

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By  
\_\_\_\_\_

1 AMEND House Committee Substitute for House Bill No. 419, Page 1, Section 191.1720, Line 1, by  
2 deleting the words "Sections 191.1720 to 191.1745 and section 376.1280" and inserting in lieu  
3 thereof the number "1. This section"; and  
4

5 Further amend said bill, page, and section, Line 2, by deleting the words "Child and Adolescent  
6 Protection (MCAP)" and inserting in lieu thereof the words "Save Adolescents from  
7 Experimentation (SAFE)"; and  
8

9 Further amend said bill and page, Section 191.1725, Line 1, by deleting said line and inserting in  
10 lieu thereof the following:  
11

12 "2. For purposes of this section, the following terms"; and  
13

14 Further amend said bill, page, and section, Line 6, by deleting said line and inserting in lieu thereof  
15 the words "without regard to an individual's psychological, chosen, or subjective experience of  
16 gender"; and  
17

18 Further amend said bill and section, Pages 1-2, Lines 7-33, by deleting said lines and inserting in  
19 lieu thereof the following:  
20

21 "(2) "Cross-sex hormones", testosterone, estrogen, or other androgens given to an individual  
22 in amounts that are greater or more potent than would normally occur naturally in a healthy  
23 individual of the same age and sex"; and  
24

25 Further amend said bill and section, Page 2, Lines 36-41, by deleting said lines; and  
26

27 Further amend said bill, page, and section, Line 42, by deleting said line and inserting in lieu thereof  
28 the following:  
29

30 "(4) "Gender transition", the process in which an individual transitions from"; and  
31

32 Further amend said bill, page, and section, Line 44, by inserting after the word "sex" a comma "1";  
33 and  
34

35 Further amend said bill and section, Pages 2-3, Lines 46-75, by deleting said lines and inserting in  
36 lieu thereof the following:

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1  
2 "(5) "Gender transition surgery", a surgical procedure performed for the purpose of assisting  
3 an individual with a gender transition, including, but not limited to:

4 (a) Surgical procedures that sterilize, including, but not limited to, castration, vasectomy,  
5 hysterectomy, oophorectomy, orchiectomy, or penectomy;

6 (b) Surgical procedures that artificially construct tissue with the appearance of genitalia that  
7 differs from the individual's biological sex, including, but not limited to, metoidioplasty,  
8 phalloplasty, or vaginoplasty; or

9 (c) Augmentation mammoplasty or subcutaneous mastectomy;"; and

10  
11 Further amend said bill and section, Page 3, Line 76, by deleting the phrase "(8) "Health care  
12 professional"" and inserting in lieu thereof the phrase "(6) "Health care provider""; and

13  
14 Further amend said bill, page, and section, Line 78, by deleting the words ", including mental health  
15 care providers""; and

16  
17 Further amend said bill and section, Pages 3-4, Lines 79-89, by deleting said lines; and

18  
19 Further amend said bill and section, Page 4, Line 90, by deleting the number "(11)" and inserting in  
20 lieu thereof the number "(7)"; and

21  
22 Further amend said bill, page, and section, Line 91, by deleting the words "in biological males"; and

23  
24 Further amend said bill, page, and section, Lines 92-93, by deleting said lines and inserting in lieu  
25 thereof the following:

26  
27 "follicle stimulating hormone secretion, synthetic antiandrogen drugs to block the androgen  
28 receptor, or any other drug used to delay or suppress pubertal"; and

29  
30 Further amend said bill, page, and section, Lines 95-98, by deleting said lines and inserting in lieu  
31 thereof the word "transition."; and

32  
33 Further amend said bill and page, Section 191.1730, Line 1, by deleting said line and inserting in  
34 lieu thereof the following:

35  
36 "3. A health care provider shall not knowingly perform a"; and

37  
38 Further amend said bill, page, and section, Line 2, by deleting the words "procedures to" and  
39 inserting in lieu thereof the words "surgery on"; and

40  
41 Further amend said bill, page, and section, Lines 3-4, by deleting said lines; and

42  
43 Further amend said bill and page, Section 191.1732, Lines 1-2, by deleting said lines and inserting  
44 in lieu thereof the following:

45  
46 "4. A health care provider shall not knowingly prescribe or administer cross-sex hormones  
47 or puberty-blocking drugs for the purpose of a gender transition for any"; and

1  
2 Further amend said bill, page, and section, Lines 4-6, by deleting said lines; and

3  
4 Further amend said bill and page, Section 191.1735, Lines 1-15, by deleting all of said section and  
5 lines; and

6  
7 Further amend said bill and page, Section 191.1740, Line 1, by deleting said line and inserting in  
8 lieu thereof the following:

9  
10 "5. The performance of a gender transition surgery or the prescription or administration of  
11 cross-sex hormones or puberty-blocking drugs to an"; and

12  
13 Further amend said bill and section, Pages 4-5, Lines 2-3, by deleting the words "is unprofessional  
14 conduct and shall be subject to discipline" and inserting in lieu thereof the words "in violation of  
15 this section shall be considered unprofessional conduct and any health care provider doing so shall  
16 have his or her license to practice revoked"; and

17  
18 Further amend said bill and section, Page 5, Line 4, by inserting after all of said section and line the  
19 following:

20  
21 "6. (1) The prescription or administration of cross-sex hormones or puberty-blocking drugs  
22 to an individual under eighteen years of age for the purpose of a gender transition shall be  
23 considered grounds for a cause of action against the health care provider. The provisions of chapter  
24 538 shall not apply to any action brought under this subsection.

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

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

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

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

41 (6) No health care provider shall require a waiver of the right to bring an action pursuant to  
42 this subsection as a condition of services. The right to bring an action by or through an individual  
43 under the age of eighteen shall not be waived by a parent or legal guardian.

1           (7) A plaintiff to an action brought under this subsection may enter into a voluntary  
 2 agreement of settlement or compromise of the action, but no agreement shall be valid until approved  
 3 by the court. No agreement allowed by the court shall include a provision regarding the  
 4 nondisclosure or confidentiality of the terms of such agreement unless such provision was  
 5 specifically requested and agreed to by the plaintiff.

6           (8) If requested by the plaintiff, any pleadings, attachments, or exhibits filed with the court  
 7 in any action brought pursuant to this subsection, as well as any judgments issued by the court in  
 8 such actions, shall not include the personal identifying information of the plaintiff. Such  
 9 information shall be provided in a confidential information filing sheet contemporaneously filed  
 10 with the court or entered by the court, which shall not be subject to public inspection or availability.

11           7. The provisions of this section shall not apply to any speech protected by the First  
 12 Amendment of the United States Constitution.

13           8. The provisions of this section shall not apply to the following:

14           (1) Services to individuals born with a medically-verifiable disorder of sex development,  
 15 including, but not limited to, an individual with external biological sex characteristics that are  
 16 irresolvably ambiguous, such as those born with 46,XX chromosomes with virilization, 46,XY  
 17 chromosomes with undervirilization, or having both ovarian and testicular tissue;

18           (2) Services provided when a physician has otherwise diagnosed an individual with a  
 19 disorder of sex development and determined through genetic or biochemical testing that the  
 20 individual does not have normal sex chromosome structure, sex steroid hormone production, or sex  
 21 steroid hormone action;

22           (3) The treatment of any infection, injury, disease, or disorder that has been caused by or  
 23 exacerbated by the performance of gender transition surgery or the prescription or administration of  
 24 cross-sex hormones or puberty-blocking drugs regardless of whether the surgery was performed or  
 25 the hormones or drugs were prescribed or administered in accordance with state and federal law; or

26           (4) Any procedure undertaken because the individual suffers from a physical disorder,  
 27 physical injury, or physical illness that would, as certified by a physician, 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, Pages 5-6, Section 191.1745, Lines 1-42, by deleting all of said section and  
 32 lines and inserting in lieu thereof 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.

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

4           217.230. The director shall arrange for necessary health care services for offenders confined  
5 in correctional centers, which shall not include any gender transition surgery, as defined in section  
6 191.1720.

7           221.120. 1. If any prisoner confined in the county jail is sick and in the judgment of the  
8 jailer, requires the attention of a physician, dental care, or medicine, the jailer shall procure the  
9 necessary medicine, dental care or medical attention necessary or proper to maintain the health of  
10 the prisoner; provided, that this shall not include any gender transition surgery, as defined in section  
11 191.1720. The costs of such medicine, dental care, or medical attention shall be paid by the prisoner  
12 through any health insurance policy as defined in subsection 3 of this section, from which the  
13 prisoner is eligible to receive benefits. If the prisoner is not eligible for such health insurance  
14 benefits then the prisoner shall be liable for the payment of such medical attention, dental care, or  
15 medicine, and the assets of such prisoner may be subject to levy and execution under court order to  
16 satisfy such expenses in accordance with the provisions of section 221.070, and any other applicable  
17 law. The county commission of the county may at times authorize payment of certain medical costs  
18 that the county commission determines to be necessary and reasonable. As used in this section, the  
19 term "medical costs" includes the actual costs of medicine, dental care or other medical attention  
20 and necessary costs associated with such medical care such as transportation, guards and inpatient  
21 care.

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

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

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

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

35           (b) A money judgment received by the prisoner from the state as a result of a civil action in  
36 which the state, an agency thereof or any state employee or independent contractor where such  
37 judgment arose from a claim arising from the conduct of official duties on behalf of the state by the  
38 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 6, Section 376.1280, Lines 1-14, by deleting all of said section and  
9 lines; and

10  
11 Further amend said bill and page, Section B, Lines 1-5, by deleting said line and inserting in lieu  
12 thereof the following:

13  
14 "Section B. The enactment of section 191.1720 and the repeal and reenactment of sections  
15 208.152, 217.230, and 221.120 of this act shall become effective:

16 (1) Six months from the date of the governor's signature;"; and  
17

18 Further amend said bill, page, and section, by renumbering all subsequent subdivisions accordingly;  
19 and

20  
21 Further amend said bill by amending the title, enacting clause, and intersectional references  
22 accordingly.