



## Legislative Report July 2017

### **Introduction**

Generate Health believes St. Louis can be a more thriving region if we improve the health and well-being of our community's moms, babies and families. As a coalition, we unite the community to accelerate positive change for families and our region for generations to come. Our work focuses on understanding our community's needs, educating service providers and community leaders, advocating for positive policy change, and mobilizing the region around our most pressing maternal and child issues.

### **Expand/Protect Medicaid**

Generate Health supports the expansion of Medicaid in Missouri as outlined by the Affordable Care Act (ACA). Under the ACA, states have the choice to expand Medicaid to provide health insurance to single parents and childless adults who earn up to 133% of the federal poverty level, or about \$26,000 for a family of three. Unfortunately, Missouri is one of the 19 states that has not expanded Medicaid. Instead, during the 2017 Legislative Session proposals were introduced that would restructure the Medicaid program in ways that would be detrimental to women, children and families.

Generate Health opposes any efforts to repeal the Affordable Care Act which would put care for Missourians who rely on Medicaid at risk. Furthermore, we oppose any proposals to block grant or apply per capita caps to Medicaid. These proposals would have a harmful impact on women, children and families' access to quality health care. During the Missouri Legislative session several bills were introduced that proposed to block grant or apply caps to Medicaid. This dovetailed with efforts at the federal level in Congress to repeal and replace the Affordable Care Act. Generate Health has partnered with the newly formed Missouri Health Partnership to inform, educate and take action on these issues.

Generate Health's email network was urged to contact their legislators several times on SB 28, a bill in the Missouri Senate which would have required the Department of Social Services to apply for a global waiver for MO HealthNet. The global waiver could have included elements such as work requirements, cost-sharing, block grants and/or per capita allotments. This bill would have had a dangerous impact on pregnant women, children and people with disabilities, and we urged our email network to contact their state Senator to oppose the bill. Several Making Change Happen Leaders also shared their experience using Medicaid for Pregnant Women to enhance the story bank efforts of the Missouri Health Partnership. Although, the bill moved forward in the Senate, thanks to significant efforts from advocates around the state this bill did not pass this legislative session.

However, the American Health Care Act (AHCA) introduced in Congress, a proposal that ends Medicaid expansion, caps and cuts Medicaid funding for states, and reduces coverage for millions of Americans continued to be brought up in the House of Representatives. We sent out multiple alerts to try to stop the passage of this bill. We shared important facts about what this bill would mean for Missouri, especially how it would decimate our Medicaid program. Advocates were successful in slowing down passage of the bill, but it ultimately passed the House in early May. In June, Generate Health Advocacy staff partnered with Making Change Happen parent leader Alecia Deal to write an opinion piece to highlight the impact of the AHCA cuts to Medicaid would have on pregnant women and families. The article was published in the St. Louis Post-Dispatch in early June. Following introduction of the Senate health care bill in June, Generate Health and Rosetta Jackson, another Making Change Happen parent leader, participated in a meeting with Senator Blunt's St. Louis staff to stress the importance of Medicaid for families and share the personal story of how Medicaid was lifesaving for her and her prematurely born twins.

### **Maternal and Infant Levels of Care**

Perinatal Regionalization is an evidence-based system that has been recommended by Maternal and Child organizations for over 40 years as an approach to lowering infant mortality. Legislation in this area would implement a regionalized system of maternal and newborn care in MO:

- Regionalization assesses and defines hospitals at risk-appropriate levels, ensuring that the smallest and at highest-risk infants are delivered at a facility equipped for their care.
- Regionalization would create pathways of care among hospitals, to facilitate consult and transport for our highest risk moms and babies.

Generate Health recognizes that Perinatal Regionalization is an effective way to reduce infant mortality in the state of Missouri. During the 2017 legislative session, HB 58 was introduced to require the Department of Health and Senior Services to establish criteria for levels of maternal and neonatal care designations. This is a first step towards implementing regionalization. Generate Health's Making Change Happen leaders decided that HB 58 was the priority issue to discuss with legislators during their annual trip to the state capitol for Child Advocacy Day. MCH leaders thanked their legislators in the House who voted in support of HB 58 and urged their Senators to support the bill when it came up for a vote in the Senate. They also shared their stories of having a premature low-birth weight baby in an effort to urge their Senators to move this bill forward. They also dropped by the office of an opponent of this legislation to stress how important this bill would be to saving babies lives. Fortunately, HB 58 ended up being added as an amendment to a larger health care bill (SB 50) which passed the General Assembly. Generate Health and Making Change Happen leaders targeted the Senator who sponsored this legislation both this session and last session. We are pleased that this legislation now moves to the Governor for his signature and will become law.

### **Missouri EITC**

The federal Earned Income Tax Credit (EITC) is a federal tax credit for low and moderate-income working people. It encourages and rewards work as well as offsets federal payroll and income taxes. EITC in Missouri would give a much-needed break to Missourians struggling to get by on low wages. A state EITC would boost local communities and economies while encouraging work, enhancing take-home pay, and improving long-term health and economic outcomes for more than 500,000 Missouri families. Specific to maternal, child health, research also indicates that the EITC improves the health of infants and mothers. Infants born to mothers who received the largest EITC increases in the 1990's had the greatest improvements in birth outcomes such as higher birth weight and fewer preterm births. Generate Health endorses legislation that would create a Missouri EITC and joined the EITC Coalition chaired by the Missouri Budget Project. In the 2017 legislative session several bills were introduced in this area, but the one that moved forward was HB 109. Generate Health

submitted testimony in support of HB 109 at its committee hearing. Making Change Happen parent leaders also participated in the story banking efforts of the EITC Coalition sharing their stories of how the EITC benefited their family.

Although HB 109 did not pass the legislature this session, Governor Greitens has established a Committee on Fair, Simple and Low Taxes. This is another venue where a Missouri EITC could move forward. During the Committee's public comment period, Generate Health submitted comments in support of the creation of an EITC in Missouri.

### **Women's Health Services Program**

Generate Health supports access to the Women's Health Services program and the Title X family planning program as an important part of preconception health care for women.

The Women's Health Services Program provides a limited benefit to over 100,000 women between the ages of 18 and 55 with incomes below 200% FPL. This benefit includes contraception, sexually transmitted disease screening and treatment, and one annual exam/PAP test. This program is for eligible women who do not otherwise qualify for Medicaid. This program was funded in Missouri through an 1115 Medicaid waiver. The program is a 90-10 match, with the federal government paying for 90% of the program and the state paying for 10% of the program. During waiver year 2015 there were 105,929 participants enrolled. However, in the 2016 Missouri Legislative Session, the legislature funded the program entirely with state funds so they could amend the program to prohibit Medicaid reimbursements to Missouri hospitals and doctor's offices that provide or refer for abortions, including Planned Parenthood health centers.

In 2016, Generate Health joined the Missouri Family Health Council's Advocacy Advisory Committee to strengthen our partnership with organizations working to protect family planning in Missouri. Generate Health supported a renewal of the Women's Health Services Program under Medicaid in our 2017 Policy Priorities.

Unfortunately, on April 4<sup>th</sup>, 2017 the Missouri House added an amendment to HB 11 that has the potential to negatively impact the Women's Health Services Program and the 71 Title X family planning providers as well as other women's health providers across the state who provide high quality nondirective pregnancy counseling and services. Generate Health responded with its partners by sending out action alerts for the Governor to veto House Amendment 4 in HB 11. We also contributed to a piece in mid-May from St. Louis Public Radio which featured a Making Change Happen leader sharing the importance of the Women's Health Services Program to her and her family. Unfortunately, HB 11 was signed into law by Governor Greitens with Amendment 4 intact. Generate Health will continue to monitor this issue and work to protect access to family planning in Missouri.

### **Protect / Promote Access to Immunizations**

The Generate Immunization Initiative tracked legislation that impacts access to recommended immunizations. Fortunately, legislation that would have impeded access to immunizations did not pass the legislature this session. However, SB 501 which requires Pharmacists to administer vaccines in accordance with CDC guidelines passed the legislature as omnibus legislation which modified provisions relating to healthcare.