

Office of Administration

GOVERNOR'S COUNCIL ON DISABILITY

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Hello and welcome to the New Year! The Second Regular Session of the 95th General Assembly began its business for 2010 on Wednesday, January 6th, so we are back with the *Legislative Update*.

As always, we welcome your comments and suggestions. We again have an index to help you find what category each bill is under. Please feel free to contact us with suggestions, questions or comments.

Just as last year, the bill will be summarized the first time it is listed. If significant changes to a bill occur, they will be summarized when the change occurs. The bill number, title, sponsor, and current status will be reported each week along with the *Legislative Update* issue number in which the most recent summary can be found.

Each issue of the *Legislative Update* is available on the Governor's Council on Disability's website at <http://www.disabilityinfo.mo.gov/gcd/>. Access to individual bill information is available on the Missouri General Assembly's website at <http://www.moga.mo.gov/>.

A glossary of terms can be found at <http://www.house.mo.gov/>. If you need a different format please contact our office.

The summaries are prepared by the Research Staff of the Missouri House of Representatives and are used by permission.

If you would like to learn more about the legislative process consider attending the Legislative Education Project training. For more information call 1-800-877-8249.

Customized Legislative Process training: The Governor's Council will offer customized one day trainings on the legislative process.

Bills are organized in the following Categories:

- Assistive Technology
- Crime
- Education
- Employment
- Funding/Appropriations
- Health Care and Personal Assistance
- Legal Rights and Responsibilities
- Mental Health
- Olmstead
- Prevention
- Services for People with Disabilities

Note: When "incapacitated," "handicapped," etc. appear in a bill description, it reflects the terminology of the legislation, not the GCD.

Abbreviations

HB.....	House of Representatives Bill
HA.....	House Amendment
HS.....	House Substitute
HR.....	House Resolution
HJR.....	House Joint Resolution
HCS.....	House Committee Substitute
SB.....	Senate Bill
SCA.....	Senate Committee Amendment
SCS.....	Senate Committee Substitute
SA.....	Senate Amendment
SS.....	Senate Substitute
SR.....	Senate Resolution
SJR.....	Senate Joint Resolution
CCR.....	Conference Committee Report
CCS.....	Conference Committee Substitute
BC.....	Budget Control Committee

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If you need an alternate format not already offered, please contact the office to ask about an accommodation.

CRIME

[HB 1293 – Hoskins \(R\)](#)

Adds professional therapy dog to the definition of “service dog” as it relates to crimes against these dogs or crimes of impersonating a disabled person

Adds professional therapy dog to the definition of "service dog" as it relates to crimes against these dogs or crimes of impersonating a disabled person. A "professional therapy dog" is defined as a dog which is selected, trained, and tested to provide specific physical therapeutic functions, under the direction and control of a qualified handler who works with the dog as a team as a part of the handler's occupation or profession but does not include dogs used by volunteers in visitation therapy.

Status: 1/7/10 Second Read (H)

Issue 1

EDUCATION

[SB 654 – Crowell \(R\)](#)

Creates the MO Special Needs Scholarship Tax Credit Program

This bill creates the Missouri Special Needs Scholarship Tax Credit Program, to be administered by the Department of Economic Development. The program provides grants to elementary and secondary education students through scholarship granting organizations to cover all or part of the costs at a qualified public or non-public school, including transportation. Scholarships are to be portable during the school year and may be prorated if a student changes schools. Students who may receive scholarships through the program include, but are not limited to, students with an Individualized Education Program who are mentally handicapped, speech and language impaired, deaf or hard of hearing, visually impaired, dual sensory impaired, physically impaired, emotionally handicapped, specific learning disabled, diagnosed with an autism spectrum disorder, or hospitalized or homebound due to illness or disability. Students must also have attended public school in Missouri the preceding semester or will be attending school for the first time. Any eligible student who receives an educational scholarship and attends a non-public school will be included in the weighted average daily attendance calculation of the school district the student attended immediately prior to receiving

the scholarship for each year the student receives the scholarship. Beginning with tax year 2010, a taxpayer as described in the bill may claim a tax credit against the taxpayer's state tax liability in an amount equal to eighty percent of the taxpayer's contribution to a scholarship granting organization. The amount of tax credits per taxpayer is limited to \$800,000 per year. The amount of tax credits claimed cannot exceed fifty percent of a taxpayer's state tax liability for the tax year in which it is claimed. An unclaimed tax credit may be carried over to the next four succeeding tax years until the full credit is claimed. Tax credits granted under the program are transferable as described in the bill. The director of the Department of Economic Development will determine which organizations may be classified as scholarship granting organizations. A scholarship granting organization that participates in the program must meet certain requirements and follow certain procedures as described in the bill. An organization must spend at least 90% of its revenue from donations on educational scholarships and spend all revenue from interest or investments on educational scholarships. In addition, an organization must distribute scholarship payments as checks to parents and provide a Department of Economic Development-approved receipt to taxpayers who contribute. An organization must demonstrate financial accountability and viability as described in the bill. An organization must also cooperate with the Department to conduct criminal background checks on its employees and board members and not employ individuals who could pose a risk to the use of contributed funds. Participating schools must comply with health and safety laws that apply to non-public schools, hold a valid occupancy permit if required, certify they will comply with 42 USC 1981, and regularly report on the students' progress to parents. Schools must also operate in Missouri and comply with state laws regarding criminal background checks for employees; they must not employ individuals prohibited by state law from working in a non-public school. The Department of Economic Development must conduct a study of the program using non-state funds. The Department may contract with qualified researchers to conduct the study. The state auditor is granted the power to

audit any school district within the state in the same manner as any agency of the state. The school district must pay for the cost of the audit. No school district can be audited under this provision more than once in any three calendar or fiscal years. The provisions of this bill expire in six years unless reauthorized.

Status: 1/6/10 First Read (S)

Issue 1

[HB 1296 – Lampe \(D\)](#)

Changes laws regarding the identification, assessment and education of children with autism spectrum disorders

Changes the laws regarding the identification, assessment, and education of children with autism spectrum disorder. In its main provisions, the bill:

1. Requires the state to provide early intervention services to children with autism under Part C of the federal Individuals with Disabilities Act, commonly known as the First Steps Program;
2. Requires course work in teacher training programs to include recognition of the characteristics and special needs of students with disabilities or autism and students who are gifted;
3. Defines "autism spectrum disorder" and adds the term to the definition of "children with disabilities";
4. Adds consideration of children with autism to the duties of state and area advisory committees on special education;
5. Extends early childhood special education services to children five years of age;
6. Allows schools to contract for services for children with autism;
7. Requires the Department of Elementary and Secondary Education to produce and provide a comprehensive, easy-to-understand guide to the Individualized Education Plan process to help parents effectively participate in admission, review, and dismissal committee meetings. A notice about the availability of the guide must also be included in student handbooks and on school web sites;
8. Requires the Missouri Advisory Council of Certification for Educators to make recommendations on training and best practices for teachers of children with autism;
9. Requires the department to appoint an autism ombudsman and to develop best practice guidelines for the educational assessment and interventions for handicapped children from three to five years of age. Regional professional development centers must have an

autism specialist available. Early childhood education centers will be established, subject to appropriations, giving priority to regions where there are limited or nonexistent resources and a significant need. Children who are receiving early childhood services on or after August 1, 2012, will be monitored for educational outcomes until they complete third

grade; 10. Adds standards for the identification, assessment, and interventions for children with autism to the Parents as Teachers Program; 11. Establishes the Missouri Special Needs Identification and Education Program which creates categorical funding for special needs identification and education training for public school educators and authorizes a tax credit for unreimbursed training expenses that exceed the categorical funding. All instructional employees and parent educators for the Parents as Teachers Program must be trained in autism early detection by July 1, 2012. Instructional personnel for kindergarten through second grade must complete training by July 1, 2014; instructional personnel for the remaining grades, nurses, and counselors must complete training by July 1, 2016; and 12. Establishes the Missouri Autism Spectrum Disorder Commission within the Department of Mental Health which must prepare and submit to the General Assembly for its review and consideration a 10-year strategic plan by December 1, 2011, to address the growing number of persons who need services for autism spectrum disorder. The composition of the 20-member commission and the elements of the strategic plan are specified in the bill.

Status: 1/6/10 First Read (H)

Issue 1

[HB 1450 – Allen \(R\)](#)

Changes the laws regarding the First Steps Program & the study by the greater St. Louis area point of entry

Currently, the point of entry for the First Steps Program, within the Department of Elementary and Secondary Education, in the greater St. Louis area must complete a study on the effect of hiring a child-find coordinator by September 1, 2010. This bill adds the child-find coordinator and the child-find committee to those conducting the study and

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changes the study's focus to the effect of child-find activities in the area. The bill also clarifies that the area includes the counties of St. Charles and St. Louis as well as St. Louis City and specifies that the child-find committee must consist of early intervention providers and service coordinators.

Status: 1/6/10 First Read (H) Issue 1

FUNDING/TAX RELIEF

[HB 1213 – Dusenberg \(R\)](#)

Authorizes a state income tax exemption for certain disabled veterans

Beginning January 1, 2011, this bill authorizes a state income tax exemption for the state taxable income of any veteran who is 50% or more disabled as a result of his or her military deployment during specified conflicts if the veteran was a Missouri resident at the time he or she entered the armed forces. The provisions of the bill will expire December 31 six years from the effective date.

Status: 1/6/10 First Read (H) Issue 1

[HB 1386 – Nolte \(R\)](#)

Limits increase in assessed valuation of residential property by the percentage of increase in Social Security benefits for the elderly and disabled who own and live in their principal residence

Beginning January 1, 2011, this bill limits the increase in assessed valuation of residential property to the percentage of increase in Social Security benefits in the previous year for an individual who is 65 years of age or older or who is disabled, has a federal adjusted gross income of less than \$72,380, and owns and lives in his or her principal residence. The maximum income limit will increase by the same incremental increase in the general price level as specified in the Missouri Constitution. The provisions of the bill will expire December 31 six years from the effective date.

Status: 1/6/10 First Read (H) Issue 1

[SB 608 – Stouffer \(R\)](#)

Creates a tax credit for contributions to developmental disability care providers and modifies provisions of the residential treatment agency tax credit program

Under current law, residential treatment agencies are prohibited from applying for residential

treatment agency tax credits in an amount greater than forty percent of the payments received by the agency from the Department of Social Services. This bill would allow residential treatment agencies to apply for such tax credits in an amount which does not exceed the amount of payments received by the agency from the Department of Social Services. The bill also creates an income tax credit equal to fifty percent of the amount of an eligible donation made, on or after January 1, 2010, to a qualifying developmental disability care provider. The tax credit may not be applied against withholding taxes. The tax credit is non-refundable, but may be carried forward four years. The tax credit is transferable. A provider may apply to the Department of Revenue for the tax credits. The provisions of this bill shall automatically sunset six years after the effective date of the bill unless reauthorized.

Status: 1/6/10 First Read (S) Issue 1

[SB 654 – Crowell \(R\)](#)

Creates the MO Special Needs Scholarship Tax Credit Program
(See Education)

HEALTH CARE & PERSONAL ASSISTANCE

[HB 1304 – Hodges \(D\)](#)

Relating to health insurance coverage for Down syndrome

Beginning January 1, 2011, all health insurance carriers would be required to continue to provide coverage to their dependent members with Down syndrome after they reach 18 years of age. Insurers may not charge additional deductibles or co-insurance than other similar health care services provided by the health plan. Certain supplemental insurance policies are exempt from the provisions of the bill.

Status: 1/6/10 First Read (H) Issue 1

[HB 1311 – Scharnhorst \(R\)](#)

Requires health carriers to provide coverage for the diagnosis and treatment of autism spectrum disorders

Requires all health benefit plans that are delivered, issued, continued, or renewed on or after August 28, 2010, to provide coverage for the diagnosis and

treatment of autism spectrum disorders (ASD). Carriers cannot deny or refuse to issue insurance coverage on; refuse to contract with; or refuse to renew or reissue, terminate, or restrict coverage on an individual or his or her dependent solely because of being diagnosed with ASD or because he or she receives coverage. The coverage provided by an insurance carrier for ASD is limited to the treatment ordered by the insured individual's licensed treating physician or psychologist in accordance with a treatment plan. Service exclusions contained in an insurance policy or health maintenance organization contract that are inconsistent with an ASD treatment plan will be considered invalid as to ASD. An ASD treatment plan must include all elements necessary for a health carrier to review the plan when requested. Except for inpatient services, the health benefit plan or carrier can request, at its expense, a review of the treatment plan not more than once every six months unless the individual's treating physician or psychologist agrees that a more frequent review is necessary. Coverage for individuals younger than 21 years of age for the applied behavior analysis (ABA) services will have a maximum benefit of \$72,000 per year with no limit on the number of visits to an autism service provider. Coverage cannot be denied on the basis that it is educational or habilitative in nature. Payments and reimbursements for ABA services can only be made to the ASD service provider, the certified supervisor of the provider, or the entity or group for whom the supervisor works or is associated. ASD services cannot be subject to any greater deductible, co-insurance, co-payment, or utilization review than other physical health care services provided by the health benefit plan. Health carriers and benefit plans are not required to reimburse a school district for ASD services that it provided. All ASD service claims are subject to the same current claims processes for health care services. Health benefit plans established, extended, modified, or renewed on or after August 28, 2010, under the Missouri Consolidated Health Care Plan, self-insured governmental plans, self-insured group arrangements, multiple employer welfare arrangements, and self-insured school district health plans must all offer individual ASD coverage. Individually sold health benefit plans must offer

ASD coverage as an option to any plan. Certain supplemental insurance policies are exempt from the provisions of the bill. The provisions of the bill do not apply to the Mo HealthNet Program or any program administered or sponsored by the MO HealthNet Division within the Department of Social Services.

Status: 1/7/10 Referred: Special Comm. on Health Insurance (H) Issue 1

[HB 1333 – Lipke \(R\)](#)

Allows persons who have exhausted their total lifetime benefits to be eligible for coverage under the MO Health Insurance Pool

Requires all health insurers to notify an insured person when he or she has exhausted 85% of his or her total lifetime health insurance benefits and of the person's eligibility for and the methods of applying for coverage under the Missouri Health Insurance Pool. Notification must be repeated when an insured has exhausted 100% of his or her total lifetime health insurance benefits. An individual who has exceeded his or her total lifetime health insurance benefits from his or her insurer is eligible for the pool. An individual who is eligible and has an income of less than 350% of the federal poverty level will receive a 50% discount off the pool's premium rates.

Status: 1/6/10 First Read (H) Issue 1

[HB 1341 – Grill \(D\)](#)

Relating to health insurance coverage of autism spectrum disorders

Requires all health benefit plans that are delivered, issued, continued, or renewed on or after January 1, 2011, to provide coverage for individuals 18 years of age or younger for the diagnosis and treatment of autism spectrum disorders (ASD). Carriers cannot deny or refuse to issue insurance coverage on; refuse to contract with; or refuse to renew or reissue, terminate, or restrict coverage on an individual or his or her dependent solely because of being diagnosed with ASD. The coverage provided by an insurance carrier for ASD is limited to the treatment ordered by the insured individual's licensed treating physician or psychologist in accordance with a treatment plan and is limited to

treatment and diagnosis provided within Missouri. An ASD treatment plan must include all elements necessary for a health carrier to appropriately pay claims. Except for inpatient services, the health carrier can request, at its expense, a review of the treatment plan not more than once every six months unless the individual's treating physician or psychologist agrees that a more frequent review is necessary. Coverage for individuals younger than 15 years of age for the applied behavior analysis (ABA) services will have a maximum benefit of \$55,000 per year with no limit on the number of visits to an autism service provider. Individuals who are 15 years of age or older will not be eligible for these services. Coverage cannot be denied on the basis that it is educational or habilitative in nature. ASD services cannot be subject to any greater deductible, co-insurance, co-payment, or utilization review than other physical health care services provided by the health benefit plan. Health carriers and benefit plans are not required to reimburse a school district for services delivered by an early intervention or a school service. Health benefit plans delivered, issued, continued, or renewed on or after January 1, 2011, under the Missouri Consolidated Health Care Plan, self-insured governmental plans, self-insured group arrangements, multiple employer welfare arrangements, and self-insured school district health plans must all offer individual ASD coverage. Individually sold health benefit plans must offer ASD coverage as an option to any plan. Certain supplemental insurance policies are exempt from the provisions of the bill.

Status: 1/7/10 Referred: Special Comm. on Health Insurance (H) Issue 1

[HB 1357 – Chappelle-Nadal \(D\)](#)

Increases resource limits for medical assistance
Increases the resource limit for medical assistance eligibility to \$2,500 for a single person and \$5,000 for a married couple. The Director of the Department of Social Services must apply to the Secretary of the United States Department of Health and Human Services for an amendment to the home and community-based waiver to extend eligibility for medical assistance to individuals with

an income of up to 300% of the federal poverty level.

Status: 1/6/10 First Read (H) Issue 1

[HB 1374 – Ervin \(R\)](#)

Changes the laws regarding health insurance to comply with the federal Health Insurance Portability & Accountability Act

Changes the laws regarding health insurance to comply with the federal Health Insurance Portability and Accountability Act (HIPAA). The sections of the bill that relate to people with disabilities include; Health Maintenance Organizations (HMOs) Proof that a dependent child is incapable of maintaining employment due to a mental or physical handicap and is dependent upon the policy holder for support and maintenance must be submitted to the insured's HMO within 31 days, instead of the current at least 31 days, after the child has attained the age when the child's coverage is to be terminated. Currently, group health insurance policies must specify any exclusions and limitations to the policy regarding a disease or physical condition that an individual was treated for during the 12 months prior to the effective date of the coverage. The bill limits the exclusions and limitations to the prior six months before the enrollment date of the coverage. Exclusions and limitations cannot apply to a loss or disability that occurred 12 months after the enrollment date or, in the case of a late enrollee, 18 months from the enrollment date. Proof that a dependent child is incapable of maintaining employment due to a mental or physical handicap and is dependent upon the policy holder for support and maintenance must be submitted to the health insurer within 31 days, instead of the current at least 31 days, after the dependent child has attained the age when coverage is to be terminated. Missouri Health Insurance Portability and Accountability Act The State Children's Health Insurance Program (SCHIP) coverage is added to the list of credible coverage for individuals under the Missouri Health Insurance Portability and Accountability Act, and the definition for "waiting period" as it relates to the act is revised to be the time period that must pass before coverage for an employee or dependent who is otherwise eligible to enroll in a group health plan can become effective. Any time period before

late or special enrollment is not considered a waiting period for late or special enrollees. A waiting period begins on the date an individual submits a substantially complete application for coverage and ends on the date coverage begins or when the application is denied or lapses. Individual Health Insurance Policies Proof that a dependent child is incapable of maintaining employment due to a mental or physical handicap and is dependent upon the policy holder for support and maintenance must be submitted to the health insurer within 31 days, instead of the current at least 31 days, after the dependent child has attained the age when coverage is to be terminated. Missouri Health Insurance Pool (MHIP) The bill adds recipients of coverage under the State Children's Health Insurance Program (SCHIP) to the list of individuals with credible coverage under the MHIP and changes the definition of a "dependent" to be an unmarried child that is medically certified as disabled and dependent upon the parent, or a state resident younger than 19 years of age who is not eligible for any other group or individual coverage or entitled to state or federal health benefits.

Status: 1/6/10 First Read (H)

Issue 1

[SB 606 – Stouffer \(R\)](#)

Adds comprehensive day rehabilitation services as a covered service under the MO HealthNet Program

Status: 1/6/10 First Read (S)

Issue 1

[SB 618 – Rupp \(R\)](#)

Requires health carriers to provide coverage for the diagnosis and treatment of autism spectrum disorders under certain conditions

Under the bill, health carriers that issue or renew health benefit plans on or after August 28, 2010, must provide coverage for the diagnosis and treatment of autism spectrum disorders. The bill prohibits health carriers from denying or refusing to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminating or restricting coverage on an individual or their dependent solely because the individual is diagnosed with an autism spectrum disorder. The bill sets forth the coverage limits for autism spectrum disorders. Coverage under the bill is

limited to treatment that is ordered by the insured's treating licensed physician or licensed psychologist, in accordance with a treatment plan. Service exclusions contained in the insurance policy or health maintenance organization contract that are inconsistent with the treatment plan shall be considered invalid as to autism spectrum disorder. The treatment plan shall include all elements necessary for the health benefit plan or health carrier to review the treatment plan. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment and goals. Except for inpatient services, if an individual is receiving treatment for an autism spectrum disorder, a health carrier shall have the right to review the treatment plan not more than once every 6 months unless the health carrier and the individual's treating physician or psychologist agree that a more frequent review is necessary. Coverage provided by the bill for applied behavior analysis is subject to a maximum benefit of \$72,000 per calendar year for individuals under the age of 21 (no coverage for applied behavior analysis is afforded to those 21 years of age or older). Coverage under the bill shall not be subject to any limits on the number of visits an individual may make to an autism service provider. The health care services required by the bill shall not be subject to any greater deductible, coinsurance or co-payment than other physical health care services provided by a health benefit plan. To the extent any payments or reimbursements are being made for applied behavior analysis, such payments or reimbursements shall be made to either: 1. The autism provider; 2. The person who is supervising an autism service provider, who is certified as a board certified behavior analyst by the Behavior Analyst Certification Board; or 3. The entity or group for whom such supervising person works or is associated. The provisions of act shall not automatically apply to health benefit plan individually underwritten, but shall be offered as an option to any such plan. The bill provides the provisions of the autism mandate shall also apply to the following types of plans that are established, extended, modified or renewed on or after August 28, 2010: 1. All self-insured governmental plans, that term is defined in 29 U.S.C. Section 1002(32);

2. All self-insured group arrangements, to the extent not preempted by federal law; 3. All plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, or any waiver or exception to that act provided under federal law or regulation; and 4. All self-insured school district health plans. The provisions of the bill do not apply to various forms of supplemental insurance policies such as specified disease policies or Medicare supplement policies. The autism mandate shall apply to any health care plans issued to employees and their dependents under the Missouri Consolidated Health Care Plan on or after August 28, 2010. Under the bill, health carriers are not be required to provide reimbursement to a school district for treatment for autism spectrum disorders provided by the school district. The bill shall not be construed as affecting any obligation to provide service to an individual under an individualized family service plan, an individualized education plan, or an individualized service plan. The provisions of the bill do not apply to the MO HealthNet program.

Status: 1/6/10 First Read (S)

Issue 1

[SB 722 – Bray \(D\)](#)

Establishes the MO Universal Health Assurance Program

Establishes the Missouri Universal Health Assurance Program. The program is a publicly financed, statewide program that will provide comprehensive necessary health, mental health, and dental care services for Missouri residents. The Director of the Department of Health and Senior Services is required to divide the population of the state into six regional health planning and policy development districts. An advisory council of 9 members will be established for each district. The advisory councils will assist the board of governors of the program in creating an annual comprehensive state health care plan as well as developing a transportation plan for indigent, elderly, and disabled clients. The program will be administered by a 23-member board of governors, of whom 14 members will be appointed by the Governor, with the advice and consent of the Senate. The directors

of the departments of Social Services, Health and Senior Services, and Mental Health will be ex-officio members; and the board will include representation of minority and disabled individuals. The board will be responsible for monitoring expenditures, adopting rules, employing staff, and studying methods for incorporating institutional and long-term care benefits into the program. The board is also required to submit an annual report to the Speaker of the House of Representatives, the President Pro Tem of the Senate, and the Governor with recommendations for changes in health care laws. Prior to the implementation of the comprehensive plan, the board is required to appoint an advisory subcommittee of health care researchers and ethics experts and conduct public hearings. The comprehensive plan is required to seek and secure the delivery of the most cost-effective health care services. Every person who is a resident of Missouri, regardless of pre-existing conditions, will be eligible to receive benefits for covered services. Individuals who are not residents but are employed in Missouri will be eligible to receive benefits. The board is required to request that the program be made available to federal employees and retirees while they are residents of Missouri. Certain health care services are excluded from coverage. The bill also establishes the Missouri Health Care Trust Fund which will be used to finance the program. Certain health care services are excluded from coverage. The program is required to pay the expenses of institutional providers of health care, and each provider is required to negotiate an annual budget with the program which will cover anticipated expenses. The program will reimburse independent providers of health care on a fee-for-service basis. Other insurers and employers may offer benefits that do not duplicate those offered by the program. To finance the program, every Missouri resident is required to pay a health premium surcharge prorated based on the person's Missouri's adjusted gross income which will be collected by the Department of Revenue and deposited into the trust fund. No later than 30 days after the effective date of the act, the Department of Social Services is required to apply to the United States Secretary of Health and Human Services for all health care program waivers that would enable

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the state to deposit federal funds into the Missouri Health Care Trust Fund. The department is also required to identify other federal funding sources. The program will become effective April 1 of the year following the award of a waiver by the United States Department of Health and Human Services. Notice of the receipt of the waiver must be given to the Reviser of Statutes.

Status: 1/6/10 First Read (S)

Issue 1

LEGAL RIGHTS & RESPONSIBILITIES

HB 1382 – Ervin (R)

Establishes the MO Patient Privacy Act

Establishes the Missouri Patient Privacy Act which prohibits the disclosure of patient-specific health information to any employer, public or private payer, or employee or agent of a state department or agency without the written consent of the patient and health care provider. Health information may be disclosed to a health insurer; employer; state employee or agent of the Missouri Consolidated Health Care Plan; the Department of Health and Senior Services; the Department of Insurance, Financial Institutions and Professional Registration; or the MO HealthNet Division within the Department of Social Services in connection with the employee's official duties including overseeing state health programs, tracking infectious diseases, administering state wellness initiatives and programs, and researching state medical trends. The bill does not prohibit disclosure of personal health information consistent with federal law and does not require health care providers to obscure or remove the information when disclosing it.

Status: 1/6/10 First Read (H)

Issue 1

SB 666 – Shoemyer (D)

Relating to accessibility in the state capitol building

Requires all offices occupied by elected officials in the state capitol building to be readily accessible to and usable by individuals with disabilities by December 31, 2015.

Status: 1/6/10 First Read (S)

Issue 1

SB 694 – Wright-Jones (D)

Modifies laws relating to voter registration

This bill requires individuals who request fifty or more voter registration applications who are not deputy registration officials must be 18 and file with the secretary of state the person's name, address, telephone number, whether the person is making the request on behalf of a group or organization, and a description of each group or organization for which the request is made. A signed affirmation that the information submitted is true must accompany the filing.

Status: 1/6/10 First Read (S)

Issue 1

HJR 51 – Cunningham (R)

Relating to voting a secret ballot

Upon voter approval, this proposed constitutional amendment guarantees the right to vote by secret ballot where state or federal law requires public elections for public office or public votes on initiatives or referendums or where state or federal law requires designations or authorizations of employee representation.

Status: 1/6/10 First Read (H)

Issue 1

MENTAL HEALTH

HB 1298 –Lampe (D)

Relating to the transfer of a mental health patient from one facility to another

Prohibits a patient from being transferred from one mental health program to another without the written consent of the patient or the patient's parent, legal guardian, or nearest known relative.

Status: 1/6/10 First Read (H)

Issue 1

OLMSTEAD

HB 1358 – Chappelle-Nadal (D)

Requires DHSS to strongly encourage long-term care facilities to institute policies encouraging family involvement in the well-being and support of its residents

Requires the Department of Health and Senior Services to strongly encourage long-term care facilities to institute policies to encourage familial involvement in the well-being and support of residents in long-term care facilities including family conferences and meetings.

Status: 1/6/10 First Read (H)

Issue 1

PREVENTION

[HB 1217 – Dusenberg \(R\)](#)

Relating to the motorcycle helmet law

Currently, all motorcyclists are required to wear protective headgear. This bill requires only persons younger than 21 years of age to wear protective headgear when operating or riding as a passenger on any motorcycle or motortricycle.

Status: 1/6/10 First Read (H)

Issue 1

[SB 720 – Bray \(D\)](#)

Relating to MODOT plans, programs & projects
Requires the Department of Transportation's plans, programs, and projects to provide full consideration for the safety and contiguous routes for bicyclists, pedestrians, disabled persons, and transit users of all ages and abilities. Bicycle and pedestrian ways must be given full consideration in the planning and development of transportation facilities by the department, including their incorporation into state plans and programs.

Status: 1/6/10 First Read (S)

Issue 1

SERVICES

[HB 1270 – Meiners \(D\)](#)

Changes the name of the Crippled Children's Service to the Children's Special Health Care Needs Service

Changes the name of the Crippled Children's Service, within the Department of Health and Senior Services, to the Children's Special Health Care Needs Service; renames the Crippled Children's Service Fund the Children's Special Health Care Needs Service Fund; and specifies that the services are for children who have a physical disability or special health care need.

Status: 1/6/10 First Read (H)

Issue 1

[HB 1302 – Lampe \(D\)](#)

Expands the Amber Alert System to include missing endangered adults

Expands the Amber Alert System to include missing endangered adults, specifies the criteria for being considered a missing endangered adult, and changes its name to the Amber Alert and Silver Alert System. An endangered adult is defined as someone at least eighteen years of age and incapable by reason of mental illness, mental retardation, dementia, or other physical or mental

capacity of managing or directing the management of their self care and/or property.

Status: 1/6/10 First Read (H)

Issue 1

[HB 1334 – Lipke \(R\)](#)

Establishes the Evan de Mello Reimbursement Program to provide financial assistance for the cost of transportation and ancillary services associated with the medical treatment of an eligible child

Establishes the Evan de Mello Reimbursement Program within the departments of Health and Senior Services and Mental Health to provide financial assistance for the cost of transportation and ancillary services associated with the medical treatment of an eligible child. The program is the payer of last resort after all other available sources have been exhausted, and reimbursement is subject to appropriations. To be eligible for assistance under the program, a child must be suffering from a condition or impairment that results in severe physical illness or impairments, in need of transportation or ancillary services due to his or her condition, certified by a physician of the child's choice as a child who will likely benefit from medical services, and required to travel at least 100 miles for medical services which the child's parents or guardian is unable to pay the travel expenses. The departments must establish rules which include an application and review process, a cap on benefits that cannot be less than \$5,000 per recipient, and a household income eligibility limit which cannot exceed 350% of the federal poverty level.

Status: 1/6/10 First Read (H)

Issue 1

[HB 1447 – Carter \(D\)](#)

Requires the development of caseload standards by the Departments of Health & Senior Services and Mental Health

Requires the development of caseload standards by the departments of Health and Senior Services and Mental Health. In its main provisions, the bill: 1. Requires each director to develop caseload standards for his or her department based on the actual duties of employees, existing professional caseload standards, and standards developed by other states for workers in similar positions; 2. Requires each director to use the standards as the basis of the department's personnel budget request

to the Governor; 3. Requires each director to convene at least annually a caseload standards committee within his or her department to review caseload standards and recommend minimum and maximum caseloads for each category of workers employed by the department; 4. Requires each director to submit an annual report to the General Assembly on the established caseload standards, actual caseloads of the employees, a description of the methodology used to compute caseloads, and whether the statewide average caseload exceeds the established caseload standards and to post the report on the department's web site; 5. Specifies that employees are required to make a good faith effort to complete all their assignments even if they are in excess of the specified caseload standards and those efforts are to be considered in an employee's performance evaluation. Any failure to complete assignments that are in excess of the specified caseload standards cannot be a factor in determining an employee's eligibility for a pay increase; and 6. Requires the departments, subject to appropriations, to use the standards to assign caseloads to individual employees.

Status: 1/6/10 First Read (H)

Issue 1