

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SS/SCS/HCS/House Bill No. 1682, Page 15, Section 191.775, Line 9,

2 by inserting immediately after all of said line the following:

3 "191.940. 1. This section shall be known and may be cited  
4 as the "Postpartum Depression Care Act".

5 2. As used in this section, the following terms shall mean:

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

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

15 (3) "Hospital", the same meaning as defined in section  
16 197.020;

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

20 (5) "Questionnaire", an assessment tool designed to detect  
21 the symptoms of postpartum depression or related mental health

1 disorders, such as the Edinburgh Postnatal Depression Scale, the  
2 Postpartum Depression Screening Scale, the Beck Depression  
3 Inventory, the Patient Health Questionnaire, or other validated  
4 assessment methods.

5 3. All hospitals and ambulatory surgical centers that  
6 provide labor and delivery services shall, prior to discharge  
7 following pregnancy, provide pregnant women and, if possible,  
8 fathers and other family members with complete information about  
9 postpartum depression, including its symptoms, methods of  
10 treatment, and available resources. The department of health and  
11 senior services, in cooperation with the department of mental  
12 health, shall provide written information that hospitals and  
13 ambulatory surgical centers may use and shall include such  
14 information on its website.

15 4. It is the intent of the general assembly to encourage  
16 health care providers providing postnatal care to women and  
17 pediatric care to infants to invite women to complete a  
18 questionnaire designed to detect the symptoms of postpartum  
19 depression and to review the completed questionnaire in  
20 accordance with the formal opinions and recommendations of the  
21 American College of Obstetricians and Gynecologists to ensure the  
22 health, well-being, and safety of the woman and the infant."; and

23 Further amend said bill, page 36, section 205.202, line 20,  
24 by inserting immediately after all of said line the following:

25 "208.151. 1. Medical assistance on behalf of needy persons  
26 shall be known as "MO HealthNet". For the purpose of paying MO  
27 HealthNet benefits and to comply with Title XIX, Public Law  
28 89-97, 1965 amendments to the federal Social Security Act (42  
29 U.S.C. Section 301, et seq.) as amended, the following needy

1 persons shall be eligible to receive MO HealthNet benefits to the  
2 extent and in the manner hereinafter provided:

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

5 (2) All participants receiving aid to families with  
6 dependent children benefits, including all persons under nineteen  
7 years of age who would be classified as dependent children except  
8 for the requirements of subdivision (1) of subsection 1 of  
9 section 208.040. Participants eligible under this subdivision  
10 who are participating in treatment court, as defined in section  
11 478.001, shall have their eligibility automatically extended  
12 sixty days from the time their dependent child is removed from  
13 the custody of the participant, subject to approval of the  
14 Centers for Medicare and Medicaid Services;

15 (3) All participants receiving blind pension benefits;

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

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

1           (6) All persons under the age of twenty-one years who would  
2 be eligible for aid to families with dependent children benefits  
3 except for the requirement of deprivation of parental support as  
4 provided for in subdivision (2) of subsection 1 of section  
5 208.040;

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

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

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

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

21           (11) Pregnant women who meet the requirements for aid to  
22 families with dependent children, except for the existence of a  
23 dependent child who is deprived of parental support as provided  
24 for in subdivision (2) of subsection 1 of section 208.040;

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

1           (13) Children who have attained one year of age but have  
2 not attained six years of age who are eligible for medical  
3 assistance under 6401 of P.L. 101-239 (Omnibus Budget  
4 Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b).  
5 The family support division shall use an income eligibility  
6 standard equal to one hundred thirty-three percent of the federal  
7 poverty level established by the Department of Health and Human  
8 Services, or its successor agency;

9           (14) Children who have attained six years of age but have  
10 not attained nineteen years of age. For children who have  
11 attained six years of age but have not attained nineteen years of  
12 age, the family support division shall use an income assessment  
13 methodology which provides for eligibility when family income is  
14 equal to or less than equal to one hundred percent of the federal  
15 poverty level established by the Department of Health and Human  
16 Services, or its successor agency. As necessary to provide MO  
17 HealthNet coverage under this subdivision, the department of  
18 social services may revise the state MO HealthNet plan to extend  
19 coverage under 42 U.S.C. Section 1396a(a)(10)(A)(i)(III) to  
20 children who have attained six years of age but have not attained  
21 nineteen years of age as permitted by paragraph (2) of subsection  
22 (n) of 42 U.S.C. Section 1396d using a more liberal income  
23 assessment methodology as authorized by paragraph (2) of  
24 subsection (r) of 42 U.S.C. Section 1396a;

25           (15) The family support division shall not establish a  
26 resource eligibility standard in assessing eligibility for  
27 persons under subdivision (12), (13) or (14) of this subsection.  
28 The MO HealthNet division shall define the amount and scope of  
29 benefits which are available to individuals eligible under each

1 of the subdivisions (12), (13), and (14) of this subsection, in  
2 accordance with the requirements of federal law and regulations  
3 promulgated thereunder;

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

8 (17) A child born to a woman eligible for and receiving MO  
9 HealthNet benefits under this section on the date of the child's  
10 birth shall be deemed to have applied for MO HealthNet benefits  
11 and to have been found eligible for such assistance under such  
12 plan on the date of such birth and to remain eligible for such  
13 assistance for a period of time determined in accordance with  
14 applicable federal and state law and regulations so long as the  
15 child is a member of the woman's household and either the woman  
16 remains eligible for such assistance or for children born on or  
17 after January 1, 1991, the woman would remain eligible for such  
18 assistance if she were still pregnant. Upon notification of such  
19 child's birth, the family support division shall assign a MO  
20 HealthNet eligibility identification number to the child so that  
21 claims may be submitted and paid under such child's  
22 identification number;

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

1 MO HealthNet benefits. The division shall provide such  
2 application forms to applicants whose preliminary income  
3 information indicates that they are ineligible for aid to  
4 families with dependent children. Applicants for MO HealthNet  
5 benefits under subdivision (12), (13) or (14) of this subsection  
6 shall be informed of the aid to families with dependent children  
7 program and that they are entitled to apply for such benefits.  
8 Any forms utilized by the family support division for assessing  
9 eligibility under this chapter shall be as simple as practicable;

10 (19) Subject to appropriations necessary to recruit and  
11 train such staff, the family support division shall provide one  
12 or more full-time, permanent eligibility specialists to process  
13 applications for MO HealthNet benefits at the site of a health  
14 care provider, if the health care provider requests the placement  
15 of such eligibility specialists and reimburses the division for  
16 the expenses including but not limited to salaries, benefits,  
17 travel, training, telephone, supplies, and equipment of such  
18 eligibility specialists. The division may provide a health care  
19 provider with a part-time or temporary eligibility specialist at  
20 the site of a health care provider if the health care provider  
21 requests the placement of such an eligibility specialist and  
22 reimburses the division for the expenses, including but not  
23 limited to the salary, benefits, travel, training, telephone,  
24 supplies, and equipment, of such an eligibility specialist. The  
25 division may seek to employ such eligibility specialists who are  
26 otherwise qualified for such positions and who are current or  
27 former welfare participants. The division may consider training  
28 such current or former welfare participants as eligibility  
29 specialists for this program;

1           (20) Pregnant women who are eligible for, have applied for  
2 and have received MO HealthNet benefits under subdivision (2),  
3 (10), (11) or (12) of this subsection shall continue to be  
4 considered eligible for all pregnancy-related and postpartum MO  
5 HealthNet benefits provided under section 208.152 until the end  
6 of the sixty-day period beginning on the last day of their  
7 pregnancy. Pregnant women receiving mental health treatment for  
8 postpartum depression or related mental health conditions within  
9 sixty days of giving birth shall, subject to appropriations and  
10 any necessary federal approval, be eligible for MO HealthNet  
11 benefits for mental health services for the treatment of  
12 postpartum depression and related mental health conditions for up  
13 to twelve additional months. Pregnant women receiving substance  
14 abuse treatment within sixty days of giving birth shall, subject  
15 to appropriations and any necessary federal approval, be eligible  
16 for MO HealthNet benefits for substance abuse treatment and  
17 mental health services for the treatment of substance abuse for  
18 no more than twelve additional months, as long as the woman  
19 remains adherent with treatment. The department of mental health  
20 and the department of social services shall seek any necessary  
21 waivers or state plan amendments from the Centers for Medicare  
22 and Medicaid Services and shall develop rules relating to  
23 treatment plan adherence. No later than fifteen months after  
24 receiving any necessary waiver, the department of mental health  
25 and the department of social services shall report to the house  
26 of representatives budget committee and the senate appropriations  
27 committee on the compliance with federal cost neutrality  
28 requirements;

29           (21) Case management services for pregnant women and young

1 children at risk shall be a covered service. To the greatest  
2 extent possible, and in compliance with federal law and  
3 regulations, the department of health and senior services shall  
4 provide case management services to pregnant women by contract or  
5 agreement with the department of social services through local  
6 health departments organized under the provisions of chapter 192  
7 or chapter 205 or a city health department operated under a city  
8 charter or a combined city-county health department or other  
9 department of health and senior services designees. To the  
10 greatest extent possible the department of social services and  
11 the department of health and senior services shall mutually  
12 coordinate all services for pregnant women and children with the  
13 crippled children's program, the prevention of intellectual  
14 disability and developmental disability program and the prenatal  
15 care program administered by the department of health and senior  
16 services. The department of social services shall by regulation  
17 establish the methodology for reimbursement for case management  
18 services provided by the department of health and senior  
19 services. For purposes of this section, the term "case  
20 management" shall mean those activities of local public health  
21 personnel to identify prospective MO HealthNet-eligible high-risk  
22 mothers and enroll them in the state's MO HealthNet program,  
23 refer them to local physicians or local health departments who  
24 provide prenatal care under physician protocol and who  
25 participate in the MO HealthNet program for prenatal care and to  
26 ensure that said high-risk mothers receive support from all  
27 private and public programs for which they are eligible and shall  
28 not include involvement in any MO HealthNet prepaid, case-managed  
29 programs;

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

9           (23) All participants who would be eligible for aid to  
10 families with dependent children benefits except for the  
11 requirements of paragraph (d) of subdivision (1) of section  
12 208.150;

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

22           (b) All persons who would be determined to be eligible for  
23 aid to the blind benefits under the eligibility standards in  
24 effect December 31, 1973, as authorized by 42 U.S.C. Section  
25 1396a(f), or less restrictive methodologies as contained in the  
26 MO HealthNet state plan as of January 1, 2005, except that less  
27 restrictive income methodologies, as authorized in 42 U.S.C.  
28 Section 1396a(r)(2), shall be used to raise the income limit to  
29 one hundred percent of the federal poverty level;

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

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

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

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

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

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

28 2. Rules and regulations to implement this section shall be  
29 promulgated in accordance with chapter 536. Any rule or portion

1 of a rule, as that term is defined in section 536.010, that is  
2 created under the authority delegated in this section shall  
3 become effective only if it complies with and is subject to all  
4 of the provisions of chapter 536 and, if applicable, section  
5 536.028. This section and chapter 536 are nonseverable and if  
6 any of the powers vested with the general assembly pursuant to  
7 chapter 536 to review, to delay the effective date or to  
8 disapprove and annul a rule are subsequently held  
9 unconstitutional, then the grant of rulemaking authority and any  
10 rule proposed or adopted after August 28, 2002, shall be invalid  
11 and void.

12 3. After December 31, 1973, and before April 1, 1990, any  
13 family eligible for assistance pursuant to 42 U.S.C. Section 601,  
14 et seq., as amended, in at least three of the last six months  
15 immediately preceding the month in which such family became  
16 ineligible for such assistance because of increased income from  
17 employment shall, while a member of such family is employed,  
18 remain eligible for MO HealthNet benefits for four calendar  
19 months following the month in which such family would otherwise  
20 be determined to be ineligible for such assistance because of  
21 income and resource limitation. After April 1, 1990, any family  
22 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as  
23 amended, in at least three of the six months immediately  
24 preceding the month in which such family becomes ineligible for  
25 such aid, because of hours of employment or income from  
26 employment of the caretaker relative, shall remain eligible for  
27 MO HealthNet benefits for six calendar months following the month  
28 of such ineligibility as long as such family includes a child as  
29 provided in 42 U.S.C. Section 1396r-6. Each family which has

1 received such medical assistance during the entire six-month  
2 period described in this section and which meets reporting  
3 requirements and income tests established by the division and  
4 continues to include a child as provided in 42 U.S.C. Section  
5 1396r-6 shall receive MO HealthNet benefits without fee for an  
6 additional six months. The MO HealthNet division may provide by  
7 rule and as authorized by annual appropriation the scope of MO  
8 HealthNet coverage to be granted to such families.

9 4. When any individual has been determined to be eligible  
10 for MO HealthNet benefits, such medical assistance will be made  
11 available to him or her for care and services furnished in or  
12 after the third month before the month in which he made  
13 application for such assistance if such individual was, or upon  
14 application would have been, eligible for such assistance at the  
15 time such care and services were furnished; provided, further,  
16 that such medical expenses remain unpaid.

17 5. The department of social services may apply to the  
18 federal Department of Health and Human Services for a MO  
19 HealthNet waiver amendment to the Section 1115 demonstration  
20 waiver or for any additional MO HealthNet waivers necessary not  
21 to exceed one million dollars in additional costs to the state,  
22 unless subject to appropriation or directed by statute, but in no  
23 event shall such waiver applications or amendments seek to waive  
24 the services of a rural health clinic or a federally qualified  
25 health center as defined in 42 U.S.C. Section 1396d(1)(1) and (2)  
26 or the payment requirements for such clinics and centers as  
27 provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless  
28 such waiver application is approved by the oversight committee  
29 created in section 208.955. A request for such a waiver so

1 submitted shall only become effective by executive order not  
2 sooner than ninety days after the final adjournment of the  
3 session of the general assembly to which it is submitted, unless  
4 it is disapproved within sixty days of its submission to a  
5 regular session by a senate or house resolution adopted by a  
6 majority vote of the respective elected members thereof, unless  
7 the request for such a waiver is made subject to appropriation or  
8 directed by statute.

9 6. Notwithstanding any other provision of law to the  
10 contrary, in any given fiscal year, any persons made eligible for  
11 MO HealthNet benefits under subdivisions (1) to (22) of  
12 subsection 1 of this section shall only be eligible if annual  
13 appropriations are made for such eligibility. This subsection  
14 shall not apply to classes of individuals listed in 42 U.S.C.  
15 Section ~~1396a(a)(10)(A)(I)~~ 1396a(a)(10)(A)(i)."; and

16 Further amend the title and enacting clause accordingly.