

SENATE AMENDMENT NO. _____

Offered by _____ of _____

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
39 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
76 Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a
77 to 1396b). The family support division shall use an income
78 eligibility standard equal to one hundred thirty-three
79 percent of the federal poverty level established by the
80 Department of Health and Human Services, or its successor
81 agency;

82 (14) Children who have attained six years of age but
83 have not attained nineteen years of age. For children who
84 have attained six years of age but have not attained
85 nineteen years of age, the family support division shall use
86 an income assessment methodology which provides for
87 eligibility when family income is equal to or less than
88 equal to one hundred percent of the federal poverty level
89 established by the Department of Health and Human Services,
90 or its successor agency. As necessary to provide MO
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
105 individuals eligible 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
113 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
122 is a member of the woman's household and either the woman
123 remains eligible for such assistance or for children born on
124 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
129 submitted and paid under such child's identification number;

130 (18) Pregnant women and children eligible for MO
131 HealthNet benefits pursuant to subdivision (12), (13) or
132 (14) of this subsection shall not as a condition of
133 eligibility for MO HealthNet benefits be required to apply
134 for aid to families with dependent children. The family
135 support division shall utilize an application for
136 eligibility for such persons which eliminates information
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
140 information indicates that they are ineligible for aid to
141 families with dependent children. Applicants for MO
142 HealthNet benefits under subdivision (12), (13) or (14) of
143 this subsection shall be informed of the aid to families
144 with dependent children program and that they are entitled
145 to apply for such benefits. Any forms utilized by the
146 family support division for assessing eligibility under this
147 chapter shall be as simple as practicable;

148 (19) Subject to appropriations necessary to recruit
149 and train such staff, the family support division shall
150 provide one or more full-time, permanent eligibility
151 specialists to process applications for MO HealthNet
152 benefits at the site of a health care provider, if the
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,
156 travel, training, telephone, supplies, and equipment of such
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
164 such an eligibility specialist. The division may seek to
165 employ such eligibility specialists who are otherwise
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;

170 (20) Pregnant women who are eligible for, have applied
171 for and have received MO HealthNet benefits under
172 subdivision (2), (10), (11) or (12) of this subsection shall
173 continue to be considered eligible for all pregnancy-related
174 and postpartum MO HealthNet benefits provided under section
175 208.152 until the end of the sixty-day period beginning on
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
184 treatment within sixty days of giving birth shall, subject
185 to appropriations and any necessary federal approval, be
186 eligible for MO HealthNet benefits for substance abuse
187 treatment and mental health services for the treatment of
188 substance abuse for no more than twelve additional months,
189 as long as the woman remains adherent with treatment. The
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
198 appropriations committee on the compliance with federal cost
199 neutrality requirements;

200 (21) Case management services for pregnant women and
201 young children at risk shall be a covered service. To the
202 greatest extent possible, and in compliance with federal law
203 and regulations, the department of health and senior
204 services shall provide case management services to pregnant
205 women by contract or agreement with the department of social
206 services through local health departments organized under
207 the provisions of chapter 192 or chapter 205 or a city
208 health department operated under a city charter or a
209 combined city-county health department or other department
210 of health and senior services designees. To the greatest
211 extent possible the department of social services and the
212 department of health and senior services shall mutually
213 coordinate all services for pregnant women and children with
214 the crippled children's program, the prevention of
215 intellectual disability and developmental disability program
216 and the prenatal care program administered by the department
217 of health and senior services. The department of social
218 services shall by regulation establish the methodology for
219 reimbursement for case management services provided by the
220 department of health and senior services. For purposes of
221 this section, the term "case management" shall mean those
222 activities of local public health personnel to identify
223 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
227 in the MO HealthNet program for prenatal care and to ensure
228 that said high-risk mothers receive support from all private
229 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
237 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
240 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
252 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 eligible
256 for aid to the blind benefits under the eligibility

257 standards in effect December 31, 1973, as authorized by 42
258 U.S.C. Section 1396a(f), or less restrictive methodologies
259 as contained in the MO HealthNet state plan as of January 1,
260 2005, except that less restrictive income methodologies, as
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
268 restrictive methodologies as contained in the MO HealthNet
269 state plan as of January 1, 2005; except that, on or after
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
274 total disability benefits shall not be limited by age;

275 (25) Persons who have been diagnosed with breast or
276 cervical cancer and who are eligible for coverage pursuant
277 to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such
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
284 birthday, or persons who received foster care for at least
285 six months in another state, are residing in Missouri, and
286 are at least eighteen years of age, without regard to income
287 or assets, if such persons:

288 (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
299 eligible for, have applied for, and have received MO
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
304 and ends on the last day of the month in which such twelve-
305 month period ends, consistent with the provisions of 42
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;

310 (b) The provisions of this subdivision shall remain in
311 effect for any period of time during which the federal
312 authority under 42 U.S.C. Section 1396a(e)(16), as amended,
313 or any successor statutes or implementing regulations, is in
314 effect.

315 2. Rules and regulations to implement this section
316 shall be promulgated in accordance with chapter 536. Any
317 rule or portion of a rule, as that term is defined in
318 section 536.010, that is created under the authority
319 delegated in this section shall become effective only if it
320 complies with and is subject to all of the provisions of
321 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
325 and annul a rule are subsequently held unconstitutional,
326 then the grant of rulemaking authority and any rule proposed
327 or adopted after August 28, 2002, shall be invalid and void.

328 3. After December 31, 1973, and before April 1, 1990,
329 any family eligible 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
332 such family became ineligible for such assistance because of
333 increased income from employment shall, while a member of
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
341 preceding the month in which such family becomes ineligible
342 for such aid, because of hours of employment or income from
343 employment of the caretaker relative, shall remain eligible
344 for MO HealthNet benefits for six calendar months following
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.
347 Each family which has received such medical assistance
348 during the entire six-month period described in this section
349 and which meets reporting requirements and income tests
350 established by the division and continues to include a child
351 as provided in 42 U.S.C. Section 1396r-6 shall receive MO
352 HealthNet benefits without fee for an additional six
353 months. The MO HealthNet division may provide by rule and

354 as authorized by annual appropriation the scope of MO
355 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
358 will be made available to him or her for care and services
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.

365 5. The department of social services may apply to the
366 federal Department of Health and Human Services for a MO
367 HealthNet waiver amendment to the Section 1115 demonstration
368 waiver or for any additional MO HealthNet waivers necessary
369 not to exceed one million dollars in additional costs to the
370 state, unless subject to appropriation or directed by
371 statute, but in no event shall such waiver applications or
372 amendments seek to waive the services of a rural health
373 clinic or a federally qualified health center as defined in
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
379 submitted shall only become effective by executive order not
380 sooner than ninety days after the final adjournment of the
381 session of the general assembly to which it is submitted,
382 unless it is disapproved within sixty days of its submission
383 to a regular session by a senate or house resolution adopted
384 by a majority vote of the respective elected members
385 thereof, unless the request for such a waiver is made
386 subject to appropriation or directed by statute.

387 6. Notwithstanding any other provision of law to the
388 contrary, in any given fiscal year, any persons made
389 eligible for MO HealthNet benefits under subdivisions (1) to
390 (22) of subsection 1 of this section shall only be eligible
391 if annual appropriations are made for such eligibility.
392 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
395 contrary, a military service member, or an immediate family
396 member residing with such military service member, who is a
397 legal resident of this state and is eligible for MO
398 HealthNet developmental disability services, shall have his
399 or her eligibility for MO HealthNet developmental disability
400 services temporarily suspended for any period of time during
401 which such person temporarily resides outside of this state
402 for reasons relating to military service, but shall have his
403 or her eligibility immediately restored upon returning to
404 this state to reside.

405 (2) Notwithstanding any provision of law to the
406 contrary, if a military service member, or an immediate
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
413 state for reasons relating to military service.

414 208.662. 1. There is hereby established within the
415 department of social services the "Show-Me Healthy Babies
416 Program" as a separate children's health insurance program
417 (CHIP) for any low-income unborn child. The program shall
418 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.

421 2. For an unborn child to be enrolled in the show-me
422 healthy babies program, his or her mother shall not be
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
436 multiple pregnancy, all unborn children.

437 3. Coverage for an unborn child enrolled in the show-
438 me healthy babies program shall include all prenatal care
439 and pregnancy-related services that benefit the health of
440 the unborn child and that promote healthy labor, delivery,
441 and birth. Coverage need not include services that are
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. However,
445 the department may include pregnancy-related assistance as
446 defined in 42 U.S.C. Section 139711.

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

452 presumptive eligibility procedure for enrolling an unborn
453 child. There shall be verification of the pregnancy.

454 5. Coverage for the child shall continue for up to one
455 year after birth, unless otherwise prohibited by law or
456 unless otherwise limited by the general assembly through
457 appropriations.

458 6. (1) Pregnancy-related and postpartum coverage for
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
463 assembly through appropriations. The department may include
464 pregnancy-related assistance as defined in 42 U.S.C. Section
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
476 effective date of this act. The provisions of this
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
480 implementing regulations, is in effect.

481 7. The department shall provide coverage for an unborn
482 child enrolled in the show-me healthy babies program in the
483 same manner in which the department provides coverage for

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

486 8. The department shall provide information about the
487 show-me healthy babies program to maternity homes as defined
488 in section 135.600, pregnancy resource centers as defined in
489 section 135.630, and other similar agencies and programs in
490 the state that assist unborn children and their mothers.
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.

495 9. Within sixty days after August 28, 2014, the
496 department shall submit a state plan amendment or seek any
497 necessary waivers from the federal Department of Health and
498 Human Services requesting approval for the show-me healthy
499 babies program.

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
503 the senate analyzing and projecting the cost savings and
504 benefits, if any, to the state, counties, local communities,
505 school districts, law enforcement agencies, correctional
506 centers, health care providers, employers, other public and
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:

511 (1) The higher federal matching rate for having an
512 unborn child enrolled in the show-me healthy babies program
513 versus the lower federal matching rate for a pregnant woman
514 being enrolled in MO HealthNet or other federal programs;

515 (2) The efficacy in providing services to unborn
516 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
531 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
548 operate, or if the general assembly does not appropriate
549 funds for the program.

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