

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for  
2 Senate Bill No. 834, Page 1, Section A, Line 3, by inserting after all of said section and line the  
3 following:  
4

5 "208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy  
6 persons as described in section 208.151 who are unable to provide for it in whole or in part, with  
7 any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the  
8 services as defined and determined by the MO HealthNet division, unless otherwise hereinafter  
9 provided, for the following:

10 (1) Inpatient hospital services, except to persons in an institution for mental diseases who  
11 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO  
12 HealthNet division shall provide through rule and regulation an exception process for coverage of  
13 inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional  
14 activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and  
15 provided further that the MO HealthNet division shall take into account through its payment system  
16 for hospital services the situation of hospitals which serve a disproportionate number of low-income  
17 patients;

18 (2) All outpatient hospital services, payments therefor to be in amounts which represent no  
19 more than eighty percent of the lesser of reasonable costs or customary charges for such services,  
20 determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97,  
21 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO  
22 HealthNet division may evaluate outpatient hospital services rendered under this section and deny  
23 payment for services which are determined by the MO HealthNet division not to be medically  
24 necessary, in accordance with federal law and regulations;

25 (3) Laboratory and X-ray services;

26 (4) Nursing home services for participants, except to persons with more than five hundred  
27 thousand dollars equity in their home or except for persons in an institution for mental diseases who  
28 are under the age of sixty-five years, when residing in a hospital licensed by the department of  
29 health and senior services or a nursing home licensed by the department of health and senior  
30 services or appropriate licensing authority of other states or government-owned and -operated

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 institutions which are determined to conform to standards equivalent to licensing requirements in  
2 Title XIX of the federal Social Security Act (42 U.S.C. Section [~~301,~~ 1396 et seq.), as amended, for  
3 nursing facilities. The MO HealthNet division may recognize through its payment methodology for  
4 nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The  
5 MO HealthNet division when determining the amount of the benefit payments to be made on behalf  
6 of persons under the age of twenty-one in a nursing facility may consider nursing facilities  
7 furnishing care to persons under the age of twenty-one as a classification separate from other  
8 nursing facilities;

9 (5) Nursing home costs for participants receiving benefit payments under subdivision (4) of  
10 this subsection for those days, which shall not exceed twelve per any period of six consecutive  
11 months, during which the participant is on a temporary leave of absence from the hospital or nursing  
12 home, provided that no such participant shall be allowed a temporary leave of absence unless it is  
13 specifically provided for in his or her plan of care. As used in this subdivision, the term "temporary  
14 leave of absence" shall include all periods of time during which a participant is away from the  
15 hospital or nursing home overnight because he or she is visiting a friend or relative;

16 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or  
17 elsewhere;

18 (7) Subject to appropriation, up to twenty visits per year for services limited to  
19 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned  
20 articulations and structures of the body provided by licensed chiropractic physicians practicing  
21 within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand  
22 MO HealthNet services;

23 (8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an  
24 advanced practice registered nurse; except that no payment for drugs and medicines prescribed on  
25 and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice  
26 registered nurse may be made on behalf of any person who qualifies for prescription drug coverage  
27 under the provisions of P.L. 108-173;

28 (9) Emergency ambulance services and, effective January 1, 1990, medically necessary  
29 transportation to scheduled, physician-prescribed nonelective treatments;

30 (10) Early and periodic screening and diagnosis of individuals who are under the age of  
31 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other  
32 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services  
33 shall be provided in accordance with the provisions of Section 6403 of [~~P.L.~~ Pub. L. 101-239 (42  
34 U.S.C. Sections 1396a and 1396d), as amended, and federal regulations promulgated thereunder;

35 (11) Home health care services;

36 (12) Family planning as defined by federal rules and regulations; provided, however, that  
37 such family planning services shall not include abortions or any abortifacient drug or device that is  
38 used for the purpose of inducing an abortion unless such abortions are certified in writing by a

1 physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the  
2 mother would be endangered if the fetus were carried to term;

3 (13) Inpatient psychiatric hospital services for individuals under age twenty-one as defined  
4 in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

5 (14) Outpatient surgical procedures, including presurgical diagnostic services performed in  
6 ambulatory surgical facilities which are licensed by the department of health and senior services of  
7 the state of Missouri; except, that such outpatient surgical services shall not include persons who are  
8 eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the  
9 federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX,  
10 Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

11 (15) Personal care services which are medically oriented tasks having to do with a person's  
12 physical requirements, as opposed to housekeeping requirements, which enable a person to be  
13 treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a  
14 hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be  
15 rendered by an individual not a member of the participant's family who is qualified to provide such  
16 services where the services are prescribed by a physician in accordance with a plan of treatment and  
17 are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those  
18 persons who would otherwise require placement in a hospital, intermediate care facility, or skilled  
19 nursing facility. Benefits payable for personal care services shall not exceed for any one participant  
20 one hundred percent of the average statewide charge for care and treatment in an intermediate care  
21 facility for a comparable period of time. Such services, when delivered in a residential care facility  
22 or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the  
23 services the resident requires and the frequency of the services. A resident of such facility who  
24 qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician,  
25 qualify for the tier level with the fewest services. The rate paid to providers for each tier of service  
26 shall be set subject to appropriations. Subject to appropriations, each resident of such facility who  
27 qualifies for assistance under section 208.030 and meets the level of care required in this section  
28 shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care  
29 services per day. Authorized units of personal care services shall not be reduced or tier level  
30 lowered unless an order approving such reduction or lowering is obtained from the resident's  
31 personal physician. Such authorized units of personal care services or tier level shall be transferred  
32 with such resident if he or she transfers to another such facility. Such provision shall terminate upon  
33 receipt of relevant waivers from the federal Department of Health and Human Services. If the  
34 Centers for Medicare and Medicaid Services determines that such provision does not comply with  
35 the state plan, this provision shall be null and void. The MO HealthNet division shall notify the  
36 revisor of statutes as to whether the relevant waivers are approved or a determination of  
37 noncompliance is made;

38 (16) Mental health services. The state plan for providing medical assistance under Title  
39 XIX of the Social Security Act, 42 U.S.C. Section [304] 1396 et seq., as amended, shall include the

1 following mental health services when such services are provided by community mental health  
2 facilities operated by the department of mental health or designated by the department of mental  
3 health as a community mental health facility or as an alcohol and drug abuse facility or as a child-  
4 serving agency within the comprehensive children's mental health service system established in  
5 section 630.097. The department of mental health shall establish by administrative rule the  
6 definition and criteria for designation as a community mental health facility and for designation as  
7 an alcohol and drug abuse facility. Such mental health services shall include:

8 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,  
9 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting  
10 by a mental health professional in accordance with a plan of treatment appropriately established,  
11 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client  
12 services management;

13 (b) Clinic mental health services including preventive, diagnostic, therapeutic,  
14 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting  
15 by a mental health professional in accordance with a plan of treatment appropriately established,  
16 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client  
17 services management;

18 (c) Rehabilitative mental health and alcohol and drug abuse services including home and  
19 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions  
20 rendered to individuals in an individual or group setting by a mental health or alcohol and drug  
21 abuse professional in accordance with a plan of treatment appropriately established, implemented,  
22 monitored, and revised under the auspices of a therapeutic team as a part of client services  
23 management. As used in this section, mental health professional and alcohol and drug abuse  
24 professional shall be defined by the department of mental health pursuant to duly promulgated rules.  
25 With respect to services established by this subdivision, the department of social services, MO  
26 HealthNet division, shall enter into an agreement with the department of mental health. Matching  
27 funds for outpatient mental health services, clinic mental health services, and rehabilitation services  
28 for mental health and alcohol and drug abuse shall be certified by the department of mental health to  
29 the MO HealthNet division. The agreement shall establish a mechanism for the joint  
30 implementation of the provisions of this subdivision. In addition, the agreement shall establish a  
31 mechanism by which rates for services may be jointly developed;

32 (17) Such additional services as defined by the MO HealthNet division to be furnished  
33 under waivers of federal statutory requirements as provided for and authorized by the federal Social  
34 Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

35 (18) The services of an advanced practice registered nurse with a collaborative practice  
36 agreement to the extent that such services are provided in accordance with chapters 334 and 335,  
37 and regulations promulgated thereunder;

38 (19) Nursing home costs for participants receiving benefit payments under subdivision (4)  
39 of this subsection to reserve a bed for the participant in the nursing home during the time that the

1 participant is absent due to admission to a hospital for services which cannot be performed on an  
2 outpatient basis, subject to the provisions of this subdivision:

3 (a) The provisions of this subdivision shall apply only if:

4 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO  
5 HealthNet certified licensed beds, according to the most recent quarterly census provided to the  
6 department of health and senior services which was taken prior to when the participant is admitted  
7 to the hospital; and

8 b. The patient is admitted to a hospital for a medical condition with an anticipated stay of  
9 three days or less;

10 (b) The payment to be made under this subdivision shall be provided for a maximum of  
11 three days per hospital stay;

12 (c) For each day that nursing home costs are paid on behalf of a participant under this  
13 subdivision during any period of six consecutive months such participant shall, during the same  
14 period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise  
15 available temporary leave of absence days provided under subdivision (5) of this subsection; and

16 (d) The provisions of this subdivision shall not apply unless the nursing home receives  
17 notice from the participant or the participant's responsible party that the participant intends to return  
18 to the nursing home following the hospital stay. If the nursing home receives such notification and  
19 all other provisions of this subsection have been satisfied, the nursing home shall provide notice to  
20 the participant or the participant's responsible party prior to release of the reserved bed;

21 (20) Prescribed medically necessary durable medical equipment. An electronic web-based  
22 prior authorization system using best medical evidence and care and treatment guidelines consistent  
23 with national standards shall be used to verify medical need;

24 (21) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated  
25 program of active professional medical attention within a home, outpatient and inpatient care which  
26 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary  
27 team. The program provides relief of severe pain or other physical symptoms and supportive care to  
28 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses  
29 which are experienced during the final stages of illness, and during dying and bereavement and  
30 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.  
31 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and  
32 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five  
33 percent of the rate of reimbursement which would have been paid for facility services in that nursing  
34 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239  
35 (Omnibus Budget Reconciliation Act of 1989);

36 (22) Prescribed medically necessary dental services. Such services shall be subject to  
37 appropriations. An electronic web-based prior authorization system using best medical evidence  
38 and care and treatment guidelines consistent with national standards shall be used to verify medical  
39 need;

1 (23) Prescribed medically necessary optometric services. Such services shall be subject to  
2 appropriations. An electronic web-based prior authorization system using best medical evidence  
3 and care and treatment guidelines consistent with national standards shall be used to verify medical  
4 need;

5 (24) Blood clotting products-related services. For persons diagnosed with a bleeding  
6 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section  
7 338.400, such services include:

8 (a) Home delivery of blood clotting products and ancillary infusion equipment and supplies,  
9 including the emergency deliveries of the product when medically necessary;

10 (b) Medically necessary ancillary infusion equipment and supplies required to administer  
11 the blood clotting products; and

12 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home  
13 health care agency trained in bleeding disorders when deemed necessary by the participant's treating  
14 physician;

15 (25) Childbirth education classes for pregnant women and a support person;

16 (26) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report  
17 the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of  
18 the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by  
19 third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide  
20 to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and  
21 for third-party payor average dental reimbursement rates. Such plan shall be subject to  
22 appropriation and the division shall include in its annual budget request to the governor the  
23 necessary funding needed to complete the four-year plan developed under this subdivision.

24 2. Additional benefit payments for medical assistance shall be made on behalf of those  
25 eligible needy children, pregnant women and blind persons with any payments to be made on the  
26 basis of the reasonable cost of the care or reasonable charge for the services as defined and  
27 determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

28 (1) Dental services;

29 (2) Services of podiatrists as defined in section 330.010;

30 (3) Optometric services as described in section 336.010;

31 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids,  
32 and wheelchairs;

33 (5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated  
34 program of active professional medical attention within a home, outpatient and inpatient care which  
35 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary  
36 team. The program provides relief of severe pain or other physical symptoms and supportive care to  
37 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses  
38 which are experienced during the final stages of illness, and during dying and bereavement and  
39 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.

1 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and  
2 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five  
3 percent of the rate of reimbursement which would have been paid for facility services in that nursing  
4 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239  
5 (Omnibus Budget Reconciliation Act of 1989);

6 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a  
7 coordinated system of care for individuals with disabling impairments. Rehabilitation services must  
8 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan  
9 developed, implemented, and monitored through an interdisciplinary assessment designed to restore  
10 an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet  
11 division shall establish by administrative rule the definition and criteria for designation of a  
12 comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any  
13 rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority  
14 delegated in this subdivision shall become effective only if it complies with and is subject to all of  
15 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
16 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to  
17 review, to delay the effective date, or to disapprove and annul a rule are subsequently held  
18 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
19 August 28, 2005, shall be invalid and void.

20 3. The MO HealthNet division may require any participant receiving MO HealthNet  
21 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1,  
22 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services  
23 except for those services covered under subdivisions (15) and (16) of subsection 1 of this section  
24 and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the  
25 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When  
26 substitution of a generic drug is permitted by the prescriber according to section 338.056, and a  
27 generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or  
28 delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal  
29 Social Security Act. A provider of goods or services described under this section must collect from  
30 all participants the additional payment that may be required by the MO HealthNet division under  
31 authority granted herein, if the division exercises that authority, to remain eligible as a provider.  
32 Any payments made by participants under this section shall be in addition to and not in lieu of  
33 payments made by the state for goods or services described herein except the participant portion of  
34 the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to  
35 pharmacists. A provider may collect the co-payment at the time a service is provided or at a later  
36 date. A provider shall not refuse to provide a service if a participant is unable to pay a required  
37 payment. If it is the routine business practice of a provider to terminate future services to an  
38 individual with an unclaimed debt, the provider may include uncollected co-payments under this  
39 practice. Providers who elect not to undertake the provision of services based on a history of bad

1 debt shall give participants advance notice and a reasonable opportunity for payment. A provider,  
2 representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall  
3 not make co-payment for a participant. This subsection shall not apply to other qualified children,  
4 pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not  
5 approve the MO HealthNet state plan amendment submitted by the department of social services  
6 that would allow a provider to deny future services to an individual with uncollected co-payments,  
7 the denial of services shall not be allowed. The department of social services shall inform providers  
8 regarding the acceptability of denying services as the result of unpaid co-payments.

9 4. The MO HealthNet division shall have the right to collect medication samples from  
10 participants in order to maintain program integrity.

11 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection  
12 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and  
13 services are available under the state plan for MO HealthNet benefits at least to the extent that such  
14 care and services are available to the general population in the geographic area, as required under  
15 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated  
16 thereunder.

17 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health  
18 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.  
19 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated  
20 thereunder.

21 7. Beginning July 1, 1990, the department of social services shall provide notification and  
22 referral of children below age five, and pregnant, breast-feeding, or postpartum women who are  
23 determined to be eligible for MO HealthNet benefits under section 208.151 to the special  
24 supplemental food programs for women, infants and children administered by the department of  
25 health and senior services. Such notification and referral shall conform to the requirements of  
26 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

27 8. Providers of long-term care services shall be reimbursed for their costs in accordance  
28 with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a,  
29 as amended, and regulations promulgated thereunder.

30 9. Reimbursement rates to long-term care providers with respect to a total change in  
31 ownership, at arm's length, for any facility previously licensed and certified for participation in the  
32 MO HealthNet program shall not increase payments in excess of the increase that would result from  
33 the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a  
34 (a)(13)(C).

35 10. The MO HealthNet division may enroll qualified residential care facilities and assisted  
36 living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

37 11. Any income earned by individuals eligible for certified extended employment at a  
38 sheltered workshop under chapter 178 shall not be considered as income for purposes of  
39 determining eligibility under this section.

1           12. If the Missouri Medicaid audit and compliance unit changes any interpretation or  
2 application of the requirements for reimbursement for MO HealthNet services from the  
3 interpretation or application that has been applied previously by the state in any audit of a MO  
4 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO  
5 HealthNet providers five business days before such change shall take effect. Failure of the Missouri  
6 Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to  
7 continue to receive and retain reimbursement until such notification is provided and shall waive any  
8 liability of such provider for recoupment or other loss of any payments previously made prior to the  
9 five business days after such notice has been sent. Each provider shall provide the Missouri  
10 Medicaid audit and compliance unit a valid email address and shall agree to receive  
11 communications electronically. The notification required under this section shall be delivered in  
12 writing by the United States Postal Service or electronic mail to each provider.

13           13. Nothing in this section shall be construed to abrogate or limit the department's statutory  
14 requirement to promulgate rules under chapter 536.

15           14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social,  
16 and psychophysiological services for the prevention, treatment, or management of physical health  
17 problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement  
18 codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT)  
19 coding system. Providers eligible for such reimbursement shall include psychologists.

20           15. There shall be no payments made under this section for gender transition surgeries,  
21 cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section 191.1720, for  
22 the purpose of a gender transition.

23           16. The department of social services shall study the impact that the childbirth education  
24 classes provided under subdivision (25) of subsection 1 of this section have on infant and maternal  
25 mortality among pregnant women of color. The department of social services shall submit a report  
26 to the general assembly with the results of the study before January 1, 2027.

27           208.662. 1. There is hereby established within the department of social services the "Show-  
28 Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for any low-  
29 income unborn child. The program shall be established under the authority of Title XXI of the  
30 federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42  
31 CFR 457.1.

32           2. For an unborn child to be enrolled in the show-me healthy babies program, his or her  
33 mother shall not be eligible for coverage under Title XIX of the federal Social Security Act, the  
34 Medicaid program, as it is administered by the state, and shall not have access to affordable  
35 employer-subsidized health care insurance or other affordable health care coverage that includes  
36 coverage for the unborn child. In addition, the unborn child shall be in a family with income  
37 eligibility of no more than three hundred percent of the federal poverty level, or the equivalent  
38 modified adjusted gross income, unless the income eligibility is set lower by the general assembly  
39 through appropriations. In calculating family size as it relates to income eligibility, the family shall

1 include, in addition to other family members, the unborn child, or in the case of a mother with a  
2 multiple pregnancy, all unborn children.

3 3. Coverage for an unborn child enrolled in the show-me healthy babies program shall  
4 include all prenatal care and pregnancy-related services that benefit the health of the unborn child  
5 and that promote healthy labor, delivery, and birth, including childbirth education classes. Coverage  
6 need not include services that are solely for the benefit of the pregnant mother, that are unrelated to  
7 maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn child.  
8 However, the department may include pregnancy-related assistance as defined in 42 U.S.C. Section  
9 1397ll.

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

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

16 6. (1) Pregnancy-related and postpartum coverage for the mother shall begin on the day the  
17 pregnancy ends and extend through the last day of the month that includes the sixtieth day after the  
18 pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by the general  
19 assembly through appropriations. The department may include pregnancy-related assistance as  
20 defined in 42 U.S.C. Section 1397ll.

21 (2) (a) Subject to approval of any necessary state plan amendments or waivers, beginning  
22 on July 6, 2023, mothers eligible to receive coverage under this section shall receive medical  
23 assistance benefits during the pregnancy and during the twelve-month period that begins on the last  
24 day of the woman's pregnancy and ends on the last day of the month in which such twelve-month  
25 period ends, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department  
26 shall seek any necessary state plan amendments or waivers to implement the provisions of this  
27 subdivision when the number of ineligible MO HealthNet participants removed from the program in  
28 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in  
29 benefits in 2023 under this subdivision and subdivision (28) of subsection 1 of section 208.151, as  
30 determined by the department, by at least one hundred individuals.

31 (b) The provisions of this subdivision shall remain in effect for any period of time during  
32 which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor  
33 statutes or implementing regulations, is in effect.

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

37 8. The department shall provide information about the show-me healthy babies program to  
38 maternity homes as defined in section 135.600, pregnancy resource centers as defined in section  
39 135.630, and other similar agencies and programs in the state that assist unborn children and their

1 mothers. The department shall consider allowing such agencies and programs to assist in the  
2 enrollment of unborn children in the program, and in making determinations about presumptive  
3 eligibility and verification of the pregnancy.

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

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

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

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

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

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

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

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

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

1           13. Nothing in this section shall be construed as expanding MO HealthNet or fulfilling a  
2 mandate imposed by the federal government on the state."; and

3  
4 Further amend said bill, Page 7, Section 375.1183, Line 184, by inserting after all of said section  
5 and line the following:

6  
7           "376.1213. Each entity offering individual and group health insurance policies providing  
8 coverage on an expense-incurred basis, individual and group service or indemnity type contracts  
9 issued by a nonprofit corporation, individual and group service contracts issued by a health  
10 maintenance organization, all self-insured group arrangements to the extent not preempted by  
11 federal law, and all managed health care delivery entities of any type or description, that are  
12 delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2025, and  
13 providing for maternity benefits, shall provide coverage for childbirth education classes."; and

14  
15 Further amend said bill by amending the title, enacting clause, and intersectional references  
16 accordingly.