effect December 31, 1973, or less restrictive standards as established  
19 by rule of the family support division, who are sixty-five years of age or over and are patients  
20 in state institutions for mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to  
22 families with dependent children except for the requirements of subdivision (2) of subsection  
23 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active  
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section  
25 1396d, as amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to  
27 families with dependent children benefits except for the requirement of deprivation of  
28 parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care  
31 institution care, subsidized adoption benefits and parental school care wherein state funds are  
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the  
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who  
35 continue to meet the eligibility requirements, except income, for these assistance categories,  
36 but who are no longer receiving such benefits because of the implementation of Title XVI of  
37 the federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent  
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent  
41 children, except for the existence of a dependent child who is deprived of parental support as  
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income  
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the  
45 federal poverty level as established and amended by the federal Department of Health and  
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age  
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget  
49 Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support  
50 division shall use an income eligibility standard equal to one hundred thirty-three percent of  
51 the federal poverty level established by the Department of Health and Human Services, or its  
52 successor agency;

53 (14) Children who have attained six years of age but have not attained nineteen years  
54 of age. For children who have attained six years of age but have not attained nineteen years  
55 of age, the family support division shall use an income assessment methodology which  
56 provides for eligibility when family income is equal to or less than equal to one hundred  
57 percent of the federal poverty level established by the Department of Health and Human  
58 Services, or its successor agency. As necessary to provide MO HealthNet coverage under this  
59 subdivision, the department of social services may revise the state MO HealthNet plan to  
60 extend coverage under 42 U.S.C. Section 1396a(a)(10)(A)(i)(III) to children who have  
61 attained six years of age but have not attained nineteen years of age as permitted by paragraph  
62 (2) of subsection (n) of 42 U.S.C. Section 1396d using a more liberal income assessment  
63 methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. Section 1396a;

64 (15) The family support division shall not establish a resource eligibility standard in  
65 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The  
66 MO HealthNet division shall define the amount and scope of benefits which are available to  
67 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in  
68 accordance with the requirements of federal law and regulations promulgated thereunder;

69 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal  
70 care shall be made available to pregnant women during a period of presumptive eligibility  
71 pursuant to 42 U.S.C. Section 1396r-1, as amended;

72 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under  
73 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet  
74 benefits and to have been found eligible for such assistance under such plan on the date of  
75 such birth and to remain eligible for such assistance for a period of time determined in  
76 accordance with applicable federal and state law and regulations so long as the child is a  
77 member of the woman's household and either the woman remains eligible for such assistance  
78 or for children born on or after January 1, 1991, the woman would remain eligible for such  
79 assistance if she were still pregnant. Upon notification of such child's birth, the family  
80 support division shall assign a MO HealthNet eligibility identification number to the child so  
81 that claims may be submitted and paid under such child's identification number;

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to  
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO  
84 HealthNet benefits be required to apply for aid to families with dependent children. The  
85 family support division shall utilize an application for eligibility for such persons which  
86 eliminates information requirements other than those necessary to apply for MO HealthNet  
87 benefits. The division shall provide such application forms to applicants whose preliminary  
88 income information indicates that they are ineligible for aid to families with dependent  
89 children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this

90 subsection shall be informed of the aid to families with dependent children program and that  
91 they are entitled to apply for such benefits. Any forms utilized by the family support division  
92 for assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family  
94 support division shall provide one or more full-time, permanent eligibility specialists to  
95 process applications for MO HealthNet benefits at the site of a health care provider, if the  
96 health care provider requests the placement of such eligibility specialists and reimburses the  
97 division for the expenses including but not limited to salaries, benefits, travel, training,  
98 telephone, supplies, and equipment of such eligibility specialists. The division may provide a  
99 health care provider with a part-time or temporary eligibility specialist at the site of a health  
100 care provider if the health care provider requests the placement of such an eligibility specialist  
101 and reimburses the division for the expenses, including but not limited to the salary, benefits,  
102 travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The  
103 division may seek to employ such eligibility specialists who are otherwise qualified for such  
104 positions and who are current or former welfare participants. The division may consider  
105 training such current or former welfare participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO  
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall:

108 (a) Continue to be considered eligible for all pregnancy-related and postpartum MO  
109 HealthNet benefits provided under section 208.152 until the end of the sixty-day period  
110 beginning on the last day of their pregnancy. Pregnant women receiving mental health  
111 treatment for postpartum depression or related mental health conditions within sixty days of  
112 giving birth shall, subject to appropriations and any necessary federal approval, be eligible for  
113 MO HealthNet benefits for mental health services for the treatment of postpartum depression  
114 and related mental health conditions for up to twelve additional months. Pregnant women  
115 receiving substance abuse treatment within sixty days of giving birth shall, subject to  
116 appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for  
117 substance abuse treatment and mental health services for the treatment of substance abuse for  
118 no more than twelve additional months, as long as the woman remains adherent with  
119 treatment. The department of mental health and the department of social services shall seek  
120 any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid  
121 Services and shall develop rules relating to treatment plan adherence. No later than fifteen  
122 months after receiving any necessary waiver, the department of mental health and the  
123 department of social services shall report to the house of representatives budget committee  
124 and the senate appropriations committee on the compliance with federal cost neutrality  
125 requirements; **and**

126           **(b) Be eligible for medical assistance during the pregnancy and during the**  
127 **twelve-month period that begins on the last day of the woman's pregnancy and ends on**  
128 **the last day of the month in which such twelve-month period ends, consistent with the**  
129 **provisions of 42 U.S.C. Section 1396a(e)(16). The department of social services shall**  
130 **submit a state plan amendment to the Centers for Medicare and Medicaid Services**  
131 **within sixty days of the effective date of this paragraph;**

132           (21) Case management services for pregnant women and young children at risk shall  
133 be a covered service. To the greatest extent possible, and in compliance with federal law and  
134 regulations, the department of health and senior services shall provide case management  
135 services to pregnant women by contract or agreement with the department of social services  
136 through local health departments organized under the provisions of chapter 192 or chapter  
137 205 or a city health department operated under a city charter or a combined city-county health  
138 department or other department of health and senior services designees. To the greatest extent  
139 possible the department of social services and the department of health and senior services  
140 shall mutually coordinate all services for pregnant women and children with the crippled  
141 children's program, the prevention of intellectual disability and developmental disability  
142 program and the prenatal care program administered by the department of health and senior  
143 services. The department of social services shall by regulation establish the methodology for  
144 reimbursement for case management services provided by the department of health and senior  
145 services. For purposes of this section, the term "case management" shall mean those  
146 activities of local public health personnel to identify prospective MO HealthNet-eligible high-  
147 risk mothers and enroll them in the state's MO HealthNet program, refer them to local  
148 physicians or local health departments who provide prenatal care under physician protocol  
149 and who participate in the MO HealthNet program for prenatal care and to ensure that said  
150 high-risk mothers receive support from all private and public programs for which they are  
151 eligible and shall not include involvement in any MO HealthNet prepaid, case-managed  
152 programs;

153           (22) By January 1, 1988, the department of social services and the department of  
154 health and senior services shall study all significant aspects of presumptive eligibility for  
155 pregnant women and submit a joint report on the subject, including projected costs and the  
156 time needed for implementation, to the general assembly. The department of social services,  
157 at the direction of the general assembly, may implement presumptive eligibility by regulation  
158 promulgated pursuant to chapter 207;

159           (23) All participants who would be eligible for aid to families with dependent  
160 children benefits except for the requirements of paragraph (d) of subdivision (1) of section  
161 208.150;

162 (24) (a) All persons who would be determined to be eligible for old age assistance  
163 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42  
164 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet  
165 state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income  
166 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the  
167 income limit if authorized by annual appropriation;

168 (b) All persons who would be determined to be eligible for aid to the blind benefits  
169 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
170 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state  
171 plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in  
172 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent  
173 of the federal poverty level;

174 (c) All persons who would be determined to be eligible for permanent and total  
175 disability benefits under the eligibility standards in effect December 31, 1973, as authorized  
176 by 42 U.S.C. Section 1396a(f); or less restrictive methodologies as contained in the MO  
177 HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less  
178 restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be  
179 used to change the income limit if authorized by annual appropriations. Eligibility standards  
180 for permanent and total disability benefits shall not be limited by age;

181 (25) Persons who have been diagnosed with breast or cervical cancer and who are  
182 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such  
183 persons shall be eligible during a period of presumptive eligibility in accordance with 42  
184 U.S.C. Section 1396r-1;

185 (26) Persons who are in foster care under the responsibility of the state of Missouri on  
186 the date such persons attained the age of eighteen years, or at any time during the thirty-day  
187 period preceding their eighteenth birthday, or persons who received foster care for at least six  
188 months in another state, are residing in Missouri, and are at least eighteen years of age,  
189 without regard to income or assets, if such persons:

190 (a) Are under twenty-six years of age;

191 (b) Are not eligible for coverage under another mandatory coverage group; and

192 (c) Were covered by Medicaid while they were in foster care;

193 (27) Any homeless child or homeless youth, as those terms are defined in section  
194 167.020, subject to approval of a state plan amendment by the Centers for Medicare and  
195 Medicaid Services.

196 2. Rules and regulations to implement this section shall be promulgated in accordance  
197 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that  
198 is created under the authority delegated in this section shall become effective only if it

199 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section  
200 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with  
201 the general assembly pursuant to chapter 536 to review, to delay the effective date or to  
202 disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
203 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid  
204 and void.

205         3. After December 31, 1973, and before April 1, 1990, any family eligible for  
206 assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last  
207 six months immediately preceding the month in which such family became ineligible for such  
208 assistance because of increased income from employment shall, while a member of such  
209 family is employed, remain eligible for MO HealthNet benefits for four calendar months  
210 following the month in which such family would otherwise be determined to be ineligible for  
211 such assistance because of income and resource limitation. After April 1, 1990, any family  
212 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the  
213 six months immediately preceding the month in which such family becomes ineligible for  
214 such aid, because of hours of employment or income from employment of the caretaker  
215 relative, shall remain eligible for MO HealthNet benefits for six calendar months following  
216 the month of such ineligibility as long as such family includes a child as provided in 42  
217 U.S.C. Section 1396r-6. Each family which has received such medical assistance during the  
218 entire six-month period described in this section and which meets reporting requirements and  
219 income tests established by the division and continues to include a child as provided in 42  
220 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six  
221 months. The MO HealthNet division may provide by rule and as authorized by annual  
222 appropriation the scope of MO HealthNet coverage to be granted to such families.

223         4. When any individual has been determined to be eligible for MO HealthNet  
224 benefits, such medical assistance will be made available to him or her for care and services  
225 furnished in or after the third month before the month in which he made application for such  
226 assistance if such individual was, or upon application would have been, eligible for such  
227 assistance at the time such care and services were furnished; provided, further, that such  
228 medical expenses remain unpaid.

229         5. The department of social services may apply to the federal Department of Health  
230 and Human Services for a MO HealthNet waiver amendment to the Section 1115  
231 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed  
232 one million dollars in additional costs to the state, unless subject to appropriation or directed  
233 by statute, but in no event shall such waiver applications or amendments seek to waive the  
234 services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C.  
235 Section 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as

236 provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is  
237 approved by the oversight committee created in section 208.955. A request for such a waiver  
238 so submitted shall only become effective by executive order not sooner than ninety days after  
239 the final adjournment of the session of the general assembly to which it is submitted, unless it  
240 is disapproved within sixty days of its submission to a regular session by a senate or house  
241 resolution adopted by a majority vote of the respective elected members thereof, unless the  
242 request for such a waiver is made subject to appropriation or directed by statute.

243         6. Notwithstanding any other provision of law to the contrary, in any given fiscal  
244 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of  
245 subsection 1 of this section shall only be eligible if annual appropriations are made for such  
246 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section  
247 1396a(a)(10)(A)(i).

248         7. (1) Notwithstanding any provision of law to the contrary, a military service  
249 member, or an immediate family member residing with such military service member, who is  
250 a legal resident of this state and is eligible for MO HealthNet developmental disability  
251 services, shall have his or her eligibility for MO HealthNet developmental disability services  
252 temporarily suspended for any period of time during which such person temporarily resides  
253 outside of this state for reasons relating to military service, but shall have his or her eligibility  
254 immediately restored upon returning to this state to reside.

255         (2) Notwithstanding any provision of law to the contrary, if a military service  
256 member, or an immediate family member residing with such military service member, is not a  
257 legal resident of this state, but would otherwise be eligible for MO HealthNet developmental  
258 disability services, such individual shall be deemed eligible for MO HealthNet developmental  
259 disability services for the duration of any time in which such individual is temporarily present  
260 in this state for reasons relating to military service.

208.662. 1. There is hereby established within the department of social services the  
2 "Show-Me Healthy Babies Program" as a separate children's health insurance program  
3 (CHIP) for any low-income unborn child. The program shall be established under the  
4 authority of Title XXI of the federal Social Security Act, the State Children's Health  
5 Insurance Program, as amended, and 42 CFR 457.1.

6         2. For an unborn child to be enrolled in the show-me healthy babies program, his or  
7 her mother shall not be eligible for coverage under Title XIX of the federal Social Security  
8 Act, the Medicaid program, as it is administered by the state, and shall not have access to  
9 affordable employer-subsidized health care insurance or other affordable health care coverage  
10 that includes coverage for the unborn child. In addition, the unborn child shall be in a family  
11 with income eligibility of no more than three hundred percent of the federal poverty level, or  
12 the equivalent modified adjusted gross income, unless the income eligibility is set lower by



13 the general assembly through appropriations. In calculating family size as it relates to income  
14 eligibility, the family shall include, in addition to other family members, the unborn child, or  
15 in the case of a mother with a multiple pregnancy, all unborn children.

16 3. Coverage for an unborn child enrolled in the show-me healthy babies program  
17 shall include all prenatal care and pregnancy-related services that benefit the health of the  
18 unborn child and that promote healthy labor, delivery, and birth. Coverage need not include  
19 services that are solely for the benefit of the pregnant mother, that are unrelated to  
20 maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn  
21 child. However, the department may include pregnancy-related assistance as defined in 42  
22 U.S.C. Section 1397ll.

23 4. There shall be no waiting period before an unborn child may be enrolled in the  
24 show-me healthy babies program. In accordance with the definition of child in 42 CFR  
25 457.10, coverage shall include the period from conception to birth. The department shall  
26 develop a presumptive eligibility procedure for enrolling an unborn child. There shall be  
27 verification of the pregnancy.

28 5. Coverage for the child shall continue for up to one year after birth, unless otherwise  
29 prohibited by law or unless otherwise limited by the general assembly through appropriations.

30 6. **(1)** Pregnancy-related and postpartum coverage for the mother shall begin on the  
31 day the pregnancy ends and extend through the last day of the month that includes the sixtieth  
32 day after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited  
33 by the general assembly through appropriations. The department may include pregnancy-  
34 related assistance as defined in 42 U.S.C. Section 1397ll.

35 **(2) Mothers eligible to receive coverage under this section shall receive medical**  
36 **assistance benefits during the pregnancy and during the twelve-month period that**  
37 **begins on the last day of the woman's pregnancy and ends on the last day of the month**  
38 **in which such twelve-month period ends, consistent with the provisions of 42 U.S.C.**  
39 **Section 1397gg(e)(1)(J). The department shall seek any necessary state plan**  
40 **amendments or waivers to implement the provisions of this subdivision within sixty**  
41 **days of the effective date of this subdivision.**

42 7. The department shall provide coverage for an unborn child enrolled in the show-  
43 me healthy babies program in the same manner in which the department provides coverage  
44 for the children's health insurance program (CHIP) in the county of the primary residence of  
45 the mother.

46 8. The department shall provide information about the show-me healthy babies  
47 program to maternity homes as defined in section 135.600, pregnancy resource centers as  
48 defined in section 135.630, and other similar agencies and programs in the state that assist  
49 unborn children and their mothers. The department shall consider allowing such agencies and

50 programs to assist in the enrollment of unborn children in the program, and in making  
51 determinations about presumptive eligibility and verification of the pregnancy.

52 9. Within sixty days after August 28, 2014, the department shall submit a state plan  
53 amendment or seek any necessary waivers from the federal Department of Health and Human  
54 Services requesting approval for the show-me healthy babies program.

55 10. At least annually, the department shall prepare and submit a report to the  
56 governor, the speaker of the house of representatives, and the president pro tempore of the  
57 senate analyzing and projecting the cost savings and benefits, if any, to the state, counties,  
58 local communities, school districts, law enforcement agencies, correctional centers, health  
59 care providers, employers, other public and private entities, and persons by enrolling unborn  
60 children in the show-me healthy babies program. The analysis and projection of cost savings  
61 and benefits, if any, may include but need not be limited to:

62 (1) The higher federal matching rate for having an unborn child enrolled in the show-  
63 me healthy babies program versus the lower federal matching rate for a pregnant woman  
64 being enrolled in MO HealthNet or other federal programs;

65 (2) The efficacy in providing services to unborn children through managed care  
66 organizations, group or individual health insurance providers or premium assistance, or  
67 through other nontraditional arrangements of providing health care;

68 (3) The change in the proportion of unborn children who receive care in the first  
69 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility,  
70 or by removal of other barriers, and any resulting or projected decrease in health problems  
71 and other problems for unborn children and women throughout pregnancy; at labor, delivery,  
72 and birth; and during infancy and childhood;

73 (4) The change in healthy behaviors by pregnant women, such as the cessation of the  
74 use of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected  
75 short-term and long-term decrease in birth defects; poor motor skills; vision, speech, and  
76 hearing problems; breathing and respiratory problems; feeding and digestive problems; and  
77 other physical, mental, educational, and behavioral problems; and

78 (5) The change in infant and maternal mortality, preterm births and low birth weight  
79 babies and any resulting or projected decrease in short-term and long-term medical and other  
80 interventions.

81 11. The show-me healthy babies program shall not be deemed an entitlement  
82 program, but instead shall be subject to a federal allotment or other federal appropriations and  
83 matching state appropriations.

84 12. Nothing in this section shall be construed as obligating the state to continue the  
85 show-me healthy babies program if the allotment or payments from the federal government

86 end or are not sufficient for the program to operate, or if the general assembly does not  
87 appropriate funds for the program.

88 13. Nothing in this section shall be construed as expanding MO HealthNet or  
89 fulfilling a mandate imposed by the federal government on the state.

Section B. Because of the importance of ensuring healthy pregnancies and healthy  
2 women and children in Missouri in the face of growing maternal mortality, section A of this  
3 act is deemed necessary for the immediate preservation of the public health, welfare, peace,  
4 and safety, and is hereby declared to be an emergency act within the meaning of the  
5 constitution, and section A of this act shall be in full force and effect upon its passage and  
6 approval.

✓