



2019 Legislative Report

Generate Health is committed to building a community where moms and babies thrive by *inspiring* and *mobilizing* the St. Louis region to *advance racial equity* in pregnancy outcomes, family well-being and community health.

We focus on policies and legislation that eliminate racial disparities in infant mortality and maternal health. Our work is guided by strategies that:

- Illuminate the root causes of racial disparities in infant mortality and maternal health
- Advocate for the redirection of resources to eliminate racial disparities in infant mortality and maternal health
- Catalyze action within the ecosystem
- Advance regional accountability for equitable systems

Each year, Generate Health establishes policy priorities based on community feedback and analysis of the policy landscape. 2019 policy priorities included: protecting Medicaid and expanding access to care, promoting maternal health, strengthening home visiting, and promoting social and economic policy focused on quality/safe housing, access to transportation, paid parental leave, and establishing a Missouri EITC. Much of this legislative session was spent working to prevent some potentially detrimental bills from passing.

The following list consists of bills that address the Generate Health 2019 policy priorities and their progress thus far:

Protect Medicaid and Expand Access to Care

Generate Health supports increasing access to prenatal, behavioral health and overall health care for women, children and families.

Bills that made the most progress this session would have had a negative impact on access to care:

HB 183 and SB 76: proposed work requirements for Medicaid recipients, including a long list exempting certain populations, such as those attending school. This would currently impact around 3,000 individuals. Both bills were voted out of committee, but were never brought to the floor, or added as an amendment to another bill. Generate Health did work preventing these bills from passing, as they were considered a serious threat for most of the session. Rose Anderson-Rice, Deputy Director, published an article in the St. Louis American highlighting the detrimental impact of work requirements, and bringing to light this attack on safety net programs. Staff was also prepared to issue an action alert when/if the issue were to come up for vote.

A couple of bills were proposed to address Medicaid access, but didn't move past committee. A few bills proposed to expand Medicaid, but they made very little progress:

HB 918: required medically necessary health care services provided by community health workers to be covered by MO HealthNet. This bill was never voted out of committee.

HB 1067 added provisions to MO HealthNet coverage for children in foster care. This bill was never voted out of committee.

HB 947: reestablished the Trauma-Informed Care for Children and Families Task Force. This bill was never voted out of committee. This bill was included in the bills advocated for at the annual statewide Child Advocacy Day on April 2nd.

This priority was also addressed in the state budget, with \$34 million allotted to "Medicaid transformation" for fiscal year 2020. Though it is unclear what this entails, it is likely a response to the recently released McKinsey and Associates report on the state of Medicaid in Missouri.

In the previous legislative session, HB 2280 was proposed to expand Medicaid to pregnant women through pregnancy and after for up to 1 year to receive substance abuse services. This bill was debated fervently, and Generate Health contributed testimony in favor of this bill *The final version of the bill that passed the legislature included that pregnant women receiving substance use treatment within 60 days of giving birth shall be, subject to appropriations (dollars) and federal approval (acceptance of the waiver), eligible for MO HealthNet benefits for substance use treatment and mental health treatment for no more than 12 additional months, as long as the woman remains adherent to treatment.* This legislation has been signed into law by the Governor and is a victory for women, babies and families. The final budget included about \$1.4 million for the program.

Federal approval in the form of a waiver from the Centers for Medicare and Medicaid (CMS) is required for implementation of the extension. The waiver proposal has been drafted and public comment is being collected and considered before submission.

Promote Maternal Health

Generate Health supports efforts that focus on equity before, during, and between pregnancies. This includes improving capacity to understand and address Maternal Mortality and Morbidity. We also advocate for increasing pregnant and parenting families' access to community health workers, doulas, midwives and nurse practitioners.

This session had one bill that made it to the governor's desk with a positive impact on Maternal Mortality: This bill was delivered to the Secretary of State on July 12th.

HB 664: established the Pregnancy-Associated Mortality Review within the Department of Health and Senior Services. This bill was stuck in committee but was added as an amendment to HB 447. This review will improve data collection and reporting and develop initiatives to support at-risk populations. This 18-person board, appointed by the department director, will submit an annual report on maternal mortality with recommendations to leaders.

Other proposed bills that did not make it out of committee:

HB 305: established the Maternal Care Access and Reducing Emergencies Act.

SB 263: provided postpartum depression screening and information to new mothers and family members.

This priority was also addressed in the budget with an additional \$1 million to the Community Health Worker program for fiscal year 2020.

Strengthen Home Visiting

Generate Health supports the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). We support increased funding at the federal, state and local level for home visiting programs.

Generate Health leads the St. Louis Home Visiting Collaborative, which seeks to expand home visiting to serve more families in need and contribute to eliminating racial disparities in maternal, child and family outcomes by:

- Building the necessary infrastructure to support the work that provider organizations do in communities every day,
- Encouraging coordination among stakeholders at all levels to improve the network, strengthen services and better serve families, and Ensuring that provider organizations are prepared to meaningfully and respectfully engage with families in our region to provide supportive and safe environments for working together.

The state echoed the importance of this program in the 2020 budget with a \$3 million increase in funding.

Promote Social and Economic Policy

Generate Health supports policies and legislation that would improve community conditions including:

- Quality/Safe Housing
- Access to Reliable Transportation
- Paid Parental Leave
- Missouri Earned Income Tax Credit (EITC)

One bill was finally passed, after years of work:

HB 397: A wide ranging bill addressing child welfare issues including Nathan's Law, which tightens regulations on home daycares, an issue Senator Jill Schupp has been working on for around 10 years

Generate Health tracked several proposed bills, which would have negative impacts on this priority.

SB4: imposed work requirements on SNAP recipients. This bill was voted out of committee, but never made it on the formal calendar for debate and vote.

HB 474: prohibited SNAP and TANF recipients from using an EBT card at an ATM for cash. This bill was defeated in committee.

HB 502: prohibits those behind on child support from receiving SNAP benefits. This bill was defeated in committee.

A few bills were proposed to advance this priority but did not make it far in the process.

HB 291, HB 1194, SB 183: proposed Missouri Earned Income Tax Credit.

HB 1201: Established Food Security Task Force.

This past session had a few wins with Nathan's law, the Pregnancy-Related Mortality Review board passing, and increases in the budget for vital programs. The legislative body's focus on the General Motors expansion incentives, the abortion bill, and putting a portion of Clean Missouri regarding district mapping back on the ballot for the public to vote on again (this never passed, but a significant amount of time was spent on it), pushed other bills, such as work requirements, aside. We are prepared for these issues to come up again in the 2020 session.

Generate Health partnered with the Deaconess Center for Child Well-Being to take a group of parent leaders and their children to Child Advocacy Day in Jefferson City on April 2nd to speak with legislators about specific bills, including Nathan's Law and the Trauma Informed Care for Children and Families Task Force.

Much of this legislative session was spent defending our priorities to ensure they were not regressing. Next year, we anticipate continuing that fight, as well as pushing for positive legislation, like banning shackling of pregnant incarcerated women, paid family leave, and state Earned Income Tax Credit. None of this work is possible without people power working together. A few things you can do to get involved in Generate Health advocacy:

1. [Sign up for our Advocacy email list-](https://generatehealthstl.org/signup-form/) (generatehealthstl.org/signup-form/)
2. Follow us on [Facebook](https://facebook.com/generatehealthstl) (facebook.com/generatehealthstl) and [Twitter](https://twitter.com/genhealthstl) (twitter.com/genhealthstl)
3. [Register to vote](https://s1.sos.mo.gov/votemissouri/request) (https://s1.sos.mo.gov/votemissouri/request)
4. [Learn who represents you](https://www.senate.mo.gov/LegisLookup/default.aspx/leg_lookup.aspx) (https://www.senate.mo.gov/LegisLookup/default.aspx/leg_lookup.aspx)