

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

SENATE BILL NO. 508

97TH GENERAL ASSEMBLY

2014

4357H.05T

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,
2 208.646, and 376.2004, RSMo, are repealed and nine new sections enacted in lieu
3 thereof, to be known as sections 43.530, 105.711, 208.631, 208.636, 208.640,
4 208.643, 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
2 central repository, the requesting entity shall pay a fee of not more than nine
3 dollars per request for criminal history record information not based on a
4 fingerprint search. In each year beginning on or after January 1, 2010, the
5 superintendent may increase the fee paid by requesting entities by an amount not
6 to exceed one dollar per year, however, under no circumstance shall the fee paid
7 by requesting entities exceed fifteen dollars per request.

8 2. For each request requiring the payment of a fee received by the central
9 repository, the requesting entity shall pay a fee of not more than twenty dollars
10 per request for criminal history record information based on a fingerprint search,
11 unless the request is required under the provisions of subdivision (6) of section
12 210.481, section 210.487, **subsection 6 of section 376.2004**, or section 571.101,
13 in which case the fee shall be fourteen dollars.

14 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.

15 limited to check and search on one individual. Each request shall be
16 accompanied by a check, warrant, voucher, money order, or electronic payment
17 payable to the state of Missouri-criminal record system or payment shall be made
18 in a manner approved by the highway patrol. The highway patrol may establish
19 procedures for receiving requests for criminal history record information for
20 classification and search for fingerprints, from courts and other entities, and for
21 the payment of such requests. There is hereby established by the treasurer of the
22 state of Missouri a fund to be entitled as the "Criminal Record System
23 Fund". Notwithstanding the provisions of section 33.080 to the contrary, if the
24 moneys collected and deposited into this fund are not totally expended annually
25 for the purposes set forth in sections 43.500 to 43.543, the unexpended moneys
26 in such fund shall remain in the fund and the balance shall be kept in the fund
27 to accumulate from year to year.

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

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

7 (1) The state of Missouri, or any agency of the state, pursuant to section
8 536.050 or 536.087 or section 537.600;

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

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

23 or other health care provider licensed to practice in Missouri under the provisions
24 of chapter 330, 332, 334, 335, 336, 337, or 338 who is under formal contract to
25 provide services to patients or inmates at a county jail on a part-time basis;

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

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

50 (d) Any physician licensed pursuant to chapter 334 who is affiliated with
51 and receives no compensation from a nonprofit entity qualified as exempt from
52 federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as
53 amended, which offers a free health screening in any setting or any physician,
54 nurse, physician assistant, dental hygienist, dentist, or other health care
55 professional licensed or registered under chapter 330, 331, 332, 334, 335, 336,
56 337, or 338 who provides health care services within the scope of his or her
57 license or registration at a city or county health department organized under

58 chapter 192 or chapter 205, a city health department operating under a city
59 charter, or a combined city-county health department, or a nonprofit community
60 health center qualified as exempt from federal taxation under Section 501(c)(3)
61 of the Internal Revenue Code of 1986, as amended, **excluding federally funded**
62 **community health centers as specified in paragraph (c) of this**
63 **subdivision and rural health clinics under 42 U.S.C. 1396d(l)(1)**, if such
64 services are restricted to primary care and preventive health services, provided
65 that such services shall not include the performance of an abortion, and if such
66 health services are provided by the health care professional licensed or registered
67 under chapter 330, 331, 332, 334, 335, 336, 337, or 338 without
68 compensation. MO HealthNet or Medicare payments for primary care and
69 preventive health services provided by a health care professional licensed or
70 registered under chapter 330, 331, 332, 334, 335, 336, 337, or 338 who volunteers
71 at a [free] **community** health clinic is not compensation for the purpose of this
72 section if the total payment is assigned to the [free] **community** health
73 clinic. For the purposes of the section, "[free] **community** health clinic" means
74 a nonprofit community health center qualified as exempt from federal taxation
75 under Section 501(c)(3) of the Internal Revenue Code of 1987, as amended, that
76 provides primary care and preventive health services to people without health
77 insurance coverage [for the services provided without charge]. In the case of any
78 claim or judgment that arises under this paragraph, the aggregate of payments
79 from the state legal expense fund shall be limited to a maximum of five hundred
80 thousand dollars, for all claims arising out of and judgments based upon the same
81 act or acts alleged in a single cause and shall not exceed five hundred thousand
82 dollars for any one claimant, and insurance policies purchased pursuant to the
83 provisions of section 105.721 shall be limited to five hundred thousand
84 dollars. Liability or malpractice insurance obtained and maintained in force by
85 or on behalf of any health care professional licensed or registered under chapter
86 330, 331, 332, 334, 335, 336, 337, or 338 shall not be considered available to pay
87 that portion of a judgment or claim for which the state legal expense fund is
88 liable under this paragraph;

89 (e) Any physician, nurse, physician assistant, dental hygienist, or dentist
90 licensed or registered to practice medicine, nursing, or dentistry or to act as a
91 physician assistant or dental hygienist in Missouri under the provisions of
92 chapter 332, 334, or 335, or lawfully practicing, who provides medical, nursing,

93 or dental treatment within the scope of his license or registration to students of
94 a school whether a public, private, or parochial elementary or secondary school
95 or summer camp, if such physician's treatment is restricted to primary care and
96 preventive health services and if such medical, dental, or nursing services are
97 provided by the physician, dentist, physician assistant, dental hygienist, or nurse
98 without compensation. In the case of any claim or judgment that arises under
99 this paragraph, the aggregate of payments from the state legal expense fund shall
100 be limited to a maximum of five hundred thousand dollars, for all claims arising
101 out of and judgments based upon the same act or acts alleged in a single cause
102 and shall not exceed five hundred thousand dollars for any one claimant, and
103 insurance policies purchased pursuant to the provisions of section 105.721 shall
104 be limited to five hundred thousand dollars; or

105 (f) Any physician licensed under chapter 334, or dentist licensed under
106 chapter 332, providing medical care without compensation to an individual
107 referred to his or her care by a city or county health department organized under
108 chapter 192 or 205, a city health department operating under a city charter, or
109 a combined city-county health department, or nonprofit health center qualified
110 as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue
111 Code of 1986, as amended, or a federally funded community health center
112 organized under Section 315, 329, 330, or 340 of the Public Health Services Act,
113 42 U.S.C. Section 216, 254c; provided that such treatment shall not include the
114 performance of an abortion. In the case of any claim or judgment that arises
115 under this paragraph, the aggregate of payments from the state legal expense
116 fund shall be limited to a maximum of one million dollars for all claims arising
117 out of and judgments based upon the same act or acts alleged in a single cause
118 and shall not exceed one million dollars for any one claimant, and insurance
119 policies purchased under the provisions of section 105.721 shall be limited to one
120 million dollars. Liability or malpractice insurance obtained and maintained in
121 force by or on behalf of any physician licensed under chapter 334, or any dentist
122 licensed under chapter 332, shall not be considered available to pay that portion
123 of a judgment or claim for which the state legal expense fund is liable under this
124 paragraph;

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

126 (5) Any attorney licensed to practice law in the state of Missouri who
127 practices law at or through a nonprofit community social services center qualified

128 as exempt from federal taxation under Section 501(c)(3) of the Internal Revenue
129 Code of 1986, as amended, or through any agency of any federal, state, or local
130 government, if such legal practice is provided by the attorney without
131 compensation. In the case of any claim or judgment that arises under this
132 subdivision, the aggregate of payments from the state legal expense fund shall be
133 limited to a maximum of five hundred thousand dollars for all claims arising out
134 of and judgments based upon the same act or acts alleged in a single cause and
135 shall not exceed five hundred thousand dollars for any one claimant, and
136 insurance policies purchased pursuant to the provisions of section 105.721 shall
137 be limited to five hundred thousand dollars;

138 (6) Any social welfare board created under section 205.770 and the
139 members and officers thereof upon conduct of such officer or employee while
140 acting in his or her capacity as a board member or officer, and any physician,
141 nurse, physician assistant, dental hygienist, dentist, or other health care
142 professional licensed or registered under chapter 330, 331, 332, 334, 335, 336,
143 337, or 338 who is referred to provide medical care without compensation by the
144 board and who provides health care services within the scope of his or her license
145 or registration as prescribed by the board; or

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

152 3. The department of health and senior services shall promulgate rules
153 regarding contract procedures and the documentation of care provided under
154 paragraphs (b), (c), (d), (e), and (f) of subdivision (3) of subsection 2 of this
155 section. The limitation on payments from the state legal expense fund or any
156 policy of insurance procured pursuant to the provisions of section 105.721,
157 provided in subsection 7 of this section, shall not apply to any claim or judgment
158 arising under paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection
159 2 of this section. Any claim or judgment arising under paragraph (a), (b), (c), (d),
160 (e), or (f) of subdivision (3) of subsection 2 of this section shall be paid by the
161 state legal expense fund or any policy of insurance procured pursuant to section
162 105.721, to the extent damages are allowed under sections 538.205 to

163 538.235. Liability or malpractice insurance obtained and maintained in force by
164 any health care professional licensed or registered under chapter 330, 331, 332,
165 334, 335, 336, 337, or 338 for coverage concerning his or her private practice and
166 assets shall not be considered available under subsection 7 of this section to pay
167 that portion of a judgment or claim for which the state legal expense fund is
168 liable under paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of subsection
169 2 of this section. However, a health care professional licensed or registered under
170 chapter 330, 331, 332, 334, 335, 336, 337, or 338 may purchase liability or
171 malpractice insurance for coverage of liability claims or judgments based upon
172 care rendered under paragraphs (c), (d), (e), and (f) of subdivision (3) of subsection
173 2 of this section which exceed the amount of liability coverage provided by the
174 state legal expense fund under those paragraphs. Even if paragraph (a), (b), (c),
175 (d), (e), or (f) of subdivision (3) of subsection 2 of this section is repealed or
176 modified, the state legal expense fund shall be available for damages which occur
177 while the pertinent paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of
178 subsection 2 of this section is in effect.

179 4. The attorney general shall promulgate rules regarding contract
180 procedures and the documentation of legal practice provided under subdivision
181 (5) of subsection 2 of this section. The limitation on payments from the state
182 legal expense fund or any policy of insurance procured pursuant to section
183 105.721 as provided in subsection 7 of this section shall not apply to any claim
184 or judgment arising under subdivision (5) of subsection 2 of this section. Any
185 claim or judgment arising under subdivision (5) of subsection 2 of this section
186 shall be paid by the state legal expense fund or any policy of insurance procured
187 pursuant to section 105.721 to the extent damages are allowed under sections
188 538.205 to 538.235. Liability or malpractice insurance otherwise obtained and
189 maintained in force shall not be considered available under subsection 7 of this
190 section to pay that portion of a judgment or claim for which the state legal
191 expense fund is liable under subdivision (5) of subsection 2 of this
192 section. However, an attorney may obtain liability or malpractice insurance for
193 coverage of liability claims or judgments based upon legal practice rendered
194 under subdivision (5) of subsection 2 of this section that exceed the amount of
195 liability coverage provided by the state legal expense fund under subdivision (5)
196 of subsection 2 of this section. Even if subdivision (5) of subsection 2 of this
197 section is repealed or amended, the state legal expense fund shall be available for

198 damages that occur while the pertinent subdivision (5) of subsection 2 of this
199 section is in effect.

200 5. All payments shall be made from the state legal expense fund by the
201 commissioner of administration with the approval of the attorney
202 general. Payment from the state legal expense fund of a claim or final judgment
203 award against a health care professional licensed or registered under chapter 330,
204 331, 332, 334, 335, 336, 337, or 338, described in paragraph (a), (b), (c), (d), (e),
205 or (f) of subdivision (3) of subsection 2 of this section, or against an attorney in
206 subdivision (5) of subsection 2 of this section, shall only be made for services
207 rendered in accordance with the conditions of such paragraphs. In the case of
208 any claim or judgment against an officer or employee of the state or any agency
209 of the state based upon conduct of such officer or employee arising out of and
210 performed in connection with his or her official duties on behalf of the state or
211 any agency of the state that would give rise to a cause of action under section
212 537.600, the state legal expense fund shall be liable, excluding punitive damages,
213 for:

214 (1) Economic damages to any one claimant; and

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

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

229 6. The limitation on awards for noneconomic damages provided for in this
230 subsection shall be increased or decreased on an annual basis effective January
231 first of each year in accordance with the Implicit Price Deflator for Personal
232 Consumption Expenditures as published by the Bureau of Economic Analysis of

233 the United States Department of Commerce. The current value of the limitation
234 shall be calculated by the director of the department of insurance, financial
235 institutions and professional registration, who shall furnish that value to the
236 secretary of state, who shall publish such value in the Missouri Register as soon
237 after each January first as practicable, but it shall otherwise be exempt from the
238 provisions of section 536.021.

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

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

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

208.631. 1. Notwithstanding any other provision of law to the contrary,
2 the MO HealthNet division shall establish a program to pay for health care for
3 uninsured children. Coverage pursuant to sections 208.631 to [208.659] **208.658**
4 is subject to appropriation. The provisions of sections 208.631 to [208.569]
5 **208.658**, health care for uninsured children, shall be void and of no effect if there
6 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 2. For the purposes of sections 208.631 to [208.659] **208.658**, "children"
19 are persons up to nineteen years of age. "Uninsured children" are persons up to
20 nineteen years of age who are emancipated and do not have access to affordable
21 employer-subsidized health care insurance or other health care coverage or
22 persons whose parent or guardian have not had access to affordable
23 employer-subsidized health care insurance or other health care coverage for their
24 children [for six months] prior to application, are residents of the state of
25 Missouri, and have parents or guardians who meet the requirements in section
26 208.636. A child who is eligible for MO HealthNet benefits as authorized in
27 section 208.151 is not uninsured for the purposes of sections 208.631 to [208.659]
28 **208.658**.

208.636. 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

14 subdivision shall not apply to any child whose parent or legal guardian objects
15 in writing to such wellness programs including immunizations and an annual
16 physical examination because of religious beliefs or medical contraindications [;
17 and

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

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

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

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

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

23 The parents and guardians of eligible uninsured children pursuant to this section
24 are responsible for a monthly premium as required by annual state appropriation;
25 provided that the total aggregate cost sharing for a family covered by these
26 sections shall not exceed five percent of such family's income for the years
27 involved. No co-payments or other cost sharing is permitted with respect to
28 benefits for well-baby and well-child care including age-appropriate
29 immunizations. Cost-sharing provisions for their children under sections 208.631

30 to [208.659] **208.658** shall not exceed the limits established by 42 U.S.C. Section
31 1397cc(e). If a child has exceeded the annual coverage limits for all health care
32 services, the child is not considered insured and does not have access to
33 affordable health insurance within the meaning of this section.

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

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

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

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

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

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

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

10 service; and

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

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

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

25 4. This section applies to all insurers that provide coverage to
26 residents of this state which is issued or renewed on or after January
27 1, 2015.

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

7 (1) Is eighteen years of age or older;

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

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

13 (4) Has successfully passed the written examination [prescribed] created
14 and administered by the director. The department may contract with an
15 independent testing service to administer the examination. An
16 individual shall not satisfy the examination requirement by
17 demonstrating achievement of a passing score on any approved

18 **certification examination that allows the individual to perform the**
19 **duties identified in Title 42, U.S.C. Section 18031(i) or related duties,**
20 **irrespective of whether the examination is for purposes of serving as**
21 **a navigator, certified application counselor, in-person assister, or**
22 **health center outreach and enrollment assistance worker in lieu of an**
23 **examination administered by the department;**

24 (5) When applicable, has the written consent of the director under 18
25 U.S.C. 1033 or any successor statute regulating crimes by or affecting persons
26 engaged in the business of insurance whose activities affect interstate commerce;

27 (6) Has identified the entity with which he or she is affiliated and
28 supervised; and

29 (7) Has paid the fees prescribed by the director.

30 2. An entity that acts as a navigator, supervises the activities of
31 individual navigators, or receives funding to perform such activities shall obtain
32 a navigator entity license. An entity applying for an entity navigator license
33 shall make application on a form containing the information prescribed by the
34 director.

35 3. The director may require any documents deemed necessary to verify the
36 information contained in an application submitted in accordance with subsections
37 1 and 2 of this section.

38 4. Entities licensed as navigators shall, in a manner prescribed by the
39 director, provide a list of all individual navigators that are employed by or in any
40 manner affiliated with the navigator entity and shall report any changes in
41 employment or affiliation within twenty days of such change.

42 5. Prior to any exchange becoming operational in this state, the director
43 shall prescribe initial training, continuing education, and written examination
44 standards and requirements for navigators.

45 **6. Each applicant for licensure shall submit two full sets of**
46 **fingerprints to the state highway patrol for the purpose of obtaining a**
47 **state and federal criminal records check under section 43.540 and**
48 **Public Law 92-554. The department shall not issue a license if such**
49 **person has been convicted of a felony offense or a misdemeanor offense**
50 **involving fraud or dishonesty.**

51 **7. Any criminal history information received by the department**
52 **pursuant to the provisions of this section shall be used solely for the**

53 **internal purposes of the department in determining eligibility for the**
54 **individual navigator license. The dissemination of criminal history**
55 **information from the Federal Bureau of Investigation beyond the**
56 **authorized or related governmental entity is prohibited. All criminal**
57 **record check information shall be confidential and any person who**
58 **discloses the information beyond the scope allowed is guilty of a class**
59 **A misdemeanor.**

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