

This bill changes the laws regarding public health.

Beginning July 1, 2015, the bill requires the Department of Health and Senior Services to transport collected, donated umbilical cord blood samples to a nonprofit umbilical cord blood bank located in St. Louis City in existence as of the effective date of the bill. The collection sites must only be those facilities designated and trained by the blood bank in the collection and handling of umbilical cord blood specimens.

The bill establishes the Perinatal Advisory Council and specifies what individuals must serve on the council. This perinatal advisory council must establish standards for all levels of hospital perinatal care including regional perinatal centers. The standards must assure that:

- (1) Facilities are equipped and prepared to stabilize neonates prior to transport;
- (2) Coordination exists between general maternity care and perinatal centers;
- (3) Unexpected complications during delivery can be properly managed;
- (4) High-risk pregnancies, labors, deliveries, and childbirths are reviewed at each hospital or maternity center in collaboration with the community provider using criteria of case selection developed by the hospitals, maternity centers, or the appropriate medical staff in order to determine appropriateness of diagnosis and treatment;
- (5) Procedures are implemented to confidentially identify and report to the department all high-risk birth outcomes;
- (6) A high-risk pregnancy or baby identified as having a condition that threatens the child's or mother's life are promptly evaluated in consultation with designated regional perinatal centers and referred, if appropriate, to the centers or to other medical specialty services in accordance with the level of perinatal care authorized for each hospital or maternity care center for the proper management and treatment of the condition;
- (7) Hospital or maternity care centers in collaboration with community providers conduct postnatal reviews of all maternal and infant deaths utilizing criteria of case selection developed by the hospitals, maternity centers, or the appropriate medical staff in

order to determine the appropriateness of diagnosis and treatment and the adequacy of procedures to prevent the loss of life;

(8) High-risk mothers are provided information, referral, and counseling services to ensure informed consent to the treatment of the child;

(9) Consultation when indicated is provided for and available. Perinatal centers must provide care for the high-risk expectant mother who may deliver a high-risk infant. The centers must also provide intensive care to the high-risk newborn or mother whose life or physical well-being may be in jeopardy; and

(10) The perinatal care system is monitored and performance evaluated and any reporting required to facilitate implementation must minimize duplication.

The standards under these provisions must be based upon evidence and best practices as outlined by the most current version of the Guidelines for Perinatal Care prepared by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists, any guidelines developed by the Society for Maternal-Fetal Medicine, and the geographic and varied needs of citizens of this state.

The bill prohibits any individual or organization providing information to the department or the council in accordance with these provisions from being held liable, either civilly or criminally, for divulging confidential information unless that individual or organization acted in bad faith or with malicious purpose.

The standards must be established by rules and regulations of the department no later than January 1, 2016.

The bill requires each hospital licensed under Chapter 197, RSMo, to offer, prior to discharge and with the approval of the attending physician, immunizations against influenza virus to all inpatients 65 years of age or older between October 1 and March 1 of each year in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention unless contraindicated for the patient and contingent upon the availability of the vaccine.

The Show-Me Healthy Babies Program is established within the Department of Social Services as a separate children's health insurance program for any low-income unborn child.

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 or 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 equivalent 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 does not need to 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 must develop a presumptive eligibility procedure for enrolling an unborn child.

Coverage for the child must continue for up to one year after birth unless otherwise prohibited by law or limited by the General Assembly through appropriations. Coverage for the mother is limited to pregnancy-related and postpartum care beginning on the day the pregnancy ends and extends 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 bill specifies how 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, 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 allowing these agencies and programs to assist in enrolling unborn children in the program and in making determinations about presumptive eligibility and verification of the pregnancy.

Within 60 days after the effective date of these provisions, the

department must submit a state plan amendment or seek any necessary waivers from the federal Department of Health and Human Services requesting approval for the program.

At least annually, the Department of Social Services 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 and projecting the cost savings and benefits, if any, to the state, counties, local communities, school districts, law enforcement agencies, correctional centers, health care providers, employers, 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 must be 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.

These provisions must not be construed as expanding MO HealthNet or fulfilling a mandate imposed by the federal government on the state.