

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Bill No. 398, Page 2, Section 191.648, Line 43, by inserting after all of said section
2 and line the following:

3
4 "191.708. 1. The chief medical officer or chief medical director of the department of health
5 and senior services, the department of mental health, or the MO HealthNet division of the
6 department of social services, or any licensed physician acting with the express written consent of
7 the director of any such department or division, may, within his or her scope of practice, issue:

8 (1) Nonspecific recommendations for doula services;

9 (2) A medical standing order for prenatal vitamins; or

10 (3) A medical standing order for any other purpose, other than for controlled substances,
11 that is promulgated by rule in compliance with chapter 536.

12 2. Any standing order issued under this section shall:

13 (1) Be made available on the relevant department's website while in effect;

14 (2) Terminate upon removal of the issuing medical professional's authority under this
15 section by vacancy of his or her position or otherwise; and

16 (3) If not terminated sooner under subdivision (2) of this subsection, expire within one year
17 of issuance unless renewed.

18 3. The chief medical officer, chief medical director, or other authorized and licensed
19 physician described in subsection 1 of this section shall be immune from criminal prosecution,
20 disciplinary action from his or her professional licensing board, and civil liability for issuing a
21 medical standing order or recommendation in accordance with this section, including for any
22 outcome related to the standing order or recommendation."; and

23
24 Further amend said bill and page, Section 192.2521, Line 5, by inserting after all of said section and
25 line the following:

26
27 "208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy
28 persons as described in section 208.151 who are unable to provide for it in whole or in part, with
29 any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the
30 services as defined and determined by the MO HealthNet division, unless otherwise hereinafter
31 provided, for the following:

32 (1) Inpatient hospital services, except to persons in an institution for mental diseases who
33 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO
34 HealthNet division shall provide through rule and regulation an exception process for coverage of

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1 inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional
2 activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and
3 provided further that the MO HealthNet division shall take into account through its payment system
4 for hospital services the situation of hospitals which serve a disproportionate number of low-income
5 patients;

6 (2) All outpatient hospital services, payments therefor to be in amounts which represent no
7 more than eighty percent of the lesser of reasonable costs or customary charges for such services,
8 determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97,
9 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO
10 HealthNet division may evaluate outpatient hospital services rendered under this section and deny
11 payment for services which are determined by the MO HealthNet division not to be medically
12 necessary, in accordance with federal law and regulations;

13 (3) Laboratory and X-ray services;

14 (4) Nursing home services for participants, except to persons with more than five hundred
15 thousand dollars equity in their home or except for persons in an institution for mental diseases who
16 are under the age of sixty-five years, when residing in a hospital licensed by the department of
17 health and senior services or a nursing home licensed by the department of health and senior
18 services or appropriate licensing authority of other states or government-owned and -operated
19 institutions which are determined to conform to standards equivalent to licensing requirements in
20 Title XIX of the federal Social Security Act (42 U.S.C. Section ~~[301,]~~ 1396 et seq.), as amended, for
21 nursing facilities. The MO HealthNet division may recognize through its payment methodology for
22 nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The
23 MO HealthNet division when determining the amount of the benefit payments to be made on behalf
24 of persons under the age of twenty-one in a nursing facility may consider nursing facilities
25 furnishing care to persons under the age of twenty-one as a classification separate from other
26 nursing facilities;

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

34 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or
35 elsewhere, provided, that no funds shall be expended to any abortion facility, as defined in section
36 188.015, or to any affiliate, as defined in section 188.015, of such abortion facility;

37 (7) Subject to appropriation, up to twenty visits per year for services limited to
38 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned
39 articulations and structures of the body provided by licensed chiropractic physicians practicing

1 within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand
2 MO HealthNet services;

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

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

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

15 (11) Home health care services;

16 (12) Family planning as defined by federal rules and regulations; provided, that no funds
17 shall be expended to any abortion facility, as defined in section 188.015, or to any affiliate, as
18 defined in section 188.015, of such abortion facility; and further provided, however, that such family
19 planning services shall not include abortions or any abortifacient drug or device that is used for the
20 purpose of inducing an abortion unless such abortions are certified in writing by a physician to the
21 MO HealthNet agency that, in the physician's professional judgment, the life of the mother would be
22 endangered if the fetus were carried to term;

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

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

31 (15) Personal care services which are medically oriented tasks having to do with a person's
32 physical requirements, as opposed to housekeeping requirements, which enable a person to be
33 treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a
34 hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be
35 rendered by an individual not a member of the participant's family who is qualified to provide such
36 services where the services are prescribed by a physician in accordance with a plan of treatment and
37 are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those
38 persons who would otherwise require placement in a hospital, intermediate care facility, or skilled
39 nursing facility. Benefits payable for personal care services shall not exceed for any one participant

one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198, shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

(16) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. Section ~~[304]~~ 1396 et seq., as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

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

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

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions

1 rendered to individuals in an individual or group setting by a mental health or alcohol and drug
2 abuse professional in accordance with a plan of treatment appropriately established, implemented,
3 monitored, and revised under the auspices of a therapeutic team as a part of client services
4 management. As used in this section, mental health professional and alcohol and drug abuse
5 professional shall be defined by the department of mental health pursuant to duly promulgated rules.
6 With respect to services established by this subdivision, the department of social services, MO
7 HealthNet division, shall enter into an agreement with the department of mental health. Matching
8 funds for outpatient mental health services, clinic mental health services, and rehabilitation services
9 for mental health and alcohol and drug abuse shall be certified by the department of mental health to
10 the MO HealthNet division. The agreement shall establish a mechanism for the joint
11 implementation of the provisions of this subdivision. In addition, the agreement shall establish a
12 mechanism by which rates for services may be jointly developed;

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

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

19 (19) Nursing home costs for participants receiving benefit payments under subdivision (4)
20 of this subsection to reserve a bed for the participant in the nursing home during the time that the
21 participant is absent due to admission to a hospital for services which cannot be performed on an
22 outpatient basis, subject to the provisions of this subdivision:

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

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

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

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

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

36 (d) The provisions of this subdivision shall not apply unless the nursing home receives
37 notice from the participant or the participant's responsible party that the participant intends to return
38 to the nursing home following the hospital stay. If the nursing home receives such notification and

1 all other provisions of this subsection have been satisfied, the nursing home shall provide notice to
2 the participant or the participant's responsible party prior to release of the reserved bed;

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

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

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

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

26 (24) Blood clotting products-related services. For persons diagnosed with a bleeding
27 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section
28 338.400, such services include:

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

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

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

36 (25) Doula services in accordance with sections 208.1400 to 208.1425;

37 (26) Childbirth education classes for pregnant women and a support person;

38 (27) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report
39 the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of

1 the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by
2 third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide
3 to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and
4 for third-party payor average dental reimbursement rates. Such plan shall be subject to
5 appropriation and the division shall include in its annual budget request to the governor the
6 necessary funding needed to complete the four-year plan developed under this subdivision.

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

11 (1) Dental services;

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

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

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

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

28 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
29 coordinated system of care for individuals with disabling impairments. Rehabilitation services must
30 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan
31 developed, implemented, and monitored through an interdisciplinary assessment designed to restore
32 an individual to an optimal level of physical, cognitive, and behavioral function. The MO
33 HealthNet division shall establish by administrative rule the definition and criteria for designation of
34 a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism.
35 Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the
36 authority delegated in this subdivision shall become effective only if it complies with and is subject
37 to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
38 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter
39 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held

1 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
2 August 28, 2005, shall be invalid and void.

3 3. The MO HealthNet division may require any participant receiving MO HealthNet
4 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1,
5 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services
6 except for those services covered under subdivisions (15) and (16) of subsection 1 of this section
7 and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the
8 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When
9 substitution of a generic drug is permitted by the prescriber according to section 338.056, and a
10 generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or
11 delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal
12 Social Security Act. A provider of goods or services described under this section must collect from
13 all participants the additional payment that may be required by the MO HealthNet division under
14 authority granted herein, if the division exercises that authority, to remain eligible as a provider.
15 Any payments made by participants under this section shall be in addition to and not in lieu of
16 payments made by the state for goods or services described herein except the participant portion of
17 the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to
18 pharmacists. A provider may collect the co-payment at the time a service is provided or at a later
19 date. A provider shall not refuse to provide a service if a participant is unable to pay a required
20 payment. If it is the routine business practice of a provider to terminate future services to an
21 individual with an unclaimed debt, the provider may include uncollected co-payments under this
22 practice. Providers who elect not to undertake the provision of services based on a history of bad
23 debt shall give participants advance notice and a reasonable opportunity for payment. A provider,
24 representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall
25 not make co-payment for a participant. This subsection shall not apply to other qualified children,
26 pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not
27 approve the MO HealthNet state plan amendment submitted by the department of social services
28 that would allow a provider to deny future services to an individual with uncollected co-payments,
29 the denial of services shall not be allowed. The department of social services shall inform providers
30 regarding the acceptability of denying services as the result of unpaid co-payments.

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

33 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection
34 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and
35 services are available under the state plan for MO HealthNet benefits at least to the extent that such
36 care and services are available to the general population in the geographic area, as required under
37 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated
38 thereunder.

1 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health
2 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.
3 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated
4 thereunder.

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

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

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

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

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

24 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or
25 application of the requirements for reimbursement for MO HealthNet services from the
26 interpretation or application that has been applied previously by the state in any audit of a MO
27 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO
28 HealthNet providers five business days before such change shall take effect. Failure of the Missouri
29 Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to
30 continue to receive and retain reimbursement until such notification is provided and shall waive any
31 liability of such provider for recoupment or other loss of any payments previously made prior to the
32 five business days after such notice has been sent. Each provider shall provide the Missouri
33 Medicaid audit and compliance unit a valid email address and shall agree to receive
34 communications electronically. The notification required under this section shall be delivered in
35 writing by the United States Postal Service or electronic mail to each provider.

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

38 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social,
39 and psychophysiological services for the prevention, treatment, or management of physical health

1 problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement
2 codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT)
3 coding system. Providers eligible for such reimbursement shall include psychologists.

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

7 16. The department of social services shall study the impact that the childbirth education
8 classes provided under subdivision (26) of subsection 1 of this section have on infant and maternal
9 mortality among pregnant women. The department of social services shall submit a report to the
10 general assembly with the results of the study before January 1, 2028.

11 208.662. 1. There is hereby established within the department of social services the "Show-
12 Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for any low-
13 income unborn child. The program shall be established under the authority of Title XXI of the
14 federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42
15 CFR 457.1.

16 2. For an unborn child to be enrolled in the show-me healthy babies program, his or her
17 mother shall not be eligible for coverage under Title XIX of the federal Social Security Act, the
18 Medicaid program, as it is administered by the state, and shall not have access to affordable
19 employer-subsidized health care insurance or other affordable health care coverage that includes
20 coverage for the unborn child. In addition, the unborn child shall be in a family with income
21 eligibility of no more than three hundred percent of the federal poverty level, or the equivalent
22 modified adjusted gross income, unless the income eligibility is set lower by the general assembly
23 through appropriations. In calculating family size as it relates to income eligibility, the family shall
24 include, in addition to other family members, the unborn child, or in the case of a mother with a
25 multiple pregnancy, all unborn children.

26 3. Coverage for an unborn child enrolled in the show-me healthy babies program shall
27 include all prenatal care and pregnancy-related services that benefit the health of the unborn child
28 and that promote healthy labor, delivery, and birth, including childbirth education classes. Coverage
29 need not include services that are solely for the benefit of the pregnant mother, that are unrelated to
30 maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn child.
31 However, the department may include pregnancy-related assistance as defined in 42 U.S.C. Section
32 1397ll.

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

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

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

6 (2) (a) Subject to approval of any necessary state plan amendments or waivers, beginning
7 on July 6, 2023, mothers eligible to receive coverage under this section shall receive medical
8 assistance benefits during the pregnancy and during the twelve-month period that begins on the last
9 day of the woman's pregnancy and ends on the last day of the month in which such twelve-month
10 period ends, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department
11 shall seek any necessary state plan amendments or waivers to implement the provisions of this
12 subdivision when the number of ineligible MO HealthNet participants removed from the program in
13 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in
14 benefits in 2023 under this subdivision and subdivision (28) of subsection 1 of section 208.151, as
15 determined by the department, by at least one hundred individuals.

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

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

22 8. The department shall provide information about the show-me healthy babies program to
23 maternity homes as defined in section 135.600, pregnancy resource centers as defined in section
24 135.630, and other similar agencies and programs in the state that assist unborn children and their
25 mothers. The department shall consider allowing such agencies and programs to assist in the
26 enrollment of unborn children in the program, and in making determinations about presumptive
27 eligibility and verification of the pregnancy.

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

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

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

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

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

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

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

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

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

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

208.1400. Sections 208.1400 to 208.1425 shall be known and may be cited as the "Missouri Doula Reimbursement Act".

208.1405. For purposes of sections 208.1400 to 208.1425, the following terms mean:

(1) "Community-based network", a network that is representative of a community or significant segments of a community and engaged in meeting that community's needs in the area of social, human, or health services;

(2) "Community navigation services", services that connect pregnant individuals and their families with available resources using a community-based approach including, but not limited to, an approach that understands the services and supports available to pregnant and postpartum individuals receiving MO HealthNet benefits and facilitates access to those resources based upon an assessment of social service needs;

(3) "Doula", a trained professional providing continuous physical, emotional, and informational support to a pregnant individual, from the prenatal, the intrapartum, and up to the first twelve months of the postpartum periods. Doulas also provide assistance by referring pregnant individuals to community-based networks and certified and licensed perinatal professionals in multiple disciplines;

(4) "Doula services", services provided by a doula;

(5) "Fee-for-service", a payment model where services are unbundled and paid for separately;

(6) "Intrapartum", the period of pregnancy during labor and delivery or childbirth. Services provided during this period are rendered to the pregnant individual;

(7) "Managed care", the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations that accept a set per member per month (capitation) payment for these services;

(8) "Postpartum", the one-year period after a pregnancy ends;

(9) "Prenatal", the period of pregnancy before labor or childbirth. Services provided during this period are rendered to the pregnant individual.

208.1410. The following doula services shall be covered by the MO HealthNet program:

(1) A combined total of six prenatal and postpartum support sessions;

(2) One birth attendance;

(3) Up to two visits for general consultation on lactation at any time during the prenatal and postpartum periods; and

(4) Community navigation services, except that any community navigation services provided outside any visit or session billed under subdivisions (1) to (3) of this section shall be billed only up to ten times total over the course of the pregnancy and postpartum period.

208.1415. A doula shall be eligible for participation as a provider of doula services covered by the MO HealthNet program only if the doula:

(1) Is enrolled as a MO HealthNet provider;

(2) Is eighteen years of age or older;

(3) Holds liability insurance as an individual or through a supervising organization; and

(4) Either:

(a) Possesses a current certificate issued by a national or Missouri-based doula training organization whose curriculum meets guidelines established by the MO HealthNet division by rule;
or

(b) Received training from a source not described in paragraph (a) of this subdivision, or from multiple sources, whose curriculum meets the guidelines established under paragraph (a) of this subdivision as verified by a public roster maintained by a statewide organization composed of doula trainers from three or more independent, well-established doula training organizations located in Missouri whose purpose includes the validation of core competencies of training.

1 208.1420. 1. Once enrolled as a MO HealthNet provider, a doula shall be eligible to enroll
2 as a provider with fee-for-service and managed care payers affiliated with the MO HealthNet
3 program.

4 2. Doula services shall be reimbursed on a fee-for-service schedule.

5 208.1425. The MO HealthNet division shall promulgate all necessary rules and regulations
6 for the administration of sections 208.1400 to 208.1425. Any rule or portion of a rule, as that term
7 is defined in section 536.010, that is created under the authority delegated in this section shall
8 become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if
9 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers
10 vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to
11 disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking
12 authority and any rule proposed or adopted after August 28, 2025, shall be invalid and void."; and
13

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