

SECOND REGULAR SESSION

# HOUSE BILL NO. 1468

## 99TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE STEVENS (46).

4217H.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal sections 208.151 and 208.662, RSMo, and to enact in lieu thereof two new sections relating to public assistance benefits for pregnant women.

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

Section A. Sections 208.151 and 208.662, RSMo, are repealed and two new sections  
2 enacted in lieu thereof, to be known as sections 208.151 and 208.662, to read as follows:

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO  
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,  
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301,  
4 et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet  
5 benefits to the extent and in the manner hereinafter provided:

6 (1) All participants receiving state supplemental payments for the aged, blind and  
7 disabled;

8 (2) All participants receiving aid to families with dependent children benefits, including  
9 all persons under nineteen years of age who would be classified as dependent children except for  
10 the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible  
11 under this subdivision who are participating in drug court, as defined in section 478.001, shall  
12 have their eligibility automatically extended sixty days from the time their dependent child is  
13 removed from the custody of the participant, subject to approval of the Centers for Medicare and  
14 Medicaid Services;

15 (3) All participants receiving blind pension benefits;

16 (4) All persons who would be determined to be eligible for old age assistance benefits,  
17 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards

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.

18 in effect December 31, 1973, or less restrictive standards as established by rule of the family  
19 support division, who are sixty-five years of age or over and are patients in state institutions for  
20 mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to  
22 families with dependent children except for the requirements of subdivision (2) of subsection 1  
23 of section 208.040, and who are residing in an intermediate care facility, or receiving active  
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as  
25 amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to  
27 families with dependent children benefits except for the requirement of deprivation of parental  
28 support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care  
31 institution care, subsidized adoption benefits and parental school care wherein state funds are  
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the  
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who  
35 continue to meet the eligibility requirements, except income, for these assistance categories, but  
36 who are no longer receiving such benefits because of the implementation of Title XVI of the  
37 federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent  
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent  
41 children, except for the existence of a dependent child who is deprived of parental support as  
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income  
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the  
45 federal poverty level as established and amended by the federal Department of Health and  
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age  
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget  
49 Reconciliation Act of 1989). The family support division shall use an income eligibility standard  
50 equal to one hundred thirty-three percent of the federal poverty level established by the  
51 Department of Health and Human Services, or its successor agency;

52 (14) Children who have attained six years of age but have not attained nineteen years of  
53 age. For children who have attained six years of age but have not attained nineteen years of age,

54 the family support division shall use an income assessment methodology which provides for  
55 eligibility when family income is equal to or less than equal to one hundred percent of the federal  
56 poverty level established by the Department of Health and Human Services, or its successor  
57 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department  
58 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.  
59 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained  
60 nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using  
61 a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r)  
62 of 42 U.S.C. 1396a;

63 (15) The family support division shall not establish a resource eligibility standard in  
64 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO  
65 HealthNet division shall define the amount and scope of benefits which are available to  
66 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in  
67 accordance with the requirements of federal law and regulations promulgated thereunder;

68 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal  
69 care shall be made available to pregnant women during a period of presumptive eligibility  
70 pursuant to 42 U.S.C. Section 1396r-1, as amended;

71 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under  
72 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet  
73 benefits and to have been found eligible for such assistance under such plan on the date of such  
74 birth and to remain eligible for such assistance for a period of time determined in accordance  
75 with applicable federal and state law and regulations so long as the child is a member of the  
76 woman's household and either the woman remains eligible for such assistance or for children  
77 born on or after January 1, 1991, the woman would remain eligible for such assistance if she  
78 were still pregnant. Upon notification of such child's birth, the family support division shall  
79 assign a MO HealthNet eligibility identification number to the child so that claims may be  
80 submitted and paid under such child's identification number;

81 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to  
82 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO  
83 HealthNet benefits be required to apply for aid to families with dependent children. The family  
84 support division shall utilize an application for eligibility for such persons which eliminates  
85 information requirements other than those necessary to apply for MO HealthNet benefits. The  
86 division shall provide such application forms to applicants whose preliminary income  
87 information indicates that they are ineligible for aid to families with dependent children.  
88 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection  
89 shall be informed of the aid to families with dependent children program and that they are

90 entitled to apply for such benefits. Any forms utilized by the family support division for  
91 assessing eligibility under this chapter shall be as simple as practicable;

92 (19) Subject to appropriations necessary to recruit and train such staff, the family support  
93 division shall provide one or more full-time, permanent eligibility specialists to process  
94 applications for MO HealthNet benefits at the site of a health care provider, if the health care  
95 provider requests the placement of such eligibility specialists and reimburses the division for the  
96 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and  
97 equipment of such eligibility specialists. The division may provide a health care provider with  
98 a part-time or temporary eligibility specialist at the site of a health care provider if the health care  
99 provider requests the placement of such an eligibility specialist and reimburses the division for  
100 the expenses, including but not limited to the salary, benefits, travel, training, telephone,  
101 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such  
102 eligibility specialists who are otherwise qualified for such positions and who are current or  
103 former welfare participants. The division may consider training such current or former welfare  
104 participants as eligibility specialists for this program;

105 (20) Pregnant women who are eligible for, have applied for and have received MO  
106 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to  
107 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided  
108 under section 208.152 until the end of the ~~sixty-day~~ **one-year** period beginning on the last day  
109 of their pregnancy;

110 (21) Case management services for pregnant women and young children at risk shall be  
111 a covered service. To the greatest extent possible, and in compliance with federal law and  
112 regulations, the department of health and senior services shall provide case management services  
113 to pregnant women by contract or agreement with the department of social services through local  
114 health departments organized under the provisions of chapter 192 or chapter 205 or a city health  
115 department operated under a city charter or a combined city-county health department or other  
116 department of health and senior services designees. To the greatest extent possible the  
117 department of social services and the department of health and senior services shall mutually  
118 coordinate all services for pregnant women and children with the crippled children's program,  
119 the prevention of intellectual disability and developmental disability program and the prenatal  
120 care program administered by the department of health and senior services. The department of  
121 social services shall by regulation establish the methodology for reimbursement for case  
122 management services provided by the department of health and senior services. For purposes  
123 of this section, the term "case management" shall mean those activities of local public health  
124 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in  
125 the state's MO HealthNet program, refer them to local physicians or local health departments

126 who provide prenatal care under physician protocol and who participate in the MO HealthNet  
127 program for prenatal care and to ensure that said high-risk mothers receive support from all  
128 private and public programs for which they are eligible and shall not include involvement in any  
129 MO HealthNet prepaid, case-managed programs;

130 (22) By January 1, 1988, the department of social services and the department of health  
131 and senior services shall study all significant aspects of presumptive eligibility for pregnant  
132 women and submit a joint report on the subject, including projected costs and the time needed  
133 for implementation, to the general assembly. The department of social services, at the direction  
134 of the general assembly, may implement presumptive eligibility by regulation promulgated  
135 pursuant to chapter 207;

136 (23) All participants who would be eligible for aid to families with dependent children  
137 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

138 (24) (a) All persons who would be determined to be eligible for old age assistance  
139 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
140 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan  
141 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income  
142 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the  
143 income limit if authorized by annual appropriation;

144 (b) All persons who would be determined to be eligible for aid to the blind benefits  
145 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section  
146 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of  
147 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.  
148 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal  
149 poverty level;

150 (c) All persons who would be determined to be eligible for permanent and total disability  
151 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
152 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of  
153 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as  
154 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if  
155 authorized by annual appropriations. Eligibility standards for permanent and total disability  
156 benefits shall not be limited by age;

157 (25) Persons who have been diagnosed with breast or cervical cancer and who are  
158 eligible for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be  
159 eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1;

160 (26) Effective August 28, 2013, persons who are in foster care under the responsibility  
161 of the state of Missouri on the date such persons attain the age of eighteen years, or at any time

162 during the thirty-day period preceding their eighteenth birthday, without regard to income or  
163 assets, if such persons:

164 (a) Are under twenty-six years of age;

165 (b) Are not eligible for coverage under another mandatory coverage group; and

166 (c) Were covered by Medicaid while they were in foster care.

167 2. Rules and regulations to implement this section shall be promulgated in accordance  
168 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that  
169 is created under the authority delegated in this section shall become effective only if it complies  
170 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
171 This section and chapter 536 are nonseverable and if any of the powers vested with the general  
172 assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and  
173 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and  
174 any rule proposed or adopted after August 28, 2002, shall be invalid and void.

175 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance  
176 pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the last six months  
177 immediately preceding the month in which such family became ineligible for such assistance  
178 because of increased income from employment shall, while a member of such family is  
179 employed, remain eligible for MO HealthNet benefits for four calendar months following the  
180 month in which such family would otherwise be determined to be ineligible for such assistance  
181 because of income and resource limitation. After April 1, 1990, any family receiving aid  
182 pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the six months immediately  
183 preceding the month in which such family becomes ineligible for such aid, because of hours of  
184 employment or income from employment of the caretaker relative, shall remain eligible for MO  
185 HealthNet benefits for six calendar months following the month of such ineligibility as long as  
186 such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received  
187 such medical assistance during the entire six-month period described in this section and which  
188 meets reporting requirements and income tests established by the division and continues to  
189 include a child as provided in 42 U.S.C. 1396r-6 shall receive MO HealthNet benefits without  
190 fee for an additional six months. The MO HealthNet division may provide by rule and as  
191 authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such  
192 families.

193 4. When any individual has been determined to be eligible for MO HealthNet benefits,  
194 such medical assistance will be made available to him or her for care and services furnished in  
195 or after the third month before the month in which he made application for such assistance if  
196 such individual was, or upon application would have been, eligible for such assistance at the time

197 such care and services were furnished; provided, further, that such medical expenses remain  
198 unpaid.

199           5. The department of social services may apply to the federal Department of Health and  
200 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration  
201 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars  
202 in additional costs to the state, unless subject to appropriation or directed by statute, but in no  
203 event shall such waiver applications or amendments seek to waive the services of a rural health  
204 clinic or a federally qualified health center as defined in 42 U.S.C. 1396d(l)(1) and (2) or the  
205 payment requirements for such clinics and centers as provided in 42 U.S.C. 1396a(a)(15) and  
206 1396a(bb) unless such waiver application is approved by the oversight committee created in  
207 section 208.955. A request for such a waiver so submitted shall only become effective by  
208 executive order not sooner than ninety days after the final adjournment of the session of the  
209 general assembly to which it is submitted, unless it is disapproved within sixty days of its  
210 submission to a regular session by a senate or house resolution adopted by a majority vote of the  
211 respective elected members thereof, unless the request for such a waiver is made subject to  
212 appropriation or directed by statute.

213           6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,  
214 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of  
215 subsection 1 of this section shall only be eligible if annual appropriations are made for such  
216 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section  
217 1396a(a)(10)(A)(i).

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 (CHIP)  
3 for any low-income unborn child. The program shall be established under the authority of Title  
4 XXI of the federal Social Security Act, the State Children's Health Insurance Program, as  
5 amended, and 42 CFR 457.1.

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

16           3. Coverage for an unborn child enrolled in the show-me healthy babies program shall  
17 include all prenatal care and pregnancy-related services that benefit the health of the unborn child  
18 and that promote healthy labor, delivery, and birth. Coverage need not include services that are  
19 solely for the benefit of the pregnant mother, that are unrelated to maintaining or promoting a  
20 healthy pregnancy, and that provide no benefit to the unborn child. However, the department  
21 may include pregnancy-related assistance as defined in 42 U.S.C. Section 1397II.

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

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

29           6. Pregnancy-related and postpartum coverage for the mother shall begin on the day the  
30 pregnancy ends and extend through ~~[the last day of the month that includes the sixtieth day]~~ **one**  
31 **year** after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited  
32 by the general assembly through appropriations. The department may include pregnancy-related  
33 assistance as defined in 42 U.S.C. Section 1397II.

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

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

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

46           10. At least annually, the department shall prepare and submit a report to the governor,  
47 the speaker of the house of representatives, and the president pro tempore of the senate analyzing  
48 and projecting the cost savings and benefits, if any, to the state, counties, local communities,  
49 school districts, law enforcement agencies, correctional centers, health care providers, employers,  
50 other public and private entities, and persons by enrolling unborn children in the show-me



51 healthy babies program. The analysis and projection of cost savings and benefits, if any, may  
52 include but need not be limited to:

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

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

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

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

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

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

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

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

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