

## **2nd Regular Session of the 99th General Assembly – Bills filed as of January 4, 2018**

### **Bills Filed**

So far over 700 House bills and over 300 Senate bills have been filed.

Below is a list of bills that might be of interest to MAHC members.

Click on the bill number link to see current actions, bill text and/or summary.

#### [SB 567 - Cunningham](#)

Modifies provisions relating to tax credits and funds for vulnerable populations

This act modifies the Senior Citizens Property Tax Credit for claimants who are claiming the credit as a resident citizen of at least 65 years of age by reducing the maximum allowed credit from \$1,100 to \$750 for homeowners and from \$750 to \$450 for renters. This act also reduces the maximum income threshold for claimants who are claiming the credit as a resident citizen of at least 65 years of age to 100% of federal poverty level, and reduces the minimum base for such applicants from \$14,300 to \$5,000. The definition of "claimant" is also modified to exclude from eligibility a taxpayer who is receiving federal or state housing assistance, a taxpayer who lives in tax-exempt non-profit housing, and a taxpayer who lives in a skilled nursing facility. The definition of "rent constituting property taxes accrued" is modified for claimants who are claiming the credit as a resident citizen of at least 65 years of age by reducing the amount from 20% of gross rent paid to 8% of gross rent paid. This act also requires the Director of the Department of Revenue to calculate the amount of tax credits claimed under the Senior Citizens Property Tax Credit during calendar year 2016 as such program existed on January 1, 2018, and subtract from such amount the amount of tax credits which would have been claimed in such year under the provisions of this act. Such difference shall annually be deposited in the Missouri Senior Services Protection Fund. By July 1, 2018, the Treasurer shall also perform a one-time transfer into the Missouri Senior Services Protection Fund of \$2 million from the Nursing Facility Quality of Care Fund, \$1.5 million from the Healthy Families Trust Fund, \$1 million from the Life Sciences Research Trust Fund, and \$1 million from the Missouri Public Health Services Trust Fund. The Department of Social Services shall expend the funds appropriated by in section 11.470 of CCS/SCS/HCS/HB 11 (2017) to increase the MO HealthNet fee-for-service reimbursement rate to nursing homes by June 30, 2018. This act contains an emergency clause.

#### [HB 1241 – Lavendar](#)

Changes the laws regarding the management of certain state revenues by sweeping certain funds and lowering the senior property tax credit maximum

This bill reduces the maximum tax credit allowed for renters from \$750 to \$650 and for homeowners from \$1,100 to \$1,000 for the property tax credit and uses the amounts saved along with sweeps from certain other funds to restore \$22 million to the MO Senior Services Protection Fund and \$6 million to the MORx Fund. The following transfers of funds must occur before July 1, 2018: DHSSFederal and Other Funds, \$8 million; Title XIX Fund, \$8 million; Nursing Facility Quality of Care Fund, \$2 million; MO Public Health Services Fund, \$2 million under Section 192.900; MO Public Health Services Fund, \$2 million; Third Party Liability Collections Fund, \$3 million; and Mental Health Earnings Fund, \$3 million. The bill contains an emergency clause.

#### [HB 1319 - Roberts](#)

Establishes the Death with Dignity Act to allow patients with terminal illnesses to end their life in a humane and dignified manner

This act establishes the "Missouri Death with Dignity Act" which allows patients with terminal illnesses who are MO residents and meet requirements outlined to make a written request for medication to end his or her life in a humane and dignified manner. It specifies the responsibilities of the patient and the attending and consulting physicians. It states that disability cannot be a sole qualification for this act.

#### [HB 1350 - Smith](#)

Modifies provisions relating to background check requirements of in-home service providers and personal care attendants

#### [HB 1440 - Evans](#)

Permits the use of hemp oil for the treatment of certain impairments

Currently, the law allows people with intractable epilepsy to possess and use hemp extract to treat the condition. This bill expands the current law to allow individuals with other serious conditions to use hemp extract as well. Serious condition is defined as Cancer, HIV, AIDS, Amyotrophic lateral sclerosis, Rheumatoid Arthritis, Parkinson's disease, Multiple sclerosis, spinal cord damage, Epilepsy, Inflammatory bowel disease, neuropathies, Huntington's disease, or certain specified symptoms or complications associated with the conditions listed above.

#### [HB 1502 - Kelly](#)

Changes provisions relating to advanced practice registered nurses

This act modifies provisions relating to the licensing of advanced practice registered nurses (APRN) and collaborative practice arrangements. The act creates a license for advanced practice registered nursing and specifies that the practice of advanced practice nursing includes the practice of professional nursing, conducting advanced assessments beyond those authorized for a registered nurse, ordering and interpreting diagnostic procedures, establishing primary and differential diagnoses, prescribing, ordering, administering, dispensing, and furnishing therapeutic measures, and providing referrals.

#### [HB 1524 - Neely](#)

Allows pharmaceutical companies to communicate off-label treatment uses to health care professionals

#### [HB 1527 - Walker](#)

Establishes the Mo HealthNet Buy-In for Workers with Disabilities Program

This act changes the Ticket to Work Health Assurance Program to the "MO HealthNet Buy-in for Workers with Disabilities Program". MO HealthNet Buy-In differs from the Ticket to Work Health Assurance Program in the following ways: (1) removes asset limits from qualification calculations; (2) modifies the income calculation from a net/gross calculation to a broader definition that would consider income for those disabled persons with incomes up to 300% of the federal poverty level, while retaining the requirement that persons with incomes over 100% of the federal poverty level pay a premium; (3) all earned income of a spouse shall be disregarded from income calculations; (4) if the Department elects to pay the person's costs of employer-sponsored health insurance, MO HealthNet assistance shall be provided as a secondary or supplemental policy; (5) the Department shall provide an annual report to

the General Assembly concerning the number of participants and outreach and education efforts; and (6) the expiration provision for the program of August 29, 2019, has been removed.

[HB 1554 - Neely](#)

Allows persons with certain serious medical conditions to use medical cannabis

[HB 1574 - Rowland](#)

Modifies provisions relating to advanced practice registered nurses in collaborative practice arrangements

This bill expands the geographic proximity waiver for collaborative practice arrangements so that it no longer applies to just rural health clinics. It also removes the restriction limiting the waiver to only 28 days a year. This bill also increases the number of nurses a physician can be in collaborative practice arrangements with from three to five.

[HB 1588 - Helms](#)

This act establishes a pilot program in Greene and Christian counties in which MO HealthNet participants including those with disabilities will receive health services through a direct primary care arrangement. The pilot program will begin January 1, 2019 and end December 31, 2024. The act outlines what will be included in each direct primary care provider plan. The MO Department of Social Services will submit an annual program report to the general assembly.

[HB 1601 – Meredith](#)

Changes the laws regarding taxation by reducing the amount businesses and employers may retain for timely remitting sales and withholding taxes and directing the savings created to certain funds

This bill reduces the amount businesses and employers can retain for timely remitting sales and withholding taxes to a maximum of 1% of the tax and directs the additional tax revenue to certain funds in the following proportions: 48% to the Department of Health and Senior Services - Federal and Other Fund, 18% to the Consumer - Directed Services Protection Fund, 16% to the MO Rx Plan Fund, 11% to the Nursing Home Protection Fund, and 7% to the Home and Community Based Services Fund.

[HB 1602 – Meredith](#)

This bill submits the issue of Medicaid expansion to the voters of this state for approval or rejection.

[HB 1617 - Barnes](#)

Modifies provisions relating to telehealth.

This act changes definitions, outlines reimbursement by the MO Department of Social Services, and specifies the restrictions that cannot be placed on telehealth services.

[HB 1658 - Basye](#)

Changes the laws regarding health care for persons with disabilities.

This bill prohibits any third-party payer for health care services from limiting coverage or denying reimbursement for treatment for physical, cognitive, emotional, mental, or developmental disabilities in specified situations. The bill also designates the Children's Special Health Care Needs Service as the appropriate agency to administer services to children with physical or developmental disabilities.

[HB 1773 - Morgan](#)

Changes provisions relating to advanced practice registered nurses

This act modifies the definition, licensing, prescriptive authority, and collaborative practice agreements for advanced practice registered nurses.

[HB 1833 - Adams](#)

Establishes the Missouri Universal Health Assurance Program to provide a publicly financed, statewide insurance program for all residents of the state

[HB 1837 - Rhoads](#)

Changes the laws regarding dispensations of maintenance medications

This act changes the supply amount to no more than one hundred and eighty days and includes provisions for military and non-Missouri residents and physicians.

[HB 1856 - Trent](#)

Requires MO HealthNet participants to participate in work activities, with certain exceptions

This act requires everyone participating in MO HealthNet to be engaging in work activities specified in the act. Individuals who are medically certified as mentally or physically unfit for employment or who are the parent or a caretaker of a dependent child with a serious medical condition or disability are included in the groups exempt from these requirements.

[HB 1870 - Barnes](#)

Allows certain medications in multidose containers used by a patient during a hospital stay to be sent with the patient at discharge

This act allows multidose medications including inhalers, insulin pens and vials, wearable or on-body medication systems, certain infusions, and others that were used during a hospital stay to be sent with the patient when he/she is discharged from the hospital. The act allows controlled substances to be sent under certain circumstances. The act specifies the labeling requirements for any medications sent with the patient.

[HB 1885 - Bahr](#)

Allows structured family caregiving as a covered service under MO HealthNet, subject to the approval of federal waivers

This act adds structured family caregiving to the covered home and community-based waiver services in the MO aged and disabled adult waiver and the independent living waiver. It would include a choice of caregivers including family caregivers, a choice of community settings where the service is provided. Other requirements are outlined in the act. It instructs the MO HealthNet Division to apply to the U.S. Secretary of Health and Human Services for amendments to the necessary waivers within thirty days of this becoming effective. The effective date requested will be no later than July 1, 2019.

#### [HB 1916 - McDaniel](#)

Establishes the Authorized Electronic Monitoring in Long-Term Care Facilities Act

This act establishes the “Authorized Electronic Monitoring in Long-Term Care Facilities Act.” It allows a patient or a patient’s representative to authorize the installation and use of a patient monitoring device in a residential care, assisted living, intermediate care, or skilled nursing facility as long as the facility is given notice of the installation, all costs are paid by the patient, and written consent is given by all patients occupying the room. All devices that have visual recordings will include a date and time for the recording. Patients will be allowed to set limits on its use. The option to have a monitoring device will be offered at the time of admission. The consent to authorize the installation of a device will include a liability release for the facility as it relates to the patient’s privacy violation with the device. This act specifies what should be included on the authorization form and that the form will be developed by the Department of Health and Senior Services. Individuals may change their decision at any time. The act also states that if the provisions outlined in the act are followed the recordings can be used in civil actions against the facility and is a defense against any action brought because of the presence of the device. Within six months of this act’s effective date each facility will provide to each patient or surrogate a form outlining the act and providing the option for a monitoring device. The act instructs that notices be posted outside each room where a monitoring device is being used. The act also sets penalties for violating the act or hampering, obstructing, tampering with, or destroying a device or a recording.

#### [SB 562 - Sater](#)

Relating to the Medicaid global waiver

Under this act, the Department of Social Services shall apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include: (1) eligibility determinations that include work requirements for certain able-bodied adults; (2) initiatives to promote healthy outcomes and personal responsibility, including co-payments, premiums, and health savings accounts; and (3) accountability and transparency measures.

#### [SB 563 - Sater](#)

Modifies provisions relating to the MO RX Plan

Under current law, only Medicaid dual eligible individuals meeting certain income limitations are eligible to participate in the Missouri RX Plan. This act removes the Medicaid dual eligible requirement, while retaining the income limitations.

#### [SB 646 - Wallingford](#)

Enacts provisions relating to advanced practice registered nurses

The act creates a license for advanced practice registered nursing and specifies that the practice of advanced practice nursing includes the practice of professional nursing, conducting advanced assessments beyond those authorized for a registered nurse, ordering and interpreting diagnostic procedures, establishing primary and differential diagnoses, prescribing, ordering, administering, dispensing, and furnishing therapeutic measures, and providing referrals.

[SB 647 – Wallingford](#)

Requires elder abuse investigators to provide specified written materials to alleged perpetrators

This act requires an employee from the Department of Health and Senior Services who is responding to or investigating a report of elder abuse or neglect to provide the alleged perpetrator, if he or she is present during an initial visit, with a written description of the investigation process and the Department's policies regarding such investigations. The Department employee shall give the alleged perpetrator time to read the materials or shall read the materials to him or her if necessary. Additionally, the Department shall make these written materials available to the public at all times on the Department's website.

[SB 667 – Onder](#)

Increases the amount of the personal income tax cut and the business income deduction in current law

Currently, the top rate of tax on personal income is being reduced over a period of years. Each year that a general revenue growth trigger is met, the top rate will be reduced by 0.1%, and the top rate will continue to be reduced until it is lowered from 6% to 5.5%. This act increases the amount in which the top rate will be reduced. Each year the trigger is met, the top rate will be reduced by 0.2%. The top rate will continue to be reduced until it is lowered to 5%.

Currently, a business income deduction is being phased in over a period of years. Each year that a general revenue growth trigger is met, the deduction amount is increased by 5%. Once fully phased in, individual taxpayers may deduct up to 25% of their business income. This act increases the amount that may be deducted. Each year that the trigger is met, the deduction amount will be increased by 10%. Once fully phased in, individual taxpayers may deduct up to 50% of their business income.

[SB 694 – Wallingford](#)

Establishes the Senior Services Growth and Development Program

This act establishes the "Senior Services Growth and Development Program" in the Department of Health and Senior Services to provide additional funding for senior services through area agencies on aging. Beginning January 1, 2019, the Director of the Department of Revenue shall deposit 5%, phased in over two years, of the premium tax collected from certain insurance companies and associations, excluding any moneys statutorily-mandated to be transferred to the State School Moneys Fund and excluding the cost of collection, in the "Senior Services Growth and Development Program Fund". The moneys collected shall be placed in a special fund in the State Treasury and the Department of Health and Senior Services shall disburse the funds to the area agencies on aging. All area agencies shall report annually to the Department of Health and Senior Services, the Department of Insurance, Financial Institutions, and Professional Registration, and the General Assembly on the distribution and use of the funds.

[SB 699 - Sifton](#)

Creates the MO HealthNet Buy-In for Workers with Disabilities program

This act changes the Ticket to Work Health Assurance Program to the "MO HealthNet Buy-in for Workers with Disabilities Program". MO HealthNet Buy-In differs from the Ticket to Work Health Assurance Program in the following ways: (1) modifies the asset limit calculation to be \$10,000 for individuals and \$20,000 for married couples, with a cost of living increase each year beginning in fiscal year 2020; (2)

modifies the income calculation from a net/gross calculation to a broader definition that would consider income for those disabled persons with incomes up to 300% of the federal poverty level, while retaining the requirement that persons with incomes over 100% of the federal poverty level pay a premium; (3) \$75,000 of earned income of a spouse shall be disregarded from income calculations; (4) if the Department elects to pay the person's costs of employer-sponsored health insurance, MO HealthNet assistance shall be provided as a secondary or supplemental policy; (5) the Department shall provide an annual report to the General Assembly concerning the number of participants and outreach and education efforts; and (6) the expiration provision for the program of August 29, 2019, has been removed.

#### [SB 713 – Schupp](#)

Provides for the expansion of MO HealthNet services beginning January 1, 2019

Beginning January 1, 2019, this act extends benefits under the MO HealthNet program to persons aged 19 or older, but younger than 65, who are not otherwise eligible for MO HealthNet services, who qualify for MO HealthNet services under the provisions of the Affordable Care Act (ACA) of 2010, and who have income at or below 133 percent of the federal poverty level plus 5 percent of the applicable family size.

This act also provides that the reimbursement rate to MO HealthNet providers for MO HealthNet services provided to individuals qualifying under the provisions of this act shall be comparable to commercial reimbursement payment levels with trend adjustment for comparable services. The higher commercial comparable rates shall only apply for services provided to individuals qualifying under this act.

#### [SB 722 - Sater](#)

Requires the Department of Health and Senior Services to conduct a study regarding the importation of certain prescription drugs by the state

Under this act, the Department of Health and Senior Services shall study the processes by which the state may import certain prescription drugs from other countries for Missouri consumers. The act details the goals of the study, including how the state may be certified to operate a prescription drug importation program, what drugs may be imported, the cost savings associated with importation, how imported drugs may be distributed and to whom, and consultation with experts. The Department shall report the study's findings and recommendations to the General Assembly by December 31, 2019.

#### [SB 731 – Sifton](#)

Provides for the expansion of MO HealthNet services beginning January 1, 2019

Beginning January 1, 2019, this act extends benefits under the MO HealthNet program to persons aged 19 or older, but younger than 65, who are not otherwise eligible for MO HealthNet services, who qualify for MO HealthNet services under the provisions of the Affordable Care Act (ACA) of 2010, and who have income at or below 133 percent of the federal poverty level plus 5 percent of the applicable family size.

This act also provides that the reimbursement rate to MO HealthNet providers for MO HealthNet services provided to individuals qualifying under the provisions of this act shall be comparable to commercial reimbursement payment levels with trend adjustment for comparable services. The higher commercial comparable rates shall only apply for services provided to individuals qualifying under this act.



The Department of Social Services shall discontinue eligibility for the newly eligible group if the federal medical assistance percentage is less than ninety percent as specified for 2020 and each year thereafter or an amount determined by the MO HealthNet Oversight Committee to be necessary to maintain state budget solvency, whichever is lower, as well as a vote by the General Assembly to discontinue eligibility. The Department of Social Services must inform eligible individuals that their benefits may be reduced or eliminated if federal funding decreases or is eliminated.

#### [SB 745 - Sater](#)

Modifies provisions relating to advanced practice registered nurses in collaborative practice agreements

This act expands the geographic proximity waiver for collaborative practice arrangements between physicians and advanced practice registered nurses so that it no longer applies only to rural health clinics. The act also removes the restriction limiting the waiver to 28 days a year. Additionally, the number of nurses a physician can enter into collaborative practice arrangements is increased from three to five.

#### [HB 1314 - White](#)

Modifies provisions relating to unlawful discrimination

This bill modifies certain provisions of the Missouri Human Rights Act. For discriminatory causes of action related to housing or public accommodations, the bill modifies the definition of "because" to be that the protected criterion was a contributing factor of the adverse decision or action. For employment related actions, the definition of "because" is modified to be that the protected criterion was a motivating factor of the adverse decision or action. The bill further modifies the definition of "employer" to include any person directly acting in the interest of an employer, but excluding an individual employed by the employer who was not directly or proximately involved in the proscribed conduct. The bill further modifies the definition of "motivating factor," removes a provision stating that Chapters 213, 285 and 287, RSMo, provide the exclusive remedies for any employment related claims, and modifies the damages available under a Chapter 213 action by imposing a cap of actual back pay and interest on back pay, plus \$150 thousand. This bill further modifies the Whistleblower's Protection Act. The bill modifies the definition of "because" to be that a protected person's status was a motivating factor of the adverse decision or action. The bill further modifies the definition of "employer" to include any person directly acting in the interest of an employer, but excluding an individual employed by the employer who was not directly or proximately involved in the proscribed conduct. The bill further modifies the definition of "protected person," removes the definition of "motivating factor," and removes a provision stating that Chapters 213, 285 and 287 provide the exclusive remedies for any employment related claims.

#### [HB 1851 - Newman](#)

Modifies provisions relating to unlawful discriminatory practices

This act changes several of the employment aspects of the Missouri Human Rights Act.

#### [SB 585 - Nasheed](#)

Modifies provisions relating to unlawful discriminatory practices

Under the Missouri Human Rights Act (MHRA), the term "employer" is defined to exclude any individual employed by an employer. This act modifies that so that only individuals who were not involved in an



alleged unlawful discriminatory practice are excluded from the definition of "employer." The act modifies the MHRA to stipulate that any person or other entity accused in a complaint of an unlawful housing practice is subject to the general prohibitions on unlawful discriminatory practices. Current law provides that the MHRA, the chapter on workers' compensation, and the general employment law chapter shall provide the exclusive remedy for any and all claims for injury or damages arising out of an employment relationship. This act modifies that provision such that those chapters are the exclusive remedy for any and all unlawful employment practices articulated under the MHRA. Current law limits the amount of damages that may be recovered under cases brought under the MHRA. This act exempts claims of unlawful discriminatory housing practices from those limits.

[SB 620 - Hummel](#)

Modifies and creates new provisions relating to unlawful discriminatory practices

[SB 693 - Wallingford](#)

Modifies procedures in guardianship and conservator proceedings for incapacitated or disabled persons

This act provides that in guardianship and conservator proceedings, a court must determine that the incapacitated or disabled person's choice, spouse, or family member is deficient in his or her ability to serve prior to selecting a third person as a guardian of the incapacitated person or conservator of a disabled person. If there is a claim that a person is deficient because of the living conditions, then the court shall require an investigation by the Department of Health and Senior Services of the living conditions. A court must also make a determination that the living conditions are dangerous or unsanitary prior to making the finding that a person is deficient for the purposes of guardianship. The act also states that, prior to a hearing on a petition for the appointment of a guardian or conservator, notice must be provided to certain parties by certified mail and published in a newspaper of general circulation in the county in which the hearing is held.

[HB 1297 - Brown](#)

Prohibits anyone from using a hand-held electronic wireless communication device while driving unless the device is equipped for hands-free operation and is being used in that manner

[HB 1298 - Brown](#)

Prohibits text messaging while driving unless the device is equipped with technology allowing for hands-free texting and is being used in that manner

[HB 1302 - Higdon](#)

Prohibits the use of hand-held electronic wireless communications devices while driving non-commercial and commercial motor vehicles; but allows the use of such devices when used hands-free by operators of non-commercial motor vehicles who are fully licensed and eighteen years of age or older

[HB 1489 - Matthiesen](#)

Prohibits the use of hand-held electronic wireless communications devices while driving non-commercial and commercial motor vehicles; but allows the use of such devices when used hands-free by operators of non-commercial motor vehicles who are fully licensed and eighteen years of age or older.

[HB 1622 - Reiboldt](#)

Prohibits the use of hand-held electronic wireless communications devices while driving non-commercial and commercial motor vehicles; but allows the use of such devices when used hands-free by operators of non-commercial motor vehicles who are fully licensed and eighteen years of age or older.

[HB 1640 - Bangert](#)

Prohibits anyone from using a hand-held electronic wireless communication device while driving a non-commercial motor vehicle unless the device is equipped for hands-free operation and is being used in that manner

[HB 1745 - Hansen](#)

This act prohibits text messaging by drivers of noncommercial motor vehicle regardless of age.

[SB 784 - Nasheed](#)

Modifies the prohibition on certain use of electronic wireless communication devices while operating a motor vehicle

This act expands the ban on use of hand-held cell phones to all drivers for the purposes of sending, reading, or writing text messages or electronic messages and making telephone calls. Cell phones are permitted to be used by drivers in a hands-free or voice activated mode, which includes the use of a headset.

[SB 749 - Wallingford](#)

Modifies provisions relating to the operation of motor vehicles while using electronic devices

[SJR 30 – Koenig](#)

Eliminates income taxes and replaces them with an expanded sales and use tax

This constitutional amendment, if approved by the voters, phases out the individual income tax and modifies the sales tax law. From January 1, 2020 to December 31, 2021, the individual income tax shall be capped at three percent. For all tax years beginning January 1, 2022, the individual income tax shall be eliminated and the General Assembly and all taxing jurisdictions shall be prohibited from imposing a tax measured by income or earnings, except for such a law that was lawfully enacted by a city prior to January 1, 2019, and continues to be renewed by the voters of such city. However, such tax shall not be increased or restored if such tax is reduced or repealed by the voters of the city.

[SJR 31 – Eigel](#)

Places a cap on annual appropriations and reduces income tax rates based on revenue growth

This constitutional amendment, if approved by the voters, prohibits the total state general revenue appropriations for any fiscal year, as defined in the amendment, from exceeding the level from the previous fiscal year, allowing for growth in an amount equal to the annual rate of inflation plus the annual percentage change in state population. Total state general revenue appropriations may exceed the previous fiscal year's amount only under certain conditions, as described in the amendment.

For any fiscal year in which net general revenue collections exceed total state general revenue appropriations by more than one percent of total state general revenue appropriations, the lowest state

income tax rate in effect shall be permanently eliminated. Such elimination shall not occur if there is a single income tax rate in effect.

[SJR 33 - Eigel](#)

Prohibits implementation of any program providing a public benefit without an appropriation

This constitutional amendment, if approved by the voters, prohibits state departments and agencies from implementing any program which confers a state public benefit without an appropriation for such program. This amendment defines "state public benefit" as any grant, contract, loan, or tax credit provided by an agency of state government; or any retirement, welfare, health, disability, housing, or food assistance benefit under which payments, assistance, credits, or reduced rates or fees are provided.