

FIRST REGULAR SESSION

SENATE BILL NO. 263

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHUPP.

Read 1st time January 16, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

1203S.03I

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Section A. Section 208.151, RSMo, is repealed and two new sections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

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

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

5 **(2) "Health care provider", a physician licensed under chapter
6 334, an assistant physician or physician assistant licensed under
7 chapter 334 and in a collaborative practice arrangement or supervision
8 agreement with a collaborating or supervising physician, and an
9 advanced practice registered nurse licensed under chapter 335 and in
10 a collaborative practice arrangement with a collaborating physician;**

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

12 **(4) "Postnatal care", an office visit to a licensed health care
13 provider occurring after birth, with reference to the infant or mother;**

14 **(5) "Questionnaire", an assessment tool designed to detect the
15 symptoms of postpartum depression or related mental health disorders,
16 such as the Edinburgh Postnatal Depression Scale, the Postpartum
17 Depression Screening Scale, the Beck Depression Inventory, the Patient
18 Health Questionnaire, or other validated assessment methods.**

19 **2. All hospitals and ambulatory surgical centers that provide
20 labor and delivery services shall provide new mothers, prior to**

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

28 **3. Health care providers providing postnatal care to new mothers**
29 **until six months following the birth shall invite the mother to complete**
30 **a questionnaire and shall review the completed questionnaire in**
31 **accordance with the formal opinions and recommendations of the**
32 **American College of Obstetricians and Gynecologists.**

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

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

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

9 (2) All participants receiving aid to families with dependent children
10 benefits, including all persons under nineteen years of age who would be

11 classified as dependent children except for the requirements of subdivision (1) of
12 subsection 1 of section 208.040. Participants eligible under this subdivision who
13 are participating in treatment court, as defined in section 478.001, shall have
14 their eligibility automatically extended sixty days from the time their dependent
15 child is removed from the custody of the participant, subject to approval of the
16 Centers for Medicare and Medicaid Services;

17 (3) All participants receiving blind pension benefits;

18 (4) All persons who would be determined to be eligible for old age
19 assistance benefits, permanent and total disability benefits, or aid to the blind
20 benefits under the eligibility standards in effect December 31, 1973, or less
21 restrictive standards as established by rule of the family support division, who
22 are sixty-five years of age or over and are patients in state institutions for mental
23 diseases or tuberculosis;

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

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

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

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

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

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

46 (11) Pregnant women who meet the requirements for aid to families with

47 dependent children, except for the existence of a dependent child who is deprived
48 of parental support as provided for in subdivision (2) of subsection 1 of section
49 208.040;

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

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

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

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

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

83 amended;

84 (17) A child born to a woman eligible for and receiving MO HealthNet
85 benefits under this section on the date of the child's birth shall be deemed to have
86 applied for MO HealthNet benefits and to have been found eligible for such
87 assistance under such plan on the date of such birth and to remain eligible for
88 such assistance for a period of time determined in accordance with applicable
89 federal and state law and regulations so long as the child is a member of the
90 woman's household and either the woman remains eligible for such assistance or
91 for children born on or after January 1, 1991, the woman would remain eligible
92 for such assistance if she were still pregnant. Upon notification of such child's
93 birth, the family support division shall assign a MO HealthNet eligibility
94 identification number to the child so that claims may be submitted and paid
95 under such child's identification number;

96 (18) Pregnant women and children eligible for MO HealthNet benefits
97 pursuant to subdivision (12), (13) or (14) of this subsection shall not as a
98 condition of eligibility for MO HealthNet benefits be required to apply for aid to
99 families with dependent children. The family support division shall utilize an
100 application for eligibility for such persons which eliminates information
101 requirements other than those necessary to apply for MO HealthNet
102 benefits. The division shall provide such application forms to applicants whose
103 preliminary income information indicates that they are ineligible for aid to
104 families with dependent children. Applicants for MO HealthNet benefits under
105 subdivision (12), (13) or (14) of this subsection shall be informed of the aid to
106 families with dependent children program and that they are entitled to apply for
107 such benefits. Any forms utilized by the family support division for assessing
108 eligibility under this chapter shall be as simple as practicable;

109 (19) Subject to appropriations necessary to recruit and train such staff,
110 the family support division shall provide one or more full-time, permanent
111 eligibility specialists to process applications for MO HealthNet benefits at the site
112 of a health care provider, if the health care provider requests the placement of
113 such eligibility specialists and reimburses the division for the expenses including
114 but not limited to salaries, benefits, travel, training, telephone, supplies, and
115 equipment of such eligibility specialists. The division may provide a health care
116 provider with a part-time or temporary eligibility specialist at the site of a health
117 care provider if the health care provider requests the placement of such an
118 eligibility specialist and reimburses the division for the expenses, including but

119 not limited to the salary, benefits, travel, training, telephone, supplies, and
120 equipment, of such an eligibility specialist. The division may seek to employ such
121 eligibility specialists who are otherwise qualified for such positions and who are
122 current or former welfare participants. The division may consider training such
123 current or former welfare participants as eligibility specialists for this program;

124 (20) Pregnant women who are eligible for, have applied for and have
125 received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this
126 subsection shall continue to be considered eligible for all pregnancy-related and
127 postpartum MO HealthNet benefits provided under section 208.152 until the end
128 of the sixty-day period beginning on the last day of their pregnancy. **Pregnant**
129 **women receiving mental health treatment for postpartum depression**
130 **or related mental health conditions within sixty days of giving birth**
131 **shall, subject to appropriations and any necessary federal approval, be**
132 **eligible for MO HealthNet benefits for mental health services for the**
133 **treatment of postpartum depression and related mental health**
134 **conditions for up to twelve additional months.** Pregnant women receiving
135 substance abuse treatment within sixty days of giving birth shall, subject to
136 appropriations and any necessary federal approval, be eligible for MO HealthNet
137 benefits for substance abuse treatment and mental health services for the
138 treatment of substance abuse for no more than twelve additional months, as long
139 as the woman remains adherent with treatment. The department of mental
140 health and the department of social services shall seek any necessary waivers or
141 state plan amendments from the Centers for Medicare and Medicaid Services and
142 shall develop rules relating to treatment plan adherence. No later than fifteen
143 months after receiving any necessary waiver, the department of mental health
144 and the department of social services shall report to the house of representatives
145 budget committee and the senate appropriations committee on the compliance
146 with federal cost neutrality requirements;

147 (21) Case management services for pregnant women and young children
148 at risk shall be a covered service. To the greatest extent possible, and in
149 compliance with federal law and regulations, the department of health and senior
150 services shall provide case management services to pregnant women by contract
151 or agreement with the department of social services through local health
152 departments organized under the provisions of chapter 192 or chapter 205 or a
153 city health department operated under a city charter or a combined city-county
154 health department or other department of health and senior services designees.

155 To the greatest extent possible the department of social services and the
156 department of health and senior services shall mutually coordinate all services
157 for pregnant women and children with the crippled children's program, the
158 prevention of intellectual disability and developmental disability program and the
159 prenatal care program administered by the department of health and senior
160 services. The department of social services shall by regulation establish the
161 methodology for reimbursement for case management services provided by the
162 department of health and senior services. For purposes of this section, the term
163 "case management" shall mean those activities of local public health personnel
164 to identify prospective MO HealthNet-eligible high-risk mothers and enroll them
165 in the state's MO HealthNet program, refer them to local physicians or local
166 health departments who provide prenatal care under physician protocol and who
167 participate in the MO HealthNet program for prenatal care and to ensure that
168 said high-risk mothers receive support from all private and public programs for
169 which they are eligible and shall not include involvement in any MO HealthNet
170 prepaid, case-managed programs;

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

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

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

188 (b) All persons who would be determined to be eligible for aid to the blind
189 benefits under the eligibility standards in effect December 31, 1973, as authorized
190 by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the

191 MO HealthNet state plan as of January 1, 2005, except that less restrictive
192 income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), shall be
193 used to raise the income limit to one hundred percent of the federal poverty level;

194 (c) All persons who would be determined to be eligible for permanent and
195 total disability benefits under the eligibility standards in effect December 31,
196 1973, as authorized by 42 U.S.C. Section 1396a(f); or less restrictive
197 methodologies as contained in the MO HealthNet state plan as of January 1,
198 2005; except that, on or after July 1, 2005, less restrictive income methodologies,
199 as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income
200 limit if authorized by annual appropriations. Eligibility standards for permanent
201 and total disability benefits shall not be limited by age;

202 (25) Persons who have been diagnosed with breast or cervical cancer and
203 who are eligible for coverage pursuant to 42 U.S.C. Section
204 1396a(a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of
205 presumptive eligibility in accordance with 42 U.S.C. Section 1396r-1;

206 (26) Effective August 28, 2013, persons who are in foster care under the
207 responsibility of the state of Missouri on the date such persons attained the age
208 of eighteen years, or at any time during the thirty-day period preceding their
209 eighteenth birthday, without regard to income or assets, if such persons:

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

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

212 and

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

214 2. Rules and regulations to implement this section shall be promulgated
215 in accordance with chapter 536. Any rule or portion of a rule, as that term is
216 defined in section 536.010, that is created under the authority delegated in this
217 section shall become effective only if it complies with and is subject to all of the
218 provisions of chapter 536 and, if applicable, section 536.028. This section and
219 chapter 536 are nonseverable and if any of the powers vested with the general
220 assembly pursuant to chapter 536 to review, to delay the effective date or to
221 disapprove and annul a rule are subsequently held unconstitutional, then the
222 grant of rulemaking authority and any rule proposed or adopted after August 28,
223 2002, shall be invalid and void.

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

227 family became ineligible for such assistance because of increased income from
228 employment shall, while a member of such family is employed, remain eligible for
229 MO HealthNet benefits for four calendar months following the month in which
230 such family would otherwise be determined to be ineligible for such assistance
231 because of income and resource limitation. After April 1, 1990, any family
232 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least
233 three of the six months immediately preceding the month in which such family
234 becomes ineligible for such aid, because of hours of employment or income from
235 employment of the caretaker relative, shall remain eligible for MO HealthNet
236 benefits for six calendar months following the month of such ineligibility as long
237 as such family includes a child as provided in 42 U.S.C. Section 1396r-6. Each
238 family which has received such medical assistance during the entire six-month
239 period described in this section and which meets reporting requirements and
240 income tests established by the division and continues to include a child as
241 provided in 42 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits
242 without fee for an additional six months. The MO HealthNet division may
243 provide by rule and as authorized by annual appropriation the scope of MO
244 HealthNet coverage to be granted to such families.

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

252 5. The department of social services may apply to the federal Department
253 of Health and Human Services for a MO HealthNet waiver amendment to the
254 Section 1115 demonstration waiver or for any additional MO HealthNet waivers
255 necessary not to exceed one million dollars in additional costs to the state, unless
256 subject to appropriation or directed by statute, but in no event shall such waiver
257 applications or amendments seek to waive the services of a rural health clinic or
258 a federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and
259 (2) or the payment requirements for such clinics and centers as provided in 42
260 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is
261 approved by the oversight committee created in section 208.955. A request for
262 such a waiver so submitted shall only become effective by executive order not

263 sooner than ninety days after the final adjournment of the session of the general
264 assembly to which it is submitted, unless it is disapproved within sixty days of
265 its submission to a regular session by a senate or house resolution adopted by a
266 majority vote of the respective elected members thereof, unless the request for
267 such a waiver is made subject to appropriation or directed by statute.

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

✓

Bill

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