

HB 716 -- Show-Me Healthy Babies Program

Sponsor: Grisamore

This bill establishes the Show-Me Healthy Babies Program as a separate children's health insurance program for low-income unborn children.

For an unborn child to be eligible for enrollment in the program, the mother of the child must not be eligible for coverage under Title XIX of the federal Social Security Act, the Medicaid program as administered by the state, and must not have access to affordable employer-subsidized health care insurance or other affordable health care coverage that includes coverage for the unborn child. The unborn child must be in a family with income eligibility of no more than 300% of the federal poverty level or the comparable modified adjusted gross income unless the income eligibility is set lower by the General Assembly through appropriations. When calculating family size as it relates to income eligibility, the family must include in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children.

Coverage for an unborn child enrolled in the program must include all prenatal care and pregnancy-related services that benefit the health of the unborn child and promote healthy labor, delivery, and birth. Coverage must not include services that are solely for the benefit of the pregnant mother, are unrelated to maintaining or promoting a healthy pregnancy, and provide no benefit to the unborn child.

The bill specifies that there must not be a waiting period before an unborn child may be enrolled in the program. Coverage must include the period from conception to birth and the Department of Social Services must develop a presumptive eligibility procedure for enrolling an unborn child.

Coverage for the child continues for up to one year after birth, unless otherwise prohibited by law or limited by the General Assembly through appropriations. The General Assembly may set nonarbitrary conditions on the post-birth coverage for the child based on factors including age, income eligibility, geography, race ethnicity, morbidity, mortality, birth weight, and disability.

Pregnancy-related and postpartum coverage for the mother begins on the day the pregnancy ends through the last day of the month that includes the sixtieth day after the pregnancy ends, unless otherwise prohibited by law or limited by the General Assembly through appropriations. The General Assembly may set nonarbitrary

conditions on the pregnancy-related and postpartum coverage for the mother based on factors including age, income eligibility, geography, race ethnicity, morbidity, mortality, birth weight, and disability. Coverage for the mother is limited to pregnancy-related and postpartum care.

The bill does not prohibit an unborn child from being enrolled in the program at the same time his or her mother is enrolled in MO HealthNet, the Children's Health Insurance Program (CHIP), Medicare, or another health care program. The department must ensure that there is no duplication of payments for services for an unborn child enrolled in the program that are payable under a governmental or nongovernmental health care program for services to an eligible pregnant woman.

The bill specifies the way the department may provide coverage for an unborn child enrolled in the program. The department must provide information about the program to maternity homes as defined in Section 135.600, RSMo, pregnancy resource centers as defined in Section 135.630, and other similar agencies and programs in the state that assist unborn children and their mothers. The department must consider including these agencies and programs as places that may assist in enrolling unborn children in the program and in determining presumptive eligibility.

Within 60 days after the effective date of these provisions, the department must submit a state plan amendment to the federal Department of Health and Human Services requesting approval for the program.

At least annually, the department must prepare and submit a report to the Governor, the Speaker of the House of Representatives, and the President Pro Tem of the Senate analyzing the cost savings and benefits, if any, to the state, counties, local communities, school districts, law enforcement, health care providers, employers and other public and private entities and persons by enrolling unborn children in the program. The bill specifies the information that must be included in this analysis.

The program is not to be deemed an entitlement program, but instead is subject to a federal allotment or other federal appropriations and matching state appropriations.

The state is not obligated to continue the program if the allotment or payments from the federal government end or are not sufficient for the program to operate or if the General Assembly does not appropriate funds for the program.

The bill must not be construed as expanding MO HealthNet or

fulfilling a mandate imposed by the federal government on the state.