

FIRST REGULAR SESSION

HOUSE BILL NO. 957

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BOSLEY.

1851H.011

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Section A. Sections 208.151 and 208.662, RSMo, are repealed and two new sections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. The provisions of this**
132 **paragraph shall remain in effect for any period of time during which the federal**
133 **authority under 42 U.S.C. Section 1396a(e)(16), as amended, or any successor statutes or**
134 **implementing regulations, is in effect;**

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

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

162 (23) All participants who would be eligible for aid to families with dependent
163 children benefits except for the requirements of paragraph (d) of subdivision (1) of section
164 208.150;

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

171 (b) All persons who would be determined to be eligible for aid to the blind benefits
172 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
173 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state
174 plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in
175 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent
176 of the federal poverty level;

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

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

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

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

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

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

196 (27) Any homeless child or homeless youth, as those terms are defined in section
197 167.020, subject to approval of a state plan amendment by the Centers for Medicare and
198 Medicaid Services.

199 2. Rules and regulations to implement this section shall be promulgated in accordance
200 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
201 is created under the authority delegated in this section shall become effective only if it
202 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
203 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with
204 the general assembly pursuant to chapter 536 to review, to delay the effective date or to
205 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
206 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid
207 and void.

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

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

232 5. The department of social services may apply to the federal Department of Health
233 and Human Services for a MO HealthNet waiver amendment to the Section 1115
234 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed
235 one million dollars in additional costs to the state, unless subject to appropriation or directed

236 by statute, but in no event shall such waiver applications or amendments seek to waive the
237 services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C.
238 Section 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as
239 provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is
240 approved by the oversight committee created in section 208.955. A request for such a waiver
241 so submitted shall only become effective by executive order not sooner than ninety days after
242 the final adjournment of the session of the general assembly to which it is submitted, unless it
243 is disapproved within sixty days of its submission to a regular session by a senate or house
244 resolution adopted by a majority vote of the respective elected members thereof, unless the
245 request for such a waiver is made subject to appropriation or directed by statute.

246 6. Notwithstanding any other provision of law to the contrary, in any given fiscal
247 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
248 subsection 1 of this section shall only be eligible if annual appropriations are made for such
249 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
250 1396a(a)(10)(A)(i).

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

258 (2) Notwithstanding any provision of law to the contrary, if a military service
259 member, or an immediate family member residing with such military service member, is not a
260 legal resident of this state, but would otherwise be eligible for MO HealthNet developmental
261 disability services, such individual shall be deemed eligible for MO HealthNet developmental
262 disability services for the duration of any time in which such individual is temporarily present
263 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. The provisions of this subdivision shall**
42 **remain in effect for any period of time during which the federal authority under 42**
43 **U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor statutes or implementing**
44 **regulations, is in effect.**

45 7. The department shall provide coverage for an unborn child enrolled in the show-
46 me healthy babies program in the same manner in which the department provides coverage

47 for the children's health insurance program (CHIP) in the county of the primary residence of
48 the mother.

49 8. The department shall provide information about the show-me healthy babies
50 program to maternity homes as defined in section 135.600, pregnancy resource centers as
51 defined in section 135.630, and other similar agencies and programs in the state that assist
52 unborn children and their mothers. The department shall consider allowing such agencies and
53 programs to assist in the enrollment of unborn children in the program, and in making
54 determinations about presumptive eligibility and verification of the pregnancy.

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

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

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

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

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

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

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

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

87 12. Nothing in this section shall be construed as obligating the state to continue the
88 show-me healthy babies program if the allotment or payments from the federal government
89 end or are not sufficient for the program to operate, or if the general assembly does not
90 appropriate funds for the program.

91 13. Nothing in this section shall be construed as expanding MO HealthNet or
92 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.

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