

FIRST REGULAR SESSION

# HOUSE BILL NO. 251

103RD GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE BOSLEY.

0668H.011

DANA RADEMAN MILLER, Chief Clerk

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## AN ACT

To repeal sections 208.152 and 208.662, RSMo, and to enact in lieu thereof three new sections relating to health insurance coverage for childbirth education.

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

Section A. Sections 208.152 and 208.662, RSMo, are repealed and three new sections  
2 enacted in lieu thereof, to be known as sections 208.152, 208.662, and 376.1213, to read as  
3 follows:

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

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

14 (2) All outpatient hospital services, payments therefor to be in amounts which  
15 represent no more than eighty percent of the lesser of reasonable costs or customary charges  
16 for such services, determined in accordance with the principles set forth in Title XVIII A and

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.

17 B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section  
18 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services  
19 rendered under this section and deny payment for services which are determined by the MO  
20 HealthNet division not to be medically necessary, in accordance with federal law and  
21 regulations;

22 (3) Laboratory and X-ray services;

23 (4) Nursing home services for participants, except to persons with more than five  
24 hundred thousand dollars equity in their home or except for persons in an institution for  
25 mental diseases who are under the age of sixty-five years, when residing in a hospital licensed  
26 by the department of health and senior services or a nursing home licensed by the department  
27 of health and senior services or appropriate licensing authority of other states or government-  
28 owned and -operated institutions which are determined to conform to standards equivalent to  
29 licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section  
30 ~~301,~~ 1396 et seq.), as amended, for nursing facilities. The MO HealthNet division may  
31 recognize through its payment methodology for nursing facilities those nursing facilities  
32 which serve a high volume of MO HealthNet patients. The MO HealthNet division when  
33 determining the amount of the benefit payments to be made on behalf of persons under the  
34 age of twenty-one in a nursing facility may consider nursing facilities furnishing care to  
35 persons under the age of twenty-one as a classification separate from other nursing facilities;

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

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

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

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

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

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

66 (11) Home health care services;

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

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

77 (14) Outpatient surgical procedures, including presurgical diagnostic services  
78 performed in ambulatory surgical facilities which are licensed by the department of health  
79 and senior services of the state of Missouri; except, that such outpatient surgical services shall  
80 not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-  
81 97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such  
82 persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal  
83 Social Security Act, as amended;

84 (15) Personal care services which are medically oriented tasks having to do with a  
85 person's physical requirements, as opposed to housekeeping requirements, which enable a  
86 person to be treated by his or her physician on an outpatient rather than on an inpatient or  
87 residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal  
88 care services shall be rendered by an individual not a member of the participant's family who  
89 is qualified to provide such services where the services are prescribed by a physician in

90 accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible  
91 to receive personal care services shall be those persons who would otherwise require  
92 placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable  
93 for personal care services shall not exceed for any one participant one hundred percent of the  
94 average statewide charge for care and treatment in an intermediate care facility for a  
95 comparable period of time. Such services, when delivered in a residential care facility or  
96 assisted living facility licensed under chapter 198, shall be authorized on a tier level based on  
97 the services the resident requires and the frequency of the services. A resident of such facility  
98 who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a  
99 physician, qualify for the tier level with the fewest services. The rate paid to providers for  
100 each tier of service shall be set subject to appropriations. Subject to appropriations, each  
101 resident of such facility who qualifies for assistance under section 208.030 and meets the  
102 level of care required in this section shall, at a minimum, if prescribed by a physician, be  
103 authorized up to one hour of personal care services per day. Authorized units of personal care  
104 services shall not be reduced or tier level lowered unless an order approving such reduction or  
105 lowering is obtained from the resident's personal physician. Such authorized units of personal  
106 care services or tier level shall be transferred with such resident if he or she transfers to  
107 another such facility. Such provision shall terminate upon receipt of relevant waivers from  
108 the federal Department of Health and Human Services. If the Centers for Medicare and  
109 Medicaid Services determines that such provision does not comply with the state plan, this  
110 provision shall be null and void. The MO HealthNet division shall notify the revisor of  
111 statutes as to whether the relevant waivers are approved or a determination of noncompliance  
112 is made;

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

123 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,  
124 rehabilitative, and palliative interventions rendered to individuals in an individual or group  
125 setting by a mental health professional in accordance with a plan of treatment appropriately

126 established, implemented, monitored, and revised under the auspices of a therapeutic team as  
127 a part of client services management;

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

133 (c) Rehabilitative mental health and alcohol and drug abuse services including home  
134 and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative  
135 interventions rendered to individuals in an individual or group setting by a mental health  
136 or alcohol and drug abuse professional in accordance with a plan of treatment appropriately  
137 established, implemented, monitored, and revised under the auspices of a therapeutic team as  
138 a part of client services management. As used in this section, mental health professional and  
139 alcohol and drug abuse professional shall be defined by the department of mental health  
140 pursuant to duly promulgated rules. With respect to services established by this subdivision,  
141 the department of social services, MO HealthNet division, shall enter into an agreement with  
142 the department of mental health. Matching funds for outpatient mental health services, clinic  
143 mental health services, and rehabilitation services for mental health and alcohol and drug  
144 abuse shall be certified by the department of mental health to the MO HealthNet division.  
145 The agreement shall establish a mechanism for the joint implementation of the provisions of  
146 this subdivision. In addition, the agreement shall establish a mechanism by which rates for  
147 services may be jointly developed;

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

152 (18) The services of an advanced practice registered nurse with a collaborative  
153 practice agreement to the extent that such services are provided in accordance with chapters  
154 334 and 335, and regulations promulgated thereunder;

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

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

160 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO  
161 HealthNet certified licensed beds, according to the most recent quarterly census provided to

162 the department of health and senior services which was taken prior to when the participant is  
163 admitted to the hospital; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

228 (1) Dental services;

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

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

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

233 (5) Hospice care. As used in this subdivision, the term "hospice care" means a  
234 coordinated program of active professional medical attention within a home, outpatient and  
235 inpatient care which treats the terminally ill patient and family as a unit, employing a

236 medically directed interdisciplinary team. The program provides relief of severe pain or other  
237 physical symptoms and supportive care to meet the special needs arising out of physical,  
238 psychological, spiritual, social, and economic stresses which are experienced during the final  
239 stages of illness, and during dying and bereavement and meets the Medicare requirements for  
240 participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement  
241 paid by the MO HealthNet division to the hospice provider for room and board furnished by a  
242 nursing home to an eligible hospice patient shall not be less than ninety-five percent of the  
243 rate of reimbursement which would have been paid for facility services in that nursing home  
244 facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239  
245 (Omnibus Budget Reconciliation Act of 1989);

246 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a  
247 coordinated system of care for individuals with disabling impairments. Rehabilitation  
248 services must be based on an individualized, goal-oriented, comprehensive and coordinated  
249 treatment plan developed, implemented, and monitored through an interdisciplinary  
250 assessment designed to restore an individual to an optimal level of physical, cognitive, and  
251 behavioral function. The MO HealthNet division shall establish by administrative rule the  
252 definition and criteria for designation of a comprehensive day rehabilitation service facility,  
253 benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is  
254 defined in section 536.010, that is created under the authority delegated in this subdivision  
255 shall become effective only if it complies with and is subject to all of the provisions of  
256 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
257 nonseverable and if any of the powers vested with the general assembly pursuant to chapter  
258 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently  
259 held unconstitutional, then the grant of rulemaking authority and any rule proposed or  
260 adopted after August 28, 2005, shall be invalid and void.

261 3. The MO HealthNet division may require any participant receiving MO HealthNet  
262 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after  
263 July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all  
264 covered services except for those services covered under subdivisions (15) and (16) of  
265 subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner  
266 authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.)  
267 and regulations thereunder. When substitution of a generic drug is permitted by the prescriber  
268 according to section 338.056, and a generic drug is substituted for a name-brand drug, the  
269 MO HealthNet division may not lower or delete the requirement to make a co-payment  
270 pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods  
271 or services described under this section must collect from all participants the additional  
272 payment that may be required by the MO HealthNet division under authority granted herein,



273 if the division exercises that authority, to remain eligible as a provider. Any payments made  
274 by participants under this section shall be in addition to and not in lieu of payments made by  
275 the state for goods or services described herein except the participant portion of the pharmacy  
276 professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists.  
277 A provider may collect the co-payment at the time a service is provided or at a later date. A  
278 provider shall not refuse to provide a service if a participant is unable to pay a required  
279 payment. If it is the routine business practice of a provider to terminate future services to an  
280 individual with an unclaimed debt, the provider may include uncollected co-payments under  
281 this practice. Providers who elect not to undertake the provision of services based on a  
282 history of bad debt shall give participants advance notice and a reasonable opportunity for  
283 payment. A provider, representative, employee, independent contractor, or agent of a  
284 pharmaceutical manufacturer shall not make co-payment for a participant. This subsection  
285 shall not apply to other qualified children, pregnant women, or blind persons. If the Centers  
286 for Medicare and Medicaid Services does not approve the MO HealthNet state plan  
287 amendment submitted by the department of social services that would allow a provider to  
288 deny future services to an individual with uncollected co-payments, the denial of services  
289 shall not be allowed. The department of social services shall inform providers regarding the  
290 acceptability of denying services as the result of unpaid co-payments.

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

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

299 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded  
300 health centers shall be in accordance with the provisions of subsection 6402(c) and Section  
301 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations  
302 promulgated thereunder.

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

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

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

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

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

322 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or  
323 application of the requirements for reimbursement for MO HealthNet services from the  
324 interpretation or application that has been applied previously by the state in any audit of a MO  
325 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected  
326 MO HealthNet providers five business days before such change shall take effect. Failure of  
327 the Missouri Medicaid audit and compliance unit to notify a provider of such change shall  
328 entitle the provider to continue to receive and retain reimbursement until such notification is  
329 provided and shall waive any liability of such provider for recoupment or other loss of any  
330 payments previously made prior to the five business days after such notice has been sent.  
331 Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email  
332 address and shall agree to receive communications electronically. The notification required  
333 under this section shall be delivered in writing by the United States Postal Service or  
334 electronic mail to each provider.

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

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

343 15. There shall be no payments made under this section for gender transition  
344 surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section  
345 191.1720, for the purpose of a gender transition.

346           **16. The department of social services shall study the impact that the childbirth**  
347 **education classes provided under subdivision (25) of subsection 1 of this section have on**  
348 **infant and maternal mortality among pregnant women of color. The department of**  
349 **social services shall submit a report to the general assembly with the results of the study**  
350 **before January 1, 2028.**

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, **including childbirth**  
19 **education classes.** Coverage need not include services that are solely for the benefit of the  
20 pregnant mother, that are unrelated to maintaining or promoting a healthy pregnancy, and that  
21 provide no benefit to the unborn child. However, the department may include pregnancy-  
22 related assistance as defined in 42 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) (a) Subject to approval of any necessary state plan amendments or waivers,  
36 beginning on July 6, 2023, mothers eligible to receive coverage under this section shall  
37 receive medical assistance benefits during the pregnancy and during the twelve-month period  
38 that begins on the last day of the woman's pregnancy and ends on the last day of the month in  
39 which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section  
40 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers  
41 to implement the provisions of this subdivision when the number of ineligible MO HealthNet  
42 participants removed from the program in 2023 pursuant to section 208.239 exceeds the  
43 projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision  
44 and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by  
45 at least one hundred individuals.

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

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

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

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

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

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

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

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

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

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

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

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

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

**376.1213. Each entity offering individual and group health insurance policies  
2 providing coverage on an expense-incurred basis, individual and group service or  
3 indemnity type contracts issued by a nonprofit corporation, individual and group  
4 service contracts issued by a health maintenance organization, all self-insured group  
5 arrangements to the extent not preempted by federal law, and all managed health care  
6 delivery entities of any type or description, that are delivered, issued for delivery,**

7 continued, or renewed in this state on or after January 1, 2026, and providing for  
8 maternity benefits, shall provide coverage for childbirth education classes.

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