House ____ Amendment NO.____

Offered By

______________________________ ______________________________

1 AMEND House Committee Substitute for House Bill No. 271, Page 1, Section A, Line 4, by
2 inserting after all of said section and line the following:
3
4 "191.1720. 1. This section shall be known and may be cited as the "Missouri Save
5 Adolescents from Experimentation (SAFE) Act".
6 2. For purposes of this section, the following terms mean:
7 (1) "Biological sex", the biological indication of male or female in the context of
8 reproductive potential or capacity, such as sex chromosomes, naturally occurring sex hormones,
9 gonads, and nonambiguous internal and external genitalia present at birth, without regard to an
10 individual's psychological, chosen, or subjective experience of gender;
11 (2) "Cross-sex hormones", testosterone, estrogen, or other androgens given to an individual
12 in amounts that are greater or more potent than would normally occur naturally in a healthy
13 individual of the same age and sex;
14 (3) "Gender", the psychological, behavioral, social, and cultural aspects of being male or
15 female;
16 (4) "Gender transition", the process in which an individual transitions from identifying with
17 and living as a gender that corresponds to his or her biological sex to identifying with and living as a
18 gender different from his or her biological sex, and may involve social, legal, or physical changes;
19 (5) "Gender transition surgery", a surgical procedure performed for the purpose of assisting
20 an individual with a gender transition, including, but not limited to:
21 (a) Surgical procedures that sterilize, including, but not limited to, castration, vasectomy,
22 hysterectomy, oophorectomy, orchiectomy, or penectomy;
23 (b) Surgical procedures that artificially construct tissue with the appearance of genitalia that
24 differs from the individual's biological sex, including, but not limited to, metoidioplasty,
25 phalloplasty, or vaginoplasty; or
26 (c) Augmentation mammoplasty or subcutaneous mastectomy;
27 (6) "Health care provider", an individual who is licensed, certified, or otherwise authorized
28 by the laws of this state to administer health care in the ordinary course of the practice of his or her
29 profession;

Action Taken____ Date __________________

(7) "Puberty-blocking drugs", gonadotropin-releasing hormone analogues or other synthetic drugs used to stop luteinizing hormone secretion and follicle stimulating hormone secretion, synthetic antiandrogen drugs to block the androgen receptor, or any other drug used to delay or suppress pubertal development in children for the purpose of assisting an individual with a gender transition.

3. A health care provider shall not knowingly perform a gender transition surgery on any individual under eighteen years of age.

4. A health care provider shall not knowingly prescribe or administer cross-sex hormones or puberty-blocking drugs for the purpose of a gender transition for any individual under eighteen years of age.

5. The performance of a gender transition surgery or the prescription or administration of cross-sex hormones or puberty-blocking drugs to an individual under eighteen years of age in violation of this section shall be considered unprofessional conduct and any health care provider doing so shall have his or her license to practice revoked by the appropriate licensing entity or disciplinary review board with competent jurisdiction in this state.

6. (1) The prescription or administration of cross-sex hormones or puberty-blocking drugs to an individual under eighteen years of age for the purpose of a gender transition shall be considered grounds for a cause of action against the health care provider. The provisions of chapter 538 shall not apply to any action brought under this subsection.

(2) An action brought pursuant to this subsection shall be brought within thirty years of the individual injured attaining the age of twenty-one or of the date the treatment of the injury at issue in the action by the defendant has ceased, whichever is later.

(3) An individual bringing an action under this subsection shall be entitled to a rebuttable presumption that the individual was harmed following the prescription or administration of cross-sex hormones or puberty-blocking drugs and that the harm was a direct result of the hormones or drugs prescribed or administered by the health care provider. Such presumption may be rebutted only by clear and convincing evidence.

(4) In any action brought pursuant to this subsection, a plaintiff may recover economic and noneconomic damages and punitive damages, without limitation to the amount and no less than five hundred thousand dollars in the aggregate. The judgment against a defendant in an action brought pursuant to this subsection shall be in an amount of three times the amount of any economic and noneconomic damages or punitive damages assessed. Any award of damages in an action brought pursuant to this subsection to a prevailing plaintiff shall include attorney's fees and court costs.

(5) An action brought pursuant to this subsection may be brought in any circuit court of this state.

(6) No health care provider may seek a waiver of the right to bring an action pursuant to this subsection as a condition of services. Any such attempted waiver shall be null and void.

(7) A plaintiff to an action brought under this subsection may enter into a voluntary agreement of settlement or compromise of the action, but no agreement shall be valid until approved

1 by the court. No agreement allowed by the court shall include a provision regarding the
2 nondisclosure or confidentiality of the terms of such agreement unless such provision was
3 specifically requested and agreed to by the plaintiff.
4 (8) If requested by the plaintiff, any pleadings, attachments, or exhibits filed with the court
5 in any action brought pursuant to this subsection, as well as any judgments issued by the court in
6 such actions, shall not include the personal identifying information of the plaintiff. Such
7 information shall be provided in a confidential information filing sheet contemporaneously filed
8 with the court or entered by the court, which shall not be subject to public inspection or availability.
9 7. The provisions of this section shall not apply to any speech protected by the First
10 Amendment of the United States Constitution.
11 8. The provisions of this section shall not apply to the following:
12 (1) Services to individuals born with a medically-verifiable disorder of sex development,
13 including, but not limited to, an individual with external biological sex characteristics that are
14 irresolvably ambiguous, such as those born with 46,XX chromosomes with virilization, 46,XY
15 chromosomes with undervirilization, or having both ovarian and testicular tissue;
16 (2) Services provided when a health care provider has otherwise diagnosed an individual
17 with a disorder of sex development and determined through genetic or biochemical testing that the
18 individual does not have normal sex chromosome structure, sex steroid hormone production, or sex
19 steroid hormone action;
20 (3) The treatment of any infection, injury, disease, or disorder that has been caused by or
21 exacerbated by the performance of gender transition surgery or the prescription or administration of
22 cross-sex hormones or puberty-blocking drugs regardless of whether the surgery was performed or
23 the hormones or drugs were prescribed or administered in accordance with state and federal law; or
24 (4) Any procedure by a health care provider, other than a gender transition surgery or the
25 prescribing or administering of cross-sex hormones or puberty-blocking drugs for the purpose of a
26 gender transition, undertaken because the individual suffers from a physical disorder, physical
27 injury, or physical illness that would, as certified by a health care provider, place the individual in
28 imminent danger of death or impairment of a major bodily function unless surgery is performed.";
29 and
30
31 Further amend said bill, Page 2, Section 195.070, Line 33, by inserting after all of said section and
32 line the following:
33
34 "208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy
35 persons as described in section 208.151 who are unable to provide for it in whole or in part, with
36 any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the
37 services as defined and determined by the MO HealthNet division, unless otherwise hereinafter
38 provided, for the following:
39 (1) Inpatient hospital services, except to persons in an institution for mental diseases who
40 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO

1 HealthNet division shall provide through rule and regulation an exception process for coverage of
2 inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional
3 activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and
4 provided further that the MO HealthNet division shall take into account through its payment system
5 for hospital services the situation of hospitals which serve a disproportionate number of low-income
6 patients;
7 (2) All outpatient hospital services, payments therefor to be in amounts which represent no
8 more than eighty percent of the lesser of reasonable costs or customary charges for such services,
9 determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97,
10 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO
11 HealthNet division may evaluate outpatient hospital services rendered under this section and deny
12 payment for services which are determined by the MO HealthNet division not to be medically
13 necessary, in accordance with federal law and regulations;
14 (3) Laboratory and X-ray services;
15 (4) Nursing home services for participants, except to persons with more than five hundred
16 thousand dollars equity in their home or except for persons in an institution for mental diseases who
17 are under the age of sixty-five years, when residing in a hospital licensed by the department of
18 health and senior services or a nursing home licensed by the department of health and senior
19 services or appropriate licensing authority of other states or government-owned and -operated
20 institutions which are determined to conform to standards equivalent to licensing requirements in
21 Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for
22 nursing facilities. The MO HealthNet division may recognize through its payment methodology for
23 nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The
24 MO HealthNet division when determining the amount of the benefit payments to be made on behalf
25 of persons under the age of twenty-one in a nursing facility may consider nursing facilities
26 furnishing care to persons under the age of twenty-one as a classification separate from other
27 nursing facilities;
28 (5) Nursing home costs for participants receiving benefit payments under subdivision (4) of
29 this subsection for those days, which shall not exceed twelve per any period of six consecutive
30 months, during which the participant is on a temporary leave of absence from the hospital or nursing
31 home, provided that no such participant shall be allowed a temporary leave of absence unless it is
32 specifically provided for in his plan of care. As used in this subdivision, the term "temporary leave
33 of absence" shall include all periods of time during which a participant is away from the hospital or
34 nursing home overnight because he is visiting a friend or relative;
35 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or
36 elsewhere;
37 (7) Subject to appropriation, up to twenty visits per year for services limited to
38 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned
39 articulations and structures of the body provided by licensed chiropractic physicians practicing

1 within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand
2 MO HealthNet services;
3 (8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an
4 advanced practice registered nurse; except that no payment for drugs and medicines prescribed on
5 and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice
6 registered nurse may be made on behalf of any person who qualifies for prescription drug coverage
7 under the provisions of P.L. 108-173;
8 (9) Emergency ambulance services and, effective January 1, 1990, medically necessary
9 transportation to scheduled, physician-prescribed nonelective treatments;
10 (10) Early and periodic screening and diagnosis of individuals who are under the age of
11 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other
12 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services
13 shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal
14 regulations promulgated thereunder;
15 (11) Home health care services;
16 (12) Family planning as defined by federal rules and regulations; provided, however, that
17 such family planning services shall not include abortions or any abortifacient drug or device that is
18 used for the purpose of inducing an abortion unless such abortions are certified in writing by a
19 physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the
20 mother would be endangered if the fetus were carried to term;
21 (13) Inpatient psychiatric hospital services for individuals under age twenty-one as defined
22 in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);
23 (14) Outpatient surgical procedures, including presurgical diagnostic services performed in
24 ambulatory surgical facilities which are licensed by the department of health and senior services of
25 the state of Missouri; except, that such outpatient surgical services shall not include persons who are
26 eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the
27 federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX,
28 Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;
29 (15) Personal care services which are medically oriented tasks having to do with a person's
30 physical requirements, as opposed to housekeeping requirements, which enable a person to be
31 treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a
32 hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be
33 rendered by an individual not a member of the participant's family who is qualified to provide such
34 services where the services are prescribed by a physician in accordance with a plan of treatment and
35 are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those
36 persons who would otherwise require placement in a hospital, intermediate care facility, or skilled
37 nursing facility. Benefits payable for personal care services shall not exceed for any one participant
38 one hundred percent of the average statewide charge for care and treatment in an intermediate care
39 facility for a comparable period of time. Such services, when delivered in a residential care facility

1 or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the
2 services the resident requires and the frequency of the services. A resident of such facility who
3 qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician,
4 qualify for the tier level with the fewest services. The rate paid to providers for each tier of service
5 shall be set subject to appropriations. Subject to appropriations, each resident of such facility who
6 qualifies for assistance under section 208.030 and meets the level of care required in this section
7 shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care
8 services per day. Authorized units of personal care services shall not be reduced or tier level
9 lowered unless an order approving such reduction or lowering is obtained from the resident's
10 personal physician. Such authorized units of personal care services or tier level shall be transferred
11 with such resident if he or she transfers to another such facility. Such provision shall terminate upon
12 receipt of relevant waivers from the federal Department of Health and Human Services. If the
13 Centers for Medicare and Medicaid Services determines that such provision does not comply with
14 the state plan, this provision shall be null and void. The MO HealthNet division shall notify the
15 revisor of statutes as to whether the relevant waivers are approved or a determination of
16 noncompliance is made;
17 (16) Mental health services. The state plan for providing medical assistance under Title
18 XIX of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following
19 mental health services when such services are provided by community mental health facilities
20 operated by the department of mental health or designated by the department of mental health as a
21 community mental health facility or as an alcohol and drug abuse facility or as a child-serving
22 agency within the comprehensive children's mental health service system established in section
23 630.097. The department of mental health shall establish by administrative rule the definition and
24 criteria for designation as a community mental health facility and for designation as an alcohol and
25 drug abuse facility. Such mental health services shall include:
26 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
27 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting
28 by a mental health professional in accordance with a plan of treatment appropriately established,
29 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
30 services management;
31 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
32 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting
33 by a mental health professional in accordance with a plan of treatment appropriately established,
34 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
35 services management;
36 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
37 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
38 rendered to individuals in an individual or group setting by a mental health or alcohol and drug
39 abuse professional in accordance with a plan of treatment appropriately established, implemented,

1 monitored, and revised under the auspices of a therapeutic team as a part of client services
2 management. As used in this section, mental health professional and alcohol and drug abuse
3 professional shall be defined by the department of mental health pursuant to duly promulgated rules.
4 With respect to services established by this subdivision, the department of social services, MO
5 HealthNet division, shall enter into an agreement with the department of mental health. Matching
6 funds for outpatient mental health services, clinic mental health services, and rehabilitation services
7 for mental health and alcohol and drug abuse shall be certified by the department of mental health to
8 the MO HealthNet division. The agreement shall establish a mechanism for the joint
9 implementation of the provisions of this subdivision. In addition, the agreement shall establish a
10 mechanism by which rates for services may be jointly developed;
11 (17) Such additional services as defined by the MO HealthNet division to be furnished
12 under waivers of federal statutory requirements as provided for and authorized by the federal Social
13 Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;
14 (18) The services of an advanced practice registered nurse with a collaborative practice
15 agreement to the extent that such services are provided in accordance with chapters 334 and 335,
16 and regulations promulgated thereunder;
17 (19) Nursing home costs for participants receiving benefit payments under subdivision (4)
18 of this subsection to reserve a bed for the participant in the nursing home during the time that the
19 participant is absent due to admission to a hospital for services which cannot be performed on an
20 outpatient basis, subject to the provisions of this subdivision:
21 (a) The provisions of this subdivision shall apply only if:
22 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO
23 HealthNet certified licensed beds, according to the most recent quarterly census provided to the
24 department of health and senior services which was taken prior to when the participant is admitted
25 to the hospital; and
26 b. The patient is admitted to a hospital for a medical condition with an anticipated stay of
27 three days or less;
28 (b) The payment to be made under this subdivision shall be provided for a maximum of
29 three days per hospital stay;
30 (c) For each day that nursing home costs are paid on behalf of a participant under this
31 subdivision during any period of six consecutive months such participant shall, during the same
32 period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise
33 available temporary leave of absence days provided under subdivision (5) of this subsection; and
34 (d) The provisions of this subdivision shall not apply unless the nursing home receives
35 notice from the participant or the participant's responsible party that the participant intends to return
36 to the nursing home following the hospital stay. If the nursing home receives such notification and
37 all other provisions of this subsection have been satisfied, the nursing home shall provide notice to
38 the participant or the participant's responsible party prior to release of the reserved bed;

1 (20) Prescribed medically necessary durable medical equipment. An electronic web-based
2 prior authorization system using best medical evidence and care and treatment guidelines consistent
3 with national standards shall be used to verify medical need;
4 (21) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated
5 program of active professional medical attention within a home, outpatient and inpatient care which
6 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary
7 team. The program provides relief of severe pain or other physical symptoms and supportive care to
8 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses
9 which are experienced during the final stages of illness, and during dying and bereavement and
10 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.
11 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and
12 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five
13 percent of the rate of reimbursement which would have been paid for facility services in that nursing
14 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
15 (Omnibus Budget Reconciliation Act of 1989);
16 (22) Prescribed medically necessary dental services. Such services shall be subject to
17 appropriations. An electronic web-based prior authorization system using best medical evidence
18 and care and treatment guidelines consistent with national standards shall be used to verify medical
19 need;
20 (23) Prescribed medically necessary optometric services. Such services shall be subject to
21 appropriations. An electronic web-based prior authorization system using best medical evidence
22 and care and treatment guidelines consistent with national standards shall be used to verify medical
23 need;
24 (24) Blood clotting products-related services. For persons diagnosed with a bleeding
25 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section
26 338.400, such services include:
27 (a) Home delivery of blood clotting products and ancillary infusion equipment and supplies,
28 including the emergency deliveries of the product when medically necessary;
29 (b) Medically necessary ancillary infusion equipment and supplies required to administer
30 the blood clotting products; and
31 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home
32 health care agency trained in bleeding disorders when deemed necessary by the participant's treating
33 physician;
34 (25) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report
35 the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of
36 the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by
37 third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide
38 to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and
39 for third-party payor average dental reimbursement rates. Such plan shall be subject to

1 appropriation and the division shall include in its annual budget request to the governor the
2 necessary funding needed to complete the four-year plan developed under this subdivision.
3 2. Additional benefit payments for medical assistance shall be made on behalf of those
4 eligible needy children, pregnant women and blind persons with any payments to be made on the
5 basis of the reasonable cost of the care or reasonable charge for the services as defined and
6 determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:
7 (1) Dental services;
8 (2) Services of podiatrists as defined in section 330.010;
9 (3) Optometric services as described in section 336.010;
10 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids,
11 and wheelchairs;
12 (5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated
13 program of active professional medical attention within a home, outpatient and inpatient care which
14 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary
15 team. The program provides relief of severe pain or other physical symptoms and supportive care to
16 meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses
17 which are experienced during the final stages of illness, and during dying and bereavement and
18 meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418.
19 The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and
20 board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five
21 percent of the rate of reimbursement which would have been paid for facility services in that nursing
22 home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
23 (Omnibus Budget Reconciliation Act of 1989);
24 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
25 coordinated system of care for individuals with disabling impairments. Rehabilitation services must
26 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan
27 developed, implemented, and monitored through an interdisciplinary assessment designed to restore
28 an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet
29 division shall establish by administrative rule the definition and criteria for designation of a
30 comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any
31 rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority
32 delegated in this subdivision shall become effective only if it complies with and is subject to all of
33 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
34 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to
35 review, to delay the effective date, or to disapprove and annul a rule are subsequently held
36 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
37 August 28, 2005, shall be invalid and void.
38 3. The MO HealthNet division may require any participant receiving MO HealthNet
39 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1,

1 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services
2 except for those services covered under subdivisions (15) and (16) of subsection 1 of this section
3 and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the
4 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When
5 substitution of a generic drug is permitted by the prescriber according to section 338.056, and a
6 generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or
7 delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal
8 Social Security Act. A provider of goods or services described under this section must collect from
9 all participants the additional payment that may be required by the MO HealthNet division under
10 authority granted herein, if the division exercises that authority, to remain eligible as a provider.
11 Any payments made by participants under this section shall be in addition to and not in lieu of
12 payments made by the state for goods or services described herein except the participant portion of
13 the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to
14 pharmacists. A provider may collect the co-payment at the time a service is provided or at a later
15 date. A provider shall not refuse to provide a service if a participant is unable to pay a required
16 payment. If it is the routine business practice of a provider to terminate future services to an
17 individual with an unclaimed debt, the provider may include uncollected co-payments under this
18 practice. Providers who elect not to undertake the provision of services based on a history of bad
19 debt shall give participants advance notice and a reasonable opportunity for payment. A provider,
20 representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall
21 not make co-payment for a participant. This subsection shall not apply to other qualified children,
22 pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not
23 approve the MO HealthNet state plan amendment submitted by the department of social services
24 that would allow a provider to deny future services to an individual with uncollected co-payments,
25 the denial of services shall not be allowed. The department of social services shall inform providers
26 regarding the acceptability of denying services as the result of unpaid co-payments.
27 4. The MO HealthNet division shall have the right to collect medication samples from
28 participants in order to maintain program integrity.
29 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection
30 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and
31 services are available under the state plan for MO HealthNet benefits at least to the extent that such
32 care and services are available to the general population in the geographic area, as required under
33 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated
34 thereunder.
35 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health
36 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.
37 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated
38 thereunder.

1 7. Beginning July 1, 1990, the department of social services shall provide notification and
2 referral of children below age five, and pregnant, breast-feeding, or postpartum women who are
3 determined to be eligible for MO HealthNet benefits under section 208.151 to the special
4 supplemental food programs for women, infants and children administered by the department of
5 health and senior services. Such notification and referral shall conform to the requirements of
6 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.
7 8. Providers of long-term care services shall be reimbursed for their costs in accordance
8 with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a,
9 as amended, and regulations promulgated thereunder.
10 9. Reimbursement rates to long-term care providers with respect to a total change in
11 ownership, at arm's length, for any facility previously licensed and certified for participation in the
12 MO HealthNet program shall not increase payments in excess of the increase that would result from
13 the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a
14 (a)(13)(C).
15 10. The MO HealthNet division may enroll qualified residential care facilities and assisted
16 living facilities, as defined in chapter 198, as MO HealthNet personal care providers.
17 11. Any income earned by individuals eligible for certified extended employment at a
18 sheltered workshop under chapter 178 shall not be considered as income for purposes of
19 determining eligibility under this section.
20 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or
21 application of the requirements for reimbursement for MO HealthNet services from the
22 interpretation or application that has been applied previously by the state in any audit of a MO
23 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO
24 HealthNet providers five business days before such change shall take effect. Failure of the Missouri
25 Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to
26 continue to receive and retain reimbursement until such notification is provided and shall waive any
27 liability of such provider for recoupment or other loss of any payments previously made prior to the
28 five business days after such notice has been sent. Each provider shall provide the Missouri
29 Medicaid audit and compliance unit a valid email address and shall agree to receive
30 communications electronically. The notification required under this section shall be delivered in
31 writing by the United States Postal Service or electronic mail to each provider.
32 13. Nothing in this section shall be construed to abrogate or limit the department's statutory
33 requirement to promulgate rules under chapter 536.
34 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social,
35 and psychophysiological services for the prevention, treatment, or management of physical health
36 problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement
37 codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT)
38 coding system. Providers eligible for such reimbursement shall include psychologists.

15. There shall be no payments made under this section for gender transition surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section 191.1720, for the purpose of a gender transition.

217.230. The director shall arrange for necessary health care services for offenders confined in correctional centers, which shall not include any gender transition surgery, as defined in section 191.1720.

221.120. 1. If any prisoner confined in the county jail is sick and in the judgment of the jailer, requires the attention of a physician, dental care, or medicine, the jailer shall procure the necessary medicine, dental care or medical attention necessary or proper to maintain the health of the prisoner; provided, that this shall not include any gender transition surgery, as defined in section 191.1720. The costs of such medicine, dental care, or medical attention shall be paid by the prisoner through any health insurance policy as defined in subsection 3 of this section, from which the prisoner is eligible to receive benefits. If the prisoner is not eligible for such health insurance benefits then the prisoner shall be liable for the payment of such medical attention, dental care, or medicine, and the assets of such prisoner may be subject to levy and execution under court order to satisfy such expenses in accordance with the provisions of section 221.070, and any other applicable law. The county commission of the county may at times authorize payment of certain medical costs that the county commission determines to be necessary and reasonable. As used in this section, the term "medical costs" includes the actual costs of medicine, dental care or other medical attention and necessary costs associated with such medical care such as transportation, guards and inpatient care.

2. The county commission may, in their discretion, employ a physician by the year, to attend such prisoners, and make such reasonable charge for his service and medicine, when required, to be taxed and collected as provided by law.

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

(1) "Assets", property, tangible or intangible, real or personal, belonging to or due a prisoner or a former prisoner, including income or payments to such prisoner from Social Security, workers' compensation, veterans' compensation, pension benefits, previously earned salary or wages, bonuses, annuities, retirement benefits, compensation paid to the prisoner per work or services performed while a prisoner or from any other source whatsoever, including any of the following:

(a) Money or other tangible assets received by the prisoner as a result of a settlement of a claim against the state, any agency thereof, or any claim against an employee or independent contractor arising from and in the scope of the employee's or contractor's official duties on behalf of the state or any agency thereof;

(b) A money judgment received by the prisoner from the state as a result of a civil action in which the state, an agency thereof or any state employee or independent contractor where such judgment arose from a claim arising from the conduct of official duties on behalf of the state by the employee or subcontractor or for any agency of the state;

1 (c) A current stream of income from any source whatsoever, including a salary, wages,
2 disability benefits, retirement benefits, pension benefits, insurance or annuity benefits, or similar
3 payments; and
4 (2) "Health insurance policy", any group insurance policy providing coverage on an
5 expense-incurred basis, any group service or indemnity contract issued by a not-for-profit health
6 services corporation or any self-insured group health benefit plan of any type or description."; and
7
8 Further amend said bill, Page 18, Section 335.175, Line 24, by inserting after all of said section and
9 line the following:
10
11 "Section B. The enactment of section 191.1720 and the repeal and reenactment of sections
12 208.152, 217.230, and 221.120 of this act shall become effective:
13 (1) Six months from the date of the governor's signature;
14 (2) January 15, 2024, if the bill is not signed and returned by the governor within the
15 constitutional time limits; or
16 (3) March 23, 2024, if the governor vetoes the bill and the general assembly overrides the
17 governor's veto."; and
18
19 Further amend said bill by amending the title, enacting clause, and intersectional references
20 accordingly.