

SECOND REGULAR SESSION

HOUSE BILL NO. 1949

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BOSLEY.

4913H.01I

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 208.152 and 208.662, RSMo, and to enact in lieu thereof nine new sections relating to health care.

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Section A. Sections 208.152 and 208.662, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known as sections 191.708, 208.152, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, and 208.1425, to read as follows:

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

(1) Nonspecific recommendations for doula services;

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

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

2. Any standing order issued under this section shall:

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

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

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

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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

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
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 1396, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize
31 through its payment methodology for nursing facilities those nursing facilities which serve a

32 high volume of MO HealthNet patients. The MO HealthNet division when determining the
33 amount of the benefit payments to be made on behalf of persons under the age of twenty-one
34 in a nursing facility may consider nursing facilities furnishing care to persons under the age of
35 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 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) Medically necessary cochlear implants and hearing instruments, as defined in
214 section 345.015, that are:

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

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

217 (26) **Doula services in accordance with sections 208.1400 to 208.1425;**

218 (27) **Childbirth education classes for pregnant women and a support person;**

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

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

233 (1) Dental services;

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

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

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

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

251 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
252 coordinated system of care for individuals with disabling impairments. Rehabilitation

253 services must be based on an individualized, goal-oriented, comprehensive and coordinated
254 treatment plan developed, implemented, and monitored through an interdisciplinary
255 assessment designed to restore an individual to an optimal level of physical, cognitive, and
256 behavioral function. The MO HealthNet division shall establish by administrative rule the
257 definition and criteria for designation of a comprehensive day rehabilitation service facility,
258 benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is
259 defined in section 536.010, that is created under the authority delegated in this subdivision
260 shall become effective only if it complies with and is subject to all of the provisions of
261 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
262 nonseverable and if any of the powers vested with the general assembly pursuant to chapter
263 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
264 held unconstitutional, then the grant of rulemaking authority and any rule proposed or
265 adopted after August 28, 2005, shall be invalid and void.

266 3. The MO HealthNet division may require any participant receiving MO HealthNet
267 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after
268 July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all
269 covered services except for those services covered under subdivisions (15) and (16) of
270 subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner
271 authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.)
272 and regulations thereunder. When substitution of a generic drug is permitted by the prescriber
273 according to section 338.056, and a generic drug is substituted for a name-brand drug, the
274 MO HealthNet division may not lower or delete the requirement to make a co-payment
275 pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods
276 or services described under this section must collect from all participants the additional
277 payment that may be required by the MO HealthNet division under authority granted herein,
278 if the division exercises that authority, to remain eligible as a provider. Any payments made
279 by participants under this section shall be in addition to and not in lieu of payments made by
280 the state for goods or services described herein except the participant portion of the pharmacy
281 professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists.
282 A provider may collect the co-payment at the time a service is provided or at a later date. A
283 provider shall not refuse to provide a service if a participant is unable to pay a required
284 payment. If it is the routine business practice of a provider to terminate future services to an
285 individual with an unclaimed debt, the provider may include uncollected co-payments under
286 this practice. Providers who elect not to undertake the provision of services based on a
287 history of bad debt shall give participants advance notice and a reasonable opportunity for
288 payment. A provider, representative, employee, independent contractor, or agent of a
289 pharmaceutical manufacturer shall not make co-payment for a participant. This subsection

290 shall not apply to other qualified children, pregnant women, or blind persons. If the Centers
291 for Medicare and Medicaid Services does not approve the MO HealthNet state plan
292 amendment submitted by the department of social services that would allow a provider to
293 deny future services to an individual with uncollected co-payments, the denial of services
294 shall not be allowed. The department of social services shall inform providers regarding the
295 acceptability of denying services as the result of unpaid co-payments.

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

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

304 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded
305 health centers shall be in accordance with the provisions of subsection 6402(c) and Section
306 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations
307 promulgated thereunder.

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

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

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

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

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

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

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

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

348 15. There shall be no payments made under this section for gender transition
349 surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section
350 191.1720, for the purpose of a gender transition.

351 **16. The department of social services shall study the impact that the childbirth**
352 **education classes provided under subdivision (27) of subsection 1 of this section have on**
353 **infant and maternal mortality among pregnant women. The department of social**
354 **services shall submit a report to the general assembly with the results of the study before**
355 **January 1, 2029.**

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (2) One birth attendance;

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

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

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

3 (1) Is enrolled as a MO HealthNet provider;

4 (2) Is eighteen years of age or older;

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

7 (4) Either:

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

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

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

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

208.1425. The MO HealthNet division shall promulgate all necessary rules and
2 regulations for the administration of sections 208.1400 to 208.1425. Any rule or portion
3 of a rule, as that term is defined in section 536.010, that is created under the authority
4 delegated in this section shall become effective only if it complies with and is subject to
5 all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
6 chapter 536 are nonseverable and if any of the powers vested with the general assembly
7 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul
8 a rule are subsequently held unconstitutional, then the grant of rulemaking authority
9 and any rule proposed or adopted after August 28, 2026, shall be invalid and void.

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