SENATE AMENDMENT NO. 1

Offered by Riddle of 10

Amend SS/SCS/HCS/House Bill No. 1682, Page 58, Section 338.260, Line 5,

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

"344.030. 1. An applicant for an initial license shall file a completed application with the board on a form provided by the board, accompanied by an application fee as provided by rule payable to the department of health and senior services. Information provided in the application shall be attested by signature to be true and correct to the best of the applicant's knowledge and belief.

2. No initial license shall be issued to a person as a nursing home administrator unless:

(1) The applicant provides the board satisfactory proof that the applicant is of good moral character and a high school graduate or equivalent;

(2) The applicant provides the board satisfactory proof that the applicant has had a minimum of three years' experience in health care administration or two years of postsecondary education in health care administration, or an associate degree or higher from an accredited academic institution, or has satisfactorily completed a course of instruction and training

Offered 5/13/2020
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prescribed by the board, which includes instruction in the needs
properly to be served by nursing homes, the protection of the
interests of residents therein, and the elements of good nursing
home administration, or has presented evidence satisfactory to
the board of sufficient education, training, or experience in the
foregoing fields to administer, supervise and manage a nursing
home; and

(3) The applicant passes the examinations administered by
the board. If an applicant fails to make a passing grade on
either of the examinations such applicant may make application
for reexamination on a form furnished by the board and may be
retested. If an applicant fails either of the examinations a
third time, the applicant shall be required to complete a course
of instruction prescribed and approved by the board. After
completion of the board-prescribed course of instruction, the
applicant may reapply for examination. With regard to the
national examination required for licensure, no examination
scores from other states shall be recognized by the board after
the applicant has failed his or her third attempt at the national
examination. There shall be a separate, nonrefundable fee for
each examination. The board shall set the amount of the fee for
examination by rules and regulations promulgated pursuant to
section 536.021. The fee shall be set at a level to produce
revenue which shall not substantially exceed the cost and expense
of administering the examination.

3. Nothing in sections 344.010 to 344.108, or the rules or
regulations thereunder shall be construed to require an applicant
for a license as a nursing home administrator, who is employed by
an institution listed and certified by the Commission for
Accreditation of Christian Science Nursing
Organizations/Facilities, Inc., to administer institutions
certified by such commission for the care and treatment of the
sick in accordance with the creed or tenets of a recognized
church or religious denomination, to demonstrate proficiency in
any techniques or to meet any educational qualifications or
standards not in accord with the remedial care and treatment
provided in such institutions. The applicant's license shall be
endorsed to confine the applicant's practice to such
institutions.

4. The board may issue a temporary emergency license for a
period not to exceed [ninety] one hundred and twenty days to a
person [twenty-one years of age or over, of good moral character
and a high school graduate or equivalent] that has met the
temporary emergency license criteria established by the board to
serve as an acting [nursing home] administrator, provided such
person is replacing a licensed [nursing home] administrator who
has died, has been removed or has vacated the [nursing home]
administrator's position. No temporary emergency license may be
issued to a person who has had [a nursing home] an
administrator's license denied, suspended or revoked. [A
temporary emergency license may be renewed for one additional
ninety-day period upon a showing that the person seeking the
renewal of a temporary emergency license meets the qualifications
for licensure and has filed an application for a regular license,
accompanied by the application fee, and the applicant has taken
the examination or examinations but the results have not been
received by the board. No temporary emergency license may be
renewed more than one time.]; and
Further amend the title and enacting clause accordingly.
SENATE AMENDMENT NO. 2

Offered by [Signature] of 17th

Amend SS/SCS/HCS/House Bill No. 1692, Page 81, Section 610.100, Line 24,

of said page, by inserting immediately after said line the
following:

"Section 1. The department of social services may seek a
waiver of the Institutions for Mental Disease (IMD) exclusion for
the comprehensive substance treatment and rehabilitation program
as administered by the department of mental health."; and

Further amend the title and enacting clause accordingly.

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Adopted 11
of said page, by inserting immediately after all of said line the following:

"143.1160. 1. As used in this section, the following terms mean:

(1) "Account holder", the same meaning as that term is defined in section 191.1603;

(2) "Deduction", an amount subtracted from the taxpayer's Missouri adjusted gross income to determine Missouri taxable income for the tax year in which such deduction is claimed;

(3) "Eligible expenses", the same meaning as that term is defined in section 191.1603;

(4) "Long-term dignity savings account", the same meaning as that term is defined in section 191.1603;

(5) "Qualified beneficiary", the same meaning as that term is defined in section 191.1603;

(6) "Taxpayer", any individual who is a resident of this state and subject to the income tax imposed under this chapter, excluding withholding tax imposed under sections 143.191 to 143.265.

2. For all tax years beginning on or after January 1, 2021, a taxpayer shall be allowed a deduction of one hundred percent of a participating taxpayer's contributions to a long-term dignity
savings account in the tax year of the contribution. Each
taxpayer claiming the deduction under this section shall file an
affidavit with the income tax return verifying the amount of
their contributions. The amount of the deduction claimed shall
not exceed the amount of the taxpayer's Missouri adjusted gross
income for the tax year that the deduction is claimed, and shall
not exceed four thousand dollars per taxpayer claiming the
deduction, or eight thousand dollars if married filing combined.

3. Income earned or received as a result of assets in a
long-term dignity savings account shall not be subject to state
income tax imposed under this chapter. The exemption under this
section shall apply only to income maintained, accrued, or
expended pursuant to the requirements of sections 191.1601 to
191.1607, and no exemption shall apply to assets and income
expended for any other purpose. The amount of the deduction
claimed shall not exceed the amount of the taxpayer's Missouri
adjusted gross income for the tax year the deduction is claimed.

4. If any deductible contributions to or earnings from any
such programs referred to in this section are distributed and not
used to pay for eligible expenses or are not held for the minimum
length of time under subsection 2 of section 191.1605, the amount
so distributed shall be added to the Missouri adjusted gross
income of the account holder or, if the account holder is not
living, the qualified beneficiary, in the year of distribution.

5. The department of revenue shall promulgate rules to
implement the provisions of this section. 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 section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2020, shall be invalid and void.

6. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset on December thirty-first four years after August 28, 2020, unless reauthorized by an act of the general assembly:

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset on December thirty-first four years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

Further amend said bill, page 16, section 191.1146, line 11 of said page, by inserting immediately after all of said line the following:

"191.1601. Section 143.1160 and sections 191.1601 to 191.1607 shall be known and may be cited as the "Long-Term Dignity Act".

191.1603. As used in sections 191.1601 to 191.1607, the following terms mean:

(1) "Account holder", an individual who establishes an
account with a financial institution that is designated as a
long-term dignity savings account in accordance with section
191.1604:

(2) "Department", the department of revenue;

(3) "Eligible expenses", the same meaning as "qualified
long-term care services" in 26 U.S.C. Section 7702B(c);

(4) "Financial institution", any state bank, state trust
company, savings and loan association, federally chartered credit
union doing business in this state, credit union chartered by the
state of Missouri, national bank, broker-dealer, mutual fund,
insurance company, or other similar financial entity qualified to
do business in this state;

(5) "Long-term dignity savings account" or "account", an
account with a financial institution designated as such in
accordance with subsection 1 of section 191.1604;

(6) "Qualified beneficiary", an individual designated by an
account holder for whose eligible expenses the moneys in a long-
term dignity savings account are or will be used; provided, that
such individual meets the definition of a "chronically ill
individual" in 26 U.S.C. Section 7702B(c)(2) at the time the
moneys are used.

191.1604. 1. Beginning January 1, 2021, any individual may
open an account with a financial institution and designate the
account, in its entirety, as a long-term dignity savings account
to be used to pay or reimburse a qualified beneficiary's eligible
expenses. An individual may be the account holder of multiple
accounts, and an individual may jointly own the account with
another person if such persons file a married filing combined
income tax return. To be eligible for the tax deduction under
section 143.1160, an account holder shall comply with the
requirements of this section.

2. An account holder shall designate, no later than April
fifteenth of the year following the tax year during which the
account was established, a qualified beneficiary of the long-term
dignity savings account. The account holder may designate
himself or herself as the qualified beneficiary. The account
holder may change the designated qualified beneficiary at any
time, but no long-term dignity savings account shall have more
than one qualified beneficiary at any time. No account holder
shall have multiple accounts with the same qualified beneficiary,
but an individual may be designated as the qualified beneficiary
of multiple accounts.

3. Moneys may remain in a long-term dignity savings account
for an unlimited duration without the interest or income being
subject to recapture or penalty.

4. The account holder shall not use moneys in an account to
pay expenses of administering the account, except that a service
fee may be deducted from the account by a financial institution.
The account holder shall be responsible for maintaining
documentation for the long-term dignity savings account and for
the qualified beneficiary’s eligible expenses.

191.1605. 1. For purposes of the tax benefit conferred
under the long-term dignity savings account act, the moneys in a
long-term dignity savings account may be:

(1) Used for a qualified beneficiary’s eligible expenses;

(2) Transferred to another newly created long-term dignity
savings account; and

(3) Used to pay a service fee that is deducted by the
financial institution.

2. Moneys withdrawn from a long-term dignity savings account shall be subject to recapture in the tax year in which they are withdrawn if:

(1) At the time of the withdrawal, it has been less than a year since the first deposit in the long-term dignity savings account; or

(2) The moneys are used for any purpose other than those specified under subsection 1 of this section.

The recapture shall be an amount equal to the moneys withdrawn and shall be added to the Missouri adjusted gross income of the account holder or, if the account holder is not living, the qualified beneficiary.

3. If any moneys are subject to recapture under subsection 2 of this section, the account holder shall pay to the department a penalty in the same tax year as the recapture. If the withdrawal was made ten or fewer years after the first deposit in the long-term dignity savings account, the penalty shall be equal to five percent of the amount subject to recapture, and, if the withdrawal was made more than ten years after the first deposit in the account, the penalty shall be equal to ten percent of the amount subject to recapture. These penalties shall not apply if the withdrawn moneys are from a long-term dignity savings account for which the qualified beneficiary died, and the account holder does not designate a new qualified beneficiary during the same tax year.

4. If the account holder dies or, if the long-term dignity account is jointly owned, the account holders die and the account does not have a surviving transfer-on-death beneficiary, then all
of the moneys in the account that were used for a tax deduction under section 143.1160 shall be subject to recapture in the tax year of the death or deaths, but no penalty shall be due to the department.

191.1606. 1. The department shall establish forms for an account holder to annually report information about a long-term dignity savings account including, but not limited to, how the moneys withdrawn from the fund are used, and shall identify any supporting documentation that is required to be maintained. To be eligible for the tax deduction under section 143.1160, an account holder shall annually file with the account holder's state income tax return all forms required by the department under this section, the 1099 form for the account issued by the financial institution, and any other supporting documentation the department requires.

2. The department may promulgate rules and regulations necessary to administer the provisions of sections 191.1601 to 191.1607. 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 section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2020, shall be invalid and void.

191.1607. 1. No financial institution shall be required
1 to:

2 (1) Designate an account as a long-term dignity savings account or designate the beneficiaries of an account in the financial institution's account contracts or systems or in any other way:

3 (2) Track the use of moneys withdrawn from a long-term dignity savings account; or

4 (3) Report any information to the department or any other governmental agency that is not otherwise required by law.

2. No financial institution shall be responsible or liable for:

1 (1) Determining or ensuring that an account holder is eligible for a tax deduction under section 143.1160;

3 (2) Determining or ensuring that moneys in the account are used for eligible expenses; or

3 (3) Reporting or remitting taxes or penalties related to use of moneys in a long-term dignity savings account.

3. In implementing sections 143.1160 and 191.1601 to 191.1607, the department shall not establish any administrative, reporting, or other requirements on financial institutions that are outside the scope of normal account procedures."; and

Further amend the title and enacting clause accordingly.
SENATE AMENDMENT NO. 5

Amend SA 5 to SS/SCS/HCS/House Bill No. 1682, Page 1, Section __, Line 5 __.

by inserting after "Month". "the following: "The citizens of this state are encouraged to observe the month with appropriate events and activities to raise awareness of organ donation by all ethnic groups and the need for organ donors."

Offered 5/13/2020

Adopted
SENATE AMENDMENT NO. 5

Offered by __________________________ of ____________

Amend ___88/SCS/HC$/House___ Bill No. ___1682___, Page ___81___, Section ___610.100___, Line ___24___,

of said page, by inserting immediately after all of said line the following:

"Section 1. The month of August shall be known as "Minority Organ Donor Awareness Month".; and

Further amend the title and enacting clause accordingly.

Offered 5/13/2020

Adopted ___11___
SENATE AMENDMENT NO. 4

Offered by [Signature] of 34

Amend ___SS/SCS/HCS/House___ Bill No. 1682, Page 2, Section 9.182, Line 10,

by inserting immediately after all of said line the following:

"9.300. The twenty-second day of each month shall be
designated as "Buddy Check 22 Day" in the state of Missouri.
Citizens of this state are encouraged to check in on veterans on
the twenty-second day of each month and participate in
appropriate events and activities that raise awareness of the
problem of suicide facing military personnel."; and

Further amend the title and enacting clause accordingly.

Offered 5/13/2020
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of said page, by inserting immediately after said line the following:

"376.782. 1. As used in this section, the term "low-dose mammography screening" means the X-ray examination of the breast using equipment specifically designed and dedicated for mammography, including the X-ray tube, filter, compression device, detector, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast, and any fee charged by a radiologist or other physician for reading, interpreting or diagnosing based on such X-ray. As used in this section, the term "low-dose mammography screening" shall also include digital mammography and breast tomosynthesis. As used in this section, the term "breast tomosynthesis" shall mean a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.

2. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group
arrangements to the extent not preempted by federal law and all
managed health care delivery entities of any type or description,
that are delivered, issued for delivery, continued or renewed on
or after August 28, 1991, and providing coverage to any resident
of this state shall provide benefits or coverage for low-dose
mammography screening for any nonsymptomatic woman covered under
such policy or contract which meets the minimum requirements of
this section. Such benefits or coverage shall include at least
the following:

(1) A baseline mammogram for women age thirty-five to
thirty-nine, inclusive;

(2) A mammogram every year for women age forty and over;

(3) A mammogram every year for any woman,[, upon the
recommendation of a physician, where such woman, her mother or
her sister has a prior history of breast cancer] deemed by a
treating physician to have an above-average risk for breast
cancer in accordance with the American College of Radiology
guidelines for breast cancer screening;

(4) Any additional or supplemental imaging, such as breast
magnetic resonance imaging or ultrasound, deemed medically
necessary by a treating physician for proper breast cancer
screening or evaluation in accordance with applicable American
College of Radiology guidelines; and

(5) Ultrasound or magnetic resonance imaging services, if
determined by a treating physician to be medically necessary for
the screening or evaluation of breast cancer for any woman deemed
by the treating physician to have an above-average risk for
breast cancer in accordance with American College of Radiology
guidelines for breast cancer screening.
3. Coverage and benefits [related to mammography as] required [by] **under** this section shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments as other radiological examinations; provided, however, that on and after January 1, 2019, providers of [low-dose mammography screening] **health care services specified under this section** shall be reimbursed at rates accurately reflecting the resource costs specific to each modality, including any increased resource cost [of breast tomosynthesis]."; and

Further amend the title and enacting clause accordingly.
SENATE AMENDMENT NO. 9

Offered by Schupp of 24

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

by inserting immediately after all of said line the following:

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

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

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

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

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

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

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

Offered 5/13/2020

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

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

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

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

"208.151. 1. Medical assistance on behalf of needy persons
shall be known as "MO HealthNet". For the purpose of paying MO
HealthNet benefits and to comply with Title XIX, Public Law
89–97, 1965 amendments to the federal Social Security Act (42
U.S.C. Section 301, et seq.) as amended, the following needy
persons shall be eligible to receive MO HealthNet benefits to the
extent and in the manner hereinafter provided:

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

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

(3) All participants receiving blind pension benefits;

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

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

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

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

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

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

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

(12) Pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to one hundred eighty-five percent of the federal poverty level as established and amended by the federal Department of Health and Human Services, or its successor agency;
(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support division shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;

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

(15) The family support division shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO HealthNet division shall define the amount and scope of benefits which are available to individuals eligible under each
of the subdivisions (12), (13), and (14) of this subsection, in accordance with the requirements of federal law and regulations promulgated thereunder;

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

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

(18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for
MO HealthNet benefits. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the family support division for assessing eligibility under this chapter shall be as simple as practicable;

(19) Subject to appropriations necessary to recruit and train such staff, the family support division shall provide one or more full-time, permanent eligibility specialists to process applications for MO HealthNet benefits at the site of a health care provider, if the health care provider requests the placement of such eligibility specialists and reimburses the division for the expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and equipment of such eligibility specialists. The division may provide a health care provider with a part-time or temporary eligibility specialist at the site of a health care provider if the health care provider requests the placement of such an eligibility specialist and reimburses the division for the expenses, including but not limited to the salary, benefits, travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The division may seek to employ such eligibility specialists who are otherwise qualified for such positions and who are current or former welfare participants. The division may consider training such current or former welfare participants as eligibility specialists for this program;
Pregnant women who are eligible for, have applied for and have received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy. Pregnant women receiving mental health treatment for postpartum depression or related mental health conditions within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to twelve additional months. Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for substance abuse treatment and mental health services for the treatment of substance abuse for no more than twelve additional months, as long as the woman remains adherent with treatment. The department of mental health and the department of social services shall seek any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence. No later than fifteen months after receiving any necessary waiver, the department of mental health and the department of social services shall report to the house of representatives budget committee and the senate appropriations committee on the compliance with federal cost neutrality requirements;

Case management services for pregnant women and young
children at risk shall be a covered service. To the 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 enroll them in the state's MO HealthNet program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the MO HealthNet program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any MO HealthNet prepaid, case-managed programs;
(22) By January 1, 1988, the department of social services and the department of health and senior services shall study all significant aspects of presumptive eligibility for pregnant women and submit a joint report on the subject, including projected costs and the time needed for implementation, to the general assembly. The department of social services, at the direction of the general assembly, may implement presumptive eligibility by regulation promulgated pursuant to chapter 207;

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

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

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

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

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

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

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

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

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 section and chapter 536 are nonseverable and if
any of the powers vested with the general assembly pursuant to
chapter 536 to review, to delay the effective date or to
disapprove and annul a rule are subsequently held
unconstitutional, then the grant of rulemaking authority and any
rule proposed or adopted after August 28, 2002, shall be invalid
and void.

3. After December 31, 1973, and before April 1, 1990, any
family eligible for assistance pursuant to 42 U.S.C. Section 601,
et seq., as amended, in at least three of the last six months
immediately preceding the month in which such family became
ineligible for such assistance because of increased income from
employment shall, while a member of such family is employed,
remain eligible for MO HealthNet benefits for four calendar
months following the month in which such family would otherwise
be determined to be ineligible for such assistance because of
income and resource limitation. After April 1, 1990, any family
receiving aid pursuant to 42 U.S.C. Section 601, et seq., as
amended, in at least three of the six months immediately
preceding the month in which such family becomes ineligible for
such aid, because of hours of employment or income from
employment of the caretaker relative, shall remain eligible for
MO HealthNet benefits for six calendar months following the month
of such ineligibility as long as such family includes a child as
provided in 42 U.S.C. Section 1396r-6. Each family which has
received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such families.

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

5. The department of social services may apply to the federal Department of Health and Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars in additional costs to the state, unless subject to appropriation or directed by statute, but in no event shall such waiver applications or amendments seek to waive the services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(1)(1) and (2) or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight committee created in section 208.955. A request for such a waiver so
submitted shall only become effective by executive order not sooner than ninety days after the final adjournment of the session of the general assembly to which it is submitted, unless it is disapproved within sixty days of its submission to a regular session by a senate or house resolution adopted by a majority vote of the respective elected members thereof, unless the request for such a waiver is made 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 listed in 42 U.S.C. Section [1396a(a)(10)(A)(I)] 1396a(a)(10)(A)(i)."; and

Further amend the title and enacting clause accordingly.
SENATE AMENDMENT NO. 10

Offered by Senator Wallingford of District 27

Amend SSB/SCS/HCS/House Bill No. 1682, Page 67, Section 376.945, Line 19,

of said page, by inserting immediately after said line the following:

"376.1345. 1. As used in this section, unless the context clearly indicates otherwise, terms shall have the same meaning as ascribed to them in section 376.1350.

2. No health carrier, nor any entity acting on behalf of a health carrier, shall restrict methods of reimbursement to health care providers for health care services to a reimbursement method requiring the provider to pay a fee, discount the amount of their claim for reimbursement, or remit any other form of remuneration in order to redeem the amount of their claim for reimbursement.

3. If a health carrier initiates or changes the method used to reimburse a health care provider to a method of reimbursement that will require the health care provider to pay a fee, discount the amount of its claim for reimbursement, or remit any other form of remuneration to the health carrier or any entity acting on behalf of the health carrier in order to redeem the amount of its claim for reimbursement, the health carrier or an entity acting on its behalf shall:

   (1) Notify such health care provider of the fee, discount, or other remuneration required to receive reimbursement through the new or different reimbursement method; and

Offered 5/13/2013
Adopted
(2) In such notice, provide clear instructions to the health care provider as to how to select an alternative payment method, and upon request such alternative payment method shall be used to reimburse the provider until the provider requests otherwise.

4. A health carrier shall allow the provider to select to be reimbursed by an electronic funds transfer through the Automated Clearing House Network as required pursuant to 45 C.F.R. Sections 162.925, 162.1601, and 162.1602, and if the provider makes such selection, the health carrier shall use such reimbursement method to reimburse the provider until the provider requests otherwise.

5. An amount a health carrier claims was overpaid to a provider may only be collected, withheld, or recouped from the provider, or third party that submitted the provider's claim under the third party's provider identification number, to whom the overpaid amount was originally paid. The notice of withholding or recoupment by a health carrier shall also inform the provider or third party of the health care service, date of service, and patient for which the recoupment is being made.

6. Violation of this section shall be deemed an unfair trade practice under sections 375.930 to 375.948."; and

Further amend the title and enacting clause accordingly.
SENATE AMENDMENT NO. 12

Offered by Washed of 5th

Amend SS/SCS/HCS/House Bill No. 1682, Page 81, Section 610.100, Line 24,

by inserting after all of said line the following:

"Section 1. The month of September every year shall be designated as "Infant and Maternal Mortality Awareness Month". Citizens of this state and health care professionals are encouraged to promote and engage in appropriate activities that educate the public about the importance of appropriate health care for women and their new babies, from pregnancy through the vulnerable first post-partum year."; and

Further amend the title and enacting clause accordingly.

Offered 5/13/2020
Adopted 11
SENATE AMENDMENT NO. 13

Offered by Koeng of 15

Amend SS/SCS/HCS/House Bill No. 1682, Page 58, Section 338.260, Line 5,

of said page, by inserting after all of said line the following:

"345.050. 1. To be eligible for licensure by the board by examination, each applicant shall submit the application fee and shall furnish evidence of such person's good moral and ethical character, current competence and shall:

(1) Hold a master's or a doctoral degree from a program that was awarded "accreditation candidate" status or is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board in the area in which licensure is sought;

(2) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of course work and clinical practicum requirements equivalent to that required by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board; and

(3) Pass an examination promulgated or approved by the board. The board shall determine the subject and scope of the examinations.

offered 5/13/2020
Adopted 11
2. To be eligible for licensure by the board without examination, each applicant shall make application on forms prescribed by the board, submit the application fee and shall be of good moral and ethical character, submit an activity statement and meet one of the following requirements:

(1) The board shall issue a license to any speech-language pathologist or audiologist who is licensed in another country and who has had no violations, suspension or revocations of a license to practice speech-language pathology or audiology in any jurisdiction; provided that, such person is licensed in a country whose requirements are substantially equal to, or greater than, Missouri at the time the applicant applies for licensure; or

(2) Hold the certificate of clinical competence issued by the American Speech-Language-Hearing Association in the area in which licensure is sought."; and

Further amend the title and enacting clause accordingly.
SENATE AMENDMENT NO. 14

Offered by [Signature]

Amend SS/SCS/HCS/House Bill No. 1682, Page 53, Section 338.215, Line 9,

by striking the following: "hospital,"

Offered 5/13/2020

Adopted
SENATE AMENDMENT NO. 18
Offered by Hegerman of Andrew

Amend SA to SS/SCS/HCS/House Bill No. 1682, Page 1, Section ______, Line 3, by inserting immediately after "1." the following: "1."; and further amend line 10 by inserting immediately after "provider" the following: ", provided that such expenses do not exceed one hundred fifty dollars per test.

2. A health insurance provider shall not reduce a Missouri resident's health insurance coverage that is related to the testing for severe acute respiratory syndrome coronavirus 2 during a state of emergency declared by the governor. The provisions of this subsection shall not apply to any reduction in health insurance coverage that is a result of nonpayment of premiums".

Offered 5/13/2020
Adopted **
by inserting after all of said line the following:

"Section 1. Subject to appropriation, any Missouri resident
whose health care provider recommends that he or she receive an
active COVID-19 test shall receive such test and the results of
the test at no cost. The department of health and senior
services shall be authorized to utilize available federal funds
to pay for the portion of the expense of such test and resulting
analysis that is not covered by the resident's health insurance
provider."; and

Further amend said bill, page 82, Section B, line 8, by
inserting after all of said line the following:

"Section C. Because of the emergence of the novel
coronavirus COVID-19 and its devastating impact on Missouri
residents, the enactment of section 1 of this act is deemed
necessary for the immediate preservation of the public health,
福利，和平与安全，并且被宣布为一项紧急法案，其中所述的
立法者与立法的法案，以及法案
的
法案
法案
法案
by inserting after "carrier." the following: "No practitioner that has submitted an application in accordance with the provisions of this subsection shall send any claim to the patient for charges incurred for care of the patient during the credentialing period with the patient's health carrier."; and further amend line 27, by striking all of said line and inserting in lieu thereof the following:

"time not to exceed:

(1) Sixty days if the reason for the absence of the credentialed practitioner is for any of the conditions described in 29 CFR 825.113, 29 CFR 825.115, or 29 CFR 825.120, or any amendments or successor regulations thereto; or

(2) Thirty days if the reason for the absence of the credentialed practitioner is not otherwise provided for under subdivision (1) of this subsection.

Any practitioner authorized to".

Offered 5/13/2020
Adopted