

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILLS NOS. 8 & 173
90TH GENERAL ASSEMBLY

Reported from the Committee on Public Health, April 13, 1999, with recommendation that the House Committee Substitute for Senate Committee Substitute for Senate Bills Nos. 8 & 173 Do Pass.

ANNE C. WALKER, Chief Clerk

L0074.04C

AN ACT

To amend chapter 192, RSMo, by adding thereto eleven new sections relating to health, with an effective date for certain sections and a penalty provision.

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

Section A. Chapter 192, RSMo, is amended by adding thereto eleven new sections, to be known as sections 192.031, 192.033, 192.036, 1, 2, 3, 4, 5, 6, 7 and 8, to read as follows:

192.031. The department of health shall:

(1) Establish and promote hepatitis C education programs as an integral part of its health promotion and disease prevention efforts in order to raise public awareness, educate consumers, and educate and train health care professionals and human services providers; and

(2) Identify resources for hepatitis C education, screening and treatment and to coordinate the efforts of existing organizations with new programs and with each other so as to maximize education and access to services.

192.033. The department of health may use the following strategies for raising public awareness of the causes, including personal risk factors, and nature of hepatitis C, the value of prevention and early detection, and options for diagnosing and treating the disease:

(1) An outreach campaign utilizing print, radio, and television public service announcements, advertisements, posters, and other materials;

(2) Community forums;

(3) Health information and risk factor assessment at public events;

(4) Targeting at-risk populations;

(5) Providing reliable information to policy makers;

(6) Distributing information through local health agencies, schools, employer wellness programs, physicians, hospitals, health maintenance organizations, prisons, sports leagues, nonprofit organizations, community-based organizations, state fairs and department of health offices;

(7) Identifying and obtaining educational materials, including brochures and videotapes, that translate accurately the latest scientific information on hepatitis C in easy-to-understand terms; and

(8) Building a statewide capacity to provide information and referrals on all aspects of hepatitis C, including, but not limited to, educational materials, counseling, and patient support groups.

192.036. 1. The department of health shall use the strategies, protocols, and guidelines adopted by the National Institutes of Health on hepatitis C for educating physicians and health professionals and training providers on the most recent scientific and medical information on hepatitis C detection, diagnosis, treatment, and therapeutic decision-making. The guidelines may include, but not be limited to the following:

(1) Tracking and reporting of both acute and chronic cases of hepatitis C by public health officials; and

(2) Protocols for public safety and the protection of health care workers who come in contact with hepatitis C patients.

2. The duties prescribed in this section shall be subject to appropriations by the general assembly.

Section 1. 1. To increase awareness of the problem of elder abuse and neglect, the department of health shall implement an education and awareness program. Such program shall have the goal of reducing the incidences of elder abuse and neglect, and may focus on:

(1) The education and awareness of mandatory reporters on their responsibility to report elder abuse and neglect;

(2) Targeted education and awareness for the public on the problem, identification and reporting of elder abuse and neglect;

(3) Publicizing the elder abuse and neglect hotline telephone number;

(4) Education and awareness for law enforcement agencies and prosecutors on the problem and identification of elder abuse and neglect, and the importance of prosecuting cases pursuant to chapter 565, RSMo; and

(5) Publicizing the availability of background checks prior to hiring an individual for caregiving purposes.

2. The department of social services and facilities licensed pursuant to chapters 197 and 198, RSMo, shall cooperate fully with the department of health in the distribution of information pursuant to this program.

Section 2. The department of health, with the full cooperation of and in conjunction with the department of social services, shall evaluate the implementation and compliance of the provisions of subdivision (3) of subsection 1 of section 198.012, RSMo, in which rules, requirements, regulations and standards pursuant to section 197.080, RSMo, for residential care facilities II, intermediate care facilities and skilled nursing facilities attached to an acute care hospital are consistent with the intent of chapter 198, RSMo. A report of the differences found in the evaluation conducted pursuant to this section shall be made jointly by the departments of health and social services to the governor and members of the general assembly by January 1, 2000.

Section 3. 1. The departments of health and social services shall promulgate rules and regulations requiring the exchange of information, including regulatory violations, between the departments to ensure the protection of individuals who are served by health care providers regulated by either the department of health or the department of social services.

2. No rule or portion of a rule promulgated pursuant to the provisions of this section shall become effective unless it has been promulgated pursuant to chapter 536, RSMo.

Section 4. In order to comply with sections 198.012 and 198.022, RSMo, the department of health shall inspect residential care facilities II, intermediate care facilities and skilled nursing facilities attached to acute care hospitals at least twice a year.

Section 5. 1. Every hospital, as defined in section 197.020, RSMo, and ambulatory surgical center, as defined in section 197.200, RSMo, that provides obstetrical care shall:

(1) Provide new mothers, where appropriate, with the department of health's written breast feeding information pursuant to subsection 3 of this section or other breast feeding information approved by the department; and

(2) Provide new mothers, where appropriate, with information on local breast feeding support groups; or

(3) Offer breast feeding consultations to new mothers, where appropriate.

2. Beginning January 1, 2000, every licensed physician who provides obstetrical or gynecological consultation shall, where appropriate, inform patients as to the prenatal preparation for and postnatal benefits of breast feeding a child.

3. The department of health shall produce written information on breast feeding, and shall distribute such information to physicians described in subsection 2 of this section and to hospitals and ambulatory surgical centers described in subsection 1 of this section.

Section 6. 1. As used in sections 6 and 7 of this act, the following terms shall mean:

(1) "Dentist", a person licensed to practice dentistry pursuant to chapter 332, RSMo;

(2) "Medicaid", medical assistance pursuant to section 208.151, RSMo;

(3) "Provision of dental services agreement", an agreement entered into between the director of the department of social services and a dentist pursuant to the provisions of sections 6 and 7 of this act whereby the dentist is eligible for a tax credit pursuant to this section in return for agreeing to provide at least one thousand dollars worth of qualified dental services;

(4) "Qualified dental services", dental services, performed pursuant to a provision of dental services agreement, which are eligible for Medicaid payments which are made on behalf of persons who are eligible for Medicaid pursuant to section 208.152, RSMo.

2. In order to assure dental health for needy families, a dentist that has provided qualified dental services pursuant to a provision of dental services agreement shall be allowed a credit against the tax otherwise due pursuant to chapter 143, RSMo, not including sections 143.191 to 143.265, RSMo, for the qualified dental services provided during the taxable year in an amount equal to:

(1) Fifty percent of the value of the Medicaid allowable reimbursement actually provided; or

(2) The difference between eighty percent of the usual and customary reimbursement as determined by the most recent American Dental Association fee survey of the west north central states and the Medicaid allowable reimbursement for such service.

3. A dentist providing qualified dental services may only claim a credit pursuant to subdivisions (1) or (2) of subsection 2 of this section, whichever is less. No credit shall be allowed pursuant to this section in any taxable year for any amounts of qualified dental

services totaling in excess of fifty thousand dollars.

4. The tax credit allowed by this section shall be claimed by the dentist in the tax year in which such qualified dental services were provided and shall be claimed at the time the dentist files a tax return. The credit shall only be allowed for the same taxable year in which the dentist entered into the provision of dental services agreement. Where the amount of the credit exceeds tax liability, the difference between the credit and the tax liability shall be returned to the dentist as a tax refund.

5. Any dentist claiming a credit pursuant to this section shall file as part of the dentist's return a copy of the provision of dental services agreement and any other documentation the director of the department of revenue determines necessary to confirm that the dentist is eligible for the credit allowed pursuant to this section.

6. The director of the department of revenue shall promulgate rules and regulations to administer the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo.

7. Any person falsely claiming a credit pursuant to this section is guilty of a class A misdemeanor.

Section 7. 1. In order to assure dental health for needy families, the director of the department of social services is authorized to enter into a provision of dental services agreement on behalf of the state with a dentist pursuant to sections 6 and 7 of this act.

2. The parties to a provision of dental services agreement may enter into it at anytime during the taxable year for which the credit allowed in section 6 of this act is claimed, but any such agreement shall expire on the last day of such taxable year.

3. The provision of dental services agreement shall specify that the total amount of qualified dental services to be provided by the dentist shall be worth at least one thousand dollars. The agreement shall further specify that once total qualified dental services worth fifty thousand dollars have been provided in a taxable year by the dentist, no further credit is allowed in such year for any additional amounts of such services so provided.

4. Any dentist entering into a provision of dental services agreement with the director of the department of social services is subject to an audit by the director of the dentist's records for the purpose of determining whether such dentist is providing qualified dental services as required by the agreement.

5. The director of the department of social services shall promulgate rules and regulations to administer the provisions of this section and shall design all forms in conjunction with the standards of the American Dental Association or the Standards of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, August 21, 1996, as enacted in 1996 and not as later amended. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo.

6. Any dentist who is a party to a provision of dental services agreement and who is unable to provide at least one thousand dollars worth of qualified dental services as required in the agreement shall not claim the credit authorized by section 6 of this act.

Section 8. 1. In order to promote personal financial responsibility for long-term health care in this state, for all taxable years beginning after December 31, 1999, a resident individual may deduct from such individual's Missouri taxable income an amount equal

to one hundred percent of all amounts paid by such individual for qualified long-term care insurance premiums to the extent such amounts are not included the individual's itemized deductions. A married individual filing a Missouri income tax return separately from his or her spouse shall be allowed to make a deduction pursuant to this section in an amount equal to the proportion of such individual's payment of all qualified long-term care insurance premiums. The director of the department of revenue shall place a line on all Missouri individual income tax returns for the deduction created by this section.

2. For purposes of this section, "qualified long-term care insurance" means any policy which meets or exceeds the definition for long-term care insurance in the National Association of Insurance Commissioners (NAIC) long-term care insurance model act.

Section B. Sections 6, 7 and 8 of this act shall become effective on January 1, 2000, and shall apply to all taxable years beginning after December 31, 1999.

Unofficial

Bill

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