

HOUSE BILL NO. 2574

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE RIGGS.

4478H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 208.151, RSMo, and to enact in lieu thereof two new sections relating to postpartum depression screening.

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

Section A. Section 208.151, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 191.940 and 208.151, to read as follows:

191.940. 1. As used in this section, the following terms mean:

(1) "Ambulatory surgical center", the same meaning as defined in section 197.200;

(2) "Health care provider", a physician licensed under chapter 334, an assistant physician or physician assistant licensed under chapter 334 and in a collaborative practice arrangement with a collaborating physician, or an advanced practice registered nurse licensed under chapter 335 and in a collaborative practice arrangement with a collaborating physician;

(3) "Hospital", the same meaning as defined in section 197.020;

(4) "Postnatal care", an office visit to a licensed health care provider occurring after pregnancy for the infant or birth mother;

(5) "Questionnaire", an assessment tool designed to detect the symptoms of postpartum depression or related mental health disorders, including, but not limited to, the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, the Beck Depression Inventory, the Patient Health Questionnaire, or other validated assessment methods.

2. All hospitals and ambulatory surgical centers that provide labor and delivery services shall, prior to discharge following pregnancy, provide mothers of newborns and,

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 if possible, fathers of newborns and other family members with complete information
19 about postpartum depression, including its symptoms, methods of treatment, and available
20 resources. The department of health and senior services, in cooperation with the
21 department of mental health, shall provide written information that hospitals and
22 ambulatory surgical centers may use and shall include such information on its website.

23 3. Health care providers providing postnatal care to women until six months
24 following the pregnancy shall invite the woman to complete a questionnaire and shall
25 review the completed questionnaire in accordance with the formal opinions and
26 recommendations of the American College of Obstetricians and Gynecologists.

27 4. Health care providers providing pediatric care to an infant shall invite the
28 infant's birth mother to complete a questionnaire at any well-baby checkup at which the
29 birth mother is present, beginning with the infant's one-month checkup and until the
30 infant is six months old, and shall review the completed questionnaire in accordance with
31 the formal opinions and recommendations of the American College of Obstetricians and
32 Gynecologists in order to ensure that the health and well-being of the infant are not
33 compromised by undiagnosed postpartum depression or related mental health disorders
34 in the birth mother. With the birth mother's consent, the health care provider shall share
35 the results of the questionnaire with the birth mother's primary health care provider or
36 mental health care provider of her choice. If the health care provider determines that the
37 birth mother presents an acute danger to herself, the infant, or others, the birth mother's
38 consent shall not be required prior to sharing the results.

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 treatment court, as defined in section 478.001,
12 shall have their eligibility automatically extended sixty days from the time their dependent child
13 is removed from the custody of the participant, subject to approval of the Centers for Medicare
14 and 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
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. Section
25 1396d, as 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) **(42 U.S.C. Sections 1396a to 1396b)**. The family support division
50 shall use an income eligibility standard equal to one hundred thirty-three percent of the federal

51 poverty level established by the Department of Health and Human Services, or its successor
52 agency;

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

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

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

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

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
84 HealthNet benefits be required to apply for aid to families with dependent children. The family
85 support division shall utilize an application for eligibility for such persons which eliminates
86 information requirements other than those necessary to apply for MO HealthNet benefits. The

87 division shall provide such application forms to applicants whose preliminary income
88 information indicates that they are ineligible for aid to families with dependent children.
89 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection
90 shall be informed of the aid to families with dependent children program and that they are
91 entitled to apply for such benefits. Any forms utilized by the family support division for
92 assessing eligibility under this chapter shall be as simple as practicable;

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

106 (20) Pregnant women who are eligible for, have applied for and have received MO
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to
108 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided
109 under section 208.152 until the end of the sixty-day period beginning on the last day of their
110 pregnancy. **Mothers of newborns receiving mental health treatment for postpartum**
111 **depression or related mental health conditions within sixty days of giving birth shall,**
112 **subject to appropriations and any necessary federal approval, be eligible for MO**
113 **HealthNet benefits for mental health services for the treatment of postpartum depression**
114 **and related mental health conditions for up to twelve additional months. [~~Pregnant women~~]**
115 **Mothers of newborns** receiving substance abuse treatment within sixty days of giving birth
116 shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet
117 benefits for substance abuse treatment and mental health services for the treatment of substance
118 abuse for no more than twelve additional months, as long as the woman remains adherent with
119 treatment. The department of mental health and the department of social services shall seek any
120 necessary waivers or state plan amendments from the Centers for Medicare and Medicaid
121 Services and shall develop rules relating to treatment plan adherence. No later than fifteen
122 months after receiving any necessary waiver, the department of mental health and the department

123 of social services shall report to the house of representatives budget committee and the senate
124 appropriations committee on the compliance with federal cost neutrality requirements;

125 (21) Case management services for pregnant women and young children at risk shall be
126 a covered service. To the greatest extent possible, and in compliance with federal law and
127 regulations, the department of health and senior services shall provide case management services
128 to pregnant women by contract or agreement with the department of social services through local
129 health departments organized under the provisions of chapter 192 or chapter 205 or a city health
130 department operated under a city charter or a combined city-county health department or other
131 department of health and senior services designees. To the greatest extent possible the
132 department of social services and the department of health and senior services shall mutually
133 coordinate all services for pregnant women and children with the crippled children's program,
134 the prevention of intellectual disability and developmental disability program and the prenatal
135 care program administered by the department of health and senior services. The department of
136 social services shall by regulation establish the methodology for reimbursement for case
137 management services provided by the department of health and senior services. For purposes
138 of this section, the term "case management" shall mean those activities of local public health
139 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in
140 the state's MO HealthNet program, refer them to local physicians or local health departments
141 who provide prenatal care under physician protocol and who participate in the MO HealthNet
142 program for prenatal care and to ensure that said high-risk mothers receive support from all
143 private and public programs for which they are eligible and shall not include involvement in any
144 MO HealthNet prepaid, case-managed programs;

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

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

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

159 (b) All persons who would be determined to be eligible for aid to the blind benefits
160 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
161 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
162 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.
163 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal
164 poverty level;

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

172 (25) Persons who have been diagnosed with breast or cervical cancer and who are
173 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons
174 shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section
175 1396r-1;

176 (26) Persons who are in foster care under the responsibility of the state of Missouri on
177 the date such persons attained the age of eighteen years, or at any time during the thirty-day
178 period preceding their eighteenth birthday, or persons who received foster care for at least six
179 months in another state, are residing in Missouri, and are at least eighteen years of age, without
180 regard to income or assets, if such persons:

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

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

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

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

192 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance
193 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months
194 immediately preceding the month in which such family became ineligible for such assistance

195 because of increased income from employment shall, while a member of such family is
196 employed, remain eligible for MO HealthNet benefits for four calendar months following the
197 month in which such family would otherwise be determined to be ineligible for such assistance
198 because of income and resource limitation. After April 1, 1990, any family receiving aid
199 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months
200 immediately preceding the month in which such family becomes ineligible for such aid, because
201 of hours of employment or income from employment of the caretaker relative, shall remain
202 eligible for MO HealthNet benefits for six calendar months following the month of such
203 ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6.
204 Each family which has received such medical assistance during the entire six-month period
205 described in this section and which meets reporting requirements and income tests established
206 by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall
207 receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet
208 division may provide by rule and as authorized by annual appropriation the scope of MO
209 HealthNet coverage to be granted to such families.

210 4. When any individual has been determined to be eligible for MO HealthNet benefits,
211 such medical assistance will be made available to him or her for care and services furnished in
212 or after the third month before the month in which he made application for such assistance if
213 such individual was, or upon application would have been, eligible for such assistance at the time
214 such care and services were furnished; provided, further, that such medical expenses remain
215 unpaid.

216 5. The department of social services may apply to the federal Department of Health and
217 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration
218 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars
219 in additional costs to the state, unless subject to appropriation or directed by statute, but in no
220 event shall such waiver applications or amendments seek to waive the services of a rural health
221 clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and (2)
222 or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section
223 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight
224 committee created in section 208.955. A request for such a waiver so submitted shall only
225 become effective by executive order not sooner than ninety days after the final adjournment of
226 the session of the general assembly to which it is submitted, unless it is disapproved within sixty
227 days of its submission to a regular session by a senate or house resolution adopted by a majority
228 vote of the respective elected members thereof, unless the request for such a waiver is made
229 subject to appropriation or directed by statute.

230 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,
231 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
232 subsection 1 of this section shall only be eligible if annual appropriations are made for such
233 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
234 1396a(a)(10)(A)[~~(F)~~] (i).

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