

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill No. 3010, Page 1, Section A, Line 3, by
2 inserting after said section and line the following:

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

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

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

24 (3) Laboratory and X-ray services;

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

Action Taken _____ Date _____

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

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

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

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

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

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

31 (10) Early and periodic screening and diagnosis of individuals who are under the age of
32 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other
33 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such
34 services shall be provided in accordance with the provisions of Section 6403 of ~~[P.L.]~~ Pub. L.
35 101-239 (42 U.S.C. Sections 1396a and 1396d), as amended, and federal regulations
36 promulgated thereunder;

37 (11) Home health care services;

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

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

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

17 (15) Personal care services which are medically oriented tasks having to do with a
18 person's physical requirements, as opposed to housekeeping requirements, which enable a person
19 to be treated by his or her physician on an outpatient rather than on an inpatient or residential
20 basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services
21 shall be rendered by an individual not a member of the participant's family who is qualified to
22 provide such services where the services are prescribed by a physician in accordance with a plan
23 of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care
24 services shall be those persons who would otherwise require placement in a hospital,
25 intermediate care facility, or skilled nursing facility. Benefits payable for personal care services
26 shall not exceed for any one participant one hundred percent of the average statewide charge for
27 care and treatment in an intermediate care facility for a comparable period of time. Such
28 services, when delivered in a residential care facility or assisted living facility licensed under
29 chapter 198, shall be authorized on a tier level based on the services the resident requires and the
30 frequency of the services. A resident of such facility who qualifies for assistance under section
31 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the
32 fewest services. The rate paid to providers for each tier of service shall be set subject to
33 appropriations. Subject to appropriations, each resident of such facility who qualifies for
34 assistance under section 208.030 and meets the level of care required in this section shall, at a
35 minimum, if prescribed by a physician, be authorized up to one hour of personal care services
36 per day. Authorized units of personal care services shall not be reduced or tier level lowered
37 unless an order approving such reduction or lowering is obtained from the resident's personal
38 physician. Such authorized units of personal care services or tier level shall be transferred with

1 such resident if he or she transfers to another such facility. Such provision shall terminate upon
2 receipt of relevant waivers from the federal Department of Health and Human Services. If the
3 Centers for Medicare and Medicaid Services determines that such provision does not comply
4 with the state plan, this provision shall be null and void. The MO HealthNet division shall notify
5 the revisor of statutes as to whether the relevant waivers are approved or a determination of
6 noncompliance is made;

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

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

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

27 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
28 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
29 rendered to individuals in an individual or group setting by a mental health or alcohol and drug
30 abuse professional in accordance with a plan of treatment appropriately established,
31 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
32 services management. As used in this section, mental health professional and alcohol and drug
33 abuse professional shall be defined by the department of mental health pursuant to duly
34 promulgated rules. With respect to services established by this subdivision, the department of
35 social services, MO HealthNet division, shall enter into an agreement with the department of
36 mental health. Matching funds for outpatient mental health services, clinic mental health
37 services, and rehabilitation services for mental health and alcohol and drug abuse shall be
38 certified by the department of mental health to the MO HealthNet division. The agreement shall

1 establish a mechanism for the joint implementation of the provisions of this subdivision. In
2 addition, the agreement shall establish a mechanism by which rates for services may be jointly
3 developed;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

32 (25) Medically necessary cochlear implants and hearing instruments, as defined in
33 section 345.015, that are:

34 (a) Prescribed by an audiologist, as defined in section 345.015; or

35 (b) Dispensed by a hearing instrument specialist, as defined in section 346.010;

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

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

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

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

13 (1) Dental services;

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

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

16 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, and
17 wheelchairs;

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

31 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
32 coordinated system of care for individuals with disabling impairments. Rehabilitation services
33 must be based on an individualized, goal-oriented, comprehensive and coordinated treatment
34 plan developed, implemented, and monitored through an interdisciplinary assessment designed
35 to restore an individual to an optimal level of physical, cognitive, and behavioral function. The
36 MO HealthNet division shall establish by administrative rule the definition and criteria for
37 designation of a comprehensive day rehabilitation service facility, benefit limitations and
38 payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010,

1 that is created under the authority delegated in this subdivision shall become effective only if it
2 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
3 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
4 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove
5 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority
6 and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

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

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

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

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

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

17 8. Providers of long-term care services shall be reimbursed for their costs in accordance
18 with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section
19 1396a, as amended, and regulations promulgated thereunder.

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

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

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

30 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or
31 application of the requirements for reimbursement for MO HealthNet services from the
32 interpretation or application that has been applied previously by the state in any audit of a MO
33 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected
34 MO HealthNet providers five business days before such change shall take effect. Failure of the
35 Missouri Medicaid audit and compliance unit to notify a provider of such change shall entitle the
36 provider to continue to receive and retain reimbursement until such notification is provided and
37 shall waive any liability of such provider for recoupment or other loss of any payments
38 previously made prior to the five business days after such notice has been sent. Each provider

1 shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall
2 agree to receive communications electronically. The notification required under this section
3 shall be delivered in writing by the United States Postal Service or electronic mail to each
4 provider.

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

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

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

16 16. The department of social services shall study the impact that the childbirth education
17 classes provided under subdivision (26) of subsection 1 of this section have on infant and
18 maternal mortality among pregnant women of color. The department of social services shall
19 submit a report to the general assembly with the results of the study before January 1, 2029.

20 208.662. 1. There is hereby established within the department of social services the
21 "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP)
22 for any low-income unborn child. The program shall be established under the authority of Title
23 XXI of the federal Social Security Act, the State Children's Health Insurance Program, as
24 amended, and 42 CFR 457.1.

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

35 3. Coverage for an unborn child enrolled in the show-me healthy babies program shall
36 include all prenatal care and pregnancy-related services that benefit the health of the unborn
37 child and that promote healthy labor, delivery, and birth, including childbirth education classes.
38 Coverage need not include services that are solely for the benefit of the pregnant mother, that are

1 unrelated to maintaining or promoting a healthy pregnancy, and that provide no benefit to the
2 unborn child. However, the department may include pregnancy-related assistance as defined in
3 42 U.S.C. Section 1397ll.

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

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

11 6. (1) Pregnancy-related and postpartum coverage for the mother shall begin on the day
12 the pregnancy ends and extend through the last day of the month that includes the sixtieth day
13 after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by the
14 general assembly through appropriations. The department may include pregnancy-related
15 assistance as defined in 42 U.S.C. Section 1397ll.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 376.1213. Each entity offering individual and group health insurance policies providing
2 coverage on an expense-incurred basis, individual and group service or indemnity type contracts
3 issued by a nonprofit corporation, individual and group service contracts issued by a health
4 maintenance organization, all self-insured group arrangements to the extent not preempted by
5 federal law, and all managed health care delivery entities of any type or description, that are
6 delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027, and
7 providing for maternity benefits, shall provide coverage for childbirth education classes.

8 376.1285. 1. As used in this section, the terms "health carrier" and "health benefit plan"
9 shall have the same meanings given to the terms in section 376.1350.

10 2. Each health carrier or health benefit plan that offers or issues health benefit plans that
11 are delivered, issued for delivery, continued, or renewed in this state on or after August 28, 2026,
12 shall provide coverage for annual kidney function screening services designed to identify
13 patients at risk for chronic kidney disease. Coverage for such screening services shall include,
14 but is not limited to, glomerular filtration rate testing, basic metabolic panel testing, and urine
15 testing for screening albumin and creatinine levels.

16 3. The provisions of this section shall not apply to a supplemental insurance policy,
17 including a life care contract, accident-only policy, specified disease policy, hospital policy
18 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-
19 term major medical policy of six months' or less duration, or any other supplemental policy as
20 determined by the director of the department of commerce and insurance."; and

21
22 Further amend said bill by amending the title, enacting clause, and intersectional references
23 accordingly.