SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
HOUSE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 508
97TH GENERAL ASSEMBLY
2014

AN ACT

To repeal sections 43.530, 105.711, 208.631, 208.636, 208.640, 208.643, 208.646, and 376.2004, RSMo, and to enact in lieu thereof nine new sections relating to health insurance, with a penalty provision.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 43.530, 105.711, 208.631, 208.636, 208.640, 208.643, 208.646, and 376.2004, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known as sections 43.530, 105.711, 208.631, 208.636, 208.640, 208.643, 208.646, 376.998, and 376.2004, to read as follows:

43.530. 1. For each request requiring the payment of a fee received by the central repository, the requesting entity shall pay a fee of not more than nine dollars per request for criminal history record information not based on a fingerprint search. In each year beginning on or after January 1, 2010, the superintendent may increase the fee paid by requesting entities by an amount not to exceed one dollar per year, however, under no circumstance shall the fee paid by requesting entities exceed fifteen dollars per request.

2. For each request requiring the payment of a fee received by the central repository, the requesting entity shall pay a fee of not more than twenty dollars per request for criminal history record information based on a fingerprint search, unless the request is required under the provisions of subdivision (6) of section 210.481, section 210.487, subsection 6 of section 376.2004, or section 571.101, in which case the fee shall be fourteen dollars.

3. A request made under subsections 1 and 2 of this section shall be

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.
limited to check and search on one individual. Each request shall be
accompanied by a check, warrant, voucher, money order, or electronic payment
payable to the state of Missouri-criminal record system or payment shall be made
in a manner approved by the highway patrol. The highway patrol may establish
procedures for receiving requests for criminal history record information for
classification and search for fingerprints, from courts and other entities, and for
the payment of such requests. There is hereby established by the treasurer of the
state of Missouri a fund to be entitled as the "Criminal Record System
Fund". Notwithstanding the provisions of section 33.080 to the contrary, if the
moneys collected and deposited into this fund are not totally expended annually
for the purposes set forth in sections 43.500 to 43.543, the unexpended moneys
in such fund shall remain in the fund and the balance shall be kept in the fund
to accumulate from year to year.

105.711. 1. There is hereby created a "State Legal Expense Fund" which
shall consist of moneys appropriated to the fund by the general assembly and
moneys otherwise credited to such fund pursuant to section 105.716.

2. Moneys in the state legal expense fund shall be available for the
payment of any claim or any amount required by any final judgment rendered by
a court of competent jurisdiction against:

(1) The state of Missouri, or any agency of the state, pursuant to section
536.050 or 536.087 or section 537.600;

(2) Any officer or employee of the state of Missouri or any agency of the
state, including, without limitation, elected officials, appointees, members of state
boards or commissions, and members of the Missouri National Guard upon
conduct of such officer or employee arising out of and performed in connection
with his or her official duties on behalf of the state, or any agency of the state,
provided that moneys in this fund shall not be available for payment of claims
made under chapter 287;

(3) (a) Any physician, psychiatrist, pharmacist, podiatrist, dentist, nurse,
or other health care provider licensed to practice in Missouri under the provisions
of chapter 330, 332, 334, 335, 336, 337 or 338 who is employed by the state of
Missouri or any agency of the state under formal contract to conduct disability
reviews on behalf of the department of elementary and secondary education or
provide services to patients or inmates of state correctional facilities on a part-
time basis, and any physician, psychiatrist, pharmacist, podiatrist, dentist, nurse,
or other health care provider licensed to practice in Missouri under the provisions of chapter 330, 332, 334, 335, 336, 337, or 338 who is under formal contract to provide services to patients or inmates at a county jail on a part-time basis;

(b) Any physician licensed to practice medicine in Missouri under the provisions of chapter 334 and his professional corporation organized pursuant to chapter 356 who is employed by or under contract with a city or county health department organized under chapter 192 or chapter 205, or a city health department operating under a city charter, or a combined city-county health department to provide services to patients for medical care caused by pregnancy, delivery, and child care, if such medical services are provided by the physician pursuant to the contract without compensation or the physician is paid from no other source than a governmental agency except for patient co-payments required by federal or state law or local ordinance;

(c) Any physician licensed to practice medicine in Missouri under the provisions of chapter 334 who is employed by or under contract with a federally funded community health center organized under Section 315, 329, 330 or 340 of the Public Health Services Act (42 U.S.C. 216, 254c) to provide services to patients for medical care caused by pregnancy, delivery, and child care, if such medical services are provided by the physician pursuant to the contract or employment agreement without compensation or the physician is paid from no other source than a governmental agency or such a federally funded community health center except for patient co-payments required by federal or state law or local ordinance. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense fund shall be limited to a maximum of one million dollars for all claims arising out of and judgments based upon the same act or acts alleged in a single cause against any such physician, and shall not exceed one million dollars for any one claimant;

(d) Any physician licensed pursuant to chapter 334 who is affiliated with and receives no compensation from a nonprofit entity qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, which offers a free health screening in any setting or any physician, nurse, physician assistant, dental hygienist, dentist, or other health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 who provides health care services within the scope of his or her license or registration at a city or county health department organized under
chapter 192 or chapter 205, a city health department operating under a city charter, or a combined city-county health department, or a nonprofit community health center qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, **excluding federally funded community health centers as specified in paragraph (c) of this subdivision and rural health clinics under 42 U.S.C. 1396d(l)(1),** if such services are restricted to primary care and preventive health services, provided that such services shall not include the performance of an abortion, and if such health services are provided by the health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 without compensation. MO HealthNet or Medicare payments for primary care and preventive health services provided by a health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 who volunteers at a [free] community health clinic is not compensation for the purpose of this section if the total payment is assigned to the [free] community health clinic. For the purposes of the section, "[free] community health clinic" means a nonprofit community health center qualified as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1987, as amended, that provides primary care and preventive health services to people without health insurance coverage [for the services provided without charge]. In the case of any claim or judgment that arises under this paragraph, the aggregate of payments from the state legal expense fund shall be limited to a maximum of five hundred thousand dollars, for all claims arising out of and judgments based upon the same act or acts alleged in a single cause and shall not exceed five hundred thousand dollars for any one claimant, and insurance policies purchased pursuant to the provisions of section 105.721 shall be limited to five hundred thousand dollars. Liability or malpractice insurance obtained and maintained in force by or on behalf of any health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 shall not be considered available to pay that portion of a judgment or claim for which the state legal expense fund is liable under this paragraph;

(e) Any physician, nurse, physician assistant, dental hygienist, or dentist licensed or registered to practice medicine, nursing, or dentistry or to act as a physician assistant or dental hygienist in Missouri under the provisions of chapter 332, 334, or 335, or lawfully practicing, who provides medical, nursing,
or dental treatment within the scope of his license or registration to students of
a school whether a public, private, or parochial elementary or secondary school
or summer camp, if such physician's treatment is restricted to primary care and
preventive health services and if such medical, dental, or nursing services are
provided by the physician, dentist, physician assistant, dental hygienist, or nurse
without compensation. In the case of any claim or judgment that arises under
this paragraph, the aggregate of payments from the state legal expense fund shall
be limited to a maximum of five hundred thousand dollars, for all claims arising
out of and judgments based upon the same act or acts alleged in a single cause
and shall not exceed five hundred thousand dollars for any one claimant, and
insurance policies purchased pursuant to the provisions of section 105.721 shall
be limited to five hundred thousand dollars; or

(f) Any physician licensed under chapter 334, or dentist licensed under
chapter 332, providing medical care without compensation to an individual
referred to his or her care by a city or county health department organized under
chapter 192 or 205, a city health department operating under a city charter, or
a combined city-county health department, or nonprofit health center qualified
as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue
Code of 1986, as amended, or a federally funded community health center
organized under Section 315, 329, 330, or 340 of the Public Health Services Act,
42 U.S.C. Section 216, 254c; provided that such treatment shall not include the
performance of an abortion. In the case of any claim or judgment that arises
under this paragraph, the aggregate of payments from the state legal expense
fund shall be limited to a maximum of one million dollars for all claims arising
out of and judgments based upon the same act or acts alleged in a single cause
and shall not exceed one million dollars for any one claimant, and insurance
policies purchased under the provisions of section 105.721 shall be limited to one
million dollars. Liability or malpractice insurance obtained and maintained in
force by or on behalf of any physician licensed under chapter 334, or any dentist
licensed under chapter 332, shall not be considered available to pay that portion
of a judgment or claim for which the state legal expense fund is liable under this
paragraph;

(4) Staff employed by the juvenile division of any judicial circuit;

(5) Any attorney licensed to practice law in the state of Missouri who
practices law at or through a nonprofit community social services center qualified
as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue
Code of 1986, as amended, or through any agency of any federal, state, or local
government, if such legal practice is provided by the attorney without
compensation. In the case of any claim or judgment that arises under this
subdivision, the aggregate of payments from the state legal expense fund shall be
limited to a maximum of five hundred thousand dollars for all claims arising out
of and judgments based upon the same act or acts alleged in a single cause and
shall not exceed five hundred thousand dollars for any one claimant, and
insurance policies purchased pursuant to the provisions of section 105.721 shall
be limited to five hundred thousand dollars;

(6) Any social welfare board created under section 205.770 and the
members and officers thereof upon conduct of such officer or employee while
acting in his or her capacity as a board member or officer, and any physician,
nurse, physician assistant, dental hygienist, dentist, or other health care
professional licensed or registered under chapter 330, 331, 332, 334, 335, 336,
337, or 338 who is referred to provide medical care without compensation by the
board and who provides health care services within the scope of his or her license
or registration as prescribed by the board; or

(7) Any person who is selected or appointed by the state director of
revenue under subsection 2 of section 136.055 to act as an agent of the
department of revenue, to the extent that such agent's actions or inactions upon
which such claim or judgment is based were performed in the course of the
person's official duties as an agent of the department of revenue and in the
manner required by state law or department of revenue rules.

3. The department of health and senior services shall promulgate rules
regarding contract procedures and the documentation of care provided under
paragraphs (b), (c), (d), (e), and (f) of subdivision (3) of subsection 2 of this
section. The limitation on payments from the state legal expense fund or any
policy of insurance procured pursuant to the provisions of section 105.721,
provided in subsection 7 of this section, shall not apply to any claim or judgment
arising under paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection
2 of this section. Any claim or judgment arising under paragraph (a), (b), (c), (d),
(e), or (f) of subdivision (3) of subsection 2 of this section shall be paid by the
state legal expense fund or any policy of insurance procured pursuant to section
105.721, to the extent damages are allowed under sections 538.205 to
538.235. Liability or malpractice insurance obtained and maintained in force by any health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 for coverage concerning his or her private practice and assets shall not be considered available under subsection 7 of this section to pay that portion of a judgment or claim for which the state legal expense fund is liable under paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection 2 of this section. However, a health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 may purchase liability or malpractice insurance for coverage of liability claims or judgments based upon care rendered under paragraphs (c), (d), (e), and (f) of subdivision (3) of subsection 2 of this section which exceed the amount of liability coverage provided by the state legal expense fund under those paragraphs. Even if paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection 2 of this section is repealed or modified, the state legal expense fund shall be available for damages which occur while the pertinent paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection 2 of this section is in effect.

4. The attorney general shall promulgate rules regarding contract procedures and the documentation of legal practice provided under subdivision (5) of subsection 2 of this section. The limitation on payments from the state legal expense fund or any policy of insurance procured pursuant to section 105.721 as provided in subsection 7 of this section shall not apply to any claim or judgment arising under subdivision (5) of subsection 2 of this section. Any claim or judgment arising under subdivision (5) of subsection 2 of this section shall be paid by the state legal expense fund or any policy of insurance procured pursuant to section 105.721 to the extent damages are allowed under sections 538.205 to 538.235. Liability or malpractice insurance otherwise obtained and maintained in force shall not be considered available under subsection 7 of this section to pay that portion of a judgment or claim for which the state legal expense fund is liable under subdivision (5) of subsection 2 of this section. However, an attorney may obtain liability or malpractice insurance for coverage of liability claims or judgments based upon legal practice rendered under subdivision (5) of subsection 2 of this section that exceed the amount of liability coverage provided by the state legal expense fund under subdivision (5) of subsection 2 of this section. Even if subdivision (5) of subsection 2 of this section is repealed or amended, the state legal expense fund shall be available for
damages that occur while the pertinent subdivision (5) of subsection 2 of this section is in effect.

5. All payments shall be made from the state legal expense fund by the commissioner of administration with the approval of the attorney general. Payment from the state legal expense fund of a claim or final judgment award against a health care professional licensed or registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338, described in paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection 2 of this section, or against an attorney in subdivision (5) of subsection 2 of this section, shall only be made for services rendered in accordance with the conditions of such paragraphs. In the case of any claim or judgment against an officer or employee of the state or any agency of the state based upon conduct of such officer or employee arising out of and performed in connection with his or her official duties on behalf of the state or any agency of the state that would give rise to a cause of action under section 537.600, the state legal expense fund shall be liable, excluding punitive damages, for:

(1) Economic damages to any one claimant; and

(2) Up to three hundred fifty thousand dollars for noneconomic damages.

The state legal expense fund shall be the exclusive remedy and shall preclude any other civil actions or proceedings for money damages arising out of or relating to the same subject matter against the state officer or employee, or the officer’s or employee’s estate. No officer or employee of the state or any agency of the state shall be individually liable in his or her personal capacity for conduct of such officer or employee arising out of and performed in connection with his or her official duties on behalf of the state or any agency of the state. The provisions of this subsection shall not apply to any defendant who is not an officer or employee of the state or any agency of the state in any proceeding against an officer or employee of the state or any agency of the state. Nothing in this subsection shall limit the rights and remedies otherwise available to a claimant under state law or common law in proceedings where one or more defendants is not an officer or employee of the state or any agency of the state.

6. The limitation on awards for noneconomic damages provided for in this subsection shall be increased or decreased on an annual basis effective January first of each year in accordance with the Implicit Price Deflator for Personal Consumption Expenditures as published by the Bureau of Economic Analysis of
the United States Department of Commerce. The current value of the limitation shall be calculated by the director of the department of insurance, financial institutions and professional registration, who shall furnish that value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

7. Except as provided in subsection 3 of this section, in the case of any claim or judgment that arises under sections 537.600 and 537.610 against the state of Missouri, or an agency of the state, the aggregate of payments from the state legal expense fund and from any policy of insurance procured pursuant to the provisions of section 105.721 shall not exceed the limits of liability as provided in sections 537.600 to 537.610. No payment shall be made from the state legal expense fund or any policy of insurance procured with state funds pursuant to section 105.721 unless and until the benefits provided to pay the claim by any other policy of liability insurance have been exhausted.

8. The provisions of section 33.080 notwithstanding, any moneys remaining to the credit of the state legal expense fund at the end of an appropriation period shall not be transferred to general revenue.

9. Any rule or portion of a rule, as that term is defined in section 536.010, that is promulgated under the authority delegated in sections 105.711 to 105.726 shall become effective only if it has been promulgated pursuant to the provisions of chapter 536. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with the provisions of chapter 536. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid and void.

208.631. 1. Notwithstanding any other provision of law to the contrary, the MO HealthNet division shall establish a program to pay for health care for uninsured children. Coverage pursuant to sections 208.631 to [208.659] **208.658** is subject to appropriation. The provisions of sections 208.631 to [208.569] **208.658**, health care for uninsured children, shall be void and of no effect if there are no funds of the United States appropriated by Congress to be provided to the
7 state on the basis of a state plan approved by the federal government under the
8 federal Social Security Act. If funds are appropriated by the United States
9 Congress, the department of social services is authorized to manage the state
10 children's health insurance program (SCHIP) allotment in order to ensure that
11 the state receives maximum federal financial participation. Children in
12 households with incomes up to one hundred fifty percent of the federal poverty
13 level may meet all Title XIX program guidelines as required by the Centers for
14 Medicare and Medicaid Services. Children in households with incomes of one
15 hundred fifty percent to three hundred percent of the federal poverty level shall
16 continue to be eligible as they were and receive services as they did on June 30,
17 2007, unless changed by the Missouri general assembly.
18
19 2. For the purposes of sections 208.631 to [208.659] 208.658, "children"
20 are persons up to nineteen years of age. "Uninsured children" are persons up to
21 nineteen years of age who are emancipated and do not have access to affordable
22 employer-subsidized health care insurance or other health care coverage or
23 persons whose parent or guardian have not had access to affordable
24 employer-subsidized health care insurance or other health care coverage for their
25 children [for six months] prior to application, are residents of the state of
26 Missouri, and have parents or guardians who meet the requirements in section
27 208.636. A child who is eligible for MO HealthNet benefits as authorized in
28 section 208.151 is not uninsured for the purposes of sections 208.631 to [208.659]
29 208.658.
30
30.636. Parents and guardians of uninsured children eligible for the
2 program established in sections 208.631 to [208.657] 208.658 shall:
3 (1) Furnish to the department of social services the uninsured child's
4 Social Security number or numbers, if the uninsured child has more than one
5 such number;
6 (2) Cooperate with the department of social services in identifying and
7 providing information to assist the state in pursuing any third-party insurance
8 carrier who may be liable to pay for health care;
9 (3) Cooperate with the department of social services, division of child
10 support enforcement in establishing paternity and in obtaining support payments,
11 including medical support; and
12 (4) Demonstrate upon request their child's participation in wellness
13 programs including immunizations and a periodic physical examination. This
subdivision shall not apply to any child whose parent or legal guardian objects in writing to such wellness programs including immunizations and an annual physical examination because of religious beliefs or medical contraindications [; and

(5) Demonstrate annually that their total net worth does not exceed two hundred fifty thousand dollars in total value].

208.640. 1. Parents and guardians of uninsured children with incomes of more than one hundred fifty but less than three hundred percent of the federal poverty level who do not have access to affordable employer-sponsored health care insurance or other affordable health care coverage may obtain coverage for their children under this section. Health insurance plans that do not cover an eligible child's preexisting condition shall not be considered affordable employer-sponsored health care insurance or other affordable health care coverage. For the purposes of sections 208.631 to [208.659] 208.658, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium of:

(1) Three percent of one hundred fifty percent of the federal poverty level for a family of three for families with a gross income of more than one hundred fifty and up to one hundred eighty-five percent of the federal poverty level for a family of three;

(2) Four percent of one hundred eighty-five percent of the federal poverty level for a family of three for a family with a gross income of more than one hundred eighty-five and up to two hundred twenty-five percent of the federal poverty level;

(3) Five percent of two hundred twenty-five percent of the federal poverty level for a family of three for a family with a gross income of more than two hundred twenty-five but less than three hundred percent of the federal poverty level.

The parents and guardians of eligible uninsured children pursuant to this section are responsible for a monthly premium as required by annual state appropriation; provided that the total aggregate cost sharing for a family covered by these sections shall not exceed five percent of such family's income for the years involved. No co-payments or other cost sharing is permitted with respect to benefits for well-baby and well-child care including age-appropriate immunizations. Cost-sharing provisions for their children under sections 208.631
to [208.659] **208.658** shall not exceed the limits established by 42 U.S.C. Section 1397cc(e). If a child has exceeded the annual coverage limits for all health care services, the child is not considered insured and does not have access to affordable health insurance within the meaning of this section.

2. The department of social services shall study the expansion of a presumptive eligibility process for children for medical assistance benefits.

208.643. 1. The department of social services shall implement policies establishing a program to pay for health care for uninsured children by rules promulgated pursuant to chapter 536, either statewide or in certain geographic areas, subject to obtaining necessary federal approval and appropriation authority. The rules may provide for a health care services package that includes all medical services covered by section 208.152, except nonemergency transportation.

2. Available income shall be determined by the department of social services by rule, which shall comply with federal laws and regulations relating to the state's eligibility to receive federal funds to implement the insurance program established in sections 208.631 to [208.657] **208.658**.

208.646. There shall be a thirty-day waiting period after enrollment for uninsured children in families with an income of more than two hundred twenty-five percent of the federal poverty level before the child becomes eligible for insurance under the provisions of sections 208.631 to [208.660] **208.658**. If the parent or guardian with an income of more than two hundred twenty-five percent of the federal poverty level fails to meet the co-payment or premium requirements, the child shall not be eligible for coverage under sections 208.631 to [208.660] **208.658** for [six months] **ninety days** after the department provides notice of such failure to the parent or guardian.

376.998. 1. Any health insurance mandate that is applicable to health benefit plans written by a health carrier, as both terms are defined in section 376.1350, shall not apply to excepted benefit plans, as defined in section 376.450. For purposes of the exemption under this section, a "health insurance mandate" means a state requirement for a health carrier to offer or provide coverage for:

(1) A treatment by a particular type of health care provider;

(2) A certain treatment or service, including procedures, medical equipment, or drugs that are used in connection with a treatment or
service; and

(3) Screening, diagnosis, or treatment of a particular disease or condition.

2. All excepted benefit plans issued on or after January 1, 2015, shall include a disclaimer printed in no less than twelve-point font on the front of the policy, certificate, application and enrollment form, and all advertising materials which states: “NOTICE TO CONSUMER: THIS PLAN IS NOT CONSIDERED "MINIMUM ESSENTIAL COVERAGE" AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. THIS PLAN HAS LIMITS AND EXCLUSIONS AND MAY NOT COVER ALL HEALTH BENEFITS OR SERVICES.”.

3. If plan identification cards are issued to enrollees, as defined in section 376.1350, of excepted benefit plans, the cards shall clearly and conspicuously state on the front of the card: "THIS IS NOT MINIMUM ESSENTIAL COVERAGE.”.

4. This section applies to all insurers that provide coverage to residents of this state which is issued or renewed on or after January 1, 2015.

376.2004. 1. An individual applying for a navigator license shall make application to the department on a form developed by the director and declare under penalty of refusal, suspension, or revocation of the license that the statements made in the application are true, correct, and complete to the best of the individual’s knowledge and belief. Before approving the application, the director shall find that the individual:

(1) Is eighteen years of age or older;

(2) Resides in this state or maintains his or her principal place of business in the state;

(3) Is not disqualified for having committed any act that would be grounds for refusal to issue, renew, suspend, or revoke an insurance producer license under section 375.141;

(4) Has successfully passed the written examination [prescribed] created and administered by the director. The department may contract with an independent testing service to administer the examination. An individual shall not satisfy the examination requirement by demonstrating achievement of a passing score on any approved
certification examination that allows the individual to perform the
duties identified in Title 42, U.S.C. Section 18031(i) or related duties,
irrespective of whether the examination is for purposes of serving as
a navigator, certified application counselor, in-person assister, or
health center outreach and enrollment assistance worker in lieu of an
examination administered by the department;
(5) When applicable, has the written consent of the director under 18
U.S.C. 1033 or any successor statute regulating crimes by or affecting persons
engaged in the business of insurance whose activities affect interstate commerce;
(6) Has identified the entity with which he or she is affiliated and
supervised; and
(7) Has paid the fees prescribed by the director.
2. An entity that acts as a navigator, supervises the activities of
individual navigators, or receives funding to perform such activities shall obtain
a navigator entity license. An entity applying for an entity navigator license
shall make application on a form containing the information prescribed by the
director.
3. The director may require any documents deemed necessary to verify the
information contained in an application submitted in accordance with subsections
1 and 2 of this section.
4. Entities licensed as navigators shall, in a manner prescribed by the
director, provide a list of all individual navigators that are employed by or in any
manner affiliated with the navigator entity and shall report any changes in
employment or affiliation within twenty days of such change.
5. Prior to any exchange becoming operational in this state, the director
shall prescribe initial training, continuing education, and written examination
standards and requirements for navigators.
6. Each applicant for licensure shall submit two full sets of
fingerprintsto the state highway patrol for the purpose of obtaining a
state and federal criminal records check under section 43.540 and
Public Law 92-554. The department shall not issue a license if such
person has been convicted of a felony offense or a misdemeanor offense
involving fraud or dishonesty.
7. Any criminal history information received by the department
pursuant to the provisions of this section shall be used solely for the
internal purposes of the department in determining eligibility for the individual navigator license. The dissemination of criminal history information from the Federal Bureau of Investigation beyond the authorized or related governmental entity is prohibited. All criminal record check information shall be confidential and any person who discloses the information beyond the scope allowed is guilty of a class A misdemeanor.