

Journal of the Senate

FIRST REGULAR SESSION

SIXTY-FOURTH DAY—WEDNESDAY, MAY 6, 2015

The Senate met pursuant to adjournment.

President Kinder in the Chair.

Reverend Carl Gauck offered the following prayer:

“Happy are they who take refuge in him.” (Psalm 2:12b)

We are grateful Lord that You welcome us at all times, all places and moods. We seek You, praying without ceasing to hear us, boldly believing Your assurance that You will be in our presence and be a shield and buckler as we deal with difficult and troublesome people and issues, while guiding and directing our words and actions. And, give us wholesome words to build up those in need and comfort those who hurt. In Your Holy Name we pray. Amen.

The Pledge of Allegiance to the Flag was recited.

A quorum being established, the Senate proceeded with its business.

Photographers from KRCG-TV were given permission to take pictures in the Senate Chamber.

The Journal of the previous day was read and approved.

The following Senators were present during the day’s proceedings:

Present—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The Lieutenant Governor was present.

RESOLUTIONS

Senator Wieland offered Senate Resolution No. 1049, regarding the Rock Township Ambulance District, Jefferson City, which was adopted.

Senator Romine offered Senate Resolution No. 1050, regarding Donna Hughes, Park Hills, which was adopted.

Senator Romine offered Senate Resolution No. 1051, regarding Cathy Ruble, Park Hills, which was adopted.

Senator Romine offered Senate Resolution No. 1052, regarding Patricia Pingel, Mineral Point, which was adopted.

Senator Romine offered Senate Resolution No. 1053, regarding Brian Asher, Granite City, Illinois, which was adopted.

Senator Romine offered Senate Resolution No. 1054, regarding Yvonne Nickless, Festus, which was adopted.

Senator Romine offered Senate Resolution No. 1055, regarding Linda Politte, Park Hills, which was adopted.

REPORTS OF STANDING COMMITTEES

Senator Cunningham, Chairman of the Committee on Governmental Accountability and Fiscal Oversight, submitted the following report:

Mr. President: Your Committee on Governmental Accountability and Fiscal Oversight, to which was referred **SCS** for **HB 799**, begs leave to report that it has considered the same and recommends that the bill do pass.

HOUSE BILLS ON THIRD READING

HCS for **HB 17**, with **SCS**, entitled:

An Act to appropriate money for capital improvement and other purposes for the several departments of state government and the divisions and programs thereof to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, from the funds herein designated for the period beginning July 1, 2015 and ending June 30, 2016.

Was taken up by Senator Schaefer.

SCS for **HCS** for **HB 17**, entitled:

**SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 17**

An Act to appropriate money for capital improvement and other purposes for the several departments of state government and the divisions and programs thereof to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, from the funds herein designated for the period beginning July 1, 2015 and ending June 30, 2016.

Was taken up.

Senator Schaefer moved that **SCS** for **HCS** for **HB 17** be adopted.

Senator Schaefer offered **SS** for **SCS** for **HCS** for **HB 17**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 17

An Act to appropriate money for capital improvement and other purposes for the several departments of state government and the divisions and programs thereof to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, from the funds herein designated for the period beginning July 1, 2015 and ending June 30, 2016.

Senator Schaefer moved that **SS** for **SCS** for **HCS** for **HB 17** be adopted, which motion prevailed.

Senator Romine assumed the Chair.

On motion of Senator Schaefer, **SS** for **SCS** for **HCS** for **HB 17** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson

Wieland—33

NAYS—Senator Schmitt—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Schaefer, title to the bill was agreed to.

Senator Schaefer moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

HCS for **HB 18**, with **SCS**, entitled:

An Act to appropriate money for purposes for the several departments and offices of state government; for the purchase of equipment; for planning, expenses, and for capital improvement projects involving the maintenance, repair, replacement, and improvement of state buildings and facilities, including installation, modification, and renovation of facility components, equipment or systems; for grants, refunds, distributions, planning, expenses, and capital improvements including but not limited to major additions and renovations, new structures, and land improvements or acquisitions; and to transfer money among certain funds, from the funds designated for the fiscal period beginning July 1, 2015 and ending June 30, 2016.

Was taken up by Senator Schaefer.

SCS for HCS for HB 18, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 18

An Act to appropriate money for purposes for the several departments and offices of state government; for the purchase of equipment; for planning, expenses, and for capital improvement projects involving the maintenance, repair, replacement, and improvement of state buildings and facilities, including installation, modification, and renovation of facility components, equipment or systems; for grants, refunds, distributions, planning, expenses, and capital improvements including but not limited to major additions and renovations, new structures, and land improvements or acquisitions; and to transfer money among certain funds, from the funds designated for the fiscal period beginning July 1, 2015 and ending June 30, 2016.

Was taken up.

Senator Schaefer moved that **SCS for HCS for HB 18** be adopted, which motion prevailed.

On motion of Senator Schaefer, **SCS for HCS for HB 18** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Schaefer, title to the bill was agreed to.

Senator Schaefer moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

HCS for HB 19, with **SCS**, entitled:

An Act to appropriate money for purposes for the several departments and offices of state government; for the purchase of equipment; for planning, expenses, and for capital improvement projects involving the maintenance, repair, replacement, and improvement of state buildings and facilities, including installation, modification, and renovation of facility components, equipment or systems; for grants, refunds, distributions, planning, expenses, and capital improvements including but not limited to major additions and renovations, new structures, and land improvements or acquisitions; and to transfer money among certain funds, from the funds designated for the fiscal period beginning July 1, 2015 and ending June 30, 2016.

Was taken up by Senator Schaefer.

SCS for **HCS** for **HB 19**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 19

An Act to appropriate money for planning and capital improvements including but not limited to major additions and renovations, new structures, and land improvements or acquisitions; and to transfer money among certain funds, from the funds herein designated for the fiscal period beginning July 1, 2015 and ending June 30, 2016.

Was taken up.

Senator Schaefer moved that **SCS** for **HCS** for **HB 19** be adopted.

Senator Schaefer offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Committee Substitute for House Bill No. 19, Page 8, Section 19.235, Line 7, by inserting immediately after the word “Section” the following: “19.135,”; and further amend bill totals accordingly.

Senator Schaefer moved that the above amendment be adopted, which motion prevailed.

Senator Schaefer moved that **SCS** for **HCS** for **HB 19**, as amended, be adopted, which motion prevailed.

On motion of Senator Schaefer, **SCS** for **HCS** for **HB 19**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schatz	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senators

Kraus Schmitt—2

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Schaefer, title to the bill was agreed to.

Senator Schaefer moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 426**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 334**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SCS** for **SB 35**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SA 1** and taken up and passed **HB 514**, as amended.

On motion of Senator Richard, the Senate recessed until 3:00 p.m.

RECESS

The time of recess having expired, the Senate was called to order by Senator Pearce.

REFERRALS

President Pro Tem Dempsey referred **HCS** for **HB 117**; **HB 101**; **HB 1305**; **HCS** for **HB 1002**, with **SCS**; **HB 218**, with **SCS**; and **HB 675** to the Committee on Governmental Accountability and Fiscal Oversight.

PRIVILEGED MOTIONS

Senator Schmitt moved that **SB 244**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 244**, entitled:

**HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 244**

An Act to amend chapter 409, RSMo, by adding thereto seven new sections relating to the financial exploitation of certain elderly and disabled individuals.

Was taken up.

Senator Schmitt moved that **HCS** for **SB 244** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed

Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaefer
Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson

Wieland—33

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Schmitt, **HCS** for **SB 244** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaefer
Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson

Wieland—33

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Schmitt, title to the bill was agreed to.

Senator Schmitt moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **HCS** for **SCS** for **SB 35**, as amended: Senators Wallingford, Romine, Brown, Keaveny and Schupp.

PRIVILEGED MOTIONS

Senator Wallingford moved that the Senate conferees on **HCS** for **SCS** for **SB 35**, as amended, be allowed to exceed the differences to include optometrists as providers of telehealth services, which motion prevailed.

Senator Wasson moved that **SCS** for **SB 345**, with **HA 1**, be taken up for 3rd reading and final passage, which motion prevailed.

HA 1 was taken up.

Senator Wasson moved that **HA 1** to **SCS** for **SB 345** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaefer	Schatz
Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senators

Kraus Schaaf—2

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Wasson, **SCS** for **SB 345**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaefer	Schatz
Schmitt	Schupp	Silvey	Wallingford	Walsh	Wasson	Wieland—31	

NAYS—Senators

Kraus Schaaf Sifton—3

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Wasson, title to the bill was agreed to.

Senator Wasson moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Schaefer moved that the Senate refuse to concur in **HCS** for **SCS** for **SB 210**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Kraus, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 104**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT NO. 2 ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 104

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 104, with House Amendments Nos. 1, 2 & 3, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 104, as amended;
2. That the Senate recede from its position on Senate Bill No. 104;
3. That the attached Conference Committee Substitute No. 2 for House Committee Substitute for Senate Bill No. 104, be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Will Kraus
/s/ Jay Wasson
/s/ Dan Hegeman
Joseph Keaveny
Jill Schupp

FOR THE HOUSE:

/s/ Tony Dugger
/s/ Sue Entlicher
/s/ Justin Alferman
/s/ Pat Conway, 10th
Stacey Newman

Senator Kraus moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed	Onder	Parson
Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz
Schmitt	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—31	

NAYS—Senators

LeVota Schupp—2

Absent—Senator Holsman—1

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Kraus, **CCS No. 2** for **HCS** for **SB 104**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE NO. 2 FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 104

An Act to repeal sections 115.342, 115.348, 115.350, 116.190, 162.481, 162.491, 178.820, RSMo, and sections 162.025 and 162.491 as enacted by house bill no. 63, ninety-eighth general assembly, first regular session, and to enact in lieu thereof seven new sections relating to elections.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Dempsey	Dixon	Emery	Hegeman	Holsman
Kehoe	Kraus	Libla	Munzlinger	Nasheed	Onder	Parson	Pearce
Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz	Schmitt
Sifton	Silvey	Wallingford	Wasson	Wieland—29			

NAYS—Senators

Curls	Keaveny	LeVota	Schupp	Walsh—5
-------	---------	--------	--------	---------

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Kraus, title to the bill was agreed to.

Senator Kraus moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Senator Nasheed moved that **SB 156**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 156**, as amended, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 156

An Act to amend chapter 227, RSMo, by adding thereto three new sections relating to highway designation.

Was taken up.

Senator Nasheed moved that **HCS** for **SB 156**, as amended, be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Nasheed, **HCS** for **SB 156**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Nasheed, title to the bill was agreed to.

Senator Nasheed moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Riddle moved that **SCS** for **SB 341**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 341**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 341

An Act to repeal sections 210.003, 210.221, 210.861, 455.010, 455.020, 455.032, 455.040, 455.045, 455.050, 455.080, 455.503, 455.505, 455.513, 455.520, and 455.523, RSMo, section 455.085 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, section 455.085 as enacted by house bill no. 215, ninety-seventh general assembly, first regular session, section 455.538 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 455.538 as enacted by house bill no. 215, ninety-seventh general assembly, first regular session, and to enact in lieu thereof twenty-one new sections relating to the protection of vulnerable persons, with penalty provisions.

Was taken up.

Senator Riddle moved that **HCS** for **SCS** for **SB 341** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaefer

Schatz Schmitt Schupp Sifton Silvey Wallingford Walsh Wasson
 Wieland—33

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Riddle, **HCS** for **SCS** for **SB 341**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaefer
Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson

Wieland—33

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Riddle, title to the bill was agreed to.

Senator Riddle moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Cunningham, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SCS** for **SB 67**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
 HOUSE COMMITTEE SUBSTITUTE FOR
 SENATE COMMITTEE SUBSTITUTE FOR
 SENATE BILL NO. 67

The Conference Committee appointed on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 67, with House Amendment Nos. 2, 3, 4, and 5, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective

bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 67, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 67;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Committee Substitute for Senate Bill No. 67 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Mike Cunningham

/s/ Jay Wasson

/s/ Mike Kehoe

Jamilah Nasheed

Jason Holsman

FOR THE HOUSE:

/s/ Shawn Rhoads

/s/ Travis Fitzwater

/s/ Galen Higdon

/s/ Kevin McManus

Brandon Ellington

Senator Cunningham moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Holsman	Keaveny
Kehoe	LeVota	Libla	Munzlinger	Nasheed	Onder	Parson	Pearce
Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz	Schmitt
Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—31	

NAYS—Senators

Emery	Hegeman	Kraus—3
-------	---------	---------

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Cunningham, **CCS** for **HCS** for **SCS** for **SB 67**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 67

An Act to repeal sections 67.320, 476.083, 534.350, 534.360, 535.030, 535.110, and 535.160, RSMo, and to enact in lieu thereof ten new sections relating to courts.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Holsman	Keaveny
Kehoe	LeVota	Libla	Munzlinger	Nasheed	Onder	Parson	Pearce
Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz	Schmitt
Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—31	

NAYS—Senators

Emery Hegeman Kraus—3

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Cunningham, title to the bill was agreed to.

Senator Cunningham moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SCS** for **SB 322**, entitled:

An Act to repeal section 208.010, RSMo, and to enact in lieu thereof two new sections relating to public assistance.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 322, Page 7, Section 208.065, Line 5, by deleting all of said line and inserting in lieu thereof the following:

“program; child care”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCS** for **SB 328** with **HA 1, HA 2**.

HOUSE AMENDMENT NO. 1

Amend Senate Committee Substitute for Senate Bill No. 328, Page 1, In the Title, Lines 2 through 3, by deleting the words “youth suicide awareness and prevention education” and inserting in lieu thereof the words “mental health”; and

Further amend said bill and page, Section A, Line 2, by inserting immediately after said line the following:

“9.154. 1. August 28, 2015, and thereafter the date designated by the show-me compassionate medical education research project committee established in section 191.596, shall be designated as “Show-Me Compassionate Medical Education Day” in Missouri. The citizens of the state of Missouri are encouraged to participate in appropriate activities and events to increase awareness regarding

medical education, medical student well-being, and measures that have been shown to be effective, are currently being evaluated for effectiveness, and are being proposed for effectiveness in positively impacting medical student well-being and education.

2. The director of the department of mental health shall notify the revisor of statutes of the date selected by the show-me compassionate medical education research project committee for the show-me compassionate medical education day.”; and

Further amend said bill, Page 2, Section 170.048, Line 23, by inserting immediately after said line the following:

“191.594. 1. Sections 191.594 to 191.596 shall be known and may be cited as the “Show-Me Compassionate Medical Education Act”.

2. No medical school in this state shall prohibit, discourage, or otherwise restrict a medical student organization or medical organization from undertaking or conducting a study of the prevalence of depression and suicide or other mental health issues among medical students. No medical school in this state shall penalize, discipline, or otherwise take any adverse action against a student or a medical student organization in connection with such student's or medical student organization's participation in, planning, or conducting a study of the prevalence of depression and suicide or other mental health issues among medical students.

3. For purposes of this section, the following terms shall mean:

(1) “Medical organization” includes, but is not limited to, organizations such as the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons;

(2) “Medical school”, any allopathic or osteopathic school of medicine in this state;

(3) “Medical student organization” includes, but is not limited to, organizations such as the American Medical Student Association, the Student Osteopathic Medical Association, and any medical student section of a medical organization.

191.596. 1. Medical schools in this state may, in collaboration with the Show-Me Compassionate Medical Education Research Project Committee, conduct a single center or multicenter study or studies, which, if conducted, shall be known as the “Show-Me Compassionate Medical Education Research Project”, in order to facilitate the collection of data and implement practices and protocols to minimize stress and reduce the risk of depression and suicide for medical students in this state.

2. There is hereby established the “Show-Me Compassionate Medical Education Research Project Committee”, which shall consist of representatives from each of the medical schools in this state and the director of the department of mental health, or the director's designee. The committee shall:

(1) Conduct an initial meeting on August 28, 2015, to organize, and meet as necessary thereafter to implement any research project conducted; and

(2) Set the date for the show-me compassionate medical education day designated under section 9.154. The date selected shall be for 2016 and every year thereafter.

3. Any single center or multicenter study undertaken by the committee or its member schools may include, but need not be limited to, the following:

(1) Development of study protocols designed to identify the root causes that contribute to the risk

of depression and suicide for medical students;

(2) Examine the culture and academic program of medical schools that may contribute to the risk of depression and suicide for medical students;

(3) Collection of any relevant additional data, including but not limited to consultation and collaboration with mental health professionals and mental health resources in the communities where medical schools are located;

(4) Collaboration between the medical schools in this state in order to share information, and to identify and make recommendations under subdivision (5) of this subsection; and

(5) Based on the data and findings under subdivisions (1) to (3) of this subsection:

(a) Identify the best practices to be implemented at each medical school designed to address the root causes and changes in medical school culture in order to minimize stress and reduce the risk of depression and suicide for medical students;

(b) Recommend any statutory or regulatory changes regarding licensure of medical professionals and recommend any changes to common practices associated with medical training or medical practice that the committee believes will accomplish the goals set out in this section.

4. The committee shall prepare an annual report which shall include any information under subdivision (5) of subsection 3 of this section and any measures reported by any medical school as a result of the findings under this section. The report shall be made available annually on each medical school's website and to the Missouri general assembly."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 2

Amend Senate Committee Substitute for Senate Bill No. 328, Page 1, Section A, Line 2, by inserting immediately after said line and section the following:

"160.775. 1. Every district shall adopt an antibullying policy by September 1, 2007.

2. "Bullying" means intimidation or harassment that causes a reasonable student to fear for his or her physical safety or property; **substantially interferes with the educational performance, opportunities, or benefits of any student without exception; or substantially disrupts the orderly operation of the school.** Bullying may consist of **but is not limited to** physical actions, including gestures, or oral, cyberbullying, electronic, or written communication, and any threat of retaliation for reporting of such acts. **Bullying, by students, is prohibited on school property, at any school function, or on a school bus.** "Cyberbullying" is bullying as defined in this subsection through the transmission of a communication including, but not limited to, a message, text, sound, or image by means of an electronic device including, but not limited to, a telephone, wireless telephone, or other wireless communication device, computer, or pager.

3. Each district's antibullying policy shall be founded on the assumption that all students need a safe learning environment. Policies shall treat **all** students equally and shall not contain specific lists of protected classes of students who are to receive special treatment. Policies may include age-appropriate differences for schools based on the grade levels at the school. Each such policy shall contain a statement of the consequences of bullying.

4. Each district's antibullying policy shall **be included in the student handbook and shall require, at a minimum, the following components:**

(1) A statement prohibiting bullying, defined no less inclusively than in subsection 2 of this section;

(2) A statement requiring district employees to report any instance of bullying of which the employee has firsthand knowledge[. The district policy shall address training of employees in the requirements of the district policy.], **has reasonable cause to suspect that a student has been subject to bullying, or has received a report of bullying from a student. The policy shall require a district employee who witnesses an incident of bullying or has received reliable information that an incident of bullying has occurred to verbally report the incident to the district's designated individual at the school on the same day the employee witnessed or received the reliable information regarding the incident unless extenuating circumstances prohibit the employee from reporting until the next school day. The policy shall require such a district employee to report an incident of bullying in writing to the district's designated individual at the school within two school days. The policy shall require that the district maintain records of all incidents of bullying and their resolution. The policy shall also contain a description of the format that shall be used for a written report, which shall require, at a minimum, a listing of the offense and the outcome of any investigation;**

(3) A procedure for reporting an act of bullying. The policy shall also include a statement requiring that the district designate an individual at each school in the district to receive verbal reports and written reports of incidents of bullying. Such individual shall be a district employee who is a school principal, school administrator, or school supervisor;

(4) A procedure for prompt investigation of reports of violations and complaints, identifying one or more employees responsible for the investigation including, at a minimum, the following requirements:

(a) Within one school day of a written report of an incident of bullying being received, the school principal, or his or her designee, shall initiate an investigation of the incident;

(b) The school principal may appoint other school staff to assist with the investigation;

(c) The investigation shall be completed within ten school days from the date of the written report;

(5) The range of ways in which a school will respond once an incident of bullying is confirmed;

(6) A statement that prohibits reprisal or retaliation against any person who reports an act of bullying and the consequence and appropriate remedial action for a person who engages in reprisal or retaliation;

(7) A statement of how the policy is to be publicized; and

(8) A process for discussing the district's antibullying policy with students and training school employees and volunteers who have significant contact with students in the requirements of the policy, including at a minimum the following statements:

(a) The school district shall provide information and appropriate training to the school district staff who have significant contact with students regarding the policy;

(b) The school district shall give annual notice of the policy to students, parents or guardians, and staff;

(c) The school district shall provide education and information to students regarding bullying, including information regarding the school district policy prohibiting bullying, the harmful effects of bullying, and other applicable initiatives to prevent bullying, including student peer-to-peer initiatives to provide accountability and policy enforcement for those found to have engaged in bullying, reprisal, or retaliation against any person who reports an act of bullying;

(d) The administration of the school district shall instruct its school counselors and school psychologists to educate students who are victims of bullying on techniques for students to overcome bullying's negative effects. Such techniques shall include but not be limited to cultivating the student's self-worth and self-esteem; teaching the student to defend himself or herself assertively and effectively; helping the student develop social skills; and encouraging the student to develop an internal locus of control. The provisions of this paragraph shall not be construed to contradict or limit any other provision of this section; and

(e) The administration of the school district shall implement programs and other initiatives to prevent bullying, to respond to such conduct in a manner that does not stigmatize the victim, and to make resources or referrals available to victims of bullying.

5. Notwithstanding any other provision of law, any school district may subject any student to discipline for cyberbullying. The district shall have jurisdiction to prohibit cyberbullying that originates on a school's campus if the electronic communication was made using the school's technological resources or the electronic communication was made on the school's campus using the student's own personal technological resources. The district shall have jurisdiction to prohibit cyberbullying that originates off the school's campus if:

(1) It was reasonably foreseeable that the electronic communication would reach the school's campus; or

(2) There is a sufficient nexus between the electronic communication and the school which includes, but is not limited to, speech that is directed at a school-specific audience, or the speech was brought onto or accessed on the school campus, even if it was not the student in question who did so.

6. In determining the appropriate disciplinary action for a cyberbullying offense under subsection 5 of this section, the district shall take into consideration the nature of the offense, the age of the student, and the following:

(1) For a first-time or minor cyberbullying offense, the district may mandate that the student attend counseling and education sessions;

(2) For a second or more serious cyberbullying offense, the district may prohibit the student from participating in school activities or events;

(3) For a serious incident of cyberbullying, the school may suspend or expel the student.

7. Each district shall annually review its antibullying policy and revise it as needed. The district's school board shall receive input from school personnel, students, and administrators when reviewing and revising the policy.

8. Each district shall develop a method to keep track of any correspondence between individuals and the district, or any school in the district, regarding an incident of bullying. Such correspondence shall be a closed record under chapter 610.

9. Each district shall annually report to the department of elementary and secondary education the number of confirmed reported bullying incidents in the district at the school level and the district level, and any action taken in response to an incident of bullying, including but not limited to expulsions and suspensions, for each school in the district. No district shall release any confidential information not authorized by state or federal law for public release. The department of elementary and secondary education shall post this information on its internet website within thirty days of receiving it but shall ensure that no personally identifiable information is posted.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS for SCS for SB 380**, entitled:

An Act to repeal sections 192.020, 192.667, and 301.142, RSMo, and to enact in lieu thereof four new sections relating to health care.

With House Amendment Nos. 1, 2, 3, 4, 5, 6, 8, 9, House Amendment No. 1 to House Amendment No. 11, House Amendment No. 11, as amended, House Amendment Nos. 12, 13 and 14.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting after all of said section and line the following:

“197.130. 1. All hospitals licensed under this chapter shall require admission staff to provide written notice to each patient when the patient is admitted to the hospital under observational status:

- (1) During the intake process;**
- (2) At any time the patient’s status changes; and**
- (3) Upon discharge.**

Upon discharge the hospital admission staff shall provide written notice to the patient regarding the duration of the patient’s inpatient status, observational status, or both.

2. Each written notice shall include:

(1) A statement regarding whether the patient is being admitted to the hospital under inpatient status or observational status;

(2) A statement that observation status may affect the patient’s Medicare, MO HealthNet, or private insurance coverage for hospital services including medications and pharmaceutical supplies and for home- and community-based care or rehabilitative services at a skilled nursing facility if needed upon discharge from the hospital; and

(3) A recommendation that the patient contact his or her health insurance provider to better understand the implications of a patient’s placement in observation status.

3. The department of health and senior services shall promulgate rules to implement the provisions of this section and shall develop an acknowledgment form to meet the written notice

requirements of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 1, Section A, Line 3, by inserting immediately after said line the following:

“**191.1075. As used in sections 191.1075 to 191.1085, the following terms shall mean:**

(1) “**Department**”, the department of health and senior services;

(2) “**Health care professional**”, a physician or other health care practitioner licensed, accredited, or certified by the state of Missouri to perform specified health services;

(3) “**Hospital**”:

(a) A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care of not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or

(b) A place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more unrelated individuals. “Hospital” does not include convalescent, nursing, shelter, or boarding homes as defined in chapter 198.

191.1080. 1. There is hereby created within the department of health and senior services the “**Missouri Palliative Care and Quality of Life Interdisciplinary Council**”, which shall be a palliative care consumer and professional information and education program to improve quality and delivery of patient-centered and family-focused care in this state.

2. On or before December 1, 2015, the following members shall be appointed to the council:

(1) Two members of the senate, appointed by the president pro tempore of the senate;

(2) Two members of the house of representatives, appointed by the speaker of the house of representatives;

(3) Two board-certified hospice and palliative medicine physicians licensed in this state, appointed by the governor with the advice and consent of the senate;

(4) Two certified hospice and palliative nurses licensed in this state, appointed by the governor with the advice and consent of the senate;

(5) A certified hospice and palliative social worker, appointed by the governor with the advice and consent of the senate;

(6) A patient and family caregiver advocate representative, appointed by the governor with the

advice and consent of the senate;

(7) A spiritual professional with experience in palliative care and health care, appointed by the governor with the advice and consent of the senate.

3. Council members shall serve for a term of three years. The members of the council shall elect a chair and vice chair whose duties shall be established by the council. The department shall determine a time and place for regular meetings of the council, which shall meet at least biannually.

4. Members of the council shall serve without compensation, but shall, subject to appropriations, be reimbursed for their actual and necessary expenses incurred in the performance of their duties as members of the council.

5. The council shall consult with and advise the department on matters related to the establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in this state, including the palliative care consumer and professional information and education program established in section 191.1085.

6. The council shall submit an annual report to the general assembly which includes an assessment of the availability of palliative care in this state for patients at early stages of serious disease and an analysis of barriers to greater access to palliative care.

7. The council authorized under this section shall automatically expire August 28, 2021.

191.1085. 1. There is hereby established the “Palliative Care Consumer and Professional Information and Education Program” within the department of health and senior services.

2. The purpose of the program is to maximize the effectiveness of palliative care in this state by ensuring that comprehensive and accurate information and education about palliative care is available to the public, health care providers, and health care facilities.

3. The department shall publish on its website information and resources, including links to external resources, about palliative care for the public, health care providers, and health care facilities, including but not limited to:

(1) Continuing education opportunities for health care providers;

(2) Information about palliative care delivery in the home, primary, secondary, and tertiary environments; and

(3) Consumer educational materials and referral information for palliative care, including hospice.

4. Each hospital in this state is encouraged to have a palliative care presence on its intranet or internet website which provides links to one or more of the following organizations: the Institute of Medicine, the Center to Advance Palliative Care, the Supportive Care Coalition, the National Hospice and Palliative Care Organization, the American Academy of Hospice and Palliative Medicine, and the National Institute on Aging.

5. Each hospital in this state is encouraged to have patient education information about palliative care available for distribution to patients.

6. The department shall consult with the palliative care and quality of life interdisciplinary council

established in section 191.1080 in implementing the section.

7. The department may promulgate rules to implement the provisions of sections 191.1075 to 191.1085. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in sections 191.1075 to 191.1085 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. Sections 191.1075 to 191.1085 and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

8. Notwithstanding the provisions of section 23.253 to the contrary, the program authorized under this section shall automatically expire on August 28, 2021.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting after all of said section and line the following:

“195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.

2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019 and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, **and may have restricted authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced practice registered nurse who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone.** However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance **and Schedule II - hydrocodone** prescriptions shall be limited to a one hundred twenty-hour supply without refill.

3. A veterinarian, in good faith and in the course of the veterinarian’s professional practice only, and not for use by a human being, may prescribe, administer, and dispense controlled substances and the veterinarian may cause them to be administered by an assistant or orderly under his or her direction and supervision.

4. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any reason, if such practitioner did not originally dispense the drug.

5. An individual practitioner shall not prescribe or dispense a controlled substance for such practitioner’s personal use except in a medical emergency.”; and

Further amend said bill, Page 15, Section 301.142, Line 217, by inserting after all of said line the

following:

“334.037. 1. A physician may enter into collaborative practice arrangements with assistant physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to an assistant physician the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the assistant physician and is consistent with that assistant physician’s skill, training, and competence and the skill and training of the collaborating physician.

2. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the assistant physician;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the assistant physician to prescribe;

(3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an assistant physician and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the assistant physician;

(5) The manner of collaboration between the collaborating physician and the assistant physician, including how the collaborating physician and the assistant physician shall:

(a) Engage in collaborative practice consistent with each professional’s skill, training, education, and competence;

(b) Maintain geographic proximity; except, the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain documentation related to such requirement and present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the assistant physician’s controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the assistant physician to prescribe and documentation that it is consistent with each professional’s education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the assistant physician;

(8) The duration of the written practice agreement between the collaborating physician and the assistant physician;

(9) A description of the time and manner of the collaborating physician's review of the assistant physician's delivery of health care services. The description shall include provisions that the assistant physician shall submit a minimum of ten percent of the charts documenting the assistant physician's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the assistant physician prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

3. The state board of registration for the healing arts under section 334.125 shall promulgate rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules shall specify:

(1) Geographic areas to be covered;

(2) The methods of treatment that may be covered by collaborative practice arrangements;

(3) In conjunction with deans of medical schools and primary care residency program directors in the state, the development and implementation of educational methods and programs undertaken during the collaborative practice service which shall facilitate the advancement of the assistant physician's medical knowledge and capabilities, and which may lead to credit toward a future residency program for programs that deem such documented educational achievements acceptable; and

(4) The requirements for review of services provided under collaborative practice arrangements, including delegating authority to prescribe controlled substances.

Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. The state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician provided the provisions of this section and the rules promulgated thereunder are satisfied.

5. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each assistant physician with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that arrangements are carried out for compliance under this chapter.

6. A collaborating physician shall not enter into a collaborative practice arrangement with more than

three full-time equivalent assistant physicians. Such limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. Such limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

8. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

9. No contract or other agreement shall require a physician to act as a collaborating physician for an assistant physician against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any assistant physician, but such requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by a hospital's medical staff.

10. No contract or other agreement shall require any assistant physician to serve as a collaborating assistant physician for any collaborating physician against the assistant physician's will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a particular physician.

11. All collaborating physicians and assistant physicians in collaborative practice arrangements shall wear identification badges while acting within the scope of their collaborative practice arrangement. The identification badges shall prominently display the licensure status of such collaborating physicians and assistant physicians.

12. (1) An assistant physician with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, **and may have restricted authority in Schedule II**, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. **Prescriptions for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone.** Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances **and Schedule II - hydrocodone prescriptions** shall be limited to a five-day supply without refill. Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

(2) The collaborating physician shall be responsible to determine and document the completion of at

least one hundred twenty hours in a four-month period by the assistant physician during which the assistant physician shall practice with the collaborating physician on-site prior to prescribing controlled substances when the collaborating physician is not on-site. Such limitation shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

(3) An assistant physician shall receive a certificate of controlled substance prescriptive authority from the state board of registration for the healing arts upon verification of licensure under section 334.036.

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, **and Schedule II - hydrocodone**; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in schedules III, IV, and V of section 195.017, **or Schedule II - hydrocodone** for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance **and Schedule II - hydrocodone** prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

3. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;

(3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;

(8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;

(9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking

authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, **or Schedule II - hydrocodone.**

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than three full-time equivalent advanced practice registered nurses. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of

providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in schedule III, IV, or V of section 195.017, **and may have restricted authority in Schedule II**, when delegated the authority to prescribe controlled substances in a supervision agreement. Such authority shall be listed on the supervision verification form on file with the state board of healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the supervision form. **Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a supervision agreement are restricted to only those medications containing hydrocodone.** Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances **and Schedule II - hydrocodone prescriptions** shall be limited to a five-day supply without refill. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The supervising physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the supervising physician on-site prior to prescribing controlled substances when the supervising physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such

requirement;

(2) Completion of a minimum of three hundred clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;

(4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a supervising physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 1, Section 192.020, Line 13, by inserting after all of said line and section the following:

“192.500. 1. For purposes of this section, the following terms shall mean:

(1) “Cone beam computed tomography system”, a medical imaging device using x-ray computed tomography to capture data using a cone-shaped x-ray beam;

(2) “Panoramic x-ray system”, an imaging device that captures the entire mouth in a single, two-dimensional image including the teeth, upper and lower jaws, and surrounding structures and tissues.

2. Cone beam computed tomography systems and panoramic x-ray systems shall not be required to be inspected more frequently than every six years.

3. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset on December thirty-first two years after August 28, 2015, unless reauthorized by an act of the general assembly;

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset on December thirty-first twelve years after the effective date of the reauthorization of this section; and

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

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 15, Section 301.142, Line 217, by inserting immediately after said line the following:

“324.001. 1. For the purposes of this section, the following terms mean:

- (1) “Department”, the department of insurance, financial institutions and professional registration;
- (2) “Director”, the director of the division of professional registration; and
- (3) “Division”, the division of professional registration.

2. There is hereby established a “Division of Professional Registration” assigned to the department of insurance, financial institutions and professional registration as a type III transfer, headed by a director appointed by the governor with the advice and consent of the senate. All of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its divisions, agencies, and personnel.

3. The director of the division of professional registration shall promulgate rules and regulations which designate for each board or commission assigned to the division the renewal date for licenses or certificates. After the initial establishment of renewal dates, no director of the division shall promulgate a rule or regulation which would change the renewal date for licenses or certificates if such change in renewal date would occur prior to the date on which the renewal date in effect at the time such new renewal date is specified next occurs. Each board or commission shall by rule or regulation establish licensing periods of one, two, or three years. Registration fees set by a board or commission shall be effective for the entire licensing period involved, and shall not be increased during any current licensing period. Persons who are required to pay their first registration fees shall be allowed to pay the pro rata share of such fees for the remainder of the period remaining at the time the fees are paid. Each board or commission shall provide the necessary forms for initial registration, and thereafter the director may prescribe standard forms for renewal of licenses and certificates. Each board or commission shall by rule and regulation require each applicant to provide the information which is required to keep the board’s records current. Each board or commission shall have the authority to collect and analyze information required to support workforce planning and policy development. Such information shall not be publicly disclosed so as to identify a specific health care provider, as defined in section 376.1350. Each board or commission shall issue the original license or certificate.

4. The division shall provide clerical and other staff services relating to the issuance and renewal of licenses for all the professional licensing and regulating boards and commissions assigned to the division. The division shall perform the financial management and clerical functions as they each relate to issuance and renewal of licenses and certificates. “Issuance and renewal of licenses and certificates” means the ministerial function of preparing and delivering licenses or certificates, and obtaining material and information for the board or commission in connection with the renewal thereof. It does not include any discretionary authority with regard to the original review of an applicant’s qualifications for licensure or certification, or the subsequent review of licensee’s or certificate holder’s qualifications, or any disciplinary action contemplated against the licensee or certificate holder. The division may develop and implement microfilming systems and automated or manual management information systems.

5. The director of the division shall maintain a system of accounting and budgeting, in cooperation with the director of the department, the office of administration, and the state auditor’s office, to ensure proper charges are made to the various boards for services rendered to them. The general assembly shall appropriate to the division and other state agencies from each board’s funds moneys sufficient to reimburse the division and other state agencies for all services rendered and all facilities and supplies furnished to that board.

6. For accounting purposes, the appropriation to the division and to the office of administration for the

payment of rent for quarters provided for the division shall be made from the “Professional Registration Fees Fund”, which is hereby created, and is to be used solely for the purpose defined in subsection 5 of this section. The fund shall consist of moneys deposited into it from each board’s fund. Each board shall contribute a prorated amount necessary to fund the division for services rendered and rent based upon the system of accounting and budgeting established by the director of the division as provided in subsection 5 of this section. Transfers of funds to the professional registration fees fund shall be made by each board on July first of each year; provided, however, that the director of the division may establish an alternative date or dates of transfers at the request of any board. Such transfers shall be made until they equal the prorated amount for services rendered and rent by the division. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue.

7. The director of the division shall be responsible for collecting and accounting for all moneys received by the division or its component agencies. Any money received by a board or commission shall be promptly given, identified by type and source, to the director. The director shall keep a record by board and state accounting system classification of the amount of revenue the director receives. The director shall promptly transmit all receipts to the department of revenue for deposit in the state treasury to the credit of the appropriate fund. The director shall provide each board with all relevant financial information in a timely fashion. Each board shall cooperate with the director by providing necessary information.

8. All educational transcripts, test scores, complaints, investigatory reports, and information pertaining to any person who is an applicant or licensee of any agency assigned to the division of professional registration by statute or by the department are confidential and may not be disclosed to the public or any member of the public, except with the written consent of the person whose records are involved. The agency which possesses the records or information shall disclose the records or information if the person whose records or information is involved has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-product privilege to the same extent as any other person. Provided, however, that any board may disclose confidential information without the consent of the person involved in the course of voluntary interstate exchange of information, or in the course of any litigation concerning that person, or pursuant to a lawful request, or to other administrative or law enforcement agencies acting within the scope of their statutory authority. Information regarding identity, including names and addresses, registration, and currency of the license of the persons possessing licenses to engage in a professional occupation and the names and addresses of applicants for such licenses is not confidential information.

9. Any deliberations conducted and votes taken in rendering a final decision after a hearing before an agency assigned to the division shall be closed to the parties and the public. Once a final decision is rendered, that decision shall be made available to the parties and the public.

10. A compelling governmental interest shall be deemed to exist for the purposes of section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund balance of any agency assigned to the division of professional registration is reasonably expected to exceed an amount that would require transfer from that fund to general revenue.

11. (1) The following boards and commissions are assigned by specific type transfers to the division of professional registration: Missouri state board of accountancy, chapter 326; board of cosmetology and barber examiners, chapters 328 and 329; Missouri board for architects, professional engineers, professional land surveyors and landscape architects, chapter 327; Missouri state board of chiropractic examiners, chapter 331; state board of registration for the healing arts, chapter 334; Missouri dental board, chapter 332;

state board of embalmers and funeral directors, chapter 333; state board of optometry, chapter 336; Missouri state board of nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric medicine, chapter 330; Missouri real estate appraisers commission, chapter 339; and Missouri veterinary medical board, chapter 340. The governor shall appoint members of these boards by and with the advice and consent of the senate.

(2) The boards and commissions assigned to the division shall exercise all their respective statutory duties and powers, except those clerical and other staff services involving collecting and accounting for moneys and financial management relating to the issuance and renewal of licenses, which services shall be provided by the division, within the appropriation therefor. Nothing herein shall prohibit employment of professional examining or testing services from professional associations or others as required by the boards or commissions on contract. Nothing herein shall be construed to affect the power of a board or commission to expend its funds as appropriated. However, the division shall review the expense vouchers of each board. The results of such review shall be submitted to the board reviewed and to the house and senate appropriations committees annually.

(3) Notwithstanding any other provisions of law, the director of the division shall exercise only those management functions of the boards and commissions specifically provided in the Reorganization Act of 1974, and those relating to the allocation and assignment of space, personnel other than board personnel, and equipment.

(4) “Board personnel”, as used in this section or chapters 317, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions and responsibilities are in areas not related to the clerical duties involving the issuance and renewal of licenses, to the collecting and accounting for moneys, or to financial management relating to issuance and renewal of licenses; specifically included are executive secretaries (or comparable positions), consultants, inspectors, investigators, counsel, and secretarial support staff for these positions; and such other positions as are established and authorized by statute for a particular board or commission. Boards and commissions may employ legal counsel, if authorized by law, and temporary personnel if the board is unable to meet its responsibilities with the employees authorized above. Any board or commission which hires temporary employees shall annually provide the division director and the appropriation committees of the general assembly with a complete list of all persons employed in the previous year, the length of their employment, the amount of their remuneration, and a description of their responsibilities.

(5) Board personnel for each board or commission shall be employed by and serve at the pleasure of the board or commission, shall be supervised as the board or commission designates, and shall have their duties and compensation prescribed by the board or commission, within appropriations for that purpose, except that compensation for board personnel shall not exceed that established for comparable positions as determined by the board or commission pursuant to the job and pay plan of the department of insurance, financial institutions and professional registration. Nothing herein shall be construed to permit salaries for any board personnel to be lowered except by board action.

12. All the powers, duties, and functions of the division of athletics, chapter 317, and others, are assigned by type I transfer to the division of professional registration.

13. Wherever the laws, rules, or regulations of this state make reference to the “division of professional registration of the department of economic development”, such references shall be deemed to refer to the division of professional registration.

14. (1) The state board of nursing, board of pharmacy, Missouri dental board, state committee of psychologists, or state board of registration for the healing arts may individually or collectively enter into a contractual agreement with the department of health and senior services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data from its licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The boards shall work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

(2) The boards may expend appropriated funds necessary for operational expenses of the program formed under this subsection. Each board is authorized to accept grants to fund the collection or analysis authorized in this subsection. Any such funds shall be deposited in the respective board's fund.

(3) Data collection shall be controlled and approved by the applicable state board conducting or requesting the collection. Notwithstanding the provisions of sections 324.010 and 334.001, the boards may release identifying data to the contractor to facilitate data analysis of the health care workforce including, but not limited to, geographic, demographic, and practice or professional characteristics of licensees. The state board shall not request or be authorized to collect income or other financial earnings data.

(4) Data collected under this subsection shall be deemed the property of the state board requesting the data. Data shall be maintained by the state board in accordance with chapter 610, provided any information deemed closed or confidential under subsection 8 of this section or any other provision of state law shall not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. Data shall only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

(5) Contractors shall maintain the confidentiality of data received or collected under this subsection and shall not use, disclose, or release any data without approval of the applicable state board.

(6) Each board may promulgate rules subject to the provisions of this subsection and chapter 536 to effectuate and implement the workforce data collection and analysis authorized by this subsection. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 15, Section 301.142, Line 217, by inserting after all of said section and line the following:

“376.685. 1. No agreement between a health carrier or other insurer that writes vision insurance

and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan, medical plan, health benefit plan, or health insurance policy shall require that an optometrist provide optometric or ophthalmic services or materials at a fee limited or set by the plan or health carrier unless the services or materials are reimbursed as covered services under the contract.

2. No provider shall charge more for services or materials that are not covered under a health benefit or vision plan than his or her usual and customary rate for those services or materials.

3. Reimbursement paid by the health benefit or vision plan for covered services or materials shall be reasonable and shall not provide nominal reimbursement in order to claim that services or materials are covered services. No health carrier shall provide de minimis reimbursement or coverage in an effort to avoid the requirements of this section.

4. No vision care insurance policy or vision care discount plan that provides covered services for materials shall have the effect, directly or indirectly, of limiting the choice of sources and suppliers of materials by a patient of a vision care provider.

5. For the purposes of this section, the following terms shall mean:

(1) “Covered services”, optometric or ophthalmic services or materials for which reimbursement from the health benefit or vision plan is provided for by an enrollee’s plan contract, or for which a reimbursement would be available but for the application of the enrollee’s contractual limitations of deductibles, co-payments, coinsurance, waiting periods, annual or lifetime maximums, alternative benefit payments, or frequency limitations;

(2) “Health benefit plan”, the same meaning as such term is defined in section 376.1350;

(3) “Health carrier”, the same meaning as such term is defined in section 376.1350;

(4) “Materials”, includes, but is not limited to, lenses, frames, devices containing lenses, prisms, lens treatment and coatings, contact lenses, orthoptics, vision training devices, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa;

(5) “Optometric services”, any services within the scope of optometric practice under chapter 336;

(6) “Vision plan”, any policy, contract of insurance, or discount plan issued by a health carrier, health benefit plan, or company which provides coverage or a discount for optometric or ophthalmic services or materials.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 8

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting after all of said section and line the following:

“208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as defined in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the

age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six consecutive months, during which the participant is on a temporary leave of absence from the hospital or nursing home, provided that no such participant shall be allowed a temporary leave of absence unless it is specifically provided for in his plan of care. As used in this subdivision, the term "temporary leave of absence" shall include all periods of time during which a participant is away from the hospital or nursing home overnight because he is visiting a friend or relative;

(6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or elsewhere;

(7) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an advanced practice registered nurse; except that no payment for drugs and medicines prescribed on and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice registered nurse may be made on behalf of any person who qualifies for prescription drug coverage under the provisions of P.L. 108-173;

(8) Emergency ambulance services and, effective January 1, 1990, medically necessary transportation to scheduled, physician-prescribed nonelective treatments;

(9) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to

ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal regulations promulgated thereunder;

(10) Home health care services;

(11) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term;

(12) Inpatient psychiatric hospital services for individuals under age twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

(13) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(14) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

(15) Mental health services. The state plan for providing medical assistance under Title XIX of the

Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

(a) Outpatient mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(b) Clinic mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

(16) Such additional services as defined by the MO HealthNet division to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

(17) The services of an advanced practice registered nurse with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder;

(18) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection to reserve a bed for the participant in the nursing home during the time that the participant is absent due to admission to a hospital for services which cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

(a) The provisions of this subdivision shall apply only if:

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health

and senior services which was taken prior to when the participant is admitted to the hospital; and

(b) The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

(b) The payment to be made under this subdivision shall be provided for a maximum of three days per hospital stay;

(c) For each day that nursing home costs are paid on behalf of a participant under this subdivision during any period of six consecutive months such participant shall, during the same period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise available temporary leave of absence days provided under subdivision (5) of this subsection; and

(d) The provisions of this subdivision shall not apply unless the nursing home receives notice from the participant or the participant's responsible party that the participant intends to return to the nursing home following the hospital stay. If the nursing home receives such notification and all other provisions of this subsection have been satisfied, the nursing home shall provide notice to the participant or the participant's responsible party prior to release of the reserved bed;

(19) Prescribed medically necessary durable medical equipment. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(20) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(21) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(22) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(23) Blood clotting products-related services. For persons diagnosed with a bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section 338.400, such services include:

(a) Home delivery of blood clotting products and ancillary infusion equipment and supplies, including the emergency deliveries of the product when medically necessary;

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and

(c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant's treating physician;

(24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision.

2. Additional benefit payments for medical assistance shall be made on behalf of those eligible needy children, pregnant women and blind persons with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Dental services;

(2) Services of podiatrists as defined in section 330.010;

(3) Optometric services as defined in section 336.010;

(4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;

(5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held

unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the Missouri MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated thereunder.

6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated thereunder.

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered by the department of health and senior services. Such notification

and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

10. The MO HealthNet division, may enroll qualified residential care facilities and assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

11. Any income earned by individuals eligible for certified extended employment at a sheltered workshop under chapter 178 shall not be considered as income for purposes of determining eligibility under this section.

12. Subject to appropriations, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 9

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 15, Section 301.142, Line 217, by inserting immediately after said line the following:

“Section 1. No recommendation for a wage rate for any personal care attendant, as defined in section 208.900(6), shall be implemented unless there are specific annual appropriations made by the general assembly to fund such wage rate recommendations.”; and Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 1 TO HOUSE AMENDMENT NO. 11

Amend House Amendment No. 11 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 1, Line 30, by deleting the words **“and certifications”**; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 11

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting immediately after said line the following:

“197.600. 1. For purposes of this section, the term “pain management clinic” shall mean a privately owned clinic, facility, or office in which health care providers provide chronic nonmalignant pain treatment through pharmacotherapy to a majority of its patients for ninety days or more in a twelve-month period or a privately owned clinic, facility, or office which advertises in any medium

for chronic pain management services through pharmacotherapy. Chronic nonmalignant pain treatment through pharmacotherapy shall not include, and shall not be construed to include, surgical or obstetrical anesthesia services, postoperative pain control, or interventional pain management procedures and techniques. For purposes of determining if a clinic, facility, or office qualifies as a pain management clinic under this section, the entire clinic, facility, or office caseload of patients who received health care services from all physicians, advanced practice registered nurses, physician assistants, and assistant physicians who serve in the clinic, facility, or office shall be counted.

2. No owner or employee of a pain management clinic shall have previously been denied or had a restricted license to prescribe, dispense, administer, supply, or sell a controlled substance or been subject to disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying, or selling a controlled substance.

3. No pain management clinic as defined in this section shall operate in the state unless it has been issued a pain management clinic certificate by the department of health and senior services after a determination that the clinic meets the requirements of this section and any other requirements the department may require by regulation. Any pain management clinic operating on the effective date of this section shall have ninety days to obtain a certificate from the department.

4. The department of health and senior services shall promulgate rules and regulations to implement the provisions of this section pertaining to the operation and licensure of pain management clinics. Such rules and regulations shall include, but not be limited to:

- (1) The certification process and any required fees;**
- (2) Required hours of operation;**
- (3) Required licenses and certifications of staff and staffing levels;**
- (4) Record keeping and patient chart requirements;**
- (5) A requirement to participate in any prescription drug monitoring program in Missouri.**

Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.”; and

Further amend said bill, Page 15, Section 301.142, Line 217, by inserting immediately after said line the following:

“ Section 1. Certified music therapists who have completed the education and clinical training requirements established by the American Music Therapy Association and have passed the Certification Board for Music Therapists certification examination shall be deemed as licensed by the department of elementary and secondary education for the purposes of providing services to the first steps program under sections 160.900 to 160.925.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 12

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting after all of said section and line the following:

“208.065. 1. No later than January 1, 2016, the department of social services shall procure and enter into a competitively bid contract with a contractor to provide verification of initial and ongoing eligibility data for assistance under the supplemental nutrition assistance program (SNAP); temporary assistance for needy families (TANF) program; child care assistance program; and MO HealthNet program. The contractor shall conduct data matches using the name, date of birth, address, Social Security number of each applicant and recipient, and additional data provided by the applicant or recipient relevant to eligibility against public records and other data sources to verify eligibility data.

2. The contractor shall evaluate the income, resources, and assets of each applicant and recipient no less than quarterly. In addition to quarterly eligibility data verification, the contractor shall identify on a monthly basis any program participants who have died, moved out of state, or have been incarcerated longer than ninety days.

3. The contractor, upon completing an eligibility data verification of an applicant or recipient, shall notify the department of the results, except that the contractor shall not verify the eligibility data of persons residing in long-term care facilities whose income and resources were at or below the applicable financial eligibility standards at the time of their last review. Within twenty business days of such notification, the department shall make an eligibility determination. The department shall retain final authority over eligibility determinations. The contractor shall keep a record of all eligibility data verifications communicated to the department.

4. Within thirty days of the end of each calendar year, the department and contractor shall file a joint report on a yearly basis to the governor, the speaker of the house of representatives, and the president pro tempore of the senate. The report shall include, but shall not be limited to, the number of applicants and recipients determined ineligible for assistance programs based on the eligibility data verification by the contractor and the stated reasons for the determination of ineligibility by the department.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 13

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting after all of said section and line the following:

“208.670. 1. As used in this section, these terms shall have the following meaning:

(1) “Provider”, any provider of medical services and mental health services, including all other medical disciplines;

(2) “Telehealth”, the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

2. The department of social services, in consultation with the departments of mental health and health and senior services, shall promulgate rules governing the practice of telehealth in the MO HealthNet program. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth,

certification of agencies offering telehealth, and payment for services by providers. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and to ensure confidentiality of medical information.

3. Telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. Reimbursement for such services shall be made in the same way as reimbursement for in-person contacts.

4. The provisions of section 208.671 shall apply to the use of asynchronous store-and-forward technology in the practice of telehealth.

208.671. 1. As used in this section and section 208.673, the following terms shall mean:

(1) **“Asynchronous store-and-forward”, the transfer of a patient’s clinically important digital samples, such as still images, videos, audio, and text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the patient and the patient’s treating provider;**

(2) **“Asynchronous store-and-forward technology”, cameras or other recording devices that store images which may be forwarded via telecommunication devices at a later time;**

(3) **“Consultation”, a type of evaluation and management service as defined by the most recent edition of the Current Procedural Terminology published annually by the American Medical Association;**

(4) **“Consulting provider”, a provider who, upon referral by the treating provider, evaluates a patient and appropriate medical data or images delivered through asynchronous store-and-forward technology. If a consulting provider is unable to render an opinion due to insufficient information, the consulting provider may request additional information to facilitate the rendering of an opinion or decline to render an opinion;**

(5) **“Distant site”, a site where the consulting provider is located at the time the consultation service is provided;**

(6) **“Originating site”, the site where a MO HealthNet participant receiving services and such participant’s treating provider are both physically located;**

(7) **“Provider”, any provider of medical services, mental health services, or dental services, including all other medical disciplines, licensed in this state who has the authority to refer patients for medical services or mental health services within the scope of practice and licensure of the provider;**

(8) **“Telehealth”, the same meaning as such term is defined in section 208.670. Telehealth shall include the use of asynchronous store-and-forward technology for orthopedics, dermatology, ophthalmology in cases of diabetic retinopathy, burn and wound care, and maternal-fetal medicine ultrasounds;**

(9) **“Treating provider”, a provider who:**

(a) **Evaluates a patient;**

(b) **Determines the need for a consultation;**

- (c) Arranges the services of a consulting provider for the purpose of diagnosis and treatment;**
- (d) Provides or supplements the patient's history and provides pertinent physical examination findings and medical information to the consulting provider; and**
- (e) Is physically present in the same location as the patient during the time of the asynchronous store-and-forward services.**

2. The department of social services, in consultation with the departments of mental health and health and senior services, shall promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program. Such rules shall address, but not be limited to:

(1) Appropriate standards for the use of asynchronous store-and-forward technology in the practice of telehealth;

(2) Certification of agencies offering asynchronous store-and-forward technology in the practice of telehealth;

(3) Time lines for completion and communication of a consulting provider's consultation or opinion, or if the consulting provider is unable to render an opinion, time lines for communicating a request for additional information or that the consulting provider declines to render an opinion;

(4) Length of time digital files of such asynchronous store-and-forward services are to be maintained;

(5) Security and privacy of such digital files;

(6) Patient consent for asynchronous store-and-forward services; and

(7) Payment for services by providers; except that, consulting providers who decline to render an opinion shall not receive payment under this section unless and until an opinion is rendered.

Telehealth providers using asynchronous store-and-forward technology shall be required to obtain patient consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information.

3. Asynchronous store-and-forward technology in the practice of telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. The total payment for both the treating provider and the consulting provider shall not exceed the payment for a face-to-face consultation of the same level.

4. The standard of care for the use of asynchronous store-and-forward technology in the practice of telehealth shall be the same as the standard of care for face-to-face care.

208.673. 1. There is hereby established the "Telehealth Services Advisory Committee" to advise the department of social services and propose rules regarding the coverage of telehealth services utilizing asynchronous store-and-forward technology.

2. The committee shall be comprised of the following members:

(1) The director of the MO HealthNet division, or the director's designee;

(2) The medical director of the MO HealthNet division;

(3) A representative from a Missouri institution of higher education with expertise in telemedicine;

(4) A representative from the Missouri office of primary care and rural health;

(5) Two board-certified specialists licensed to practice medicine in this state;

(6) A representative from a hospital located in this state that utilizes telehealth medicine;

(7) A primary care provider from a federally qualified health center (FQHC) or rural health clinic; and

(8) A primary care provider from a rural setting other than from an FQHC or rural health clinic.

3. Members of the committee listed in subdivisions (3) to (8) of subsection 2 of this section shall be appointed by the governor, with the advice and consent of the senate. The first appointments to the committee shall consist of three members to serve three-year terms, two members to serve two-year terms, and two members to serve one-year terms as designated by the governor. Each member of the committee shall serve for a term of three years thereafter.

4. Members of the committee shall not receive any compensation for their services but shall be reimbursed for any actual and necessary expenses incurred in the performance of their duties.

5. Any member appointed by the governor may be removed from office by the governor without cause. If there is a vacancy for any cause, the governor shall make an appointment to become effective immediately for the unexpired term.

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

208.675. For purposes of the provision of telehealth services, the following individuals, licensed in Missouri, shall be considered eligible health care providers:

(1) Physicians, assistant physicians, and physician assistants;

(2) Advanced practice registered nurses;

(3) Dentists, oral surgeons, and dental hygienists under the supervision of a currently registered and licensed dentist;

(4) Psychologists and provisional licensees;

(5) Pharmacists;

(6) Speech, occupational, or physical therapists;

(7) Clinical social workers;

(8) Podiatrists;

(9) Licensed professional counselors; or

(10) Eligible health care providers under subdivisions (1) through (9) of this section practicing in a rural health clinic, federally qualified health center, or community mental health center.

208.677. 1. For purposes of the provision of telehealth services, the term “originating site” shall mean a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter, and the term “clinical staff” shall mean any health care provider licensed in this state. The originating site shall ensure immediate availability of clinical staff during a telehealth encounter if a participant requires assistance. No originating site for services or activities provided under section 208.686 shall be required to maintain immediate availability of on-site clinical staff during the telemonitoring services or activities. An originating site shall be one of the following locations:

- (1) Office of a physician or health care provider;**
- (2) Hospital;**
- (3) Critical access hospital;**
- (4) Rural health clinic;**
- (5) Federally qualified health center;**
- (6) Long-term care facility licensed under chapter 198;**
- (7) Dialysis center;**
- (8) Missouri state habilitation center or regional office;**
- (9) Community mental health center;**
- (10) Missouri state mental health facility;**
- (11) Missouri state facility;**

(12) Missouri residential treatment facility licensed by and under contract with the children’s division (CD) that has a contract with the CD. Facilities shall have multiple campuses and have the ability to adhere to technology requirements. Only Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are enrolled MO HealthNet providers shall be consulting providers at these locations;

- (13) Comprehensive substance treatment and rehabilitation (CSTAR) program;**
- (14) School;**
- (15) The MO HealthNet recipient’s home; or**
- (16) Clinical designated area in a pharmacy.**

2. If the originating site is a school, the school shall obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.

208.686. 1. Subject to appropriations, the department shall establish a statewide program that permits reimbursement under the MO HealthNet program for home telemonitoring services. For the purposes of this section, “home telemonitoring service” shall mean a health care service that requires scheduled remote monitoring of data related to a patient’s health and transmission of the data to a Utilization Review Accreditation Commission (URAC) accredited health call center.

2. The program shall:

(1) Provide that home telemonitoring services are available only to persons who:

(a) Are diagnosed with one or more of the following conditions:

- a. Pregnancy;**
- b. Diabetes;**
- c. Heart disease;**
- d. Cancer;**
- e. Chronic obstructive pulmonary disease;**
- f. Hypertension;**
- g. Congestive heart failure;**
- h. Mental illness or serious emotional disturbance;**
- i. Asthma;**
- j. Myocardial infarction; or**
- k. Stroke; and**

(b) Exhibit two or more of the following risk factors:

- a. Two or more hospitalizations in the prior twelve-month period;**
- b. Frequent or recurrent emergency department admissions;**
- c. A documented history of poor adherence to ordered medication regimens;**
- d. A documented history of falls in the prior six-month period;**
- e. Limited or absent informal support systems;**
- f. Living alone or being home alone for extended periods of time; or**
- g. A documented history of care access challenges;**

(2) Ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the patient's physician; and

(3) Ensure that the program does not duplicate any disease management program services provided by MO HealthNet.

3. If, after implementation, the department determines that the program established under this section is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet program for home telemonitoring services.

4. The department shall determine whether the provision of home telemonitoring services to persons who are eligible to receive benefits under both the MO HealthNet and Medicare programs achieves cost savings for the Medicare program.

5. If, before implementing any provision of this section, the department determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the

department shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

6. The department shall promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 14

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380, Page 9, Section 192.926, Line 47, by inserting after all of said section and line the following:

“208.909. 1. Consumers receiving personal care assistance services shall be responsible for:

(1) Supervising their personal care attendant;

(2) Verifying wages to be paid to the personal care attendant;

(3) Preparing and submitting time sheets, signed by both the consumer and personal care attendant, to the vendor on a biweekly basis;

(4) Allowing the personal care attendant to use his or her telephone for the purpose of electronic visit verification (EVV) if such use does not add cost to the consumer;

(5) Promptly notifying the department within ten days of any changes in circumstances affecting the personal care assistance services plan or in the consumer’s place of residence;

[(5)] (6) Reporting any problems resulting from the quality of services rendered by the personal care attendant to the vendor. If the consumer is unable to resolve any problems resulting from the quality of service rendered by the personal care attendant with the vendor, the consumer shall report the situation to the department; and

[(6)] (7) Providing the vendor with all necessary information to complete required paperwork for establishing the employer identification number.

2. Participating vendors shall be responsible for:

(1) Collecting time sheets or reviewing reports of delivered services and certifying the accuracy thereof;

(2) The Medicaid reimbursement process, including the filing of claims and reporting data to the department as required by rule;

(3) Transmitting the individual payment directly to the personal care attendant on behalf of the consumer;

(4) Monitoring the performance of the personal care assistance services plan.

3. No state or federal financial assistance shall be authorized or expended to pay for services provided

to a consumer under sections 208.900 to 208.927, if the primary benefit of the services is to the household unit, or is a household task that the members of the consumer's household may reasonably be expected to share or do for one another when they live in the same household, unless such service is above and beyond typical activities household members may reasonably provide for another household member without a disability.

4. No state or federal financial assistance shall be authorized or expended to pay for personal care assistance services provided by a personal care attendant who is listed on any of the background check lists in the family care safety registry under sections 210.900 to 210.937, unless a good cause waiver is first obtained from the department in accordance with section 192.2495.

5. (1) All vendors shall, by July 1, [2015] **2016**, have, maintain, and use [a telephone tracking] **an EVV** system for the purpose of reporting and verifying the delivery of consumer-directed services as authorized by the department of health and senior services or its designee. Use of such a system prior to July 1, [2015] **2016**, shall be voluntary. The [telephone tracking] **EVV** system shall be used [to process payroll for employees and] for submitting claims for reimbursement to the MO HealthNet division. At a minimum, the [telephone tracking] **EVV** system shall:

(a) Record the exact date services are delivered;

(b) Record the exact time the services begin and exact time the services end;

(c) Verify [the telephone number from which the services are registered] **that the services are being delivered at the location where the consumer resides;**

(d) [Verify that the number from which the call is placed is a telephone number unique to the client;

(e)] Require a personal identification number unique to each personal care attendant;

[(f)] (e) Be capable of producing reports [of services delivered, tasks performed, client] **that at a minimum capture the consumer** identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service[]; and

(g) Be capable of producing reimbursement requests for consumer approval that assures accuracy and compliance with program expectations for both the consumer and vendor.

(2) The department of health and senior services, in collaboration with other appropriate agencies, including centers for independent living, shall establish telephone tracking system pilot projects, implemented in two regions of the state, with one in an urban area and one in a rural area. Each pilot project shall meet the requirements of this section and section 208.918. The department of health and senior services shall, by December 31, 2013, submit a report to the governor and general assembly detailing the outcomes of these pilot projects. The report shall take into consideration the impact of a telephone tracking system on the quality of the services delivered to the consumer and the principles of self-directed care.

(3) . (2) As new technology becomes available, the department [may] **shall** allow use of a more advanced tracking system, **electronic or otherwise**, provided that such system is at least as capable of meeting the requirements of this subsection.

[(4)] (3) The department of health and senior services shall promulgate by rule the minimum necessary criteria of the [telephone tracking] **EVV** system. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.

This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2010, shall be invalid and void.

6. [In the event that a consensus between centers for independent living and representatives from the executive branch cannot be reached, the telephony report issued to the general assembly and governor shall include a minority report which shall detail those elements of substantial dissent from the main report.

7.] No interested party, including a center for independent living, shall be required to contract with any particular vendor or provider of [telephony] **EVV** services [nor bear the full cost of the pilot program].”; and

Further amend said bill, Page 15, Section 301.142, Line 217, by inserting after all of said section and line the following:

“660.023. 1. All in-home services provider agencies shall, by July 1, [2015] **2016**, have, maintain, and use [a telephone tracking] **an electronic visit verification (EVV)** system for the purpose of reporting and verifying the delivery of home- and community-based services as authorized by the department of health and senior services or its designee. Use of such system prior to July 1, [2015] **2016**, shall be voluntary. At a minimum, the [telephone tracking] **EVV** system shall:

- (1) Record the exact date services are delivered;
- (2) Record the exact time the services begin and exact time the services end;
- (3) Verify [the telephone number from which the services were registered] **that services are being delivered at the location where the consumer resides;**
- (4) [Verify that the number from which the call is placed is a telephone number unique to the client;
- (5)] Require a personal identification number unique to each personal care attendant; and
- [(6)] **(5)** Be capable of producing reports [of services delivered, tasks performed,] **that at a minimum capture** client identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service.

2. The [telephone tracking] **EVV** system shall be used [to process payroll for employees and] for submitting claims for reimbursement to the MO HealthNet division.

3. The department of health and senior services shall promulgate by rule the minimum necessary criteria of the [telephone tracking] **EVV** system. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2010, shall be invalid and void.

4. As new technology becomes available, the department [may] **shall** allow use of a more advanced tracking system, **electronic or otherwise**, provided that such system is at least as capable of meeting the requirements listed in subsection 1 of this section.

5. The department of health and senior services, in collaboration with other appropriate agencies, including in-home services providers, shall establish telephone tracking system pilot projects, implemented in two regions of the state, with one in an urban area and one in a rural area. Each pilot project shall meet the requirements of this section. The department of health and senior services shall, by December 31, 2013, submit a report to the governor and general assembly detailing the outcomes of these pilot projects. The report shall take into consideration the impact of a telephone tracking system on the quality of the services delivered to the consumer and the principles of self-directed care.

6. In the event that a consensus between in-home service providers and representatives from the executive branch cannot be reached, the telephony report issued to the general assembly and governor shall include a minority report which will detail those elements of substantial dissent from the main report.

7. No interested party, including in-home service providers, shall be required to contract with any particular vendor or provider of [telephony] **EVV** services [nor bear the full cost of the pilot program].

Section B. Because immediate action is necessary to ensure that home-based MO HealthNet participants receive necessary personal care assistance services, section 208.909 and 660.023 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and section 208.909 and 660.023 of section A of this act shall be in full force and effect upon its passage and approval.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SCS** for **SB 174**, entitled:

An Act to repeal sections 70.210, 135.1150, and 135.1180, RSMo, and to enact in lieu thereof thirteen new sections relating to the Missouri Achieving a Better Life Experience program.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 174, Page 1, Section 70.210, Lines 1-10, by removing all of said section and lines from the bill; and

Further amend said bill, Pages 1-3, Section 135.1150, Lines 1-72, by removing all of said section and lines from the bill; and

Further amend said bill, Pages 3-5, Section 135.1180, Lines 1-75, by removing all of said section and lines from the bill; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SCS** for **HB 403** and has taken up and passed **SCS** for **HB 403**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SCS** for **HB 41** and has taken up and passed **SCS** for **HB 41**.

PRIVILEGED MOTIONS

Senator Dempsey moved that the Senate refuse to concur in **HCS** for **SCS** for **SB 322**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Sifton moved that **SB 164**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 164**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 164

An Act to repeal sections 375.534, 375.1070, 375.1072, 376.370, 376.380, 376.670, 456.950, and 513.430, RSMo, and to enact in lieu thereof twelve new sections relating to financial transactions.

Was taken up.

Senator Sifton moved that **HCS** for **SB 164** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Sifton, **HCS** for **SB 164** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson
Wieland—33							

NAYS—Senators—None

Absent—Senator Nasheed—1

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Sifton, title to the bill was agreed to.

Senator Sifton moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Schatz moved that the Senate refuse to concur in **HCS** for **SB 221**, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, and that the conferees be allowed to exceed the differences, which motion prevailed.

REPORTS OF STANDING COMMITTEES

Senator Cunningham, Chairman of the Committee on Governmental Accountability and Fiscal Oversight, submitted the following reports:

Mr. President: Your Committee on Governmental Accountability and Fiscal Oversight, to which were referred **SCS** for **HB 1070** and **HCS** for **HB 137**, begs leave to report that it has considered the same and recommends that the bills do pass.

HOUSE BILLS ON THIRD READING

HB 799, introduced by Representative Roeber, with **SCS**, entitled:

An Act to repeal section 478.463, RSMo, and to enact in lieu thereof one new section relating to the sixteenth judicial circuit.

Was taken up by Senator Dixon.

SCS for **HB 799**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 799

An Act to repeal sections 67.320, 476.083, 478.170, 478.191, 478.430, 478.433, 478.463, 478.740, 488.2206, and 600.042, RSMo, and to enact in lieu thereof fourteen new sections relating to judicial circuits.

Was taken up.

Senator Dixon moved that **SCS** for **HB 799** be adopted.

Senator Dixon offered **SS** for **SCS** for **HB 799**, entitled:

SENATE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 799

An Act to repeal sections 67.320, 476.083, 478.170, 478.191, 478.430, 478.433, 478.463, 478.740, 488.2206, and 600.042, RSMo, and to enact in lieu thereof fourteen new sections relating to judicial circuits.

Senator Dixon moved that the **SS** for **SCS** for **HB 799** be adopted.

Senator Dixon offered **SA 1**, which was read:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 799, Page 9, Section 488.2244, Line 25 of said page, by inserting after all of said line the following:

“5. The provisions of this section shall expire on August 28, 2025.”; and

Further amend said bill, Page 11, Section 488.2257, Line 7 of said page, by inserting after all of said line the following:

“3. The provisions of this section shall expire on August 28, 2025.”.

Senator Dixon moved that the above amendment be adopted, which motion prevailed.

Senator Wasson offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 799, Page 3, Section 67.320, Line 6 of said page, by inserting after all of said line the following:

“211.393. 1. For purposes of this section, the following words and phrases mean:

(1) “County retirement plan”, any public employees’ defined benefit retirement plan established by law that provides retirement benefits to county or city employees, but not to include the county employees’ retirement system as provided in sections 50.1000 to 50.1200;

(2) “Juvenile court employee”, any person who is employed by a juvenile court in a position normally requiring one thousand hours or more of service per year;

(3) “Juvenile officer”, any juvenile officer appointed pursuant to section 211.351;

(4) “Multicounty circuit”, all other judicial circuits not included in the definition of a single county circuit;

(5) “Single county circuit”, a judicial circuit composed of a single county of the first classification, including the circuit for the city of St. Louis;

(6) “State retirement plan”, the public employees’ retirement plan administered by the Missouri state employees’ retirement system pursuant to chapter 104.

2. Juvenile court employees employed in a single county circuit shall be subject to the following provisions:

(1) The juvenile officer employed in such circuits on and prior to July 1, 1999, shall:

(a) Be state employees on that portion of their salary received from the state pursuant to section 211.381, and in addition be county employees on that portion of their salary provided by the county at a rate determined pursuant to section 50.640;

(b) Receive state-provided benefits, including retirement benefits from the state retirement plan, on that portion of their salary paid by the state and may participate as members in a county retirement plan on that portion of their salary provided by the county except any juvenile officer whose service as a juvenile court

officer is being credited based on all salary received from any source in a county retirement plan on June 30, 1999, shall not be eligible to receive state-provided benefits, including retirement benefits, or any creditable prior service as described in this section but shall continue to participate in such county retirement plan;

(c) Receive creditable prior service in the state retirement plan for service rendered as a juvenile court employee prior to July 1, 1999, to the extent they have not already received credit for such service in a county retirement plan on salary paid to them for such service, if such service was rendered in a single county circuit or a multicounty circuit; except that if the juvenile officer forfeited such credit in such county retirement plan prior to being eligible to receive creditable prior service under this paragraph, they may receive service under this paragraph;

(d) Receive creditable prior service pursuant to paragraph (c) of this subdivision even though they already have received credit for such creditable service in a county retirement plan if they elect to forfeit their creditable service from such plan in which case such plan shall transfer to the state retirement plan an amount equal to the actuarial accrued liability for the forfeited creditable service, determined as if the person were going to continue to be an active member of the county retirement plan, less the amount of any refunds of member contributions;

(e) Receive creditable prior service for service rendered as a juvenile court employee in a multicounty circuit in a position that was financed in whole or in part by a public or private grant, pursuant to the provisions of paragraph (e) of subdivision (1) of subsection 3 of this section;

(2) Juvenile officers who begin employment for the first time as a juvenile officer in a single county circuit on or after July 1, 1999, shall:

(a) Be county employees and receive salary from the county at a rate determined pursuant to section 50.640 subject to reimbursement by the state as provided in section 211.381; and

(b) Participate as members in the applicable county retirement plan subject to reimbursement by the state for the retirement contribution due on that portion of salary reimbursed by the state;

(3) All other juvenile court employees who are employed in a single county circuit on or after July 1, 1999:

(a) Shall be county employees and receive a salary from the county at a rate determined pursuant to section 50.640; and

(b) Shall, in accordance with their status as county employees, receive other county-provided benefits including retirement benefits from the applicable county retirement plan if such employees otherwise meet the eligibility requirements for such benefits;

(4) (a) The state shall reimburse each county comprised of a single county circuit for an amount equal to the greater of:

a. Twenty-five percent of such circuit's total juvenile court personnel budget, excluding the salary for a juvenile officer, for calendar year 1997, and excluding all costs of retirement, health and other fringe benefits; or

b. The sum of the salaries of one chief deputy juvenile officer and one deputy juvenile officer class I, as provided in section 211.381;

(b) The state may reimburse a single county circuit up to fifty percent of such circuit's total calendar

year 1997 juvenile court personnel budget, subject to appropriations. The state may reimburse, subject to appropriations, the following percentages of such circuits' total juvenile court personnel budget, expended for calendar year 1997, excluding the salary for a juvenile officer, and excluding all costs of retirement, health and other fringe benefits: thirty percent beginning July 1, 2000, until June 30, 2001; forty percent beginning July 1, 2001, until June 30, 2002; fifty percent beginning July 1, 2002; however, no county shall receive any reimbursement from the state in an amount less than the greater of:

a. Twenty-five percent of the total juvenile court personnel budget of the single county circuit expended for calendar year 1997, excluding fringe benefits; or

b. The sum of the salaries of one chief deputy juvenile officer and one deputy juvenile officer class I, as provided in section 211.381;

(5) Each single county circuit shall file a copy of its initial 1997 and each succeeding year's budget with the office of the state courts administrator after January first each year and prior to reimbursement. The office of the state courts administrator shall make payment for the reimbursement from appropriations made for that purpose on or before July fifteenth of each year following the calendar year in which the expenses were made. The office of the state courts administrator shall submit the information from the budgets relating to full-time juvenile court personnel from each county to the general assembly;

(6) Any single county circuit may apply to the office of the state courts administrator to become subject to subsection 3 of this section, and such application shall be approved subject to appropriation of funds for that purpose;

(7) The state auditor may audit any single county circuit to verify compliance with the requirements of this section, including an audit of the 1997 budget.

3. Juvenile court employees in multicounty circuits shall be subject to the following provisions:

(1) Juvenile court employees including detention personnel hired in 1998 in those multicounty circuits who began actual construction on detention facilities in 1996, employed in a multicounty circuit on or after July 1, 1999, shall:

(a) Not be state employees unless they receive all salary from the state, which shall include any salary as provided in section 211.381 in addition to any salary provided by the applicable county or counties during calendar year 1997 and any general salary increase approved by the state of Missouri for fiscal year 1999 and fiscal year 2000;

(b) Participate in the state retirement plan;

(c) Receive creditable prior service in the state retirement plan for service rendered as a juvenile court employee prior to July 1, 1999, to the extent they have not already received credit for such service in a county retirement plan on salary paid to them for such service if such service was rendered in a single county circuit or a multicounty circuit, except that if they forfeited such credit in such county retirement plan prior to being eligible to receive creditable prior service under this paragraph, they may receive creditable service under this paragraph;

(d) Receive creditable prior service pursuant to paragraph (c) of this subdivision even though they already have received credit for such creditable service in a county retirement plan if they elect within six months from the date they become participants in the state retirement plan pursuant to this section to forfeit their service from such plan in which case such plan shall transfer to the state retirement plan an amount

equal to the actuarial accrued liability for the forfeited creditable service, determined as if the person was going to continue to be an active member of the county retirement plan, less the amount of any refunds of member contributions;

(e) Receive creditable prior service for service rendered as a juvenile court employee in a multicounty circuit in a position that was financed in whole or in part by a public or private grant to the extent they have not already received credit for such service in a county retirement plan on salary paid to them for such service except that if they:

a. Forfeited such credit in such county retirement plan prior to being eligible to receive creditable service under this paragraph, they may receive creditable service under paragraph (e) of this subdivision;

b. Received credit for such creditable service in a county retirement plan, they may not receive creditable prior service pursuant to paragraph (e) of this subdivision unless they elect to forfeit their service from such plan, in which case such plan shall transfer to the state retirement plan an amount equal to the actuarial liability for the forfeited creditable service, determined as if the person was going to continue to be an active member of the county retirement plan, less the amount of any refunds of member contributions;

c. Terminated employment prior to August 28, 2007, and apply to the board of trustees of the state retirement plan to be made and employed as a special consultant and be available to give opinions regarding retirement they may receive creditable service under paragraph (e) of this subdivision;

d. Retired prior to August 28, 2007, and apply to the board of trustees of the state retirement plan to be made and employed as a special consultant and be available to give opinions regarding retirement, they shall have their retirement benefits adjusted so they receive retirement benefits equal to the amount they would have received had their retirement benefit been initially calculated to include such creditable prior service;
or

e. Purchased creditable prior service pursuant to section 104.344 or section 105.691 based on service as a juvenile court employee in a position that was financed in whole or in part by a public or private grant, they shall receive a refund based on the amount paid for such purchased service;

(2) Juvenile court employee positions added after December 31, 1997, shall be terminated and not subject to the provisions of subdivision (1) of this subsection, unless the office of the state courts administrator requests and receives an appropriation specifically for such positions;

(3) The salary of any juvenile court employee who becomes a state employee, effective July 1, 1999, shall be limited to the salary provided by the state of Missouri, which shall be set in accordance with guidelines established by the state pursuant to a salary survey conducted by the office of the state courts administrator, but such salary shall in no event be less than the amount specified in paragraph (a) of subdivision (1) of this subsection. Notwithstanding any provision to the contrary in subsection 1 of section 211.394, such employees shall not be entitled to additional compensation paid by a county as a public officer or employee. Such employees shall be considered employees of the judicial branch of state government for all purposes;

(4) All other employees of a multicounty circuit who are not juvenile court employees as defined in subsection 1 of this section shall be county employees subject to the county's own terms and conditions of employment;

(5) Any juvenile court employee in a single county circuit that changed from a multicounty circuit

on or after August 28, 2015, shall be a state employee, receive state-provided benefits, including retirement benefits from the state retirement plan, and not be subject to subsection 2 of this section.

4. The receipt of creditable prior service as described in paragraph (c) of subdivision (1) of subsection 2 of this section and paragraph (c) of subdivision (1) of subsection 3 of this section is contingent upon the office of the state courts administrator providing the state retirement plan information, in a form subject to verification and acceptable to the state retirement plan, indicating the dates of service and amount of monthly salary paid to each juvenile court employee for such creditable prior service.

5. No juvenile court employee employed by any single or multicounty circuit shall be eligible to participate in the county employees' retirement system fund pursuant to sections 50.1000 to 50.1200.

6. Each county in every circuit in which a juvenile court employee becomes a state employee shall maintain each year in the local juvenile court budget an amount, defined as "maintenance of effort funding", not less than the total amount budgeted for all employees of the juvenile court including any juvenile officer, deputy juvenile officer, or other juvenile court employees in calendar year 1997, minus the state reimbursements as described in this section received for the calendar year 1997 personnel costs for the salaries of all such juvenile court employees who become state employees. The juvenile court shall provide a proposed budget to the county commission each year. The budget shall contain a separate section specifying all funds to be expended in the juvenile court. Such funding may be used for contractual costs for detention services, guardians ad litem, transportation costs for those circuits without detention facilities to transport children to and from detention and hearings, short-term residential services, indebtedness for juvenile facilities, expanding existing detention facilities or services, continuation of services funded by public grants or subsidy, and enhancing the court's ability to provide prevention, probation, counseling and treatment services. The county commission may review such budget and may appeal the proposed budget to the judicial finance commission pursuant to section 50.640.

7. Any person who is employed on or after July 1, 1999, in a position covered by the state retirement plan or the transportation department and highway patrol retirement system and who has rendered service as a juvenile court employee in a judicial circuit that was not a single county of the first classification shall be eligible to receive creditable prior service in such plan or system as provided in subsections 2 and 3 of this section. For purposes of this subsection, the provisions of paragraphs (c) and (d) of subdivision (1) of subsection 2 of this section and paragraphs (c) and (d) of subdivision (1) of subsection 3 of this section that apply to the state retirement plan shall also apply to the transportation department and highway patrol retirement system.

8. (1) Any juvenile officer who is employed as a state employee in a multicounty circuit on or after July 1, 1999, shall not be eligible to participate in the state retirement plan as provided by this section unless such juvenile officer elects to:

(a) Receive retirement benefits from the state retirement plan based on all years of service as a juvenile officer and a final average salary which shall include salary paid by the county and the state; and

(b) Forfeit any county retirement benefits from any county retirement plan based on service rendered as a juvenile officer.

(2) Upon making the election described in this subsection, the county retirement plan shall transfer to the state retirement plan an amount equal to the actuarial accrued liability for the forfeited creditable service determined as if the person was going to continue to be an active member of the county retirement plan, less

the amount of any refunds of member contributions.

9. The elections described in this section shall be made on forms developed and made available by the state retirement plan.”; and

Further amend the title and enacting clause accordingly.

Senator Wasson moved that the above amendment be adopted, which motion prevailed.

Senator Wallingford offered SA 3:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 799, Page 11, Section 488.2257, Line 7, by inserting after all of said line the following:

“488.2265. 1. In addition to all other court costs prescribed by law, a surcharge of up to ten dollars shall be assessed as costs in each court proceeding filed in any court in the state located in any county of the first classification with more than seventy thousand but fewer than eighty-three thousand inhabitants and with a city of the fourth classification with more than thirteen thousand five hundred but fewer than sixteen thousand inhabitants as the county seat in all civil and criminal cases including violations of any county or municipal ordinance or infractions, except that no such surcharge shall be collected for any violation of a traffic law or ordinance or in any proceeding when the proceeding or defendant has been dismissed by the court or when costs are to be paid by the state, county, or municipality. For violations of the criminal laws of the state or county ordinances, including infractions, no such surcharge shall be collected unless it is authorized by order, ordinance, or resolution by the county government where the violation occurred. For violations of municipal ordinances, no such surcharge shall be collected unless it is authorized by order, ordinance, or resolution by the municipal government where the violation occurred. Such surcharges shall be collected and disbursed by the clerk of each respective court responsible for collecting court costs in the manner provided by sections 488.010 to 488.020, and shall be payable to the treasurer of the political subdivision authorizing such surcharge.

2. Each county or municipality shall use all funds received pursuant to this section only to pay for the costs associated with the land assemblage and purchase, planning, and construction of a new facility, maintenance, and operation of any county or municipal judicial facility or justice center including, but not limited to, architectural, engineering, and other plans and studies, utilities, maintenance, and building security of any judicial facility. The county or municipality shall establish and maintain a separate account known as the “justice center fund” limited to the uses authorized by this section. The county or municipality shall maintain records identifying all surcharges and expenditures made from the justice center fund.”; and

Further amend the title and enacting clause accordingly.

Senator Wallingford moved that the above amendment be adopted, which motion prevailed.

Senator Dixon moved that SS for SCS for HB 799, as amended, be adopted, which motion prevailed.

On motion of Senator Dixon, SS for SCS for HB 799, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Keaveny	Kehoe
LeVota	Libla	Munzlinger	Nasheed	Onder	Parson	Pearce	Richard

Riddle	Romine	Sater	Schaaf	Schatz	Schmitt	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—28				

NAYS—Senators

Emery	Hegeman	Kraus	Schaefer—4
-------	---------	-------	------------

Absent—Senator Holsman—1

Absent with leave—Senator Silvey—1

Vacancies—None

The President declared the bill passed.

On motion of Senator Dixon, title to the bill was agreed to.

Senator Dixon moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

HB 1070, introduced by Representative Davis, with **SCS**, entitled:

An Act to amend chapter 41, RSMo, by adding thereto one new section relating to the office of military advocate.

Was taken up by Senator Brown.

SCS for **HB 1070**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1070

An Act to amend chapter 41, RSMo, by adding thereto one new section relating to the office of military advocate.

Was taken up.

Senator Brown moved that **SCS** for **HB 1070** be adopted, which motion prevailed.

On motion of Senator Brown, **SCS** for **HB 1070** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schatz	Schmitt	Schupp	Sifton	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senators—None

Absent—Senators Holsman—1

Absent with leave—Senator Silvey—1

Vacancies—None

The President declared the bill passed.

On motion of Senator Brown, title to the bill was agreed to.

Senator Brown moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Senator Kehoe assumed the Chair.

HCS for HB 613, with **SCS**, entitled:

An Act to repeal sections 140.170, 140.310, 140.340, 140.350, 140.405, 140.410, and 140.420, RSMo, and to enact in lieu thereof eight new sections relating to the collection of delinquent real estate taxes.

Was taken up by Senator Parson.

SCS for HCS for HB 613, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 613

An Act to repeal sections 52.260, 65.620, 137.076, 140.170, 140.310, 140.340, 140.350, 140.405, 140.410, and 140.420, RSMo, and to enact in lieu thereof eleven new sections relating to the collection of property taxes, with an emergency clause for a certain section.

Was taken up.

Senator Parson moved that **SCS for HCS for HB 613** be adopted.

Senator Munzlinger offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Committee Substitute for House Bill No. 613, Page 11, Section 140.420, Line 13, by inserting after all of said line the following:

“231.444. 1. In addition to other levies authorized by law, the governing body of any county of the third **or fourth** classification [without a township form of government having a population of less than six thousand inhabitants according to the most recent decennial census] may by ordinance levy and impose a tax pursuant to this section which shall not exceed the rate of one dollar on each acre of real property in the county which is classified as agricultural and horticultural property pursuant to section 137.016.

2. The proceeds of the tax authorized pursuant to this section shall be collected by the county collector and remitted to the county treasurer who shall deposit such proceeds in a special fund to be known as the “Special Road Rock Fund”. All moneys in the special road rock fund shall be appropriated by the county governing body for the sole purpose of purchasing road rock to be placed on county roads within the boundaries of the county.

3. The ordinance levying and imposing a tax pursuant to subsection 1 of this section shall not be effective unless the county governing body submits to the qualified voters of the county a proposal to authorize the county governing body to levy and impose the tax at an election permitted pursuant to section 115.123. The ballot of submission proposing the tax shall be in substantially the following form:

Shall the county of (county's name) be authorized to levy and impose a tax on all real property in the county which is classified as agricultural or horticultural property at a rate not to exceed (rate

of tax) cents per acre with all the proceeds of the tax to be placed in the “Special Road Rock Fund” and used solely for the purpose of purchasing road rock to be placed on county roads within the boundaries of the county?

YES

NO

4. If a majority of the qualified voters of the county voting on the proposal vote “YES”, then the governing body of the county may by ordinance levy and impose the tax authorized by this section in an amount not to exceed the rate proposed in the ballot of submission. If a majority of the qualified voters of the county voting on the proposal vote “NO”, then the governing body of the county shall not levy and impose such tax. Nothing in this section shall prohibit a rejected proposal from being resubmitted to the qualified voters of the county at an election permitted pursuant to section 115.123.”; and

Further amend the title and enacting clause accordingly.

Senator Munzlinger moved that the above amendment be adopted, which motion prevailed.

Senator Wallingford offered SA 2:

SENATE AMENDMENT NO. 2

Amend Senate Committee Substitute for House Committee Substitute for House Bill No. 613, Page 2, Section 65.620, Line 32, by inserting after all of said line the following:

“137.018. 1. As used in this section, the term “merchandise” shall include short term rentals of equipment and other merchandise offered for short term rentals by rental companies under 532412 or 532210 of the 2012 edition of the North American Industry Classification System as prepared by the Executive Office of the President, Office of Management and Budget, which will subsequently or ultimately sell such merchandise or equipment. As used in this section, the term “short term rental” shall mean rentals for a period of less than three hundred sixty-five consecutive days, for an undefined period, or under an open-ended contract.

2. For the purposes of article X, section 6 of the Constitution of Missouri, all merchandise held or owned by a merchant whether or not currently subject to a short term rental and which will subsequently or ultimately be sold shall be considered inventory and exempt from ad valorem taxes.”; and

Further amend the title and enacting clause accordingly.

Senator Wallingford moved that the above amendment be adopted, which motion prevailed.

Senator Parson moved that SCS for HCS for HB 613, as amended, be adopted, which motion prevailed.

On motion of Senator Parson, SCS for HCS for HB 613, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman	Holsman
Keaveny	Kehoe	LeVota	Libla	Munzlinger	Nasheed	Onder	Parson
Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schatz	Schmitt
Schupp	Sifton	Wallingford	Walsh	Wasson	Wieland—30		

NAYS—Senators

Kraus	Schaefer—2
-------	------------

Absent—Senator Chappelle-Nadal—1

Absent with leave—Senator Silvey—1

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Brown	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman	Holsman
Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schatz	Schmitt	Schupp	Sifton	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senators—None

Absent—Senator Chappelle-Nadal—1

Absent with leave—Senator Silvey—1

Vacancies—None

On motion of Senator Parson, title to the bill was agreed to.

Senator Parson moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

PRIVILEGED MOTIONS

Senator Schmitt moved that **SS** for **SCS** for **SB 174**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SS** for **SCS** for **SB 174**, as amended, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
 SENATE SUBSTITUTE FOR
 SENATE COMMITTEE SUBSTITUTE FOR
 SENATE BILL NO. 174

An Act to repeal sections 70.210, 135.1150, and 135.1180, RSMo, and to enact in lieu thereof thirteen new sections relating to the Missouri Achieving a Better Life Experience program.

Was taken up.

Senator Schmitt moved that **HCS** for **SS** for **SCS** for **SB 174**, as amended, be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman	Holsman
Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schatz	Schmitt	Schupp	Sifton	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senators—None

Absent—Senator Chappelle-Nadal—1

Absent with leave—Senator Silvey—1

Vacancies—None

On motion of Senator Schmitt, **HCS** for **SS** for **SCS** for **SB 174**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman	Holsman
Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed	Onder
Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Wasson	Wieland—32

NAYS—Senators—None

Absent—Senators

Chappelle-Nadal Walsh—2

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Schmitt, title to the bill was agreed to.

Senator Schmitt moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SCS** for **HB 947** and has taken up and passed **SCS** for **HB 947**.

Also,

Mr. President: The Speaker of the House has appointed the following committee to act with a like committee from the Senate on **HCS** for **SCS** for **SB 35**, as amended. Representatives: Haefner, Barnes, Allen, LaFaver and Kirkton.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCR 10**.

On motion of Senator Richard, the Senate recessed until 8:00 p.m.

RECESS

The time of recess having expired, the Senate was called to order by Senator Kehoe.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SCS** for **SB 210**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SB 221**, and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SS No. 2** for **HCS** for **HB 722** and has taken up and passed **SS No. 2** for **HCS** for **HB 722**.

PRIVILEGED MOTIONS

Senator Schmitt, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SS** for **SCS** for **SB 5**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

**CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 5**

The Conference Committee appointed on House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 5, with House Amendment Nos. 1, 2, and 3, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 5, as amended;
2. That the Senate recede from its position on Senate Substitute for Senate Committee Substitute for Senate Bill No. 5;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 5 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Eric Schmitt

/s/ Kurt Schaefer

FOR THE HOUSE:

/s/ Paul Curtman

/s/ Robert Cornejo

/s/ Bob Dixon

/s/ Maria Chappelle-Nadal

/s/ Jason Holsman

/s/ Kevin Austin

/s/ Tommie Pierson

/s/ Gail McCann Beatty

Senator Schmitt moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Curls	Dempsey	Dixon	Emery	Hegeman	Holsman
Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed	Onder
Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz
Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wieland—31	

NAYS—Senators

Cunningham	Parson	Wasson—3
------------	--------	----------

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Schmitt, **CCS** for **HCS** for **SS** for **SCS** for **SB 5**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 5

An Act to repeal section 302.341, RSMo, and to enact in lieu thereof twelve new sections relating to local government.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Curls	Dempsey	Dixon	Emery	Hegeman	Holsman
Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed	Onder
Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz
Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wieland—31	

NAYS—Senators

Cunningham	Parson	Wasson—3
------------	--------	----------

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Schmitt, title to the bill was agreed to.

Senator Schmitt moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Senator Wieland moved that the Senate refuse to concur in **HCS** for **SCS** for **SB 380**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

REPORTS OF STANDING COMMITTEES

Senator Cunningham, Chairman of the Committee on Governmental Accountability and Fiscal Oversight, submitted the following reports:

Mr. President: Your Committee on Governmental Accountability and Fiscal Oversight, to which were referred **HB 675**; **SCS** for **HCS** for **HB 976**; **HCS** for **HB 714**; **SCS** for **HCS** for **HBs 578, 574 and 584**; **SCS** for **HCS** for **HB 796**; and **SCS** for **HB 529**, begs leave to report that it has considered the same and recommends that the bills do pass.

PRIVILEGED MOTIONS

Senator Wallingford, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SCS** for **SB 152**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT NO. 2 ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 152

The Conference Committee appointed on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 152, with House Amendment Nos. 1 and 2, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 152, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 152;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Committee Substitute for Senate Bill No. 152 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Wayne Wallingford

/s/ Gary Romine

/s/ Doug Libla

Scott Sifton

/s/ Jason Holsman

FOR THE HOUSE:

/s/ Rocky Miller

/s/ Kevin Corlew

/s/ Tila Hubrecht

/s/ Clem Smith

/s/ Mary Nichols

Senator Wallingford moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh

Wasson Wieland—34

NAYS—Senator—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Wallingford, **CCS No. 2** for **HCS** for **SCS** for **SB 152**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE NO. 2 FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 152

An Act to repeal sections 29.380, 260.200, 260.225, 260.250, 260.320, 260.325, 260.330, 260.335, and 260.345, RSMo, and to enact in lieu thereof eleven new sections relating to environmental protection.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Wallingford, title to the bill was agreed to.

Senator Wallingford moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Senator Romine, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SCS** for **SB 445**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 445

The Conference Committee appointed on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 445, with House Amendment No. 1, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as

follows:

1. That the House recede from its position on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 445, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 445;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Committee Substitute for Senate Bill No. 445 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Gary Romine
 /s/ Mike Kehoe
 /s/ Wayne Wallingford
 /s/ Jill Schupp
 /s/ Jason Holsman

FOR THE HOUSE:

/s/ Rocky Miller
 /s/ Tim Remole
 /s/ Jack Bondon
 /s/ Clem Smith
 /s/ Mary Nichols

Senator Romine moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

Senator Pearce assumed the Chair.

Senator Kehoe assumed the Chair.

On motion of Senator Romine, **CCS** for **HCS** for **SCS** for **SB 445**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
 HOUSE COMMITTEE SUBSTITUTE FOR
 SENATE COMMITTEE SUBSTITUTE FOR
 SENATE BILL NO. 445

An Act to repeal sections 29.380, 260.200, 260.225, 260.250, 260.320, 260.325, 260.330, 260.335, and 260.345, RSMo, and to enact in lieu thereof eleven new sections relating to environmental protection.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed

Onder	Parson	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—34						

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Romine, title to the bill was agreed to.

Senator Romine moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

Senator Kraus, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 254** moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT NO. 2 ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 254

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 254, with House Amendment Nos. 1, 2, 3, and 4, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 254, as amended;
2. That the Senate recede from its position on Senate Bill No. 254;
3. That the attached Conference Committee Substitute No. 2 for House Committee Substitute for Senate Bill No. 254 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Will Kraus

/s/ Dan Brown

/s/ Bob Dixon

/s/ Jason Holsman

/s/ Jamilah Nasheed

FOR THE HOUSE:

/s/ Charlie Davis

/s/ Caleb Jones

/s/ Sue Allen

/s/ Pat Conway

/s/ Jeanne Kirkton

Senator Kraus moved that the above conference committee report be adopted.

At the request of Senator Kraus, the above motion was withdrawn.

Senator Munzlinger, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 13**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 13

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 13, with House Amendment Nos. 1, 2, 3, and 4, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 13, as amended;
2. That the Senate recede from its position on Senate Bill No. 13;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 13 be Third Read and Finally Passed.

FOR THE SENATE:

- /s/ Brian Munzlinger
- /s/ David Pearce
- /s/ Bob Onder
- /s/ Maria Chappelle-Nadal
- /s/ Gina Walsh

FOR THE HOUSE:

- /s/ Bryan Spencer
- /s/ Donna Lichtenegger
- /s/ Kathryn Swan
- /s/ Tommie Pierson
- /s/ Lauren Arthur

Senator Munzlinger moved that the above conference committee report be adopted.

At the request of Senator Munzlinger, the above motion was withdrawn.

Senator Kehoe assumed the Chair.

Senator Schupp moved that the Senate refuse to concur in **HA 1** and **HA 2** to **SCS** for **SB 328** and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Pearce assumed the Chair.

Senator Kraus moved that **CCR No. 2** for **HCS** for **SB 254** be again taken up, which motion prevailed.

On motion of Senator Kraus, **CCR No. 2** for **HCS** for **SB 254** was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Schaefer	Schatz
Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senator Schaaf—1

Absent—Senator Sater—1

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Kraus, **CCS No. 2** for **HCS** for **SB 254**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE NO. 2 FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 254

An Act to repeal sections 301.130, 301.142, 301.196, 301.3097, 302.010, 302.525, 302.574, 478.007, 577.013, and 577.014, RSMo, section 302.060 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, section 302.304 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, section 302.309 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, section 577.001 as enacted by house bill no. 1371, ninety-seventh general assembly, second regular session, section 577.010 as enacted by house bill no. 1371, ninety-seventh general assembly, second regular session, and section 577.012 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and to enact in lieu thereof seventeen new sections relating to motor vehicles, with an effective date for certain sections and penalty provisions.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	LeVota	Libla	Munzlinger	Nasheed
Onder	Parson	Pearce	Richard	Riddle	Romine	Schaefer	Schatz
Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh	Wasson	Wieland—32

NAYS—Senator Schaaf—1

Absent—Senator Sater—1

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Kraus, title to the bill was agreed to.

Senator Kraus moved that the vote by which the bill passed be reconsidered.

Senator Richard moved that motion lay on the table, which motion prevailed.

HOUSE BILLS ON THIRD READING

At the request of Senator Riddle, **HCS** for **HBs 578, 574** and **584**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Parson, **HB 529**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Wallingford, **HCS** for **HB 714** was placed on the Informal Calendar.

At the request of Senator Sater, **HCS** for **HB 796**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Sater, **HCS** for **HB 976**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Silvey, **HCS** for **HB 137** was placed on the Informal Calendar.

At the request of Senator Hegeman, **HB 1127**, with **SCS** was placed on the Informal Calendar.
HB 185 was placed on the Informal Calendar.

At the request of Senator Kehoe, **HB 494** was placed on the Informal Calendar.
HB 982 was placed on the Informal Calendar.

At the request of Senator Cunningham, **HB 64** was placed on the Informal Calendar.

At the request of Senator Kraus, **HB 341** was placed on the Informal Calendar.

At the request of Senator Dixon, **HCS** for **HB 734**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Romine, **HCS** for **HB 1019**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HB 1010** was placed on the Informal Calendar.

At the request of Senator Onder, **HB 276**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Dixon, **HCS** for **HB 635** was placed on the Informal Calendar.

At the request of Senator Libla, **HB 675** was placed on the Informal Calendar.

HB 210 was placed on the Informal Calendar.

MESSAGES FROM THE GOVERNOR

The following message was received from the Governor:

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102

May 6, 2015

TO THE SECRETARY OF THE SENATE
98TH GENERAL ASSEMBLY
FIRST REGULAR SESSION
STATE OF MISSOURI

Herewith I return to you Senate Committee Substitute for Senate Bill No. 19, entitled:

AN ACT

To repeal section 143.451, RSMo, and to enact in lieu thereof one new section relating to allocation of corporate income.

On May 6, 2015, I approved said Senate Committee Substitute for Senate Bill No. 19.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

RESOLUTIONS

Senator Riddle offered Senate Resolution No. 1056, regarding Josh Boehm, which was adopted.

Senators Wieland and Romine offered Senate Resolution No. 1057, regarding Thomas Michael Surdyke, Festus, which was adopted.

Senator LeVota offered Senate Resolution No. 1058, regarding Jonathan B. Hambacker, which was adopted.

Senator LeVota offered Senate Resolution No. 1059, regarding Dan Mika, which was adopted.

Senator Schmitt offered Senate Resolution No. 1060, regarding The Magic House, St. Louis Children's Museum, which was adopted.

Senator Brown offered Senate Resolution No. 1061, regarding Walmart, St. James, which was adopted.

Senator Brown offered Senate Resolution No. 1062, regarding V.E. Falkenhain and Associates, Rolla, which was adopted.

Senator Walsh offered Senate Resolution No. 1063, regarding Richard Hugh "Dick" Kellett, Florissant, which was adopted.

Senator Brown offered Senate Resolution No. 1064, regarding Courtney Walker, which was adopted.

Senator Romine offered Senate Resolution No. 1065, regarding Cheryle A. Roussin, Festus, which was adopted.

Senator Romine offered Senate Resolution No. 1066, regarding Betty J. Kasten, Bloomsdale, which was adopted.

Senator Sifton offered Senate Resolution No. 1067, regarding Eliza Heerboth, Webster Groves, which was adopted.

INTRODUCTIONS OF GUESTS

Senator Schaefer introduced to the Senate, Amy Parris and her daughter, Kate, and fourth grade students from Columbia Catholic School.

On motion of Senator Richard, the Senate adjourned under the rules.

SENATE CALENDAR

SIXTY-FIFTH DAY—THURSDAY, MAY 7, 2015

FORMAL CALENDAR

THIRD READING OF SENATE BILLS

SCS for SBs 1, 22, 49 & 70-Pearce
(In Fiscal Oversight)

SCS for SB 56-Munzlinger
(In Fiscal Oversight)

SS for SB 201-Dixon (In Fiscal Oversight)
SB 203-Dixon (In Fiscal Oversight)

SB 352-Schaefer (In Fiscal Oversight)
SS for SB 540-Libla (In Fiscal Oversight)

HOUSE BILLS ON THIRD READING

- | | |
|---|--|
| 1. HCS for HB 882-McGaugh, with SCS
(Munzlinger) (In Fiscal Oversight) | 7. HB 32-Hoskins (Pearce)
(In Fiscal Oversight) |
| 2. HB 279-Cornejo, with SCS (Schmitt)
(In Fiscal Oversight) | 8. HB 218-Wilson, with SCS (Dixon)
(In Fiscal Oversight) |
| 3. HB 100-Gosen, with SCS (Parson)
(In Fiscal Oversight) | 9. HCS for HB 117 (Dixon)
(In Fiscal Oversight) |
| 4. HCS for HB 807, with SCS (Dixon)
(In Fiscal Oversight) | 10. HB 101-Redmon (Libla)
(In Fiscal Oversight) |
| 5. HB 254-Crawford, with SCS (Parson)
(In Fiscal Oversight) | 11. HB 1305-Rowden (In Fiscal Oversight) |
| 6. HCS for HB 811, with SCS (Riddle)
(In Fiscal Oversight) | 12. HCS for HB 1002, with SCS (Kehoe)
(In Fiscal Oversight) |

INFORMAL CALENDAR

THIRD READING OF SENATE BILLS

SS#2 for SB 475-Dempsey

SENATE BILLS FOR PERFECTION

SB 17-Dixon	SB 69-LeVota, with SCS
SB 37-Romine, with SCS & SA 1 (pending)	SB 80-Dixon, with SCS
SB 44-Nasheed, with SCS, SS for SCS & SA 1 (pending)	SB 91-Dixon, with SCS
SB 46-Holsman	SBs 112, 212, 143 & 234-Dixon, with SCS
SB 53-Schaaf, with SS#2 (pending)	SB 117-Brown, with SCS
SB 55-Munzlinger	SB 127-Brown, with SCS
SB 59-Dixon	SB 130-Walsh and Schupp, with SCS
	SB 151-Sater

SB 159-Parson	SB 372-Keaveny, with SCS (pending)
SB 167-Schaaf, with SCS	SB 374-Schatz, with SCS
SB 177-Munzlinger, with SCS	SB 399-Onder
SB 220-Kehoe	SB 400-Onder, with SS (pending)
SB 225-Romine, with SCS	SB 409-Wallingford, with SCS
SB 227-Emery, with SS (pending)	SB 420-Schmitt
SB 232-Kehoe, with SCS (pending)	SB 424-Pearce, with SA 1 (pending)
SB 233-Kehoe, with SCS & SA 2 (pending)	SB 427-Sifton, with SCS
SB 266-Schaefer, with SCS	SB 432-Onder, with SCS
SB 267-Schaefer, with SCS	SB 442-Schaefer
SB 268-Pearce, with SCS	SBs 451, 307, 100 & 165-Dixon, with SCS
SB 286-Schaaf and Silvey	SB 452-Schmitt, et al, with SA 1 & point of order (pending)
SB 299-Pearce	SB 455-Kehoe
SB 302-Riddle, with SCS (pending)	SB 469-Munzlinger
SB 304-Keaveny, with SCS	SB 471-Schaaf
SB 305-Onder	SB 481-Onder, with SCS
SB 313-Wallingford, with SCS	SB 520-Kehoe, with SCS
SBs 331 & 21-Libla, with SCS & SS for SCS (pending)	SB 528-Sater
SB 339-Munzlinger, with SS (pending)	SB 567-Chappelle-Nadal, et al
SB 358-Kehoe	SJR 7-Richard and Wallingford
SB 360-Parson, with SCS	SJR 12-Onder, with SCS (pending)
SB 371-Munzlinger	

HOUSE BILLS ON THIRD READING

HCS for HB 33, with SCS (Parson)	HB 210-Conway (104)
HB 64-Dugger (Cunningham)	HB 233-Franklin, with SCS (Parson)
HCS for HB 104 (Schaefer)	HB 271-Hoskins (Dixon)
HB 108-McCaherty (Dixon)	HB 276-Cornejo, with SCS (Onder)
HCS for HB 112 (Wasson)	HCS for HB 299, with SCS (Kraus)
HCS for HB 119 (Wallingford)	HB 336-McGaugh (Kraus)
HCS for HB 137 (Silvey)	HB 341-Dugger (Kraus)
HB 185-Love	HB 401-Fraker, with SCS (Sater)
HB 190-Swan (Wallingford)	HB 440-Koenig (Kraus)

HCS for HB 478-Fitzwater (Wallingford)	HCS for HB 777 (Kraus)
HB 494-Leara (Kehoe)	HCS for HB 796, with SCS (Sater)
HB 502-Kelley, with SCS (Kraus)	HB 808-Cornejo, with SCS (Hegeman)
HB 523-Burlison, with SCS (Brown)	HCS for HB 830, with SCS (Munzlinger)
HB 529-Gosen, with SCS (Parson)	HB 836-Ross (Libla)
HB 533-Dugger, with SCS (Wasson)	HCS for HB 864 (Kehoe)
HCS for HB 538, with SCS (Brown)	HB 923-Miller, with SCS (Kehoe)
(In Fiscal Oversight)	HCS for HB 926 (Cunningham)
HB 562-Davis (Wasson)	HCS for HB 976, with SCS (Riddle)
HCS for HBs 578, 574 & 584, with SCS	HB 982-Rowden (Pearce)
(Riddle)	HB 1010-Brown (57) (Munzlinger)
HB 589-Hough, with SCS (Onder)	HCS for HB 1019, with SCS (Romine)
HCS for HB 592 (Wasson)	HCS for HB 1058, with SCS (Brown)
HCS for HB 635 (Dixon)	HCS for HB 1063 (Dixon)
HB 675-Rowden (Libla)	HCS for HB 1084 (Romine)
HB 684-Koenig (Dixon)	HB 1093-Houghton (Riddle)
HCS for HB 692, with SCS (Munzlinger)	HB 1127-Johnson, with SCS (Hegeman)
HCS for HB 714 (Wallingford)	HJR 1-Dugger (Kraus)
HCS for HB 734, with SCS (Dixon)	HCS for HJR 34, with SCS (Schmitt)

**BILLS IN CONFERENCE AND BILLS
CARRYING REQUEST MESSAGES**

In Conference

SS for SCS for SB 5-Schmitt, with HCS, as amended (Senate adopted CCR and passed CCS)	SB 104-Kraus, with HCS, as amended (Senate adopted CCR#2 and passed CCS#2)
SS#2 for SCS for SB 11-Richard, with HA 1, HA 2, as amended, HA 3, as amended & HA 4	SS for SCS for SB 115-Kraus, with HCS, as amended
SB 13-Munzlinger, with HCS, as amended (CCR Offered)	SCS for SB 152-Wallingford, with HCS, as amended (Senate adopted CCR#2 and passed CCS#2)
SB 35-Wallingford, with HCS, as amended	SCS for SB 172-Romine, with HCS, as amended
SS for SCS for SB 67-Cunningham, with HCS, as amended (Senate adopted CCR and passed CCS)	SCS for SB 210-Schaefer, with HCS, as amended

SB 221-Schatz, with HCS
 SB 254-Kraus, with HCS, as amended (Senate adopted CCR#2 and passed CCS#2)
 SCS for SB 270-Nasheed, with HCS, as amended
 SS for SCS for SB 278-Schatz, with HCS, as amended
 SB 282-Parson, with HCS, as amended
 SB 283-Kehoe, with HCS, as amended
 SCS for SB 300-Silvey, with HCS, as amended
 SCS for SB 445-Romine, with HCS, as amended (Senate adopted CCR and passed CCS)

SB 446-Schupp and Brown, with HA 1 & HA 2, as amended
 SCS for SB 473-Schaaf, with HCS, as amended
 HB 152-Haahr, with SCS, as amended (Onder)
 HB 458-Allen, with SS for SCS, as amended (Schmitt)
 HB 615-Dohrman, with SCS (Schatz)

Requests to Recede or Grant Conference

SCS for SB 322-Dempsey, with HCS, as amended (Senate requests House recede or grant conference)
 SCS for SB 328-Schupp, with HA 1 & HA 2 (Senate requests House recede or grant conference)

SCS for SB 380-Wieland, with HCS, as amended (Senate requests House recede or grant conference)

RESOLUTIONS

Reported from Committee

SCR 39-Dixon and Holsman
 SCR 40-Romine
 HCR 18-McCann (Curls)

HCR 26-Shull (Brown)
 HCS for HCR 32 (Romine)
 HCR 34-Rowland (Cunningham)

✓