

## SENATE COMMITTEE SUBSTITUTE

FOR

HOUSE SUBSTITUTE

FOR

HOUSE BILL NO. 432

AN ACT

To repeal sections 193.075, 208.053, 208.227, 210.115, 210.150, 210.211, and 452.410, RSMo, and to enact in lieu thereof seventeen new sections relating to the protection of vulnerable persons, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 193.075, 208.053, 208.227, 210.115, 210.150, 210.211, and 452.410, RSMo, are repealed and seventeen new sections enacted in lieu thereof, to be known as sections 178.935, 191.116, 193.075, 208.053, 208.226, 208.227, 208.1060, 210.115, 210.121, 210.150, 210.156, 210.211, 210.276, 210.1225, 261.450, 376.1228, and 452.410, to read as follows:

178.935. 1. For the purposes of this section, the following terms mean:

(1) "Certificate", authorization issued to employers by the department to pay special wages to workers who have disabilities for the work being performed;

(2) "Commensurate Wage", a wage paid to a disabled person when his or her disability impairs his or her productive and earning capacities for the work being performed. The wage shall be commensurate with the worker's productivity as compared to the wage and productivity of an experienced worker who is not disabled.

2. Notwithstanding any provision of law to contrary, the department, to the extent necessary to prevent the

curtailment of opportunities for employment, shall provide for the employment, under special certificates, of disabled persons at sheltered workshops, at wages which are:

(1) Lower than the wage rate applicable under sections 290.500 to 290.530;

(2) Commensurate with those paid to nondisabled workers, employed in the vicinity in which the persons under the certificates are employed, for essentially the same type, quality, and quantity of work; and

(3) Related to the person's productivity.

3. The department shall not issue a certificate under subsection 2 of this section unless the sheltered workshop provides written assurances to the department of the following:

(1) In the case of persons paid on an hourly rate basis, wages paid in accordance with subsection 2 of this section shall be reviewed by the sheltered workshop at periodic intervals at least once every six months; and

(2) Wages paid in accordance with subsection 2 of this section shall be adjusted by the sheltered workshop at periodic intervals, at least once each year, to reflect changes in the prevailing wage paid to experienced nondisabled persons employed in the locality for essentially the same type of work.

4. Notwithstanding the provisions of subsection 2 of this section, no sheltered workshop shall be permitted to reduce the hourly wage rate prescribed by certificate under this section of any disabled worker for a period of two years from such date without prior authorization from the department.

191.116. 1. There is hereby established in the department of health and senior services the "Alzheimer's

State Plan Task Force". The task force shall consist of twenty-one members, as follows:

(1) The lieutenant governor, or his or her designee, who shall serve as chair of the task force;

(2) The directors of the departments of health and senior services, social services, and mental health, or their designees;

(3) One member of the house of representatives to be appointed by the speaker of the house of representatives;

(4) One member of the senate to be appointed by the president pro tempore of the senate;

(5) One member who has early-stage Alzheimer's disease or a related dementia;

(6) One member who is a family caregiver of a person with Alzheimer's disease or a related dementia;

(7) One member who is a licensed physician with experience in the diagnosis, treatment, and research of Alzheimer's disease;

(8) One member from the office of state ombudsman for long-term care facility residents;

(9) One member representing residential long-term care;

(10) One member representing the home care profession;

(11) One member representing the adult day services profession;

(12) One member representing the area agencies on aging;

(13) One member with expertise in minority health;

(14) One member representing the law enforcement community;

(15) One member from the department of higher education and workforce development with knowledge of workforce training;

(16) Two members representing voluntary health organizations in Alzheimer's disease care, support, and research;

(17) One member representing licensed skilled nursing facilities; and

(18) One member representing Missouri veterans' homes.

2. The members of the task force, other than the lieutenant governor, members from the general assembly, and department and division directors, shall be appointed by the governor with the advice and consent of the senate. Members shall serve on the task force without compensation.

3. The task force shall assess all state programs that address Alzheimer's disease and update and maintain an integrated state plan to overcome the challenges caused by Alzheimer's disease. The state plan shall include implementation steps and recommendations for priority actions based on this assessment. The task force's actions shall include, but shall not be limited to, the following:

(1) Assess the current and future impact of Alzheimer's disease on residents of the state of Missouri;

(2) Examine the existing services and resources addressing the needs of persons with Alzheimer's disease and their families and caregivers;

(3) Develop recommendations to respond to the escalating public health crisis regarding Alzheimer's disease;

(4) Ensure the inclusion of ethnic and racial populations that have a higher risk for Alzheimer's disease or are least likely to receive care in clinical, research, and service efforts, with the purpose of decreasing health disparities in Alzheimer's disease treatment;

(5) Identify opportunities for the state of Missouri to coordinate with federal government entities to integrate and inform the fight against Alzheimer's disease;

(6) Provide information and coordination of Alzheimer's disease research and services across all state agencies;

(7) Examine dementia-specific training requirements across health care, adult protective services workers, law enforcement, and all other areas in which staff are involved with the delivery of care to those with Alzheimer's disease and other dementias; and

(8) Develop strategies to increase the diagnostic rate of Alzheimer's disease in Missouri.

4. The task force shall deliver a report of recommendations to the governor and members of the general assembly no later than June 1, 2022.

5. The task force shall continue to meet at the request of the chair and at a minimum of one time annually for the purpose of evaluating the implementation and impact of the task force recommendations and shall provide annual supplemental report updates on the findings to the governor and the general assembly.

6. The provisions of this section shall expire on December 31, 2026.

193.075. 1. The forms of certificates and reports required by sections 193.005 to 193.325 or by regulations adopted hereunder shall include as a minimum the items recommended by the federal agency responsible for national vital statistics.

2. Each certificate, report, and other document required by sections 193.005 to 193.325 shall be on a form or in a format prescribed by the state registrar.

3. All vital records shall contain the date received for registration.

4. Information required in certificates or reports authorized by sections 193.005 to 193.325 may be filed and registered by photographic, electronic, or other means as prescribed by the state registrar.

5. In addition to other personal data required by the registrar to be entered on a birth certificate, each parent shall furnish to the registrar the Social Security account number, or numbers if applicable, issued to the parent unless the registrar finds good cause for not requiring the furnishing of such number or numbers. Good cause shall be determined in accordance with regulations established by the Secretary of the United States Department of Health and Human Services. The registrar shall make numbers furnished under this section available to the family support division and the children's division of the department of social services. Such numbers shall not be recorded on the birth certificate. The family support division shall not use any Social Security number furnished under the section for any purpose other than for the establishment and enforcement of child support obligations, and the confidentiality provisions and penalties contained in section 454.440 shall apply. The children's division shall not use any Social Security number furnished under this section for any purpose other than verifying the identity of a parent of a child whose birth record information is provided under section 210.156 and the confidentiality provisions of section 210.156 shall apply. Nothing in this section shall be construed to prohibit the department of health and senior services from using Social Security numbers for statistical purposes.

208.053. 1. The provisions of this section shall be known as the "Low-Wage Trap Elimination Act". In order to more effectively transition persons receiving state-funded child care subsidy benefits under this chapter, the children's division, in conjunction with the department of revenue, shall, subject to appropriations, by [January 1, 2013] July 1, 2022, implement a pilot program in [at least one rural county and in at least one urban child care center that serves at least three hundred families] a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, a county of the first classification with more than two hundred sixty thousand but fewer than three hundred thousand inhabitants, and a county of the first classification with more than two hundred thousand but fewer than two hundred sixty thousand inhabitants, to be called the "Hand-Up Program", to allow [willing recipients who wish to participate] applicants in the program to [continue to] receive [such] transitional child care [subsidy] benefits [while sharing in the cost of such benefits through the payment of a premium, as follows:] without the requirement that such applicants first be eligible for full child care benefits.

(1) For purposes of this section, "full child care benefits" shall be the full benefits awarded to a recipient based on the income eligibility amount established by the division through the annual appropriations process as of August 28, [2012] 2021, to qualify for the benefits and shall not include the transitional child care benefits that are awarded to recipients whose income surpasses the eligibility level for full benefits to continue. The hand-up program shall be voluntary and shall be designed such that [a participating recipient will not be faced with a

sudden loss of child care benefits should the recipient's income rise above the maximum allowable monthly income for persons to receive full child care benefits as of August 28, 2012. In such instance, the recipient shall be permitted to continue to receive such benefits if the recipient pays a premium, to be paid via a payroll deduction if possible, to be applied only to that portion of the recipient's income above such maximum allowable monthly income for the receipt of full child care benefits as follows:

(a) The premium shall be forty-four percent of the recipient's excess adjusted gross income over the maximum allowable monthly income for the applicable family size for the receipt of child care benefits;

(b) The premium shall be paid on a monthly basis by the participating recipient, or may be paid on a different periodic basis if through a payroll deduction consistent with the payroll period of the person's employer;

(c) The division shall develop a payroll deduction program in conjunction with the department of revenue, and shall promulgate rules for the payment of premiums, through such payroll deduction program or through an alternate method to be determined by the division, owed under the hand-up program; and

(d) Participating recipients who fail to pay the premium owed shall be removed permanently from the program after sixty days of nonpayment;

(2) Subject to the receipt of federal waivers if necessary, participating recipients shall be eligible to receive child care service benefits at income levels all the way up to the level at which a person's premium equals the value of the child care service benefits received by the recipient;



(3) Only those recipients who currently receive full child care benefits as of joining the program and who had been receiving full child care service benefits for a period of at least four months prior to implementation by the division of this program shall be eligible to participate in the program. Only those recipients who agree to the terms of the hand-up program during a ninety-day sign-up period shall be allowed to participate in the program, pursuant to rules to be promulgated by the division; and

(4) an applicant may begin receiving the transitional child care benefit without having first qualified for the full child care benefit or any other tier of the transitional child care benefit. Under no circumstances shall any applicant be eligible for the hand-up program if the applicant's income does not fall within the transitional child care benefit income limits established through the annual appropriations process.

(2) A participating recipient shall be allowed to opt out of the program at any time, but such person shall not be allowed to participate in the program a second time.

2. The division shall track the number of participants in the hand-up program[, premiums and taxes paid by each participant in the program and the aggregate of such premiums and taxes, as well as the aggregate of those taxes paid on income exceeding the maximum allowable income for receiving full child care benefits outside the hand-up program,] and shall issue an annual report to the general assembly by [January 1, 2014] September 1, 2023, and annually on [January] September first thereafter, detailing the effectiveness of the pilot program in encouraging recipients to [increase their income levels above the income maximum applicable to each recipient] secure employment earning an income greater than the maximum wage eligible for

the full child care benefit. The report shall also detail the costs of administration and the increased amount of state income tax paid [and premiums paid] as a result of the program, as well as an analysis of whether the pilot program could be expanded to include other types of benefits including but not limited to food stamps, temporary assistance for needy families, low-income heating assistance, women, infants and children supplemental nutrition program, the state children's health insurance program, and MO HealthNet benefits.

3. The division shall pursue all necessary waivers from the federal government to implement the hand-up program [with the goal of allowing participating recipients to receive child care service benefits at income levels all the way up to the level at which a person's premium equals the value of the child care service benefits received by the recipient]. If the division is unable to obtain such waivers, the division shall implement the program to the degree possible without such waivers.

4. [(1) There is hereby created in the state treasury the "Hand-Up Program Premium Fund" which shall consist of premiums collected under this section. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(2) All premiums received under the program shall be deposited in the fund, out of which the cost of

administering the hand-up program shall be paid, as well as the necessary payments to the federal government and to the state general revenue fund. Child care benefits provided under the hand-up program shall continue to be paid for as under the existing state child care assistance program.

5. After the first year of the program, or sooner if feasible, the cost of administering the program shall be paid out of the premiums received. Any premiums collected exceeding the cost of administering the program shall, if required by federal law, be shared with the federal government and the state general revenue fund in the same proportion that the federal government shares in the cost of funding the child care assistance program with the state.

6.] Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated under this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 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, 2012, shall be invalid and void.

[7.] 5. Pursuant to section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall sunset automatically three years after August 28, [2014] 2021, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall sunset automatically

[six] three years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

208.226. 1. No restrictions to access shall be imposed that preclude availability of any individual antipsychotic medication.

2. The provisions of this section shall not prohibit the division from utilizing clinical edits to ensure clinical best practices, including, but not limited to:

(1) Drug safety and avoidance of harmful drug interactions;

(2) Compliance with nationally recognized and juried clinical guidelines from national medical associations using medical evidence and emphasizing best practice principles;

(3) Detection of patients receiving prescription drugs from multiple prescribers; and

(4) Detection, prevention, and treatment of substance use disorders.

3. The division shall issue a provider update no less than twice annually to enumerate treatment and utilization principles for MO HealthNet providers, including, but not limited to:

(1) Treatment with antipsychotic drugs, as with any other form of treatment, should be individualized in order to optimize the patient's recovery and stability;

(2) Treatment with antipsychotic drugs should be as effective, safe, and well-tolerated as supported by best medical evidence;

(3) Treatment with antipsychotic drugs should consider the individual patient's needs, preferences, and vulnerabilities;

(4) Treatment with antipsychotic drugs should support an improved quality of life for the patient; and

(5) Treatment choices should be informed by the best current medical evidence and should be updated consistent with evolving nationally recognized best practice guidelines.

4. If the division implements any new policy or clinical edit for an antipsychotic drug, the division shall continue to allow MO HealthNet participants access to any antipsychotic drug that they utilize and on which they are stable or that they have successfully utilized previously. The division may recommend a resource list with no restrictions to access.

208.227. 1. [No restrictions to access shall be imposed that preclude availability of any individual atypical antipsychotic monotherapy for the treatment of schizophrenia, bipolar disorder, or psychosis associated with severe depression.] The division shall establish a pharmaceutical case management or polypharmacy program for high risk MO HealthNet participants with numerous or multiple prescribed drugs. The division shall also establish a behavioral health pharmacy and opioid surveillance program to encourage the use of best medical evidence-supported prescription practices. The division shall communicate with providers, as such term is defined in section 208.164, whose prescribing practices deviate from or do not otherwise utilize best medical evidence-supported prescription practices. The communication may be telemetric, written, oral, or some combination thereof. These programs shall be established and administered through processes established and supported under a memorandum of understanding between the department of mental health and the department of social services, or their successor entities.

2. The provisions of this section shall not prohibit the division from utilizing clinical edits to ensure clinical best practices, including, but not limited to:

(1) Drug safety and avoidance of harmful drug interactions;

(2) Compliance with nationally recognized and juried clinical guidelines from national medical associations using medical evidence and emphasizing best practice principles;

(3) Detection of patients receiving prescription drugs from multiple prescribers; and

(4) Detection, prevention, and treatment of substance use disorders.

3. [The division shall issue a provider update no less than twice annually to enumerate treatment and utilization principles for MO HealthNet providers including, but not limited to:

(1) Treatment with antipsychotic drugs, as with any other form of treatment, should be individualized in order to optimize the patient's recovery and stability;

(2) Treatment with antipsychotic drugs should be as effective, safe, and well-tolerated as supported by best medical evidence;

(3) Treatment with antipsychotic drugs should consider the individual patient's needs, preferences, and vulnerabilities;

(4) Treatment with antipsychotic drugs should support an improved quality of life for the patient;

(5) Treatment choices should be informed by the best current medical evidence and should be updated consistent with evolving nationally recognized best practice guidelines; and

(6) Cost considerations in the context of best practices, efficacy, and patient response to adverse drug

reactions should guide antipsychotic medication policy and selection once the preceding principles have been maximally achieved.

4. If the division implements any new policy or clinical edit for an antipsychotic drug, the division shall continue to allow MO HealthNet participants access to any antipsychotic drug that they utilize and on which they are stable or that they have successfully utilized previously. The division shall adhere to the following:

(1) If an antipsychotic drug listed as "nonpreferred" is considered clinically appropriate for an individual patient based on the patient's previous response to the drug or other medical considerations, prior authorization procedures, as such term is defined in section 208.164, shall be simple and flexible;

(2) If an antipsychotic drug listed as "nonpreferred" is known or found to be safe and effective for a given individual, the division shall not restrict the patient's access to that drug. Such nonpreferred drug shall, for that patient only and if that patient has been reasonably adherent to the prescribed therapy, be considered "preferred" in order to minimize the risk of relapse and to support continuity of care for the patient;

(3) A patient shall not be required to change antipsychotic drugs due to changes in medication management policy, prior authorization, or a change in the payor responsible for the benefit; and

(4) Patients transferring from state psychiatric hospitals to community-based settings, including patients previously found to be not guilty of a criminal offense by reason of insanity or who have previously been found to be incompetent to stand trial, shall be permitted to continue the medication regimen that aided the stability and recovery

so that such patient was able to successfully transition to the community-based setting.

5. The division's medication policy and clinical edits shall provide MO HealthNet participants initial access to multiple Food and Drug Administration-approved antipsychotic drugs that have substantially the same clinical differences and adverse effects that are predictable across individual patients and whose manufacturers have entered into a federal rebate agreement with the Department of Health and Human Services. Clinical differences may include, but not be limited to, weight gain, extrapyramidal side effects, sedation, susceptibility to metabolic syndrome, other substantial adverse effects, the availability of long-acting formulations, and proven efficacy in the treatment of psychosis. The available drugs for an individual patient shall include, but not be limited to, the following categories:

- (1) At least one relatively weight-neutral atypical antipsychotic medication;
- (2) At least one long-acting injectable formulation of an atypical antipsychotic;
- (3) Clozapine;
- (4) At least one atypical antipsychotic medication with relatively potent sedative effects;
- (5) At least one medium-potency typical antipsychotic medication;
- (6) At least one long-acting injectable formulation of a high-potency typical antipsychotic medication;
- (7) At least one high-potency typical antipsychotic medication; and
- (8) At least one low-potency typical antipsychotic medication.



6. Nothing in subsection 5 of this section shall be construed to require any of the following:

(1) Step therapy or a trial of a typical antipsychotic drug before permitting a patient access to an atypical drug or antipsychotic medication;

(2) A limit of one atypical antipsychotic drug as an open-access, first-choice agent; or

(3) A trial of one of the eight categories of drugs listed in subsection 5 of this section before having access to the other seven categories.

7.] The department of social services may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 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, 2017, shall be invalid and void.

[8.] 4. The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section.

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

(1) "Division", the MO HealthNet division of the department of social services;

(2) "Reasonably adherent", a patient's adherence to taking medication on a prescribed schedule as measured by a medication position ratio of at least seventy-five percent;

(3) "Successfully utilized previously", a drug or drug regimen's provision of clinical stability in treating a patient's symptoms.]

208.1060. The department of social services shall submit a state plan to the U.S. Department of Agriculture for a "Farm to Food Bank Project" under 7 CFR 251.10(j) and shall contract with any qualified food bank, as defined in 7 CFR 251.3(f), for the purpose of operating the project.

210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, volunteer or personnel of a community service program that offers support services for families in crisis to assist in the delegation of any powers regarding the care and custody of a child by a properly executed power of attorney pursuant to sections 475.600 to 475.604, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal

investigation shall be initiated until such a report has been made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.

2. If two or more members of a medical institution who are required to report jointly have knowledge of a known or suspected instance of child abuse or neglect, a single report may be made by a designated member of that medical team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter immediately make the report. Nothing in this section, however, is meant to preclude any person from reporting abuse or neglect.

3. The reporting requirements under this section are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. No person making a report under this section shall be subject to any sanction, including any adverse employment action, for making such report. Every employer shall ensure that any employee required to report pursuant to subsection 1 of this section has immediate and unrestricted access to communications technology necessary to make an immediate report and is temporarily relieved of other work duties for such time as is required to make any report required under subsection 1 of this section.

4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who does not receive specified medical treatment by reason of the legitimate practice of the religious belief of the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall not be found to be an abused or neglected

child, and such parents, guardian or other persons legally responsible for the child shall not be entered into the central registry. However, the division may accept reports concerning such a child and may subsequently investigate or conduct a family assessment as a result of that report. Such an exception shall not limit the administrative or judicial authority of the state to ensure that medical services are provided to the child when the child's health requires it.

5. In addition to those persons and officials required to report actual or suspected abuse or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such person has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect.

6. Any person or official required to report pursuant to this section, including employees of the division, who has probable cause to suspect that a child who is or may be under the age of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the appropriate medical examiner or coroner. If, upon review of the circumstances and medical information, the medical examiner or coroner determines that the child died of natural causes while under medical care for an established natural disease, the coroner, medical examiner or physician shall notify the division of the child's death and that the child's attending physician shall be signing the death certificate. In all other cases, the medical examiner or coroner shall accept the report for investigation, shall immediately notify the division of the child's death as required in section 58.452 and shall report

the findings to the child fatality review panel established pursuant to section 210.192.

7. Any person or individual required to report may also report the suspicion of abuse or neglect to any law enforcement agency or juvenile office. Such report shall not, however, take the place of reporting to the division.

8. If an individual required to report suspected instances of abuse or neglect pursuant to this section has reason to believe that the victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, the person required to report such abuse or neglect may, in lieu of reporting to the Missouri children's division, make such a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of such other state. If such agency accepts the report, no report is required to be made, but may be made, to the children's division.

9. For the purposes of providing supportive services or verifying the status of a youth as unaccompanied or homeless for the purposes of accessing supportive services, the fact that a child is an unaccompanied youth as defined in 42 U.S.C. Section 11434a(6) is not, in and of itself, a sufficient basis for reporting child abuse or neglect, unless the child is under sixteen years of age or is an incapacitated person, as defined in section 475.010. Nothing in this subsection shall limit a mandated reporter from making a report under this section if the mandated reporter knows or has reasonable cause to suspect that an unaccompanied youth has been or may be a victim of abuse or neglect.

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

(1) "Service provider", a public or private nonprofit organization that provides age-appropriate shelter or supportive services to unaccompanied youth and whose director or designee is a licensed mental health professional, licensed social worker, or licensed counselor;

(2) "Shelter", an emergency shelter, transitional living program, or independent living program services;

(3) "Supportive services", interventions, services, or resources necessary to assist an unaccompanied youth.

"Supportive services" shall include, but are not limited to, the following:

(a) Food and access to an overnight shelter;

(b) Housing search, counseling, rental assistance, financial assistance with eviction prevention, utilities, security deposit, relocation, and other housing support services;

(c) Services for families to prevent separation and support reunification if safe and appropriate;

(d) Employment assistance, job training, and job placement;

(e) Assistance and advocacy to ensure access to federal, state, and local benefits;

(f) Assistance and advocacy to ensure access to education;

(g) Services to prevent and treat violence and crime victimization;

(h) Child care operations and vouchers;

(i) Legal services;

(j) Life skills training;

(k) Outpatient health, behavioral health, and substance abuse treatment services;

(l) Transportation;

(m) Outreach services; and

(n) Homelessness prevention services;

(4) "Unaccompanied youth", the same meaning as such term is defined in 42 U.S.C. Section 11434a(6).

2. An unaccompanied youth may access supportive services so long as the youth is verified as an unaccompanied youth as provided under subsection 3 of this section.

3. Acceptable documentation to verify the status of an unaccompanied youth shall include, but is not limited to, the following:

(1) A statement documenting the youth as an unaccompanied youth that is signed by a licensed mental health professional, licensed social worker, or licensed counselor of a government or nonprofit agency that receives public or private funding to provide services to homeless people and is currently licensed as a case management service provider;

(2) A statement documenting the youth as an unaccompanied youth that is signed by a local educational agency liaison for homeless children and youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii), or a school social worker or counselor; or

(3) A statement documenting that the youth is an unaccompanied youth that is signed by an attorney representing the youth in any legal matter.

4. A person who in good faith accepts a written statement under subdivision (1) of subsection 3 of this section and who is without actual knowledge that the statement is fraudulent or otherwise invalid may rely upon the statement as if it were genuine and shall not be held liable in any civil or criminal action for providing shelter or supportive services without having obtained permission from the minor's parent or guardian. The service provider

shall not be relieved from liability for negligence or criminal acts on the basis of this section.

210.150. 1. The children's division shall ensure the confidentiality of all reports and records made pursuant to sections 210.109 to 210.183 and maintained by the division, its local offices, the central registry, and other appropriate persons, officials, and institutions pursuant to sections 210.109 to 210.183. To protect the rights of the family and the child named in the report as a victim, the children's division shall establish guidelines which will ensure that any disclosure of information concerning the abuse and neglect involving that child is made only to persons or agencies that have a right to such information. The division may require persons to make written requests for access to records maintained by the division. The division shall only release information to persons who have a right to such information. The division shall notify persons receiving information pursuant to subdivisions (2), (7), (8) and (9) of subsection 2 of this section of the purpose for which the information is released and of the penalties for unauthorized dissemination of information. Such information shall be used only for the purpose for which the information is released.

2. Only the following persons shall have access to investigation records contained in the central registry:

(1) Appropriate federal, state or local criminal justice agency personnel, or any agent of such entity, with a need for such information under the law to protect children from abuse or neglect;

(2) A physician or a designated agent who reasonably believes that the child being examined may be abused or neglected;



(3) Appropriate staff of the division and of its local offices, including interdisciplinary teams which are formed to assist the division in investigation, evaluation and treatment of child abuse and neglect cases or a multidisciplinary provider of professional treatment services for a child referred to the provider;

(4) Any child named in the report as a victim, or a legal representative, or the parent, if not the alleged perpetrator, or guardian of such person when such person is a minor, or is mentally ill or otherwise incompetent, but the names of reporters shall not be furnished to persons in this category. Prior to the release of any identifying information, the division shall determine if the release of such identifying information may place a person's life or safety in danger. If the division makes the determination that a person's life or safety may be in danger, the identifying information shall not be released. The division shall provide a method for confirming or certifying that a designee is acting on behalf of a subject;

(5) Any alleged perpetrator named in the report, but the names of reporters shall not be furnished to persons in this category. Prior to the release of any identifying information, the division shall determine if the release of such identifying information may place a person's life or safety in danger. If the division makes the determination that a person's life or safety may be in danger, the identifying information shall not be released. However, the investigation reports will not be released to any alleged perpetrator with pending criminal charges arising out of the facts and circumstances named in the investigation records until an indictment is returned or an information filed;

(6) A grand jury, juvenile officer, prosecuting attorney, law enforcement officer involved in the

investigation of child abuse or neglect, juvenile court or other court conducting abuse or neglect or child protective proceedings or child custody proceedings, and other federal, state and local government entities, or any agent of such entity, with a need for such information in order to carry out its responsibilities under the law to protect children from abuse or neglect;

(7) Any person engaged in a bona fide research purpose, with the permission of the director; provided, however, that no information identifying the child named in the report as a victim or the reporters shall be made available to the researcher, unless the identifying information is essential to the research or evaluation and the child named in the report as a victim or, if the child is less than eighteen years of age, through the child's parent, or guardian provides written permission;

(8) Any child-care facility; child-placing agency; residential-care facility, including group homes; juvenile courts; public or private elementary schools; public or private secondary schools; or any other public or private agency exercising temporary supervision over a child or providing or having care or custody of a child who may request an examination of the central registry from the division for all employees and volunteers or prospective employees and volunteers, who do or will provide services or care to children. Any agency or business recognized by the division or business which provides training and places or recommends people for employment or for volunteers in positions where they will provide services or care to children may request the division to provide an examination of the central registry. Such agency or business shall provide verification of its status as a recognized agency. Requests for examinations shall be made to the division

director or the director's designee in writing by the chief administrative officer of the above homes, centers, public and private elementary schools, public and private secondary schools, agencies, or courts. The division shall respond in writing to that officer. The response shall include information pertaining to the nature and disposition of any report or reports of abuse or neglect revealed by the examination of the central registry. This response shall not include any identifying information regarding any person other than the alleged perpetrator of the abuse or neglect;

(9) Any parent or legal guardian who inquires about a child abuse or neglect report involving a specific person or child-care facility who does or may provide services or care to a child of the person requesting the information. Request for examinations shall be made to the division director or the director's designee, in writing, by the parent or legal guardian of the child and shall be accompanied with a signed and notarized release form from the person who does or may provide care or services to the child. The notarized release form shall include the full name, date of birth and Social Security number of the person who does or may provide care or services to a child. The response shall include information pertaining to the nature and disposition of any report or reports of abuse or neglect revealed by the examination of the central registry. This response shall not include any identifying information regarding any person other than the alleged perpetrator of the abuse or neglect. The response shall be given within ten working days of the time it was received by the division;

(10) Any person who inquires about a child abuse or neglect report involving a specific child-care facility, child-placing agency, residential-care facility, public and private elementary schools, public and private secondary

schools, juvenile court or other state agency. The information available to these persons is limited to the nature and disposition of any report contained in the central registry and shall not include any identifying information pertaining to any person mentioned in the report;

(11) Any state agency acting pursuant to statutes regarding a license of any person, institution, or agency which provides care for or services to children;

(12) Any child fatality review panel established pursuant to section 210.192 or any state child fatality review panel established pursuant to section 210.195;

(13) Any person who is a tenure-track or full-time research faculty member at an accredited institution of higher education engaged in scholarly research, with the permission of the director. Prior to the release of any identifying information, the director shall require the researcher to present a plan for maintaining the confidentiality of the identifying information. The researcher shall be prohibited from releasing the identifying information of individual cases; [and]

(14) Appropriate staff of the United States Department of Defense including, but not limited to, authorized family advocacy program staff or any other staff authorized to receive and respond to reports requested under 10 U.S.C. Section 1787, in cases where a report has been made and the suspected perpetrator or any person responsible for the care, custody, and control of the subject child is a member of any branch of the military or is a member of the Armed Forces, as defined in section 41.030; and

(15) The state registrar of vital statistics, or his or her designee, but the information made available shall be limited to identifying information only for the purposes of providing birth record information under section 210.156.

3. Only the following persons shall have access to records maintained by the division pursuant to section 210.152 for which the division has received a report of child abuse and neglect and which the division has determined that there is insufficient evidence or in which the division proceeded with the family assessment and services approach:

(1) Appropriate staff of the division;

(2) Any child named in the report as a victim, or a legal representative, or the parent or guardian of such person when such person is a minor, or is mentally ill or otherwise incompetent. The names or other identifying information of reporters shall not be furnished to persons in this category. Prior to the release of any identifying information, the division shall determine if the release of such identifying information may place a person's life or safety in danger. If the division makes the determination that a person's life or safety may be in danger, the identifying information shall not be released. The division shall provide for a method for confirming or certifying that a designee is acting on behalf of a subject;

(3) Any alleged perpetrator named in the report, but the names of reporters shall not be furnished to persons in this category. Prior to the release of any identifying information, the division shall determine if the release of such identifying information may place a person's life or safety in danger. If the division makes the determination that a person's life or safety may be in danger, the identifying information shall not be released. However, the investigation reports will not be released to any alleged perpetrator with pending criminal charges arising out of the facts and circumstances named in the investigation records until an indictment is returned or an information filed;

(4) Any child fatality review panel established pursuant to section 210.192 or any state child fatality review panel established pursuant to section 210.195;

(5) Appropriate criminal justice agency personnel or juvenile officer;

(6) Multidisciplinary agency or individual including a physician or physician's designee who is providing services to the child or family, with the consent of the parent or guardian of the child or legal representative of the child;

(7) Any person engaged in bona fide research purpose, with the permission of the director; provided, however, that no information identifying the subjects of the reports or the reporters shall be made available to the researcher, unless the identifying information is essential to the research or evaluation and the subject, or if a child, through the child's parent or guardian, provides written permission; and

(8) Appropriate staff of the United States Department of Defense including, but not limited to, authorized family advocacy program staff or any other staff authorized to receive and respond to reports requested under 10 U.S.C. Section 1787, in cases where a report has been made and the suspected perpetrator or any person responsible for the care, custody, and control of the subject child is a member of any branch of the military or is a member of the Armed Forces, as defined in section 41.030.

4. Any person who knowingly violates the provisions of this section, or who permits or encourages the unauthorized dissemination of information contained in the information system or the central registry and in reports and records made pursuant to sections 210.109 to 210.183, shall be guilty of a class A misdemeanor.

5. Nothing in this section shall preclude the release of findings or information about cases which resulted in a child fatality or near fatality. Such release is at the sole discretion of the director of the department of social services, based upon a review of the potential harm to other children within the immediate family.

6. Notwithstanding any provisions of this section or chapter to the contrary, if the division receives a report and ascertains that a suspected perpetrator or any person responsible for the care, custody, and control of the subject child is a member of any branch of the military or is a member of the Armed Forces, as defined in section 41.030, the division shall report its findings to the most relevant family advocacy program authorized by the United States Department of Defense or any other relevant person authorized by the United States Department of Defense to receive reports under 10 U.S.C. Section 1787.

210.156. 1. The children's division shall make available to the state registrar of vital statistics the identifying information of the following individuals of whom the division has knowledge:

(1) Individuals whose parental rights have been terminated under section 211.447 and who are identified in the central registry as having a finding by the division or a court adjudication of child abuse or neglect within the previous ten years; and

(2) Individuals identified in the central registry who have pled guilty or have been found guilty, within the previous ten years, of an offense under the following, if the victim is a child less than eighteen years of age: chapter 566 or section 565.020, 565.021, 565.023, 565.024, 567.050, 568.020, 568.065, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, or 573.205.

2. The state registrar shall provide to the division the birth record information of children born to individuals whose identifying information has been provided under subsection 1 of this section. The division shall verify that the parent of the child is the same individual whose identifying information was provided and, if the parent's identity has been verified, shall provide the appropriate local office with information regarding the birth of the child. Appropriate local division personnel, or local providers designated by the division, shall initiate contact with the family, or make a good faith effort to do so, to determine if the parent or family has a need for services and provide such voluntary and time-limited services as appropriate. The division shall document the results of such contact and services provided, if any, in the information system established under section 210.109.

3. The children's division and the state registrar shall ensure the confidentiality of all identifying information and birth records provided under this section and shall not disclose such information and records except as needed to effectuate the provisions of this section. Such information and records shall be considered closed records under chapter 610.

4. The division may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 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, 2021, shall be invalid and void.

210.211. 1. It shall be unlawful for any person to establish, maintain or operate a child-care facility for children, or to advertise or hold himself or herself out as being able to perform any of the services as defined in section 210.201, without having in effect a written license granted by the department of health and senior services; except that nothing in sections 210.203 to 210.245 shall apply to:

(1) Any person who is caring for six or fewer children, including a maximum of three children under the age of two, at the same physical address. For purposes of this subdivision, children who live in the caregiver's home and who are eligible for enrollment in a public kindergarten, elementary, or high school shall not be considered in the total number of children being cared for;

(2) Any person who receives free of charge, and not as a business, for periods not exceeding ninety consecutive days, as bona fide, occasional and personal guests the child or children of personal friends of such person, and who receives custody of no other unrelated child or children;

(3) Any graded boarding school that is conducted in good faith primarily to provide education;

(4) Any summer camp that is conducted in good faith primarily to provide recreation;

(5) Any hospital, sanitarium, or home that is conducted in good faith primarily to provide medical treatment or nursing or convalescent care for children;

(6) Any residential facility or day program licensed by the department of mental health under sections 630.705 to 630.760 that provides care, treatment, and habilitation

exclusively to children who have a primary diagnosis of mental disorder, mental illness, intellectual disability, or developmental disability, as those terms are defined in section 630.005;

(7) Any school system as defined in section 210.201;

(8) Any Montessori school as defined in section 210.201;

(9) Any business that operates a child care program for the convenience of its customers if the following conditions are met:

(a) The business provides child care for employees' children for no more than four hours per day; and

(b) Customers remain on site while their children are being cared for by the business establishment;

(10) Any home school as defined in section 167.031;

(11) Any religious organization academic preschool or kindergarten for four- and five-year-old children;

(12) Any weekly Sunday or Sabbath school, a vacation bible school, or child care made available while the parents or guardians are attending worship services or other meetings and activities conducted or sponsored by a religious organization;

(13) Any neighborhood youth development program under section 210.278;

(14) Any religious organization elementary or secondary school;

(15) Any private organization elementary or secondary school system providing child care to children younger than school age. If a facility or program is exempt from licensure based upon this exception, such facility or program shall submit documentation annually to the department to verify its licensure-exempt status;

(16) Any nursery school as defined in section 210.201; and

(17) Any child care facility maintained or operated under the exclusive control of a religious organization. If a nonreligious organization having as its principal purpose the provision of child care services enters into an arrangement with a religious organization for the maintenance or operation of a child care facility, the facility is not under the exclusive control of the religious organization.

2. Notwithstanding the provisions of subsection 1 of this section, no child-care facility shall be exempt from licensure if such facility receives any state or federal funds for providing care for children, except for federal funds for those programs which meet the requirements for participation in the Child and Adult Care Food Program pursuant to 42 U.S.C. Section 1766. Grants to parents for child care pursuant to sections 210.201 to 210.257 shall not be construed to be funds received by a person or facility listed in subdivisions (1) and (17) of subsection 1 of this section.

3. Any child care facility not exempt from licensure shall disclose the licensure status of the facility to the parents or guardians of children for which the facility provides care. No child care facility exempt from licensure shall represent to any parent or guardian of children for which the facility provides care that the facility is licensed when such facility is in fact not licensed. A parent or guardian shall sign a written notice indicating he or she is aware of the licensure status of the facility. The facility shall keep a copy of this signed written notice on file. All child care facilities shall provide the parent or guardian enrolling a child in the facility with a written

explanation of the disciplinary philosophy and policies of the child care facility.

4. Up to two children who are five years of age or older and who are related within the third degree of consanguinity or affinity to, adopted by, or under court appointed guardianship or legal custody of a child care provider who is responsible for the daily operation of a licensed family child care home that is organized as a corporation, association, firm, partnership, limited liability company, sole proprietorship, or any other type of business entity in this state shall not be included in the number of children counted toward the maximum number of children for which the family child care home is licensed under section 210.221. If more than one member of the corporation, association, firm, partnership, limited liability company, or other business entity is responsible for the daily operation of the licensed family child care home, then the related children of only one such member shall be excluded. A family child care home caring for children not counted in the maximum number of children, as permitted under this subsection, shall disclose this to parents or guardians on the written notice required under subsection 3 of this section. If a family child care home begins caring for children not counted in the maximum number of children after a parent or guardian has signed the written notice required under subsection 3 of this section, the family child care home shall provide a separate notice to the parent or guardian that the family child care home is caring for children not counted in the maximum number of children for which the family child care home is licensed and shall keep a copy of the signed notice on file.

5. Nothing in this section shall prevent the department from enforcing licensing regulations promulgated

under this chapter, including, but not limited to,  
supervision requirements and capacity limitations based on  
the amount of child care space available.

210.276. Notwithstanding any other provision of law to  
the contrary, the state of Missouri shall have no stricter  
requirements than federal regulations for participants in  
administering the program for at-risk school children  
through the federal Child and Adult Care Food Program.  
Facilities shall not be required to be licensed child care  
providers under this chapter to participate in the program,  
as long as minimum health and safety standards are met and  
documented.

210.1225. 1. If a child who is in the legal custody  
of the children's division is hospitalized but is no longer  
in need of medical care at the hospital, the division shall  
take physical custody of the child. If the division fails  
to take physical custody of the child, then the division  
shall reimburse the hospital at the same rate the hospital  
would receive per day for an inpatient admission.

2. If the division requests transportation of a child  
to an emergency room, the hospital to which the child is  
transported or any subsequent psychiatric hospital to which  
the child is transferred shall be allowed to administer  
appropriate emergency psychiatric treatment.

261.450. 1. There is hereby established the "Missouri  
Food Security Task Force".

2. The task force shall be comprised of the following  
members:

(1) Two members of the house of representatives, with  
one member to be appointed by the speaker of the house of  
representatives and one member to be appointed by the  
minority floor leader of the house of representatives;

(2) Two members of the senate, with one member to be appointed by the president pro tempore of the senate and one member to be appointed by the minority floor leader of the senate;

(3) The director of the department of agriculture, or the director's designee;

(4) The director of the department of economic development, or the director's designee;

(5) The director of the department of health and senior services, or the director's designee;

(6) The director of the department of social services, or the director's designee;

(7) One registered dietitian, appointed by the Missouri Academy of Nutrition and Dietetics;

(8) The commissioner of the department of elementary and secondary education, or the commissioner's designee;

(9) Two representatives from institutions of higher education located in Missouri, with knowledge or experience with hunger on college campuses, with one representative from a four-year college or university and one representative from a two-year college;

(10) One member representing a statewide association providing direct services to low-income Missourians experiences food insecurity;

(11) Two members representing advocacy organizations focused on addressing child hunger and family food insecurity;

(12) One member representing food banks located in Missouri;

(13) One member representing a business specializing in retail or direct food sales;

(14) Two members representing a community development financial institution, one with experience in food retail

financing and one with experience in consumers experiencing food insecurity;

(15) Two members representing local food producers, with one representing an urban area and one representing a rural area;

(16) Two members representing statewide farmer-led or farmer-based organizations;

(17) One member representing a faith-based organization offering food security services;

(18) One member representing a nonprofit organization working in food systems to address food insecurity concerns.

3. Members of the task force, other than the legislative members and directors of state agencies, shall be appointed by the director of the department of agriculture.

4. The director of the department of agriculture shall ensure that the membership of the task force reflects the diversity of the state, with members on the task force representing urban and rural areas and various geographic regions of the state.

5. The department of agriculture shall provide technical and administrative support as required by the task force to fulfill its duties.

6. State departments shall provide relevant data as requested by the task force to fulfill its duties.

7. Members of the task force shall serve without compensation but shall receive reimbursement for actual and necessary expenses incurred in attending meetings of the task force or any subcommittee thereof.

8. The task force shall hold its first meeting within two months after the effective date of this section and organize by selecting a chair and a vice chair.

9. The mission of the task force shall be to:

(1) Determine the ability of individuals located in urban and rural areas throughout the state to access healthy food and identify populations and areas in which access to food is limited or uncertain;

(2) Identify ways in which the state could connect resources and individuals in an effort to ensure food security for all Missourians;

(3) Evaluate the impact of tax increment financing projects and restrictive deed covenants imposed by grocery retailers on creating food deserts or prolonging existing food deserts;

(4) Evaluate the potential impacts of online food retail on food insecurity throughout the state; and

(5) Evaluate potential strategies to improve collaborations and efficiencies in federal and state nutrition safety net programming.

10. The task force shall report a summary of its findings and recommendations to the governor's office and the general assembly by August twenty-eighth of each year.

11. The task force shall be dissolved on December 31, 2023, unless extended until December 31, 2025, as determined necessary by the department of agriculture.

376.1228. 1. For purposes of this section, the terms "health carrier" and "health benefit plan" shall have the same meanings given to the terms under section 376.1350, and the term "hearing aid" shall have the same meaning given to the term under section 345.015.

2. Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2022, shall, at a minimum, provide coverage to children under eighteen years of age for all



hearing aids covered for children who receive MO HealthNet benefits under section 208.151.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months' or less duration, or any other supplemental policy as determined by the director of the department of commerce and insurance.

452.410. 1. Except as provided in subsection 2 of this section, the court shall not modify a prior custody decree unless it has jurisdiction under the provisions of section [452.450] 452.745 and it finds, upon the basis of facts that have arisen since the prior decree or that were unknown to the court at the time of the prior decree, that a change has occurred in the circumstances of the child or his custodian and that the modification is necessary to serve the best interests of the child. Notwithstanding any other provision of this section or sections 452.375 and 452.400 to the contrary, any custody order entered by any court in this state or any other state [prior to August 13, 1984,] may, subject to jurisdictional requirements, be modified to allow for joint custody or visitation only in accordance with section 452.375, [without any further showing] 452.400, 452.402, or 452.403.

2. If either parent files a motion to modify an award of joint legal custody or joint physical custody, each party shall be entitled to a change of judge as provided by supreme court rule.

Section B. Because of the need for safe and adequate child care services for Missouri families, the repeal and reenactment of section 210.211 of this act is deemed

necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of section 210.211 of this act shall be in full force and effect upon its passage and approval.