SENATE AMENDMENT NO.

Offered by Of	
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Amend SS/Senate Bill No. 726, Page 1, Section 9.288, Line 9,

- 2 by inserting after all of said line the following:
- 3 "208.151. 1. Medical assistance on behalf of needy
- 4 persons shall be known as "MO HealthNet". For the purpose
- 5 of paying MO HealthNet benefits and to comply with Title
- 6 XIX, Public Law 89-97, 1965 amendments to the federal Social
- 7 Security Act (42 U.S.C. Section 301, et seq.) as amended,
- 8 the following needy persons shall be eligible to receive MO
- 9 HealthNet benefits to the extent and in the manner
- 10 hereinafter provided:
- 11 (1) All participants receiving state supplemental
- 12 payments for the aged, blind and disabled;
- 13 (2) All participants receiving aid to families with
- 14 dependent children benefits, including all persons under
- 15 nineteen years of age who would be classified as dependent
- 16 children except for the requirements of subdivision (1) of
- 17 subsection 1 of section 208.040. Participants eligible
- 18 under this subdivision who are participating in treatment
- 19 court, as defined in section 478.001, shall have their
- 20 eligibility automatically extended sixty days from the time
- 21 their dependent child is removed from the custody of the
- 22 participant, subject to approval of the Centers for Medicare
- 23 and Medicaid Services;
- 24 (3) All participants receiving blind pension benefits;
- 25 (4) All persons who would be determined to be eligible
- 26 for old age assistance benefits, permanent and total

- 27 disability benefits, or aid to the blind benefits under the
- 28 eligibility standards in effect December 31, 1973, or less
- 29 restrictive standards as established by rule of the family
- 30 support division, who are sixty-five years of age or over
- 31 and are patients in state institutions for mental diseases
- 32 or tuberculosis;
- 33 (5) All persons under the age of twenty-one years who
- 34 would be eligible for aid to families with dependent
- 35 children except for the requirements of subdivision (2) of
- 36 subsection 1 of section 208.040, and who are residing in an
- 37 intermediate care facility, or receiving active treatment as
- 38 inpatients in psychiatric facilities or programs, as defined
- in 42 U.S.C. Section 1396d, as amended;
- 40 (6) All persons under the age of twenty-one years who
- 41 would be eligible for aid to families with dependent
- 42 children benefits except for the requirement of deprivation
- 43 of parental support as provided for in subdivision (2) of
- 44 subsection 1 of section 208.040;
- 45 (7) All persons eligible to receive nursing care
- 46 benefits;
- 47 (8) All participants receiving family foster home or
- 48 nonprofit private child-care institution care, subsidized
- 49 adoption benefits and parental school care wherein state
- 50 funds are used as partial or full payment for such care;
- 51 (9) All persons who were participants receiving old
- 52 age assistance benefits, aid to the permanently and totally
- 53 disabled, or aid to the blind benefits on December 31, 1973,
- 54 and who continue to meet the eligibility requirements,
- 55 except income, for these assistance categories, but who are
- 56 no longer receiving such benefits because of the
- 57 implementation of Title XVI of the federal Social Security
- 58 Act, as amended;

- 59 (10) Pregnant women who meet the requirements for aid 60 to families with dependent children, except for the 61 existence of a dependent child in the home;
- 62 (11) Pregnant women who meet the requirements for aid 63 to families with dependent children, except for the 64 existence of a dependent child who is deprived of parental 65 support as provided for in subdivision (2) of subsection 1 66 of section 208.040;
- 67 (12) Pregnant women or infants under one year of age, 68 or both, whose family income does not exceed an income 69 eligibility standard equal to one hundred eighty-five 70 percent of the federal poverty level as established and 71 amended by the federal Department of Health and Human 72 Services, or its successor agency;
- 73 (13) Children who have attained one year of age but 74 have not attained six years of age who are eligible for 75 medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a 76 77 to 1396b). The family support division shall use an income eligibility standard equal to one hundred thirty-three 78 79 percent of the federal poverty level established by the 80 Department of Health and Human Services, or its successor 81 agency;
- 82 Children who have attained six years of age but have not attained nineteen years of age. For children who 83 84 have attained six years of age but have not attained 85 nineteen years of age, the family support division shall use an income assessment methodology which provides for 86 87 eligibility when family income is equal to or less than 88 equal to one hundred percent of the federal poverty level established by the Department of Health and Human Services, 89 or its successor agency. As necessary to provide MO 90 91 HealthNet coverage under this subdivision, the department of

- 92 social services may revise the state MO HealthNet plan to
- 93 extend coverage under 42 U.S.C. Section
- 94 1396a(a)(10)(A)(i)(III) to children who have attained six
- 95 years of age but have not attained nineteen years of age as
- 96 permitted by paragraph (2) of subsection (n) of 42 U.S.C.
- 97 Section 1396d using a more liberal income assessment
- 98 methodology as authorized by paragraph (2) of subsection (r)
- 99 of 42 U.S.C. Section 1396a;
- 100 (15) The family support division shall not establish a
- 101 resource eligibility standard in assessing eligibility for
- 102 persons under subdivision (12), (13) or (14) of this
- 103 subsection. The MO HealthNet division shall define the
- 104 amount and scope of benefits which are available to
- individuals eliqible under each of the subdivisions (12),
- 106 (13), and (14) of this subsection, in accordance with the
- 107 requirements of federal law and regulations promulgated
- 108 thereunder;
- 109 (16) Notwithstanding any other provisions of law to
- 110 the contrary, ambulatory prenatal care shall be made
- 111 available to pregnant women during a period of presumptive
- 112 eligibility pursuant to 42 U.S.C. Section 1396r-1, as
- amended;
- 114 (17) A child born to a woman eligible for and
- 115 receiving MO HealthNet benefits under this section on the
- 116 date of the child's birth shall be deemed to have applied
- 117 for MO HealthNet benefits and to have been found eligible
- 118 for such assistance under such plan on the date of such
- 119 birth and to remain eligible for such assistance for a
- 120 period of time determined in accordance with applicable
- 121 federal and state law and regulations so long as the child
- is a member of the woman's household and either the woman
- 123 remains eligible for such assistance or for children born on
- or after January 1, 1991, the woman would remain eligible

125 for such assistance if she were still pregnant. Upon 126 notification of such child's birth, the family support 127 division shall assign a MO HealthNet eligibility 128 identification number to the child so that claims may be submitted and paid under such child's identification number; 129 130 Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or 131 132 (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply 133 134 for aid to families with dependent children. The family 135 support division shall utilize an application for eligibility for such persons which eliminates information 136 137 requirements other than those necessary to apply for MO 138 HealthNet benefits. The division shall provide such 139 application forms to applicants whose preliminary income information indicates that they are ineligible for aid to 140 141 families with dependent children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of 142 this subsection shall be informed of the aid to families 143 with dependent children program and that they are entitled 144 to apply for such benefits. Any forms utilized by the 145 family support division for assessing eligibility under this 146 chapter shall be as simple as practicable; 147 148 Subject to appropriations necessary to recruit 149 and train such staff, the family support division shall provide one or more full-time, permanent eligibility 150 specialists to process applications for MO HealthNet 151 benefits at the site of a health care provider, if the 152 153 health care provider requests the placement of such 154 eligibility specialists and reimburses the division for the 155 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and equipment of such 156 157 eligibility specialists. The division may provide a health

158 care provider with a part-time or temporary eligibility 159 specialist at the site of a health care provider if the 160 health care provider requests the placement of such an 161 eligibility specialist and reimburses the division for the 162 expenses, including but not limited to the salary, benefits, 163 travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The division may seek to 164 employ such eligibility specialists who are otherwise 165 166 qualified for such positions and who are current or former 167 welfare participants. The division may consider training 168 such current or former welfare participants as eligibility 169 specialists for this program; Pregnant women who are eligible for, have applied 170 for and have received MO HealthNet benefits under 171 172 subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related 173 174 and postpartum MO HealthNet benefits provided under section 208.152 until the end of the sixty-day period beginning on 175 176 the last day of their pregnancy. Pregnant women receiving 177 mental health treatment for postpartum depression or related 178 mental health conditions within sixty days of giving birth 179 shall, subject to appropriations and any necessary federal 180 approval, be eligible for MO HealthNet benefits for mental 181 health services for the treatment of postpartum depression 182 and related mental health conditions for up to twelve 183 additional months. Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject 184 to appropriations and any necessary federal approval, be 185 eligible for MO HealthNet benefits for substance abuse 186 187 treatment and mental health services for the treatment of substance abuse for no more than twelve additional months, 188 as long as the woman remains adherent with treatment. 189 190 department of mental health and the department of social

191 services shall seek any necessary waivers or state plan 192 amendments from the Centers for Medicare and Medicaid 193 Services and shall develop rules relating to treatment plan 194 adherence. No later than fifteen months after receiving any 195 necessary waiver, the department of mental health and the 196 department of social services shall report to the house of 197 representatives budget committee and the senate appropriations committee on the compliance with federal cost 198 199 neutrality requirements;

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

- 224 enroll them in the state's MO HealthNet program, refer them
- 225 to local physicians or local health departments who provide
- 226 prenatal care under physician protocol and who participate
- in the MO HealthNet program for prenatal care and to ensure
- 228 that said high-risk mothers receive support from all private
- and public programs for which they are eligible and shall
- 230 not include involvement in any MO HealthNet prepaid, case-
- 231 managed programs;
- 232 (22) By January 1, 1988, the department of social
- 233 services and the department of health and senior services
- 234 shall study all significant aspects of presumptive
- 235 eligibility for pregnant women and submit a joint report on
- 236 the subject, including projected costs and the time needed
- for implementation, to the general assembly. The department
- 238 of social services, at the direction of the general
- 239 assembly, may implement presumptive eligibility by
- regulation promulgated pursuant to chapter 207;
- 241 (23) All participants who would be eligible for aid to
- 242 families with dependent children benefits except for the
- 243 requirements of paragraph (d) of subdivision (1) of section
- 244 208.150;
- 245 (24) (a) All persons who would be determined to be
- 246 eligible for old age assistance benefits under the
- 247 eligibility standards in effect December 31, 1973, as
- 248 authorized by 42 U.S.C. Section 1396a(f), or less
- 249 restrictive methodologies as contained in the MO HealthNet
- 250 state plan as of January 1, 2005; except that, on or after
- 251 July 1, 2005, less restrictive income methodologies, as
- authorized in 42 U.S.C. Section 1396a(r)(2), may be used to
- 253 change the income limit if authorized by annual
- 254 appropriation;
- 255 (b) All persons who would be determined to be eliqible
- 256 for aid to the blind benefits under the eligibility

- standards in effect December 31, 1973, as authorized by 42 257 258 U.S.C. Section 1396a(f), or less restrictive methodologies 259 as contained in the MO HealthNet state plan as of January 1, 2005, except that less restrictive income methodologies, as 260 261 authorized in 42 U.S.C. Section 1396a(r)(2), shall be used 262 to raise the income limit to one hundred percent of the 263 federal poverty level; 264 (c) All persons who would be determined to be eligible 265 for permanent and total disability benefits under the 266 eligibility standards in effect December 31, 1973, as 267 authorized by 42 U.S.C. Section 1396a(f); or less restrictive methodologies as contained in the MO HealthNet 268 state plan as of January 1, 2005; except that, on or after 269 270 July 1, 2005, less restrictive income methodologies, as 271 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to 272 change the income limit if authorized by annual 273 appropriations. Eligibility standards for permanent and total disability benefits shall not be limited by age; 274 275 Persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage pursuant 276 277 to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). 278 persons shall be eligible during a period of presumptive 279 eligibility in accordance with 42 U.S.C. Section 1396r-1; 280 (26) Persons who are in foster care under the 281 responsibility of the state of Missouri on the date such 282 persons attained the age of eighteen years, or at any time 283 during the thirty-day period preceding their eighteenth birthday, or persons who received foster care for at least 284 six months in another state, are residing in Missouri, and 285 286 are at least eighteen years of age, without regard to income 287 or assets, if such persons:
 - (a) Are under twenty-six years of age;

- 289 (b) Are not eligible for coverage under another 290 mandatory coverage group; and
- 291 (c) Were covered by Medicaid while they were in foster
 292 care;
- 293 (27) Any homeless child or homeless youth, as those 294 terms are defined in section 167.020, subject to approval of 295 a state plan amendment by the Centers for Medicare and 296 Medicaid Services;
- 297 (28) (a) Beginning April 1, 2022, or the effective 298 date of this act, whichever is later, pregnant women who are eligible for, have applied for, and have received MO 299 300 HealthNet benefits under subdivision (2), (10), (11), or 301 (12) of this subsection shall be eligible for medical 302 assistance during the pregnancy and during the twelve-month 303 period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-304 305 month period ends, consistent with the provisions of 42 306
- 306 U.S.C. Section 1396a(e)(16). The department shall submit a
 307 state plan amendment to the Centers for Medicare and
 308 Medicaid Services within sixty days of the effective date of
 309 this act;
- (b) The provisions of this subdivision shall remain in effect for any period of time during which the federal authority under 42 U.S.C. Section 1396a(e)(16), as amended, or any successor statutes or implementing regulations, is in effect.
- 2. Rules and regulations to implement this section
 shall be promulgated in accordance with chapter 536. Any
 rule or portion of a rule, as that term is defined in
 section 536.010, that is created under the authority
 delegated in this section shall become effective only if it
 complies with and is subject to all of the provisions of
 chapter 536 and, if applicable, section 536.028. This

322 section and chapter 536 are nonseverable and if any of the 323 powers vested with the general assembly pursuant to chapter 324 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, 325 326 then the grant of rulemaking authority and any rule proposed 327 or adopted after August 28, 2002, shall be invalid and void. 3. After December 31, 1973, and before April 1, 1990, 328 329 any family eliqible for assistance pursuant to 42 U.S.C. 330 Section 601, et seq., as amended, in at least three of the 331 last six months immediately preceding the month in which such family became ineligible for such assistance because of 332 increased income from employment shall, while a member of 333 334 such family is employed, remain eligible for MO HealthNet 335 benefits for four calendar months following the month in 336 which such family would otherwise be determined to be 337 ineligible for such assistance because of income and 338 resource limitation. After April 1, 1990, any family 339 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as 340 amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible 341 for such aid, because of hours of employment or income from 342 employment of the caretaker relative, shall remain eligible 343 for MO HealthNet benefits for six calendar months following 344 345 the month of such ineligibility as long as such family 346 includes a child as provided in 42 U.S.C. Section 1396r-6. Each family which has received such medical assistance 347 during the entire six-month period described in this section 348 and which meets reporting requirements and income tests 349 established by the division and continues to include a child 350 351 as provided in 42 U.S.C. Section 1396r-6 shall receive MO 352 HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and 353

as authorized by annual appropriation the scope of MO
HealthNet coverage to be granted to such families.

- 356 4. When any individual has been determined to be 357 eligible for MO HealthNet benefits, such medical assistance will be made available to him or her for care and services 358 359 furnished in or after the third month before the month in 360 which he made application for such assistance if such 361 individual was, or upon application would have been, 362 eligible for such assistance at the time such care and 363 services were furnished; provided, further, that such 364 medical expenses remain unpaid.
- The department of social services may apply to the 365 federal Department of Health and Human Services for a MO 366 367 HealthNet waiver amendment to the Section 1115 demonstration 368 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars in additional costs to the 369 370 state, unless subject to appropriation or directed by 371 statute, but in no event shall such waiver applications or amendments seek to waive the services of a rural health 372 clinic or a federally qualified health center as defined in 373 374 42 U.S.C. Section 1396d(1)(1) and (2) or the payment 375 requirements for such clinics and centers as provided in 42 376 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver 377 application is approved by the oversight committee created 378 in section 208.955. A request for such a waiver so submitted shall only become effective by executive order not 379 380 sooner than ninety days after the final adjournment of the session of the general assembly to which it is submitted, 381 unless it is disapproved within sixty days of its submission 382 383 to a regular session by a senate or house resolution adopted 384 by a majority vote of the respective elected members thereof, unless the request for such a waiver is made 385 386 subject to appropriation or directed by statute.

- 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if annual appropriations are made for such eligibility.

 This subsection shall not apply to classes of individuals
- 393 listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).
 394 7. (1) Notwithstanding any provision of law to the

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- contrary, a military service member, or an immediate family member residing with such military service member, who is a legal resident of this state and is eligible for MO HealthNet developmental disability services, shall have his or her eligibility for MO HealthNet developmental disability services temporarily suspended for any period of time during which such person temporarily resides outside of this state for reasons relating to military service, but shall have his or her eligibility immediately restored upon returning to this state to reside.
- Notwithstanding any provision of law to the 405 contrary, if a military service member, or an immediate 406 407 family member residing with such military service member, is 408 not a legal resident of this state, but would otherwise be 409 eligible for MO HealthNet developmental disability services, 410 such individual shall be deemed eligible for MO HealthNet 411 developmental disability services for the duration of any 412 time in which such individual is temporarily present in this state for reasons relating to military service. 413
- department of social services the "Show-Me Healthy Babies

 Program" as a separate children's health insurance program

 (CHIP) for any low-income unborn child. The program shall

 be established under the authority of Title XXI of the

- 419 federal Social Security Act, the State Children's Health 420 Insurance Program, as amended, and 42 CFR 457.1.
- 2. For an unborn child to be enrolled in the show-me 421 healthy babies program, his or her mother shall not be 422 423 eligible for coverage under Title XIX of the federal Social 424 Security Act, the Medicaid program, as it is administered by 425 the state, and shall not have access to affordable employer-426 subsidized health care insurance or other affordable health 427 care coverage that includes coverage for the unborn child. 428 In addition, the unborn child shall be in a family with 429 income eligibility of no more than three hundred percent of 430 the federal poverty level, or the equivalent modified 431 adjusted gross income, unless the income eligibility is set 432 lower by the general assembly through appropriations. In 433 calculating family size as it relates to income eligibility, 434 the family shall include, in addition to other family 435 members, the unborn child, or in the case of a mother with a
- 437 Coverage for an unborn child enrolled in the showme healthy babies program shall include all prenatal care 438 439 and pregnancy-related services that benefit the health of 440 the unborn child and that promote healthy labor, delivery, and birth. Coverage need not include services that are 441 442 solely for the benefit of the pregnant mother, that are 443 unrelated to maintaining or promoting a healthy pregnancy, 444 and that provide no benefit to the unborn child. 445 the department may include pregnancy-related assistance as defined in 42 U.S.C. Section 139711. 446

multiple pregnancy, all unborn children.

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There shall be no waiting period before an unborn 447 child may be enrolled in the show-me healthy babies 448 In accordance with the definition of child in 42 449 program. CFR 457.10, coverage shall include the period from 450 451 conception to birth. The department shall develop a

- presumptive eligibility procedure for enrolling an unborn child. There shall be verification of the pregnancy.
- 5. Coverage for the child shall continue for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the general assembly through appropriations.
- 6. (1) Pregnancy-related and postpartum coverage for 458 459 the mother shall begin on the day the pregnancy ends and 460 extend through the last day of the month that includes the 461 sixtieth day after the pregnancy ends, unless otherwise 462 prohibited by law or unless otherwise limited by the general assembly through appropriations. The department may include 463 pregnancy-related assistance as defined in 42 U.S.C. Section 464 465 139711.
- 466 (2) Beginning April 1, 2022, or the effective date of 467 this act, whichever is later, mothers eligible to receive 468 coverage under this section shall receive medical assistance 469 benefits during the pregnancy and during the twelve-month 470 period that begins on the last day of the woman's pregnancy 471 and ends on the last day of the month in which such twelve-472 month period ends, consistent with the provisions of 42 473 U.S.C. Section 1397gg(e)(1)(J). The department shall seek 474 any necessary state plan amendments or waivers to implement 475 the provisions of this subdivision within sixty days of the effective date of this act. The provisions of this 476 477 subdivision shall remain in effect for any period of time 478 during which the federal authority under 42 U.S.C. Section 479 1397gg(e)(1)(J), as amended, or any successor statutes or implementing regulations, is in effect. 480
 - 7. The department shall provide coverage for an unborn child enrolled in the show-me healthy babies program in the same manner in which the department provides coverage for

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the children's health insurance program (CHIP) in the county of the primary residence of the mother.

- 486 The department shall provide information about the show-me healthy babies program to maternity homes as defined 487 488 in section 135.600, pregnancy resource centers as defined in 489 section 135.630, and other similar agencies and programs in the state that assist unborn children and their mothers. 490 491 The department shall consider allowing such agencies and 492 programs to assist in the enrollment of unborn children in 493 the program, and in making determinations about presumptive 494 eligibility and verification of the pregnancy.
 - 9. Within sixty days after August 28, 2014, the department shall submit a state plan amendment or seek any necessary waivers from the federal Department of Health and Human Services requesting approval for the show-me healthy babies program.

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- 500 10. At least annually, the department shall prepare 501 and submit a report to the governor, the speaker of the 502 house of representatives, and the president pro tempore of the senate analyzing and projecting the cost savings and 503 504 benefits, if any, to the state, counties, local communities, 505 school districts, law enforcement agencies, correctional centers, health care providers, employers, other public and 506 507 private entities, and persons by enrolling unborn children 508 in the show-me healthy babies program. The analysis and 509 projection of cost savings and benefits, if any, may include 510 but need not be limited to:
 - (1) The higher federal matching rate for having an unborn child enrolled in the show-me healthy babies program versus the lower federal matching rate for a pregnant woman being enrolled in MO HealthNet or other federal programs;
 - (2) The efficacy in providing services to unborn children through managed care organizations, group or

- 517 individual health insurance providers or premium assistance,
- 518 or through other nontraditional arrangements of providing
- 519 health care;
- 520 (3) The change in the proportion of unborn children
- 521 who receive care in the first trimester of pregnancy due to
- 522 a lack of waiting periods, by allowing presumptive
- 523 eligibility, or by removal of other barriers, and any
- 524 resulting or projected decrease in health problems and other
- 525 problems for unborn children and women throughout pregnancy;
- 526 at labor, delivery, and birth; and during infancy and
- 527 childhood;
- 528 (4) The change in healthy behaviors by pregnant women,
- 529 such as the cessation of the use of tobacco, alcohol,
- 530 illicit drugs, or other harmful practices, and any resulting
- or projected short-term and long-term decrease in birth
- 532 defects; poor motor skills; vision, speech, and hearing
- 533 problems; breathing and respiratory problems; feeding and
- 534 digestive problems; and other physical, mental, educational,
- 535 and behavioral problems; and
- 536 (5) The change in infant and maternal mortality,
- 537 preterm births and low birth weight babies and any resulting
- 538 or projected decrease in short-term and long-term medical
- 539 and other interventions.
- 540 11. The show-me healthy babies program shall not be
- 541 deemed an entitlement program, but instead shall be subject
- 542 to a federal allotment or other federal appropriations and
- 543 matching state appropriations.
- 544 12. Nothing in this section shall be construed as
- 545 obligating the state to continue the show-me healthy babies
- 546 program if the allotment or payments from the federal
- 547 government end or are not sufficient for the program to
- operate, or if the general assembly does not appropriate
- funds for the program.

13. Nothing in this section shall be construed as
expanding MO HealthNet or fulfilling a mandate imposed by
the federal government on the state."; and
Further amend the title and enacting clause accordingly.