

SECOND REGULAR SESSION

SENATE BILL NO. 826

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WHITE.

Pre-filed January 7, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

4509S.011

AN ACT

To repeal sections 193.265, 208.151, and 431.056, RSMo, and to enact in lieu thereof three new sections relating to child protection.

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

Section A. Sections 193.265, 208.151, and 431.056, RSMo, are repealed
2 and three new sections enacted in lieu thereof, to be known as sections 193.265,
3 208.151, and 431.056, to read as follows:

193.265. 1. For the issuance of a certification or copy of a death record,
2 the applicant shall pay a fee of thirteen dollars for the first certification or copy
3 and a fee of ten dollars for each additional copy ordered at that time. For the
4 issuance of a certification or copy of a birth, marriage, divorce, or fetal death
5 record, the applicant shall pay a fee of fifteen dollars. No fee shall be required
6 or collected for a certification of birth, death, or marriage if the request for
7 certification is made by the children's division, the division of youth services, a
8 guardian ad litem, **a parent or guardian of a homeless child or homeless**
9 **youth, as defined in subsection 1 of section 167.020, an unaccompanied**
10 **youth, as defined in 42 U.S.C. Section 11434a(6)**, or a juvenile officer on
11 behalf of a child or person under twenty-one years of age who has come under the
12 jurisdiction of the juvenile court under section 211.031. All fees shall be
13 deposited to the state department of revenue. Beginning August 28, 2004, for
14 each vital records fee collected, the director of revenue shall credit four dollars
15 to the general revenue fund, five dollars to the children's trust fund, one dollar
16 shall be credited to the endowed care cemetery audit fund, and three dollars for
17 the first copy of death records and five dollars for birth, marriage, divorce, and
18 fetal death records shall be credited to the Missouri public services health fund

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

19 established in section 192.900. Money in the endowed care cemetery audit fund
20 shall be available by appropriation to the division of professional registration to
21 pay its expenses in administering sections 214.270 to 214.410. All interest
22 earned on money deposited in the endowed care cemetery audit fund shall be
23 credited to the endowed care cemetery fund. Notwithstanding the provisions of
24 section 33.080 to the contrary, money placed in the endowed care cemetery audit
25 fund shall not be transferred and placed to the credit of general revenue until the
26 amount in the fund at the end of the biennium exceeds three times the amount
27 of the appropriation from the endowed care cemetery audit fund for the preceding
28 fiscal year. The money deposited in the public health services fund under this
29 section shall be deposited in a separate account in the fund, and moneys in such
30 account, upon appropriation, shall be used to automate and improve the state
31 vital records system, and develop and maintain an electronic birth and death
32 registration system. For any search of the files and records, when no record is
33 found, the state shall be entitled to a fee equal to the amount for a certification
34 of a vital record for a five-year search to be paid by the applicant. For the
35 processing of each legitimation, adoption, court order or recording after the
36 registrant's twelfth birthday, the state shall be entitled to a fee equal to the
37 amount for a certification of a vital record. Except whenever a certified copy or
38 copies of a vital record is required to perfect any claim of any person on relief, or
39 any dependent of any person who was on relief for any claim upon the
40 government of the state or United States, the state registrar shall, upon request,
41 furnish a certified copy or so many certified copies as are necessary, without any
42 fee or compensation therefor.

43 2. For the issuance of a certification of a death record by the local
44 registrar, the applicant shall pay a fee of thirteen dollars for the first certification
45 or copy and a fee of ten dollars for each additional copy ordered at that time. For
46 the issuance of a certification or copy of a birth, marriage, divorce, or fetal death
47 record, the applicant shall pay a fee of fifteen dollars; except that, in any county
48 with a charter form of government and with more than six hundred thousand but
49 fewer than seven hundred thousand inhabitants, a donation of one dollar may be
50 collected by the local registrar over and above any fees required by law when a
51 certification or copy of any marriage license or birth certificate is provided, with
52 such donations collected to be forwarded monthly by the local registrar to the
53 county treasurer of such county and the donations so forwarded to be deposited
54 by the county treasurer into the housing resource commission fund to assist

55 homeless families and provide financial assistance to organizations addressing
56 homelessness in such county. The local registrar shall include a check-off box on
57 the application form for such copies. All fees, other than the donations collected
58 in any county with a charter form of government and with more than six hundred
59 thousand but fewer than seven hundred thousand inhabitants for marriage
60 licenses and birth certificates, shall be deposited to the official city or county
61 health agency. A certified copy of a death record by the local registrar can only
62 be issued within twenty-four hours of receipt of the record by the local
63 registrar. Computer-generated certifications of death records may be issued by
64 the local registrar after twenty-four hours of receipt of the records. The fees paid
65 to the official county health agency shall be retained by the local agency for local
66 public health purposes.

67 **3. An unaccompanied youth, as defined in 42 U.S.C. Section**
68 **11434a(6), shall be eligible to receive a certification or copy of his or**
69 **her own birth record without the consent or signature of his or her**
70 **parent or guardian.**

208.151. 1. Medical assistance on behalf of needy persons shall be known
2 as "MO HealthNet". For the purpose of paying MO HealthNet benefits and to
3 comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social
4 Security Act (42 U.S.C. Section 301, et seq.) as amended, the following needy
5 persons shall be eligible to receive MO HealthNet benefits to the extent and in
6 the manner hereinafter provided:

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

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

17 (3) All participants receiving blind pension benefits;

18 (4) All persons who would be determined to be eligible for old age
19 assistance benefits, permanent and total disability benefits, or aid to the blind
20 benefits under the eligibility standards in effect December 31, 1973, or less

21 restrictive standards as established by rule of the family support division, who
22 are sixty-five years of age or over and are patients in state institutions for mental
23 diseases or tuberculosis;

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

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

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

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

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

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

46 (11) Pregnant women who meet the requirements for aid to families with
47 dependent children, except for the existence of a dependent child who is deprived
48 of parental support as provided for in subdivision (2) of subsection 1 of section
49 208.040;

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

55 (13) Children who have attained one year of age but have not attained six
56 years of age who are eligible for medical assistance under 6401 of P.L. 101-239

57 (Omnibus Budget Reconciliation Act of 1989). The family support division shall
58 use an income eligibility standard equal to one hundred thirty-three percent of
59 the federal poverty level established by the Department of Health and Human
60 Services, or its successor agency;

61 (14) Children who have attained six years of age but have not attained
62 nineteen years of age. For children who have attained six years of age but have
63 not attained nineteen years of age, the family support division shall use an
64 income assessment methodology which provides for eligibility when family income
65 is equal to or less than equal to one hundred percent of the federal poverty level
66 established by the Department of Health and Human Services, or its successor
67 agency. As necessary to provide MO HealthNet coverage under this subdivision,
68 the department of social services may revise the state MO HealthNet plan to
69 extend coverage under 42 U.S.C. Section 1396a(a)(10)(A)(i)(III) to children who
70 have attained six years of age but have not attained nineteen years of age as
71 permitted by paragraph (2) of subsection (n) of 42 U.S.C. Section 1396d using a
72 more liberal income assessment methodology as authorized by paragraph (2) of
73 subsection (r) of 42 U.S.C. Section 1396a;

74 (15) The family support division shall not establish a resource eligibility
75 standard in assessing eligibility for persons under subdivision (12), (13) or (14)
76 of this subsection. The MO HealthNet division shall define the amount and scope
77 of benefits which are available to individuals eligible under each of the
78 subdivisions (12), (13), and (14) of this subsection, in accordance with the
79 requirements of federal law and regulations promulgated thereunder;

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

84 (17) A child born to a woman eligible for and receiving MO HealthNet
85 benefits under this section on the date of the child's birth shall be deemed to have
86 applied for MO HealthNet benefits and to have been found eligible for such
87 assistance under such plan on the date of such birth and to remain eligible for
88 such assistance for a period of time determined in accordance with applicable
89 federal and state law and regulations so long as the child is a member of the
90 woman's household and either the woman remains eligible for such assistance or
91 for children born on or after January 1, 1991, the woman would remain eligible
92 for such assistance if she were still pregnant. Upon notification of such child's

93 birth, the family support division shall assign a MO HealthNet eligibility
94 identification number to the child so that claims may be submitted and paid
95 under such child's identification number;

96 (18) Pregnant women and children eligible for MO HealthNet benefits
97 pursuant to subdivision (12), (13) or (14) of this subsection shall not as a
98 condition of eligibility for MO HealthNet benefits be required to apply for aid to
99 families with dependent children. The family support division shall utilize an
100 application for eligibility for such persons which eliminates information
101 requirements other than those necessary to apply for MO HealthNet
102 benefits. The division shall provide such application forms to applicants whose
103 preliminary income information indicates that they are ineligible for aid to
104 families with dependent children. Applicants for MO HealthNet benefits under
105 subdivision (12), (13) or (14) of this subsection shall be informed of the aid to
106 families with dependent children program and that they are entitled to apply for
107 such benefits. Any forms utilized by the family support division for assessing
108 eligibility under this chapter shall be as simple as practicable;

109 (19) Subject to appropriations necessary to recruit and train such staff,
110 the family support division shall provide one or more full-time, permanent
111 eligibility specialists to process applications for MO HealthNet benefits at the site
112 of a health care provider, if the health care provider requests the placement of
113 such eligibility specialists and reimburses the division for the expenses including
114 but not limited to salaries, benefits, travel, training, telephone, supplies, and
115 equipment of such eligibility specialists. The division may provide a health care
116 provider with a part-time or temporary eligibility specialist at the site of a health
117 care provider if the health care provider requests the placement of such an
118 eligibility specialist and reimburses the division for the expenses, including but
119 not limited to the salary, benefits, travel, training, telephone, supplies, and
120 equipment, of such an eligibility specialist. The division may seek to employ such
121 eligibility specialists who are otherwise qualified for such positions and who are
122 current or former welfare participants. The division may consider training such
123 current or former welfare participants as eligibility specialists for this program;

124 (20) Pregnant women who are eligible for, have applied for and have
125 received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this
126 subsection shall continue to be considered eligible for all pregnancy-related and
127 postpartum MO HealthNet benefits provided under section 208.152 until the end
128 of the sixty-day period beginning on the last day of their pregnancy. Pregnant

129 women receiving substance abuse treatment within sixty days of giving birth
130 shall, subject to appropriations and any necessary federal approval, be eligible for
131 MO HealthNet benefits for substance abuse treatment and mental health services
132 for the treatment of substance abuse for no more than twelve additional months,
133 as long as the woman remains adherent with treatment. The department of
134 mental health and the department of social services shall seek any necessary
135 waivers or state plan amendments from the Centers for Medicare and Medicaid
136 Services and shall develop rules relating to treatment plan adherence. No later
137 than fifteen months after receiving any necessary waiver, the department of
138 mental health and the department of social services shall report to the house of
139 representatives budget committee and the senate appropriations committee on the
140 compliance with federal cost neutrality requirements;

141 (21) Case management services for pregnant women and young children
142 at risk shall be a covered service. To the greatest extent possible, and in
143 compliance with federal law and regulations, the department of health and senior
144 services shall provide case management services to pregnant women by contract
145 or agreement with the department of social services through local health
146 departments organized under the provisions of chapter 192 or chapter 205 or a
147 city health department operated under a city charter or a combined city-county
148 health department or other department of health and senior services designees.
149 To the greatest extent possible the department of social services and the
150 department of health and senior services shall mutually coordinate all services
151 for pregnant women and children with the crippled children's program, the
152 prevention of intellectual disability and developmental disability program and the
153 prenatal care program administered by the department of health and senior
154 services. The department of social services shall by regulation establish the
155 methodology for reimbursement for case management services provided by the
156 department of health and senior services. For purposes of this section, the term
157 "case management" shall mean those activities of local public health personnel
158 to identify prospective MO HealthNet-eligible high-risk mothers and enroll them
159 in the state's MO HealthNet program, refer them to local physicians or local
160 health departments who provide prenatal care under physician protocol and who
161 participate in the MO HealthNet program for prenatal care and to ensure that
162 said high-risk mothers receive support from all private and public programs for
163 which they are eligible and shall not include involvement in any MO HealthNet
164 prepaid, case-managed programs;

165 (22) By January 1, 1988, the department of social services and the
166 department of health and senior services shall study all significant aspects of
167 presumptive eligibility for pregnant women and submit a joint report on the
168 subject, including projected costs and the time needed for implementation, to the
169 general assembly. The department of social services, at the direction of the
170 general assembly, may implement presumptive eligibility by regulation
171 promulgated pursuant to chapter 207;

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

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

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

188 (c) All persons who would be determined to be eligible for permanent and
189 total disability benefits under the eligibility standards in effect December 31,
190 1973, as authorized by 42 U.S.C. Section 1396a(f); or less restrictive
191 methodologies as contained in the MO HealthNet state plan as of January 1,
192 2005; except that, on or after July 1, 2005, less restrictive income methodologies,
193 as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income
194 limit if authorized by annual appropriations. Eligibility standards for permanent
195 and total disability benefits shall not be limited by age;

196 (25) Persons who have been diagnosed with breast or cervical cancer and
197 who are eligible for coverage pursuant to 42 U.S.C. Section
198 1396a(a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of
199 presumptive eligibility in accordance with 42 U.S.C. Section 1396r-1;

200 (26) Persons who [are] ~~were~~ in foster care under the responsibility of the

201 state of Missouri [on the date such persons attained the age of eighteen years, or
202 at any time during the thirty-day period preceding their eighteenth birthday] at
203 **any time when such persons were thirteen years of age or older**, or
204 persons who received foster care for at least six months in another state, are
205 residing in Missouri, and are at least eighteen years of age, without regard to
206 income or assets, if such persons:

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

208 (b) Are not eligible for coverage under another mandatory coverage group;

209 and

210 (c) Were covered by Medicaid while they were in foster care;

211 **(27) Any homeless child or homeless youth, as those terms are**
212 **defined in section 167.020.**

213 2. Rules and regulations to implement this section shall be promulgated
214 in accordance with chapter 536. Any rule or portion of a rule, as that term is
215 defined in section 536.010, that is created under the authority delegated in this
216 section shall become effective only if it complies with and is subject to all of the
217 provisions of chapter 536 and, if applicable, section 536.028. This section and
218 chapter 536 are nonseverable and if any of the powers vested with the general
219 assembly pursuant to chapter 536 to review, to delay the effective date or to
220 disapprove and annul a rule are subsequently held unconstitutional, then the
221 grant of rulemaking authority and any rule proposed or adopted after August 28,
222 2002, shall be invalid and void.

223 3. After December 31, 1973, and before April 1, 1990, any family eligible
224 for assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least
225 three of the last six months immediately preceding the month in which such
226 family became ineligible for such assistance because of increased income from
227 employment shall, while a member of such family is employed, remain eligible for
228 MO HealthNet benefits for four calendar months following the month in which
229 such family would otherwise be determined to be ineligible for such assistance
230 because of income and resource limitation. After April 1, 1990, any family
231 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least
232 three of the six months immediately preceding the month in which such family
233 becomes ineligible for such aid, because of hours of employment or income from
234 employment of the caretaker relative, shall remain eligible for MO HealthNet
235 benefits for six calendar months following the month of such ineligibility as long
236 as such family includes a child as provided in 42 U.S.C. Section 1396r-6. Each

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

244 4. When any individual has been determined to be eligible for MO
245 HealthNet benefits, such medical assistance will be made available to him or her
246 for care and services furnished in or after the third month before the month in
247 which he made application for such assistance if such individual was, or upon
248 application would have been, eligible for such assistance at the time such care
249 and services were furnished; provided, further, that such medical expenses
250 remain unpaid.

251 5. The department of social services may apply to the federal Department
252 of Health and Human Services for a MO HealthNet waiver amendment to the
253 Section 1115 demonstration waiver or for any additional MO HealthNet waivers
254 necessary not to exceed one million dollars in additional costs to the state, unless
255 subject to appropriation or directed by statute, but in no event shall such waiver
256 applications or amendments seek to waive the services of a rural health clinic or
257 a federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and
258 (2) or the payment requirements for such clinics and centers as provided in 42
259 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is
260 approved by the oversight committee created in section 208.955. A request for
261 such a waiver so submitted shall only become effective by executive order not
262 sooner than ninety days after the final adjournment of the session of the general
263 assembly to which it is submitted, unless it is disapproved within sixty days of
264 its submission to a regular session by a senate or house resolution adopted by a
265 majority vote of the respective elected members thereof, unless the request for
266 such a waiver is made subject to appropriation or directed by statute.

267 6. Notwithstanding any other provision of law to the contrary, in any
268 given fiscal year, any persons made eligible for MO HealthNet benefits under
269 subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if
270 annual appropriations are made for such eligibility. This subsection shall not
271 apply to classes of individuals listed in 42 U.S.C. Section [1396a(a)(10)(A)(I)]
272 **1396a(a)(10)(A)(i).**

431.056. 1. A minor shall be qualified and competent to contract for
2 housing, employment, purchase of an automobile, receipt of a student loan,
3 admission to high school or postsecondary school, obtaining medical **and mental**
4 **health** care, establishing a bank account, admission to a shelter for victims of
5 domestic violence, as that phrase is used in sections 455.200 to 455.220, a rape
6 crisis center, as defined in section 455.003, or a homeless shelter, and receipt of
7 services as a victim of domestic violence or sexual assault, as such terms are
8 defined in section 455.010, including, but not limited to, counseling, court
9 advocacy, financial assistance, and other advocacy services, if:

10 (1) The minor is sixteen or seventeen years of age; and

11 (2) The minor is homeless, as defined in subsection 1 of section 167.020,
12 or a victim of domestic violence, as defined in section 455.010, unless the child is
13 under the supervision of the children's division or the jurisdiction of the juvenile
14 court; and

15 (3) The minor is self-supporting, such that the minor is without the
16 physical or financial support of a parent or legal guardian; and

17 (4) The minor's parent or legal guardian has consented to the minor living
18 independent of the parents' or guardians' control. Consent may be expressed or
19 implied, such that:

20 (a) Expressed consent is any verbal or written statement made by the
21 parents or guardian of the minor displaying approval or agreement that the
22 minor may live independently of the parent's or guardian's control;

23 (b) **a.** Implied consent is any action made by the parent or guardian of
24 the minor that indicates the parent or guardian is unwilling or unable to
25 adequately care for the minor. Such actions may include, but are not limited to:

26 [a.] **(i)** Barring the minor from the home or otherwise indicating that the
27 minor is not welcome to stay;

28 [b.] **(ii)** Refusing to provide any or all financial support for the minor; or

29 [c.] **(iii)** Abusing or neglecting the minor, as defined in section 210.110,
30 or committing an act or acts of domestic violence against the minor, as defined
31 in section 455.010.

32 **b. Implied consent, in addition to the actions described in**
33 **subparagraph a of this paragraph, may also be demonstrated by a letter**
34 **signed by the following persons verifying that the minor is an**
35 **unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6):**

36 **(i) A director or designee of a governmental or nonprofit agency**

37 **that receives public or private funding to provide services to homeless**
38 **persons;**

39 **(ii) A local education agency liaison for homeless children and**
40 **youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii), or a school**
41 **social worker or counselor; or**

42 **(iii) A licensed attorney representing the minor in any legal**
43 **matter.**

44 2. A minor who is sixteen years of age or older and who is in the legal
45 custody of the children's division pursuant to an order of a court of competent
46 jurisdiction shall be qualified and competent to contract for the purchase of
47 automobile insurance with the consent of the children's division or the juvenile
48 court. The minor shall be responsible for paying the costs of the insurance
49 premiums and shall be liable for damages caused by his or her negligent
50 operation of a motor vehicle. No state department, foster parent, or entity
51 providing case management of children on behalf of a department shall be
52 responsible for paying any insurance premiums nor liable for any damages of any
53 kind as a result of the operation of a motor vehicle by the minor.

54 3. A minor who is sixteen years of age or older and who is in the legal
55 custody of the children's division pursuant to an order of a court of competent
56 jurisdiction shall be qualified and competent to contract for the opening of a
57 checking or savings bank account with the consent of the children's division or
58 the juvenile court. The minor shall be responsible for paying all banking-related
59 costs associated with the checking or savings account and shall be liable for any
60 and all penalties should he or she violate a banking agreement. No state
61 department, foster parent, or entity providing case management of children on
62 behalf of a department shall be responsible for paying any bank fees nor liable
63 for any and all penalties related to violation of a banking agreement.

64 **4. Any legally-constituted entity or licensed provider who**
65 **contracts with a minor under subsection 1 of this section shall be**
66 **immune from any civil or criminal liability based on the entity's or**
67 **provider's determination to contract with the minor; provided that, if**
68 **an entity's or provider's determination of compliance with subsection**
69 **1 of this section, or conduct in contracting with the minor, is the result**
70 **of the entity's or provider's gross negligence or willful or wanton acts**
71 **or omissions, then the entity or provider may be held liable for their**
72 **gross negligence or willful or wanton acts or omissions. Consent given**

73 **under this section shall not be subject to later disaffirmance by reason**
74 **of the minor's age.**

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