

SENATE AMENDMENT NO. 1Offered by Riddle of 10Amend SS/SCS/HCS/House Bill No. 1682, Page 58, Section 338.260, Line 5,

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

4 "344.030. 1. An applicant for an initial license shall  
5 file a completed application with the board on a form provided by  
6 the board, accompanied by an application fee as provided by rule  
7 payable to the department of health and senior services.  
8 Information provided in the application shall be attested by  
9 signature to be true and correct to the best of the applicant's  
10 knowledge and belief.

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

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

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

*Offered 5/13/2020*  
*Adopted "*

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

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

26 3. Nothing in sections 344.010 to 344.108, or the rules or  
27 regulations thereunder shall be construed to require an applicant  
28 for a license as a nursing home administrator, who is employed by  
29 an institution listed and certified by the Commission for

1 Accreditation of Christian Science Nursing  
2 Organizations/Facilities, Inc., to administer institutions  
3 certified by such commission for the care and treatment of the  
4 sick in accordance with the creed or tenets of a recognized  
5 church or religious denomination, to demonstrate proficiency in  
6 any techniques or to meet any educational qualifications or  
7 standards not in accord with the remedial care and treatment  
8 provided in such institutions. The applicant's license shall be  
9 endorsed to confine the applicant's practice to such  
10 institutions.

11 4. The board may issue a temporary emergency license for a  
12 period not to exceed [ninety] one hundred and twenty days to a  
13 person [twenty-one years of age or over, of good moral character  
14 and a high school graduate or equivalent] that has met the  
15 temporary emergency license criteria established by the board to  
16 serve as an acting [nursing home] administrator, provided such  
17 person is replacing a licensed [nursing home] administrator who  
18 has died, has been removed or has vacated the [nursing home]  
19 administrator's position. No temporary emergency license may be  
20 issued to a person who has had [a nursing home] an  
21 administrator's license denied, suspended or revoked. [A  
22 temporary emergency license may be renewed for one additional  
23 ninety-day period upon a showing that the person seeking the  
24 renewal of a temporary emergency license meets the qualifications  
25 for licensure and has filed an application for a regular license,  
26 accompanied by the application fee, and the applicant has taken  
27 the examination or examinations but the results have not been  
28 received by the board. No temporary emergency license may be  
29 renewed more than one time.]"; and

1

Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 2Offered by Lauren A of 17thAmend SS/SCS/HCS/House Bill No. 1682, Page 81, Section 610.100, Line 24,

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

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

8 Further amend the title and enacting clause accordingly.

Offered 5/12/2020  
Adopted 11

SENATE AMENDMENT NO. 4Offered by Carpenterof 08Amend SS/SCS/HCS/House Bill No. 1682, Page 2, Section 9.182, Line 18,

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

4 "143.1160. 1. As used in this section, the following terms  
 5 mean:

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

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

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

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

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

17 (6) "Taxpayer", any individual who is a resident of this  
 18 state and subject to the income tax imposed under this chapter,  
 19 excluding withholding tax imposed under sections 143.191 to  
 20 143.265.

21 2. For all tax years beginning on or after January 1, 2021,  
 22 a taxpayer shall be allowed a deduction of one hundred percent of  
 23 a participating taxpayer's contributions to a long-term dignity

*Offered 5/13/2020*  
*Adopted "*

1 savings account in the tax year of the contribution. Each  
2 taxpayer claiming the deduction under this section shall file an  
3 affidavit with the income tax return verifying the amount of  
4 their contributions. The amount of the deduction claimed shall  
5 not exceed the amount of the taxpayer's Missouri adjusted gross  
6 income for the tax year that the deduction is claimed, and shall  
7 not exceed four thousand dollars per taxpayer claiming the  
8 deduction, or eight thousand dollars if married filing combined.

9 3. Income earned or received as a result of assets in a  
10 long-term dignity savings account shall not be subject to state  
11 income tax imposed under this chapter. The exemption under this  
12 section shall apply only to income maintained, accrued, or  
13 expended pursuant to the requirements of sections 191.1601 to  
14 191.1607, and no exemption shall apply to assets and income  
15 expended for any other purpose. The amount of the deduction  
16 claimed shall not exceed the amount of the taxpayer's Missouri  
17 adjusted gross income for the tax year the deduction is claimed.

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

25 5. The department of revenue shall promulgate rules to  
26 implement the provisions of this section. Any rule or portion of  
27 a rule, as that term is defined in section 536.010, that is  
28 created under the authority delegated in this section shall  
29 become effective only if it complies with and is subject to all

1 of the provisions of chapter 536 and, if applicable, section  
2 536.028. This section and chapter 536 are nonseverable, and if  
3 any of the powers vested with the general assembly pursuant to  
4 chapter 536 to review, to delay the effective date, or to  
5 disapprove and annul a rule are subsequently held  
6 unconstitutional, then the grant of rulemaking authority and any  
7 rule proposed or adopted after August 28, 2020, shall be invalid  
8 and void.

9 6. Under section 23.253 of the Missouri sunset act:

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

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

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

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

24 "191.1601. Section 143.1160 and sections 191.1601 to  
25 191.1607 shall be known and may be cited as the "Long-Term  
26 Dignity Act".

27 191.1603. As used in sections 191.1601 to 191.1607, the  
28 following terms mean:

29 (1) "Account holder", an individual who establishes an



1 account with a financial institution that is designated as a  
2 long-term dignity savings account in accordance with section  
3 191.1604;

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

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

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

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

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

22 191.1604. 1. Beginning January 1, 2021, any individual may  
23 open an account with a financial institution and designate the  
24 account, in its entirety, as a long-term dignity savings account  
25 to be used to pay or reimburse a qualified beneficiary's eligible  
26 expenses. An individual may be the account holder of multiple  
27 accounts, and an individual may jointly own the account with  
28 another person if such persons file a married filing combined  
29 income tax return. To be eligible for the tax deduction under

1 section 143.1160, an account holder shall comply with the  
2 requirements of this section.

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

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

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

23 191.1605. 1. For purposes of the tax benefit conferred  
24 under the long-term dignity savings account act, the moneys in a  
25 long-term dignity savings account may be:

- 26 (1) Used for a qualified beneficiary's eligible expenses;  
27 (2) Transferred to another newly created long-term dignity  
28 savings account; and  
29 (3) Used to pay a service fee that is deducted by the

1 financial institution.

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

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

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

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

14 3. If any moneys are subject to recapture under subsection  
15 2 of this section, the account holder shall pay to the department  
16 a penalty in the same tax year as the recapture. If the  
17 withdrawal was made ten or fewer years after the first deposit in  
18 the long-term dignity savings account, the penalty shall be equal  
19 to five percent of the amount subject to recapture, and, if the  
20 withdrawal was made more than ten years after the first deposit  
21 in the account, the penalty shall be equal to ten percent of the  
22 amount subject to recapture. These penalties shall not apply if  
23 the withdrawn moneys are from a long-term dignity savings account  
24 for which the qualified beneficiary died, and the account holder  
25 does not designate a new qualified beneficiary during the same  
26 tax year.

27 4. If the account holder dies or, if the long-term dignity  
28 account is jointly owned, the account holders die and the account  
29 does not have a surviving transfer-on-death beneficiary, then all

1 of the moneys in the account that were used for a tax deduction  
2 under section 143.1160 shall be subject to recapture in the tax  
3 year of the death or deaths, but no penalty shall be due to the  
4 department.

5 191.1606. 1. The department shall establish forms for an  
6 account holder to annually report information about a long-term  
7 dignity savings account including, but not limited to, how the  
8 moneys withdrawn from the fund are used, and shall identify any  
9 supporting documentation that is required to be maintained. To  
10 be eligible for the tax deduction under section 143.1160, an  
11 account holder shall annually file with the account holder's  
12 state income tax return all forms required by the department  
13 under this section, the 1099 form for the account issued by the  
14 financial institution, and any other supporting documentation the  
15 department requires.

16 2. The department may promulgate rules and regulations  
17 necessary to administer the provisions of sections 191.1601 to  
18 191.1607. Any rule or portion of a rule, as that term is defined  
19 in section 536.010, that is created under the authority delegated  
20 in this section shall become effective only if it complies with  
21 and is subject to all of the provisions of chapter 536 and, if  
22 applicable, section 536.028. This section and chapter 536 are  
23 nonseverable, and if any of the powers vested with the general  
24 assembly pursuant to chapter 536 to review, to delay the  
25 effective date, or to disapprove and annul a rule are  
26 subsequently held unconstitutional, then the grant of rulemaking  
27 authority and any rule proposed or adopted after August 28, 2020,  
28 shall be invalid and void.

29 191.1607. 1. No financial institution shall be required

1 to:

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

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

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

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

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

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

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

18 3. In implementing sections 143.1160 and 191.1601 to  
19 191.1607, the department shall not establish any administrative,  
20 reporting, or other requirements on financial institutions that  
21 are outside the scope of normal account procedures."; and

22 Further amend the title and enacting clause accordingly.

Read 5/13/2020

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to

SENATE AMENDMENT NO. 5

Offered by Mcay of 9<sup>th</sup>

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

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

Offered 5/13/2020

Adopted "

SENATE AMENDMENT NO. 5

Offered by Ray of 4

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

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

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

6 Further amend the title and enacting clause accordingly.

Offered 5/13/2020  
Adopted 11

SENATE AMENDMENT NO. 6Offered by Schupp of 24Amend SS/SCS/HCS/House Bill No. 1682, Page 2, Section 9.182, Line 18,

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

3 "9.300. The twenty-second day of each month shall be  
4 designated as "Buddy Check 22 Day" in the state of Missouri.  
5 Citizens of this state are encouraged to check in on veterans on  
6 the twenty-second day of each month and participate in  
7 appropriate events and activities that raise awareness of the  
8 problem of suicide facing military personnel."; and

9 Further amend the title and enacting clause accordingly.

Offered 5/13/2020  
Adopted "



SENATE AMENDMENT NO. 8Offered by Jawen ALAL of District 17Amend SS/SCS/HCS/House Bill No. 1682, Page 66, Section 376.393, Line 10,

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

4 "376.782. 1. As used in this section, the term "low-dose  
5 mammography screening" means the X-ray examination of the breast  
6 using equipment specifically designed and dedicated for  
7 mammography, including the X-ray tube, filter, compression  
8 device, detector, films, and cassettes, with an average radiation  
9 exposure delivery of less than one rad mid-breast, with two views  
10 for each breast, and any fee charged by a radiologist or other  
11 physician for reading, interpreting or diagnosing based on such  
12 X-ray. As used in this section, the term "low-dose mammography  
13 screening" shall also include digital mammography and breast  
14 tomosynthesis. As used in this section, the term "breast  
15 tomosynthesis" shall mean a radiologic procedure that involves  
16 the acquisition of projection images over the stationary breast  
17 to produce cross-sectional digital three-dimensional images of  
18 the breast.

19 2. All individual and group health insurance policies  
20 providing coverage on an expense-incurred basis, individual and  
21 group service or indemnity type contracts issued by a nonprofit  
22 corporation, individual and group service contracts issued by a  
23 health maintenance organization, all self-insured group

Offered 5/13/2020  
Adopted 11

1 arrangements to the extent not preempted by federal law and all  
2 managed health care delivery entities of any type or description,  
3 that are delivered, issued for delivery, continued or renewed on  
4 or after August 28, 1991, and providing coverage to any resident  
5 of this state shall provide benefits or coverage for low-dose  
6 mammography screening for any nonsymptomatic woman covered under  
7 such policy or contract which meets the minimum requirements of  
8 this section. Such benefits or coverage shall include at least  
9 the following:

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

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

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

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

24 (5) Ultrasound or magnetic resonance imaging services, if  
25 determined by a treating physician to be medically necessary for  
26 the screening or evaluation of breast cancer for any woman deemed  
27 by the treating physician to have an above-average risk for  
28 breast cancer in accordance with American College of Radiology  
29 guidelines for breast cancer screening.

1           3. Coverage and benefits [related to mammography as]  
2 required [by] under this section shall be at least as favorable  
3 and subject to the same dollar limits, deductibles, and  
4 co-payments as other radiological examinations; provided,  
5 however, that on and after January 1, 2019, providers of  
6 [low-dose mammography screening] health care services specified  
7 under this section shall be reimbursed at rates accurately  
8 reflecting the resource costs specific to each modality,  
9 including any increased resource cost [of breast  
10 tomosynthesis]."; and

11           Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 9Offered by Schupp of 24Amend SS/SCS/HCS/House Bill No. 1682, Page 15, Section 191.775, Line 9,

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

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

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

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

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

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

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

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

Offered 5/13/2020  
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1 disorders, such as the Edinburgh Postnatal Depression Scale, the  
2 Postpartum Depression Screening Scale, the Beck Depression  
3 Inventory, the Patient Health Questionnaire, or other validated  
4 assessment methods.

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

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

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

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

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

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

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

15 (3) All participants receiving blind pension benefits;

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

16 Further amend the title and enacting clause accordingly.

**SENATE AMENDMENT NO. 10**Offered by SENATOR WALLINGFORD of DISTRICT 27Amend SS/SCS/HCS/House Bill No. 1682, Page 67, Section 376.945, Line 19,

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

4 "376.1345. 1. As used in this section, unless the context  
5 clearly indicates otherwise, terms shall have the same meaning as  
6 ascribed to them in section 376.1350.

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

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

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

*Offered 5/13/2020*  
*Adopted 11*

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

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

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

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

23           Further amend the title and enacting clause accordingly.

Read 5/13/2020

4231S06.39S

## SENATE AMENDMENT NO. 12

Offered by Nashced 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 "

**SENATE AMENDMENT NO. 13**Offered by Koenig of 15Amend SS/SCS/HCS/House Bill No. 1682, Page 58, Section 338.260, Line 5,

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

3 "345.050. 1. To be eligible for licensure by the board by  
4 examination, each applicant shall submit the application fee and  
5 shall furnish evidence of such person's good moral and ethical  
6 character, current competence and shall:

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

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

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

*offered 5/13/2020*  
*Adopted "*

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

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

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

16           Further amend the title and enacting clause accordingly.

Read 5/13/2020

4231S06.47S

SENATE AMENDMENT NO. 14

Offered by O'Laughlin of 18<sup>th</sup>

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

2 by striking the following: "hospital,".

Offered 5/13/2020

Adopted "

SA1  
to

4231S06.65S

**SENATE AMENDMENT NO. 18**

Offered by H. Geman of Andrew

Amend <sup>14</sup>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 "



# SENATE AMENDMENT NO. 18

Offered by Reyno of 11<sup>th</sup>

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. 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, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 1 of this act shall be in full force and effect upon its passage and approval."; and

Further amend the title and enacting clause accordingly.

*Offered 5/20/20*  
*Adopted "*

SENATE AMENDMENT NO. 19Offered by Wieland of 22Amend SS/SCS/HCS/House Bill No. 1682, Page 69, Section 376.1578, Line 22,

2 by inserting after "carrier." the following: "No practitioner  
3 that has submitted an application in accordance with the  
4 provisions of this subsection shall send any claim to the patient  
5 for charges incurred for care of the patient during the  
6 credentialing period with the patient's health carrier."; and  
7 further amend line 27, by striking all of said line and inserting  
8 in lieu thereof the following:

9 "time not to exceed:

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

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

17  
18 Any practitioner authorized to".

Offered 5/13/2020  
Adopted 11