



Increase the Medicaid Personal Needs Allowance

The Federal Government requires that a Medicaid-funded nursing home resident receives a monthly Personal Needs Allowance (PNA). The current MO monthly Medicaid PNA is \$50. In 2019 the monthly MO Medicaid medium PNA was \$50 per month. At the time, the most common national medium PNA was \$50 per month Plus, over the years the purchasing power of the monthly Medicaid PNA has declined. The 2025 national monthly PNA is \$73.25. There are 11 states nationally that report \$100 or more PNA per month. The 2025 Medicaid monthly average PNA reported by the 8 states surrounding MO is \$61.50 per month. Within the last year, two of Missouri's surrounding states, Kentucky and Tennessee increased their monthly PNA for nursing home residents. This proposal is to increase the MO Monthly Medicaid Personal Needs Allowance (PNA) to \$70 per month and provide annual increase based upon the consumer price index. Missouri Statute 208.016 will need to be rewritten, as it currently has a cap Of \$50 for monthly PNA.

The system Of distributing the monthly PNA is in place. The increase would need to be adjusted by the State. Currently, some Medicaid nursing home residents are not covered under Social Security. The State would need to increase the monthly amount paid on behalf of those residents. This PNA Increase would be effective in the next MO budget year.

Residents of skilled nursing facilities on Medicaid and their family members, who quite often supplement PNA, will benefit. Nursing home residents require numerous personal items that exceed \$50 a month.

Missouri Senior Preventative Foot Care and Medicaid Access Act

Many Missouri seniors, especially those living with diabetes, poor circulation, arthritis, and mobility limitations, experience preventable foot problems that can lead to infections, falls, hospitalization, and amputations. Current Medicaid coverage for routine and preventative foot care is limited and often unavailable until a serious medical condition develops. Seniors on fixed incomes frequently delay care because they cannot afford podiatry visits, nail care, diabetic foot screenings, or therapeutic footwear. This proposal seeks to expand preventative foot care services for Missouri seniors through Medicaid coverage and community-based preventative care programs in order to reduce long-term healthcare costs and improve quality of life. The proposal requests that Missouri expand Medicaid coverage for medically necessary preventative foot care services for eligible seniors age 60 and older, particularly those with diabetes, neuropathy, circulatory disorders, mobility impairments, or other chronic health

conditions. The proposal also requests state funding support for preventative foot care clinics, outreach services, and public education programs focused on reducing falls, infections, and amputations among older adults.

The Missouri Department of Social Services, MO HealthNet Division, and the Missouri Department of Health and Senior Services would jointly oversee implementation. Within one year of passage, MO HealthNet would update Medicaid policy to include coverage for preventative foot care services for eligible seniors when prescribed or recommended by a licensed healthcare provider. Covered services may include routine podiatry examinations, diabetic foot screenings, nail and skin care related to medical conditions, treatment of corns and calluses associated with mobility limitations, and medically necessary therapeutic footwear. The Department of Health and Senior Services would work with Area Agencies on Aging, federally qualified health centers, podiatrists, senior centers, and rural clinics to establish preventative foot care outreach and screening programs throughout Missouri. Educational materials would be distributed to seniors and caregivers regarding early detection and prevention of foot-related complications. Funding may include state appropriations, federal Medicaid matching funds, grants, and Health Committee 2026 Senate Pass Fail 5 House Pass Fail partnerships with healthcare systems. Annual reporting to the Missouri General Assembly would include participation rates, healthcare savings estimates, reduced emergency room visits, reduced amputations, and fall prevention outcomes.

Missouri seniors, particularly low-income seniors, individuals with diabetes, veterans, rural residents, caregivers, and people with disabilities would benefit from improved access to preventative foot care services. Hospitals, nursing facilities, and healthcare providers may also benefit from reduced emergency care costs, fewer preventable hospitalizations, and decreased rates of infection and amputations.

Liability of Long-Term Care Facilities for Harm to Residents

Residents of long-term care facilities may experience problems that are the legal liability of the owners/operators of the facilities. These problems include medical malpractice, negligence regarding the health and safety of residents, abuse, neglect and even wrongful death. Assuming a resident has a valid claim for damages, long-term care facilities may use a variety of techniques to prevent collection of those damages. For example, long-term care facilities may lack liability insurance and may be owned through a chain of shell corporations that leave the nominal facility underfunded and easily abandoned if faced with a significant claim. The goal (or "ask") of this proposal is to require long-term care facilities to be covered by liability insurance to fund the payment of claims by residents. In addition, when a long-term care facility becomes insolvent, this proposal authorizes eligibility for resident claims to receive a modest recovery of damages through the Missouri Property and Casualty Insurance Guaranty Association Act (the "Act") 375.771-375.779 RSMo. Current Missouri law does not mandate insurance to cover the liability of long-term care facilities for its residents. The Act needs to be strengthened to clearly cover the kind of non-economic damages most likely suffered by residents.

Additional language would be added to the Omnibus Nursing Home Act in Chapter 198 RSMo to mandate liability insurance as a condition of licensing of a long-term care facility. The Department of Health and Senior Services administers such licensing. The language would require insurance covering, at a minimum, medical malpractice, negligence regarding the health and safety of residents, abuse, neglect, and wrongful death. The insurer would be required to be a "member" of the Insurance Guaranty Association. The Act works by requiring insurers to join the Guaranty Association and to pay assessments to the Association as necessary to pay claims. Insurers receive a credit for assessments against insurance premium taxes due the State. If an insured entity in Missouri becomes insolvent, the Association considers timely filed claims and can make payment for certain damages up to the usual maximum of \$300,000. The proposal would add language to the Act to increase the maximum amount of

recovery and to allow recovery for non-economic damages such as pain and suffering, emotional distress, loss of enjoyment Of life, etc.) Economic damages, such as lost wages and medical expenses, may be less important to Consumer Affairs Committee 2026 Senate Pass Fail 3 House Pass Fail residents that are not working and often have medical expenses paid by Medicare, Medicaid or even private insurance A Senator and two Representatives filed identical bills during the 2026 legislative session to require mandatory liability insurance. The Senate bill received a hearing, where the industry opposed the scope of coverage and the cost of coverage. I have sent all three legislators a suggestion for addressing the industry concerns. TO my knowledge there has not been a bill filed to address enhancements to the Act.

Residents of long-term care facilities and their families will benefit by having insurance or the Guaranty Association as resources for collecting damages for valid claims related to medical malpractice, general negligence, abuse, neglect and wrongful death.

Real Property Tax Exemption for Veterans with a 100% Service- Connected Disability

Veterans who have been rated by the VA with 100% service-connected disability are Often limited in or unable to reach their earned income potential. Meeting the expense of their real property tax with their fixed income can be difficult, threatening their ability to remain in their home. Exempting these Veterans from property tax on their homestead will help them remain in their home.

Once enacted, Article X Section 6 would be amended to include veterans with 100% VA rated service-connected disability for exclusion of property tax on their homestead.

Limit the use of Artificial Intelligence (AI) for Prior Authorizations of Health Care

Missouri does not currently have specific laws prohibiting health insurance companies from using Artificial Intelligence (AI) to deny treatment plans. Current Federal laws as of May 2026 provide some requirements primarily focusing on transparency and anti-discrimination rather than banning automated denials. The three types of utilization reviews for Prior Authorization in healthcare are prospective, concurrent, and retrospective reviews. These methods evaluate the medical necessity, appropriateness, and cost-effectiveness of treatments at different stages of care; before, during, and after service delivery to manage costs and ensure quality AI tools have been accused of producing high rates of care denial, in some cases 16 times higher than is typical, according to figures from a 2024 Senate committee report cited in the AMA's news release. We need to eliminate the use of AI to determine what only a medical professional should determine Any denial or delay Of a Prior Authorization can have adverse effects as reported by 1 ,000 physicians in AMA's 2024 survey. More than 1 in 4 physicians reported Prior Authorization hospitalization, 18% led to a life-threatening event and 8% led to a patient's disability/permanent bodily damage, congenital anomaly/birth defect, or death Why is this an issue? Physicians should be able to make medical decisions with their patients without interference from unregulated and unsupervised Artificial Intelligence (AI) technology. If a Prior Authorization is denied the process, from the beginning through processing an appeal, can run two to three months or longer greatly increasing the time to start treatment. Denials are looked at by insurers as a tool to save money. For example, in 2024 Medicare Advantage had 4.1 million prior approval denials nationwide with AI causing denials to in some cases be 16 times higher. This is a huge problem for getting necessary treatment proving denials are being abused and jeopardizing treatment. Of the 2024 Medicare Advantage denials, only 1 1.5% were appealed, and 80.7% of the appeals were partially or fully overturned. AMA survey showed 29% of physicians reported that prior authorization delays led to a serious adverse event for a patient in their care. A 2025 AMA survey released early in February found that 49% Of physicians ranked oversight of payers' use of AI in medical necessity determinations among the top three priorities for

regulatory action. In 2025, the National Association of Insurance Commissioners published its Artificial Health Committee 2026 Senate Pass Fail 6 House Pass Fail Intelligence and Machine Learning (AI/ML) Survey Report, representing feedback from 93 insurance companies in 16 states. Of the companies surveyed, 84 percent indicated they use AI/ML across product lines.

Health Insurers/Carriers or their Agents shall use medical professionals to review medical treatment plans submitted by physicians for all Utilization Reviews and Prior Authorizations. At least eight other States have adopted statutes for eliminating or limiting the use of Artificial Intelligence (AI) for Prior Authorizations. Approximately 26 other states are working on legislation. Sections would need to be modified, or a new section added to cover handling of Artificial Intelligence related to prior authorizations in Missouri State Statutes under Title XXIV BUSINESS AND FINANCIAL INSTITUTIONS, Chapter 374 Department of Commerce and Insurance CERTIFICATION OF UTILIZATION REVIEW AGENTS. A few Definitions used in Missouri Statutes 374.500 and 376.1350 would need to be updated.

Fewer denials will help ensure a better patient outcome by starting treatment sooner. Physicians will benefit — By eliminating AI, fewer denials will allow physicians to redirect their resources to patient care. The Health Care System in General will benefit— Not only does prior authorization negatively impact patient-centered care and add to crushing administrative burdens on physicians, but the AMA survey found it also results in significant waste and unnecessary costs across the entire health system. More than four in five physicians (88%) reported that prior authorization requirements lead to higher overall utilization of health care resources, resulting in unnecessary waste rather than cost savings. More specifically, physicians reported resources were diverted to ineffective initial treatments (77%), additional office visits (73%), urgent or emergency care (47%), and hospitalizations (33%) due to the prior authorization requirement.

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