

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR

HOUSE BILL NO. 432

101ST GENERAL ASSEMBLY

1150S.04C

ADRIANE D. CROUSE, Secretary

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.

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,
2 210.150, 210.211, and 452.410, RSMo, are repealed and seventeen
3 new sections enacted in lieu thereof, to be known as sections
4 178.935, 191.116, 193.075, 208.053, 208.226, 208.227, 208.1060,
5 210.115, 210.121, 210.150, 210.156, 210.211, 210.276, 210.1225,
6 261.450, 376.1228, and 452.410, to read as follows:

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

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

**(2) "Commensurate Wage", a wage paid to a disabled
5 person when his or her disability impairs his or her
6 productive and earning capacities for the work being
7 performed. The wage shall be commensurate with the worker's
8 productivity as compared to the wage and productivity of an
9 experienced worker who is not disabled.
10
11**

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

12 2. Notwithstanding any provision of law to contrary,
13 the department, to the extent necessary to prevent the
14 curtailment of opportunities for employment, shall provide
15 for the employment, under special certificates, of disabled
16 persons at sheltered workshops, at wages which are:

17 (1) Lower than the wage rate applicable under sections
18 290.500 to 290.530;

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

23 (3) Related to the person's productivity.

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

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

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

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

191.116. 1. There is hereby established in the
2 department of health and senior services the "Alzheimer's
3 State Plan Task Force". The task force shall consist of
4 twenty-one members, as follows:

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

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

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

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

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

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

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

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

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

24 (10) One member representing the home care profession;

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

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

29 (13) One member with expertise in minority health;

30 (14) One member representing the law enforcement
31 community;

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

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

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

40 (18) One member representing Missouri veterans' homes.

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

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

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

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

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

61 (4) Ensure the inclusion of ethnic and racial
62 populations that have a higher risk for Alzheimer's disease
63 or are least likely to receive care in clinical, research,

64 and service efforts, with the purpose of decreasing health
65 disparities in Alzheimer's disease treatment;

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

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

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

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

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

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

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

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

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

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

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

15 5. In addition to other personal data required by the
16 registrar to be entered on a birth certificate, each parent
17 shall furnish to the registrar the Social Security account
18 number, or numbers if applicable, issued to the parent
19 unless the registrar finds good cause for not requiring the
20 furnishing of such number or numbers. Good cause shall be
21 determined in accordance with regulations established by the
22 Secretary of the United States Department of Health and
23 Human Services. The registrar shall make numbers furnished
24 under this section available to the family support division
25 **and the children's division** of the department of social
26 services. Such numbers shall not be recorded on the birth
27 certificate. The family support division shall not use any
28 Social Security number furnished under the section for any
29 purpose other than for the establishment and enforcement of
30 child support obligations, and the confidentiality
31 provisions and penalties contained in section 454.440 shall
32 apply. **The children's division shall not use any Social**
33 **Security number furnished under this section for any purpose**
34 **other than verifying the identity of a parent of a child**
35 **whose birth record information is provided under section**
36 **210.156 and the confidentiality provisions of section**
37 **210.156 shall apply.** Nothing in this section shall be

38 construed to prohibit the department of health and senior
39 services from using Social Security numbers for statistical
40 purposes.

208.053. 1. The provisions of this section shall be
2 known as the "Low-Wage Trap Elimination Act". In order to
3 more effectively transition persons receiving state-funded
4 child care subsidy benefits under this chapter, the
5 children's division, in conjunction with the department of
6 revenue, shall, subject to appropriations, by [January 1,
7 2013] **July 1, 2022**, implement a pilot program in [at least
8 one rural county and in at least one urban child care center
9 that serves at least three hundred families] **a county with a**
10 **charter form of government and with more than six hundred**
11 **thousand but fewer than seven hundred thousand inhabitants,**
12 **a county of the first classification with more than two**
13 **hundred sixty thousand but fewer than three hundred thousand**
14 **inhabitants, and a county of the first classification with**
15 **more than two hundred thousand but fewer than two hundred**
16 **sixty thousand inhabitants,** to be called the "Hand-Up
17 Program", to allow [willing recipients who wish to
18 participate] **applicants** in the program to [continue to]
19 receive [such] **transitional** child care [subsidy] benefits
20 [while sharing in the cost of such benefits through the
21 payment of a premium, as follows:] **without the requirement**
22 **that such applicants first be eligible for full child care**
23 **benefits.**

24 (1) For purposes of this section, "full child care
25 benefits" shall be the full benefits awarded to a recipient
26 based on the income eligibility amount established by the
27 division through the annual appropriations process as of
28 August 28, [2012] **2021**, to qualify for the benefits and
29 shall not include the transitional child care benefits that

30 are awarded to recipients whose income surpasses the
31 eligibility level for full benefits to continue. The hand-
32 up program shall be voluntary and shall be designed such
33 that [a participating recipient will not be faced with a
34 sudden loss of child care benefits should the recipient's
35 income rise above the maximum allowable monthly income for
36 persons to receive full child care benefits as of August 28,
37 2012. In such instance, the recipient shall be permitted to
38 continue to receive such benefits if the recipient pays a
39 premium, to be paid via a payroll deduction if possible, to
40 be applied only to that portion of the recipient's income
41 above such maximum allowable monthly income for the receipt
42 of full child care benefits as follows:

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

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

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

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

60 (2) Subject to the receipt of federal waivers if
61 necessary, participating recipients shall be eligible to

62 receive child care service benefits at income levels all the
63 way up to the level at which a person's premium equals the
64 value of the child care service benefits received by the
65 recipient;

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

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

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

86 2. The division shall track the number of participants
87 in the hand-up program[, premiums and taxes paid by each
88 participant in the program and the aggregate of such
89 premiums and taxes, as well as the aggregate of those taxes
90 paid on income exceeding the maximum allowable income for
91 receiving full child care benefits outside the hand-up
92 program,] and shall issue an annual report to the general
93 assembly by [January 1, 2014] **September 1, 2023**, and

94 annually on [January] **September** first thereafter, detailing
95 the effectiveness of the pilot program in encouraging
96 recipients to [increase their income levels above the income
97 maximum applicable to each recipient] **secure employment**
98 **earning an income greater than the maximum wage eligible for**
99 **the full child care benefit.** The report shall also detail
100 the costs of administration and the increased amount of
101 state income tax paid [and premiums paid] as a result of the
102 program, as well as an analysis of whether the pilot program
103 could be expanded to include other types of benefits
104 including but not limited to food stamps, temporary
105 assistance for needy families, low-income heating
106 assistance, women, infants and children supplemental
107 nutrition program, the state children's health insurance
108 program, and MO HealthNet benefits.

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

118 4. [(1) There is hereby created in the state treasury
119 the "Hand-Up Program Premium Fund" which shall consist of
120 premiums collected under this section. The state treasurer
121 shall be custodian of the fund. In accordance with sections
122 30.170 and 30.180, the state treasurer may approve
123 disbursements. The state treasurer shall invest moneys in
124 the fund in the same manner as other funds are invested.
125 Any interest and moneys earned on such investments shall be

126 credited to the fund. Notwithstanding the provisions of
127 section 33.080 to the contrary, any moneys remaining in the
128 fund at the end of the biennium shall not revert to the
129 credit of the general revenue fund.

130 (2) All premiums received under the program shall be
131 deposited in the fund, out of which the cost of
132 administering the hand-up program shall be paid, as well as
133 the necessary payments to the federal government and to the
134 state general revenue fund. Child care benefits provided
135 under the hand-up program shall continue to be paid for as
136 under the existing state child care assistance program.

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

145 6.] Any rule or portion of a rule, as that term is
146 defined in section 536.010, that is created under the
147 authority delegated under this section shall become
148 effective only if it complies with and is subject to all of
149 the provisions of chapter 536 and, if applicable, section
150 536.028. This section and chapter 536 are nonseverable and
151 if any of the powers vested with the general assembly
152 pursuant to chapter 536 to review, to delay the effective
153 date, or to disapprove and annul a rule are subsequently
154 held unconstitutional, then the grant of rulemaking
155 authority and any rule proposed or adopted after August 28,
156 2012, shall be invalid and void.

157 [7.] 5. Pursuant to section 23.253 of the Missouri
158 sunset act:

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

163 (2) If such program is reauthorized, the program
164 authorized under this section shall sunset automatically
165 [~~six~~] **three** years after the effective date of the
166 reauthorization of this section; and

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

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

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

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

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

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

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

**3. The division shall issue a provider update no less
16 than twice annually to enumerate treatment and utilization
17 principles for MO HealthNet providers, including, but not
18 limited to:
19**

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

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

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

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

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

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

208.227. 1. [No restrictions to access shall be
2 imposed that preclude availability of any individual
3 atypical antipsychotic monotherapy for the treatment of
4 schizophrenia, bipolar disorder, or psychosis associated
5 with severe depression.] The division shall establish a
6 pharmaceutical case management or polypharmacy program for
7 high risk MO HealthNet participants with numerous or
8 multiple prescribed drugs. The division shall also
9 establish a behavioral health pharmacy and opioid
10 surveillance program to encourage the use of best medical
11 evidence-supported prescription practices. The division

12 shall communicate with providers, as such term is defined in
13 section 208.164, whose prescribing practices deviate from or
14 do not otherwise utilize best medical evidence-supported
15 prescription practices. The communication may be
16 telemetric, written, oral, or some combination thereof.
17 These programs shall be established and administered through
18 processes established and supported under a memorandum of
19 understanding between the department of mental health and
20 the department of social services, or their successor
21 entities.

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

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

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

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

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

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

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

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

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

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

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

53 (6) Cost considerations in the context of best
54 practices, efficacy, and patient response to adverse drug
55 reactions should guide antipsychotic medication policy and
56 selection once the preceding principles have been maximally
57 achieved.

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

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

70 (2) If an antipsychotic drug listed as "nonpreferred"
71 is known or found to be safe and effective for a given
72 individual, the division shall not restrict the patient's
73 access to that drug. Such nonpreferred drug shall, for that
74 patient only and if that patient has been reasonably
75 adherent to the prescribed therapy, be considered

76 "preferred" in order to minimize the risk of relapse and to
77 support continuity of care for the patient;

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

82 (4) Patients transferring from state psychiatric
83 hospitals to community-based settings, including patients
84 previously found to be not guilty of a criminal offense by
85 reason of insanity or who have previously been found to be
86 incompetent to stand trial, shall be permitted to continue
87 the medication regimen that aided the stability and recovery
88 so that such patient was able to successfully transition to
89 the community-based setting.

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

105 (1) At least one relatively weight-neutral atypical
106 antipsychotic medication;

107 (2) At least one long-acting injectable formulation of
108 an atypical antipsychotic;

109 (3) Clozapine;

110 (4) At least one atypical antipsychotic medication
111 with relatively potent sedative effects;

112 (5) At least one medium-potency typical antipsychotic
113 medication;

114 (6) At least one long-acting injectable formulation of
115 a high-potency typical antipsychotic medication;

116 (7) At least one high-potency typical antipsychotic
117 medication; and

118 (8) At least one low-potency typical antipsychotic
119 medication.

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

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

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

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

130 7.] The department of social services may promulgate
131 rules and regulations to implement the provisions of this
132 section. Any rule or portion of a rule, as that term is
133 defined in section 536.010, that is created under the
134 authority delegated in this section shall become effective
135 only if it complies with and is subject to all of the
136 provisions of chapter 536 and, if applicable, section
137 536.028. This section and chapter 536 are nonseverable and
138 if any of the powers vested with the general assembly

139 pursuant to chapter 536 to review, to delay the effective
140 date, or to disapprove and annul a rule are subsequently
141 held unconstitutional, then the grant of rulemaking
142 authority and any rule proposed or adopted after August 28,
143 2017, shall be invalid and void.

144 [8.] 4. The department shall submit such state plan
145 amendments and waivers to the Centers for Medicare and
146 Medicaid Services of the federal Department of Health and
147 Human Services as the department determines are necessary to
148 implement the provisions of this section.

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

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

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

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

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

210.115. 1. When any physician, medical examiner,
2 coroner, dentist, chiropractor, optometrist, podiatrist,
3 resident, intern, nurse, hospital or clinic personnel that
4 are engaged in the examination, care, treatment or research
5 of persons, and any other health practitioner, psychologist,
6 mental health professional, social worker, day care center
7 worker or other child-care worker, juvenile officer,
8 probation or parole officer, jail or detention center

9 personnel, teacher, principal or other school official,
10 minister as provided by section 352.400, peace officer or
11 law enforcement official, volunteer or personnel of a
12 community service program that offers support services for
13 families in crisis to assist in the delegation of any powers
14 regarding the care and custody of a child by a properly
15 executed power of attorney pursuant to sections 475.600 to
16 475.604, or other person with responsibility for the care of
17 children has reasonable cause to suspect that a child has
18 been or may be subjected to abuse or neglect or observes a
19 child being subjected to conditions or circumstances which
20 would reasonably result in abuse or neglect, that person
21 shall immediately report to the division in accordance with
22 the provisions of sections 210.109 to 210.183. No internal
23 investigation shall be initiated until such a report has
24 been made. As used in this section, the term "abuse" is not
25 limited to abuse inflicted by a person responsible for the
26 child's care, custody and control as specified in section
27 210.110, but shall also include abuse inflicted by any other
28 person.

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

38 3. The reporting requirements under this section are
39 individual, and no supervisor or administrator may impede or
40 inhibit any reporting under this section. No person making

41 a report under this section shall be subject to any
42 sanction, including any adverse employment action, for
43 making such report. Every employer shall ensure that any
44 employee required to report pursuant to subsection 1 of this
45 section has immediate and unrestricted access to
46 communications technology necessary to make an immediate
47 report and is temporarily relieved of other work duties for
48 such time as is required to make any report required under
49 subsection 1 of this section.

50 4. Notwithstanding any other provision of sections
51 210.109 to 210.183, any child who does not receive specified
52 medical treatment by reason of the legitimate practice of
53 the religious belief of the child's parents, guardian, or
54 others legally responsible for the child, for that reason
55 alone, shall not be found to be an abused or neglected
56 child, and such parents, guardian or other persons legally
57 responsible for the child shall not be entered into the
58 central registry. However, the division may accept reports
59 concerning such a child and may subsequently investigate or
60 conduct a family assessment as a result of that report.
61 Such an exception shall not limit the administrative or
62 judicial authority of the state to ensure that medical
63 services are provided to the child when the child's health
64 requires it.

65 5. In addition to those persons and officials required
66 to report actual or suspected abuse or neglect, any other
67 person may report in accordance with sections 210.109 to
68 210.183 if such person has reasonable cause to suspect that
69 a child has been or may be subjected to abuse or neglect or
70 observes a child being subjected to conditions or
71 circumstances which would reasonably result in abuse or
72 neglect.

73 6. Any person or official required to report pursuant
74 to this section, including employees of the division, who
75 has probable cause to suspect that a child who is or may be
76 under the age of eighteen, who is eligible to receive a
77 certificate of live birth, has died shall report that fact
78 to the appropriate medical examiner or coroner. If, upon
79 review of the circumstances and medical information, the
80 medical examiner or coroner determines that the child died
81 of natural causes while under medical care for an
82 established natural disease, the coroner, medical examiner
83 or physician shall notify the division of the child's death
84 and that the child's attending physician shall be signing
85 the death certificate. In all other cases, the medical
86 examiner or coroner shall accept the report for
87 investigation, shall immediately notify the division of the
88 child's death as required in section 58.452 and shall report
89 the findings to the child fatality review panel established
90 pursuant to section 210.192.

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

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

105 report is required to be made, but may be made, to the
106 children's division.

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

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

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

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

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

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

14 (a) Food and access to an overnight shelter;

15 (b) Housing search, counseling, rental assistance,
16 financial assistance with eviction prevention, utilities,

17 security deposit, relocation, and other housing support
18 services;

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

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

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

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

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

29 (h) Child care operations and vouchers;

30 (i) Legal services;

31 (j) Life skills training;

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

34 (l) Transportation;

35 (m) Outreach services; and

36 (n) Homelessness prevention services;

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

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

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

46 (1) A statement documenting the youth as an
47 unaccompanied youth that is signed by a licensed mental
48 health professional, licensed social worker, or licensed

49 counselor of a government or nonprofit agency that receives
50 public or private funding to provide services to homeless
51 people and is currently licensed as a case management
52 service provider;

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

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

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

210.150. 1. The children's division shall ensure the
2 confidentiality of all reports and records made pursuant to
3 sections 210.109 to 210.183 and maintained by the division,
4 its local offices, the central registry, and other
5 appropriate persons, officials, and institutions pursuant to
6 sections 210.109 to 210.183. To protect the rights of the
7 family and the child named in the report as a victim, the
8 children's division shall establish guidelines which will
9 ensure that any disclosure of information concerning the
10 abuse and neglect involving that child is made only to

11 persons or agencies that have a right to such information.
12 The division may require persons to make written requests
13 for access to records maintained by the division. The
14 division shall only release information to persons who have
15 a right to such information. The division shall notify
16 persons receiving information pursuant to subdivisions (2),
17 (7), (8) and (9) of subsection 2 of this section of the
18 purpose for which the information is released and of the
19 penalties for unauthorized dissemination of information.
20 Such information shall be used only for the purpose for
21 which the information is released.

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

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

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

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

37 (4) Any child named in the report as a victim, or a
38 legal representative, or the parent, if not the alleged
39 perpetrator, or guardian of such person when such person is
40 a minor, or is mentally ill or otherwise incompetent, but
41 the names of reporters shall not be furnished to persons in
42 this category. Prior to the release of any identifying

43 information, the division shall determine if the release of
44 such identifying information may place a person's life or
45 safety in danger. If the division makes the determination
46 that a person's life or safety may be in danger, the
47 identifying information shall not be released. The division
48 shall provide a method for confirming or certifying that a
49 designee is acting on behalf of a subject;

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

62 (6) A grand jury, juvenile officer, prosecuting
63 attorney, law enforcement officer involved in the
64 investigation of child abuse or neglect, juvenile court or
65 other court conducting abuse or neglect or child protective
66 proceedings or child custody proceedings, and other federal,
67 state and local government entities, or any agent of such
68 entity, with a need for such information in order to carry
69 out its responsibilities under the law to protect children
70 from abuse or neglect;

71 (7) Any person engaged in a bona fide research
72 purpose, with the permission of the director; provided,
73 however, that no information identifying the child named in
74 the report as a victim or the reporters shall be made

75 available to the researcher, unless the identifying
76 information is essential to the research or evaluation and
77 the child named in the report as a victim or, if the child
78 is less than eighteen years of age, through the child's
79 parent, or guardian provides written permission;

80 (8) Any child-care facility; child-placing agency;
81 residential-care facility, including group homes; juvenile
82 courts; public or private elementary schools; public or
83 private secondary schools; or any other public or private
84 agency exercising temporary supervision over a child or
85 providing or having care or custody of a child who may
86 request an examination of the central registry from the
87 division for all employees and volunteers or prospective
88 employees and volunteers, who do or will provide services or
89 care to children. Any agency or business recognized by the
90 division or business which provides training and places or
91 recommends people for employment or for volunteers in
92 positions where they will provide services or care to
93 children may request the division to provide an examination
94 of the central registry. Such agency or business shall
95 provide verification of its status as a recognized agency.
96 Requests for examinations shall be made to the division
97 director or the director's designee in writing by the chief
98 administrative officer of the above homes, centers, public
99 and private elementary schools, public and private secondary
100 schools, agencies, or courts. The division shall respond in
101 writing to that officer. The response shall include
102 information pertaining to the nature and disposition of any
103 report or reports of abuse or neglect revealed by the
104 examination of the central registry. This response shall
105 not include any identifying information regarding any person
106 other than the alleged perpetrator of the abuse or neglect;

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

126 (10) Any person who inquires about a child abuse or
127 neglect report involving a specific child-care facility,
128 child-placing agency, residential-care facility, public and
129 private elementary schools, public and private secondary
130 schools, juvenile court or other state agency. The
131 information available to these persons is limited to the
132 nature and disposition of any report contained in the
133 central registry and shall not include any identifying
134 information pertaining to any person mentioned in the report;

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

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

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

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

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

163 3. Only the following persons shall have access to
164 records maintained by the division pursuant to section
165 210.152 for which the division has received a report of
166 child abuse and neglect and which the division has
167 determined that there is insufficient evidence or in which
168 the division proceeded with the family assessment and
169 services approach:

- 170 (1) Appropriate staff of the division;
- 171 (2) Any child named in the report as a victim, or a
172 legal representative, or the parent or guardian of such
173 person when such person is a minor, or is mentally ill or
174 otherwise incompetent. The names or other identifying
175 information of reporters shall not be furnished to persons
176 in this category. Prior to the release of any identifying
177 information, the division shall determine if the release of
178 such identifying information may place a person's life or
179 safety in danger. If the division makes the determination
180 that a person's life or safety may be in danger, the
181 identifying information shall not be released. The division
182 shall provide for a method for confirming or certifying that
183 a designee is acting on behalf of a subject;
- 184 (3) Any alleged perpetrator named in the report, but
185 the names of reporters shall not be furnished to persons in
186 this category. Prior to the release of any identifying
187 information, the division shall determine if the release of
188 such identifying information may place a person's life or
189 safety in danger. If the division makes the determination
190 that a person's life or safety may be in danger, the
191 identifying information shall not be released. However, the
192 investigation reports will not be released to any alleged
193 perpetrator with pending criminal charges arising out of the
194 facts and circumstances named in the investigation records
195 until an indictment is returned or an information filed;
- 196 (4) Any child fatality review panel established
197 pursuant to section 210.192 or any state child fatality
198 review panel established pursuant to section 210.195;
- 199 (5) Appropriate criminal justice agency personnel or
200 juvenile officer;

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

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

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

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

228 5. Nothing in this section shall preclude the release
229 of findings or information about cases which resulted in a
230 child fatality or near fatality. Such release is at the
231 sole discretion of the director of the department of social

232 services, based upon a review of the potential harm to other
233 children within the immediate family.

234 6. Notwithstanding any provisions of this section or
235 chapter to the contrary, if the division receives a report
236 and ascertains that a suspected perpetrator or any person
237 responsible for the care, custody, and control of the
238 subject child is a member of any branch of the military or
239 is a member of the Armed Forces, as defined in section
240 41.030, the division shall report its findings to the most
241 relevant family advocacy program authorized by the United
242 States Department of Defense or any other relevant person
243 authorized by the United States Department of Defense to
244 receive reports under 10 U.S.C. Section 1787.

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

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

10 (2) Individuals identified in the central registry who
11 have pled guilty or have been found guilty, within the
12 previous ten years, of an offense under the following, if
13 the victim is a child less than eighteen years of age:
14 chapter 566 or section 565.020, 565.021, 565.023, 565.024,
15 567.050, 568.020, 568.065, 573.023, 573.025, 573.035,
16 573.037, 573.040, 573.200, or 573.205.

17 2. The state registrar shall provide to the division
18 the birth record information of children born to individuals
19 whose identifying information has been provided under

20 subsection 1 of this section. The division shall verify
21 that the parent of the child is the same individual whose
22 identifying information was provided and, if the parent's
23 identity has been verified, shall provide the appropriate
24 local office with information regarding the birth of the
25 child. Appropriate local division personnel, or local
26 providers designated by the division, shall initiate contact
27 with the family, or make a good faith effort to do so, to
28 determine if the parent or family has a need for services
29 and provide such voluntary and time-limited services as
30 appropriate. The division shall document the results of
31 such contact and services provided, if any, in the
32 information system established under section 210.109.

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

40 4. The division may promulgate rules and regulations
41 to implement the provisions of this section. Any rule or
42 portion of a rule, as that term is defined in section
43 536.010, that is created under the authority delegated in
44 this section shall become effective only if it complies with
45 and is subject to all of the provisions of chapter 536 and,
46 if applicable, section 536.028. This section and chapter
47 536 are nonseverable and if any of the powers vested with
48 the general assembly pursuant to chapter 536 to review, to
49 delay the effective date, or to disapprove and annul a rule
50 are subsequently held unconstitutional, then the grant of

51 **rulemaking authority and any rule proposed or adopted after**
52 **August 28, 2021, shall be invalid and void.**

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

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

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

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

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

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

28 (6) Any residential facility or day program licensed
29 by the department of mental health under sections 630.705 to
30 630.760 that provides care, treatment, and habilitation

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

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

36 (8) Any Montessori school as defined in section
37 210.201;

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

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

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

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

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

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

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

55 (14) Any religious organization elementary or
56 secondary school;

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

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

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

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

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

95 or guardian enrolling a child in the facility with a written
96 explanation of the disciplinary philosophy and policies of
97 the child care facility.

98 4. Up to two children who are five years of age or
99 older and who are related within the third degree of
100 consanguinity or affinity to, adopted by, or under court
101 appointed guardianship or legal custody of a child care
102 provider who is responsible for the daily operation of a
103 licensed family child care home that is organized as a
104 corporation, association, firm, partnership, limited
105 liability company, sole proprietorship, or any other type of
106 business entity in this state shall not be included in the
107 number of children counted toward the maximum number of
108 children for which the family child care home is licensed
109 under section 210.221. If more than one member of the
110 corporation, association, firm, partnership, limited
111 liability company, or other business entity is responsible
112 for the daily operation of the licensed family child care
113 home, then the related children of only one such member
114 shall be excluded. A family child care home caring for
115 children not counted in the maximum number of children, as
116 permitted under this subsection, shall disclose this to
117 parents or guardians on the written notice required under
118 subsection 3 of this section. If a family child care home
119 begins caring for children not counted in the maximum number
120 of children after a parent or guardian has signed the
121 written notice required under subsection 3 of this section,
122 the family child care home shall provide a separate notice
123 to the parent or guardian that the family child care home is
124 caring for children not counted in the maximum number of
125 children for which the family child care home is licensed
126 and shall keep a copy of the signed notice on file.

127 5. Nothing in this section shall prevent the
128 department from enforcing licensing regulations promulgated
129 under this chapter, including, but not limited to,
130 supervision requirements and capacity limitations based on
131 the amount of child care space available.

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

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

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

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

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

 (1) Two members of the house of representatives, with
6 one member to be appointed by the speaker of the house of

7 representatives and one member to be appointed by the
8 minority floor leader of the house of representatives;

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

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

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

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

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

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

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

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

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

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

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

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

40 (14) Two members representing a community development
41 financial institution, one with experience in food retail
42 financing and one with experience in consumers experiencing
43 food insecurity;

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

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

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

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

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

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

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

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

67 7. Members of the task force shall serve without
68 compensation but shall receive reimbursement for actual and

69 necessary expenses incurred in attending meetings of the
70 task force or any subcommittee thereof.

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

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

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

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

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

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

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

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

94 11. The task force shall be dissolved on December 31,
95 2023, unless extended until December 31, 2025, as determined
96 necessary by the department of agriculture.

376.1228. 1. For purposes of this section, the terms
2 "health carrier" and "health benefit plan" shall have the
3 same meanings given to the terms under section 376.1350, and

4 the term "hearing aid" shall have the same meaning given to
5 the term under section 345.015.

6 2. Each health carrier or health benefit plan that
7 offers or issues health benefit plans that are delivered,
8 issued for delivery, continued, or renewed in this state on
9 or after January 1, 2022, shall, at a minimum, provide
10 coverage to children under eighteen years of age for all
11 hearing aids covered for children who receive MO HealthNet
12 benefits under section 208.151.

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

452.410. 1. Except as provided in subsection 2 of
2 this section, the court shall not modify a prior custody
3 decree unless it has jurisdiction under the provisions of
4 section [452.450] **452.745** and it finds, upon the basis of
5 facts that have arisen since the prior decree or that were
6 unknown to the court at the time of the prior decree, that a
7 change has occurred in the circumstances of the child or his
8 custodian and that the modification is necessary to serve
9 the best interests of the child. Notwithstanding any other
10 provision of this section or sections 452.375 and 452.400 **to**
11 **the contrary**, any custody order entered by any court in this
12 state or any other state [prior to August 13, 1984,] may,
13 subject to jurisdictional requirements, be modified to allow
14 for joint custody **or visitation only** in accordance with

15 section 452.375, [without any further showing] **452.400,**
16 **452.402, or 452.403.**

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

Section B. Because of the need for safe and adequate
2 child care services for Missouri families, the repeal and
3 reenactment of section 210.211 of this act is deemed
4 necessary for the immediate preservation of the public
5 health, welfare, peace, and safety, and is hereby declared
6 to be an emergency act within the meaning of the
7 constitution, and the repeal and reenactment of section
8 210.211 of this act shall be in full force and effect upon
9 its passage and approval.

✓