Journal of the Senate

SECOND REGULAR SESSION

TWENTIETH DAY—WEDNESDAY, FEBRUARY 10, 2016

The Senate met pursuant to adjournment.

President Kinder in the Chair.

Reverend Carl Gauck offered the following prayer:

"You will seek the Lord your God, and you will find him if you search after him with all your heart and soul." (Deuteronomy 4:29)

Merciful God, many of Your people observe Ash Wednesday and this season's call to reflect on our lives and how we are called by You to live them. May we be true to this day, aware of our missing the mark of Your call to righteousness and need of Your mercy. You hear our groans and provide us with hope. As we walk through this day of ashes toward Your promise to be with You always. 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.

The Journal of the previous day was read and approved.

Senator Kehoe announced photographers from the Missourinet were given permission to take pictures in the Senate Chamber.

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

Present—Senators

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

Absent—Senators—None

Absent with leave—Senator Pearce—1

Vacancies—2

The Lieutenant Governor was present.

RESOLUTIONS

Senator Schaaf offered Senate Resolution No. 1420, regarding Deborah Siebern-Dennis, which was adopted.

Senator Wasson offered Senate Resolution No. 1421, regarding Roy A. Scherer, Sparta, which was adopted.

INTRODUCTION OF BILLS

The following Bills were read the 1st time and ordered printed.

SB 1044–By Wasson.

An Act to repeal section 67.410, RSMo, and to enact in lieu thereof one new section relating to ordinances for the abatement of public nuisances, with an existing penalty provision.

SB 1045–By Schaefer.

An Act to repeal section 572.010 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 572.010 as enacted by Referendum, Proposition A, November 3, 1992, and to enact in lieu thereof one new section relating to gambling.

SB 1046–By Schaefer.

An Act to amend chapter 304, RSMo, by adding thereto one new section relating to motorcycle profiling.

SENATE BILLS FOR PERFECTION

Senator Sater moved that **SB 608** be taken up for perfection, which motion prevailed.

Senator Sater offered **SS** for **SB 608**, entitled:

SENATE SUBSTITUTE FOR
SENATE BILL NO. 608

An Act to amend chapter 208, RSMo, by adding thereto two new sections relating to MO HealthNet health care provider fees.

Senator Sater moved that **SS** for **SB 608** be adopted.

Senator Hegeman assumed the Chair.

Senator Holsman offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 608, Page 1, Section A, Line 3, by inserting after all of said line the following:

"**191.875. 1. This section shall be known as the "Health Care Cost Reduction and Transparency Act".**

2. As used in this section, the following terms shall mean:

(1) "Department", the department of health and senior services;

(2) "DRG", diagnosis related group;

(3) "Estimate of cost", an estimate based on the information entered and assumptions about typical utilization and costs for health care services. Such estimates of cost shall encompass only those services within the direct control of the health care provider and shall include the following:

(a) The amount that will be charged to a patient for the health services if all charges are paid in full without a public or private third party paying for any portion of the charges;

(b) The average negotiated settlement on the amount that will be charged to a patient required to be provided in paragraph (a) of this subdivision;

(c) The amount of any MO HealthNet reimbursement for the health care services, including claims and pro rata supplemental payments, if known;

(d) The amount of any Medicare reimbursement for the medical services, if known; and

(e) The amount of any insurance copayments for the health benefit plan of the patient, if known;

(4) "Health care provider", any ambulatory surgical center, assistant physician, chiropractor, clinical psychologist, dentist, hospital, long-term care facility, nurse anesthetist, optometrist, pharmacist, physical therapist, physician, physician assistant, podiatrist, registered nurse, or other licensed health care facility or professional providing health care services in this state;

(5) "Health carrier", an entity as such term is defined under section 376.1350;

(6) "Hospital", as such term is defined under section 197.020;

(7) "Insurance costs", an estimate of cost of covered services provided by a health carrier based on a specific insured's coverage and health care services to be provided. Such insurance cost shall include:

(a) The average negotiated reimbursement amount to any health care provider;

(b) Any deductibles, copayments, or coinsurance amounts, including those whose disclosure is mandated under section 376.446; and

(c) Any amounts not covered under the health benefit plan;

(8) "Public or private third party", a state government, the federal government, employer, health carrier, third-party administrator, or managed care organization.

3. On or after July 1, 2017, any patient or consumer of health care services who makes a written request for an estimate of the cost of health care services from a health care provider shall be provided such estimate no later than five business days after receiving such request, except when the requested information is posted on the department's website under subsection 8 of this section. Any patient or consumer of health care services who makes a written request for the insurance costs from such patient's or consumer's health carrier shall be provided such insurance costs no later than five business days after receiving such request. The provisions of this subsection shall not apply to emergency health care services.

4. Health care providers, and the department under subsection 8 of this section, shall include with

any estimate of costs the following: "Your estimated cost is based on the information entered and assumptions about typical utilization and costs. The actual amount billed to you may be different from the estimate of costs provided to you. Many factors affect the actual bill you will receive, and this estimate of costs does not account for all of them. Additionally, the estimate of costs is not a guarantee of insurance coverage. You will be billed at the health care provider's charge for any service provided to you that is not a covered benefit under your plan. Please check with your insurance company to receive an estimate of the amount you will owe under your plan or if you need help understanding your benefits for the service chosen.".

5. Health carriers shall include with any insurance costs the following: "Your insurance costs are based on the information entered and assumptions about typical utilization and costs. The actual amount of insurance costs and the amount billed to you may be different from the insurance costs provided to you. Many factors affect the actual insurance costs, and the insurance costs provided do not account for all of them. Additionally, the insurance costs provided are limited to the specific information provided and are not a guarantee of insurance coverage for additional services. You will be billed at the health care provider's charge for any service provided to you that is not a covered benefit under your plan. You may contact us if you need further assistance in understanding your benefits for the service chosen.".

6. Each health care provider shall also make available the percentage or amount of any discounts for cash payment of any charges incurred through the health care provider's website or by making it available at the health care provider's location.

7. Nothing in this section shall be construed as violating any health care provider contract provisions with a health carrier that prohibit disclosure of the health care provider's fee schedule with a health carrier to third parties.

8. The department shall make available to the public on its website the most current price information it receives from hospitals under subsections 9 and 10 of this section. The department shall provide this information in a manner that is easily understood by the public and meets the following minimum requirements:

(1) Information for each participating hospital shall be listed separately and hospitals shall be listed in groups by category as determined by the department in rules adopted under this section; and

(2) Information for each hospital outpatient department shall be listed separately.

9. Beginning with the quarter ending June 30, 2017, and quarterly thereafter, each participating hospital shall provide to the department, in the manner and format determined by the department, the following information about the one hundred most frequently reported admissions by DRG for inpatients as established by the department:

(1) The amount that will be charged to a patient for each DRG if all charges are paid in full without a public or private third party paying for any portion of the charges;

(2) The average negotiated settlement on the amount that will be charged to a patient required to be provided in subdivision (1) of this subsection;

(3) The amount of MO HealthNet reimbursement for each DRG, including claims and pro rata

supplemental payments; and

(4) The amount of Medicare reimbursement for each DRG.

A hospital shall not report or be required to report the information required by this subsection for any of the one hundred most frequently reported admissions where the reporting of that information reasonably could lead to the identification of the person or persons admitted to the hospital in violation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other federal law.

10. Beginning with the quarter ending June 30, 2017, and quarterly thereafter, each participating hospital shall provide to the department, in a manner and format determined by the department, information on the total costs for the twenty most common outpatient surgical procedures and the twenty most common imaging procedures, by volume, performed in hospital outpatient settings. Participating hospitals shall report this information in the same manner as required by subsection 9 of this section, provided that hospitals shall not report or be required to report the information required by this subsection where the reporting of that information reasonably could lead to the identification of the person or persons admitted to the hospital in violation of HIPAA or other federal law.

11. A hospital shall provide the information specified under subsections 9 and 10 of this section to the department. A hospital which does so shall not be required to provide that information pursuant to subsection 3 of this section.

12. Any data disclosed to the department by a hospital under subsections 9 and 10 of this section shall be the sole property of the hospital that submitted the data. Any data or product derived from the data disclosed under subsections 9 and 10 of this section, including a consolidation or analysis of the data, shall be the sole property of the state. Any proprietary information received by the department shall be a proprietary interest and may be closed under the provisions of subdivision (15) of section 610.021. The department shall not allow information it receives or discloses under subsections 9 and 10 of this section to be used by any person or entity for commercial purposes.

13. The department shall promulgate rules to implement the provisions of this section. The rules relating to subsections 8 to 12 of this section shall include all of the following:

(1) The one hundred most frequently reported DRGs for inpatients for which participating hospitals will provide the data required under subsection 9 of this section;

(2) Specific categories by which hospitals shall be grouped for the purpose of disclosing this information to the public on the department's website; and

(3) The twenty most common outpatient surgical procedures and the twenty most common imaging procedures, by volume, performed in a hospital outpatient setting required under subsection 10 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, 2016, shall be invalid and void."; and

Further amend the title and enacting clause accordingly.

Senator Holsman moved that the above amendment be adopted.

Senator Schaaf offered **SSA 1** for **SA 1**:

SENATE SUBSTITUTE AMENDMENT NO. 1 FOR
SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 608, Page 1, Section A, Line 3, by inserting after all of said line the following:

"**191.875. 1. This section shall be known as the "Health Care Cost Reduction and Transparency Act".**

2. As used in this section, the following terms shall mean:

(1) "Department", the department of health and senior services;

(2) "DRG", diagnosis related group;

(3) "Estimate of cost", an estimate based on the information entered and assumptions about typical utilization and costs for health care services. Such estimates of cost shall encompass only those services within the direct control of the health care provider and shall include the following:

(a) The amount that will be charged to a patient for the health services if all charges are paid in full without a public or private third party paying for any portion of the charges;

(b) The average negotiated settlement on the amount that will be charged to a patient required to be provided in paragraph (a) of this subdivision;

(c) The amount of any MO HealthNet reimbursement for the health care services, including claims and pro rata supplemental payments, if known;

(d) The amount of any Medicare reimbursement for the medical services, if known; and

(e) The amount of any insurance copayments for the health benefit plan of the patient, if known;

(4) "Health care provider", any ambulatory surgical center, assistant physician, chiropractor, clinical psychologist, dentist, hospital, long-term care facility, nurse anesthetist, optometrist, pharmacist, physical therapist, physician, physician assistant, podiatrist, registered nurse, or other licensed health care facility or professional providing health care services in this state;

(5) "Health carrier", an entity as such term is defined under section 376.1350;

(6) "Hospital", as such term is defined under section 197.020;

(7) "Insurance costs", an estimate of cost of covered services provided by a health carrier based on a specific insured's coverage and health care services to be provided. Such insurance cost shall include:

(a) The average negotiated reimbursement amount to any health care provider;

(b) Any deductibles, copayments, or coinsurance amounts, including those whose disclosure is mandated under section 376.446; and

(c) Any amounts not covered under the health benefit plan;

(8) "Public or private third party", a state government, the federal government, employer, health carrier, third-party administrator, or managed care organization.

3. On or after July 1, 2017, any patient or consumer of health care services who makes a written request for an estimate of the cost of health care services from a health care provider shall be provided such estimate no later than five business days after receiving such request, except when the requested information is posted on the department's website under subsection 8 of this section. Any patient or consumer of health care services who makes a written request for the insurance costs from such patient's or consumer's health carrier shall be provided such insurance costs no later than five business days after receiving such request. The provisions of this subsection shall not apply to emergency health care services.

4. Health care providers, and the department under subsection 8 of this section, shall include with any estimate of costs the following: "Your estimated cost is based on the information entered and assumptions about typical utilization and costs. The actual amount billed to you may be different from the estimate of costs provided to you. Many factors affect the actual bill you will receive, and this estimate of costs does not account for all of them. Additionally, the estimate of costs is not a guarantee of insurance coverage. You will be billed at the health care provider's charge for any service provided to you that is not a covered benefit under your plan. Please check with your insurance company to receive an estimate of the amount you will owe under your plan or if you need help understanding your benefits for the service chosen.".

5. Health carriers shall include with any insurance costs the following: "Your insurance costs are based on the information entered and assumptions about typical utilization and costs. The actual amount of insurance costs and the amount billed to you may be different from the insurance costs provided to you. Many factors affect the actual insurance costs, and the insurance costs provided do not account for all of them. Additionally, the insurance costs provided are limited to the specific information provided and are not a guarantee of insurance coverage for additional services. You will be billed at the health care provider's charge for any service provided to you that is not a covered benefit under your plan. You may contact us if you need further assistance in understanding your benefits for the service chosen.".

6. Each health care provider shall also make available the percentage or amount of any discounts for cash payment of any charges incurred through the health care provider's website or by making it available at the health care provider's location.

7. Nothing in this section shall be construed as violating any health care provider contract provisions with a health carrier that prohibit disclosure of the health care provider's fee schedule with a health carrier to third parties.

8. The department shall make available to the public on its website the most current price information it receives from hospitals under subsections 9 and 10 of this section. The department shall

provide this information in a manner that is easily understood by the public and meets the following minimum requirements:

(1) Information for each participating hospital shall be listed separately and hospitals shall be listed in groups by category as determined by the department in rules adopted under this section; and

(2) Information for each hospital outpatient department shall be listed separately.

9. Beginning with the quarter ending June 30, 2017, and quarterly thereafter, each participating hospital shall provide to the department, in the manner and format determined by the department, the following information about the one hundred most frequently reported admissions by DRG for inpatients as established by the department:

(1) The amount that will be charged to a patient for each DRG if all charges are paid in full without a public or private third party paying for any portion of the charges;

(2) The average negotiated settlement on the amount that will be charged to a patient required to be provided in subdivision (1) of this subsection;

(3) The amount of MO HealthNet reimbursement for each DRG, including claims and pro rata supplemental payments; and

(4) The amount of Medicare reimbursement for each DRG.

A hospital shall not report or be required to report the information required by this subsection for any of the one hundred most frequently reported admissions where the reporting of that information reasonably could lead to the identification of the person or persons admitted to the hospital in violation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other federal law.

10. Beginning with the quarter ending June 30, 2017, and quarterly thereafter, each participating hospital shall provide to the department, in a manner and format determined by the department, information on the total costs for the twenty most common outpatient surgical procedures and the twenty most common imaging procedures, by volume, performed in hospital outpatient settings. Participating hospitals shall report this information in the same manner as required by subsection 9 of this section, provided that hospitals shall not report or be required to report the information required by this subsection where the reporting of that information reasonably could lead to the identification of the person or persons admitted to the hospital in violation of HIPAA or other federal law.

11. A hospital shall provide the information specified under subsections 9 and 10 of this section to the department. A hospital which does so shall not be required to provide that information pursuant to subsection 3 of this section.

12. Any data disclosed to the department by a hospital under subsections 9 and 10 of this section shall be the sole property of the hospital that submitted the data. Any data or product derived from the data disclosed under subsections 9 and 10 of this section, including a consolidation or analysis of the data, shall be the sole property of the state. Any proprietary information received by the department shall be a proprietary interest and may be closed under the provisions of subdivision (15) of section 610.021. The department shall not allow information it receives or discloses under

subsections 9 and 10 of this section to be used by any person or entity for commercial purposes.

13. The department shall promulgate rules to implement the provisions of this section. The rules relating to subsections 8 to 12 of this section shall include all of the following:

(1) The one hundred most frequently reported DRGs for inpatients for which participating hospitals will provide the data required under subsection 9 of this section;

(2) Specific categories by which hospitals shall be grouped for the purpose of disclosing this information to the public on the department's website; and

(3) The twenty most common outpatient surgical procedures and the twenty most common imaging procedures, by volume, performed in a hospital outpatient setting required under subsection 10 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, 2016, shall be invalid and void."; and

Further amend said bill, section 208.148, page 3, line 24, by inserting after all of said line the following:

"**376.2020. 1. For purposes of this section, the following terms shall mean:**

(1) "Contractual payment amount" or "payment amount", shall mean the total amount a health care provider is to be paid for providing a given health care service pursuant to a contract with a health carrier, and includes both the portions to be paid by the patient and by the health carrier. It is commonly referred to as the allowable amount;

(2) "Enrollee", shall have the same meaning ascribed to it in section 376.1350;

(3) "Health care provider", shall have the same meaning ascribed to it in section 376.1350;

(4) "Health care service", shall have the same meaning ascribed to it in section 376.1350;

(5) "Health carrier", shall have the same meaning ascribed to it in section 376.1350.

2. No provision in a contract in existence or entered into, amended, or renewed on or after August 28, 2016, between a health carrier and a health care provider shall be enforceable if such contractual provision prohibits, conditions, or in any way restricts any party to such contract from disclosing to an enrollee, patient, potential patient, or such person's parent or legal guardian, the contractual payment amount for a health care service if such payment amount is less than the health care provider's usual charge for the health care service, and if such contractual provision prevents the determination of the potential out-of-pocket cost for the health care service by the enrollee, patient, potential patient, parent, or legal guardian."; and

Further amend the title and enacting clause accordingly.

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

Senator Onder assumed the Chair.

Senator Hegeman assumed the Chair.

Senator Schaaf offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Bill No. 608, Page 3, Section 208.148, Line 2, by striking the word "change" and inserting in lieu thereof the following: "**prohibit**".

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

Senator Walsh offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Bill No. 608, Page 3, Section 208.148, Lines 7-8, by striking the words "a fee of no greater than five dollars" and inserting in lieu thereof the following: "**no fee shall be charged, but such missed appointment shall be documented in the patient's record**"; and further amend lines 9-12 by striking all of said lines and inserting in lieu thereof the following:

"**(2) For the second missed appointment, a fee of no greater than five dollars;**

(3) For the third missed appointment, a fee of no greater than ten dollars; and

(4) For the fourth and each subsequent missed appointment, a fee of no greater than twenty dollars.

Such health care providers shall waive the missed appointment fee in cases of inclement weather.".

Senator Walsh moved that the above amendment be adopted.

Senator Walsh offered **SSA 1** for **SA 3**:

SENATE SUBSTITUTE AMENDMENT NO. 1 FOR
SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Bill No. 608, Page 3, Section 208.148, Lines 7-12, by striking all of said lines and inserting in lieu thereof the following:

"**(1) For the first missed appointment in a three-year period, no fee shall be charged but such missed appointment shall be documented in the patient's record;**

(2) For the second missed appointment in a three-year period, a fee of no greater than five dollars;

(3) For the third missed appointment in a three-year period, a fee of no greater than ten dollars; and

(4) For the fourth and each subsequent missed appointment in a three-year period, a fee of no greater than twenty dollars.

Such health care providers shall waive the missed appointment fee in cases of inclement weather.".

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

Senator Sater moved that **SS** for **SB 608**, as amended, be adopted, which motion prevailed.

On motion of Senator Sater, **SS** for **SB 608**, as amended, was declared perfected and ordered printed.

MESSAGES FROM THE HOUSE

The following message was 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 **SCR 46**.

Concurrent Resolution ordered enrolled.

RESOLUTIONS

Senator Munzlinger offered Senate Resolution No. 1422, regarding Walter "Frank" Dexter, Hannibal, which was adopted.

Senator Sater offered Senate Resolution No. 1423, regarding Jim Compton, Mount Vernon, which was adopted.

Senator Parson offered Senate Resolution No. 1424, regarding the Fiftieth Wedding Anniversary of Mr. and Mrs. Thomas O'Neil, Lebanon, which was adopted.

INTRODUCTIONS OF GUESTS

On behalf of Senator Kehoe and himself, Senator Holsman introduced to the Senate, Tom Atkins, John Schulte, Lee Holt, Misty Blankenship, Chad Pica, Flora Herndon, Aungela Goodman, Shondra Cook, Debra Lawrence, Alicia Rodgers, Andrew Blank, Ashley Herndon, Bawanna Rosser, Breana Kennedy, Breanna Brown, Chindavanh Vongphrachanh, Dan Burns, Janaya Kennedy, Kip Edwards, Kristen Goodman, Lewis White, Linda Niekamp, Meisha Wright, Melvyn Smith, Michelle Bell, Robert Turnbow, Sharon Harris, Shelby Lawrence, Theresa Rodebaugh, Wesley Howard and Aaron Ware.

Senator Kehoe introduced to the Senate, Dr. Kevin Rome, Lincoln University.

Senator Kehoe introduced to the Senate, Julia Potter and Adam Bieri, Sarah Bryant, Sidney Draffen, Claire Kuhlman and Sophie Brant, California High School DECA; and Trisha Bailey, Tipton DECA.

Senator Brown introduced to the Senate, Matthew Hudson and Tiffany Brunner, Springfield.

Senator Brown introduced to the Senate, representatives from the Waynesville Career Center.

Senator Emery introduced to the Senate, Scott Nolting, Lorraine Potter and Steven Shields; and Dylan Maberry, Chase McKibben, Jesse Compton, Nathan McConnell, Olivia Fanning, Nastassgia Kirwood, Kaily Reinert, Isaac Oliphan and Kevin Rodriguez, Lamar Career and Technical Center.

Senator Emery introduced to the Senate, Andy Hoag, Clinton.

Senator Emery introduced to the Senate, Jeanette Miller, Christine Rutherford and Jason Dieckhoff, Cass Career Technology, Harrisonville.

Senator Dixon introduced to the Senate, David Lee, Springfield.

Senator Onder introduced to the Senate, Craig Ernstmeyer, Sasa Vasiljevic, Lindsay Fuller, Allison Patton, Brianna Birk, Lauren Bower, Iuli Demien, Amanda Ernstmeyer, Ashley Ernstmeyer, Alli Gueck, Jordyn Klein, Savannah Kluesner, Mary Kuntz, Sarah Malterer, Emily Skerston, Katie Umback and Tori Vogt, 2015 Class 2 State Champion St. Charles Lutheran High Volleyball team.

Senator Cunningham introduced to the Senate, Annette Dupree, Valerie Thompson, Nicki Percy & Nala, Theresa Clement, Lisa Keeler and Shelly Jones, Marshfield.

Senator Cunningham introduced to the Senate, Mayor Kim Wehmer and Beverly Hicks, Willow Springs.

Senator Kehoe introduced to the Senate, Travis Plume, Stacy Buschman, Brandon Christian, Rylie Miller, Maegan Cain, Jennifer Copas, Tekoah Sage, Mariah Forck, Stephanie Grant, Thomas Coots, Emily Hoerchler, Emily Rackers and Rachel Hasty, Nichols Career Center, Jefferson City.

Senator Parson introduced to the Senate, coaches and members of the 2015 Class 1 state champion Hermitage and Wheatland High School Boys Cross Country team.

On behalf of Senator Holsman and herself, Senator Curls introduced to the Senate, Councilman Jermaine Reed, Kansas City.

On behalf of Senator Hegeman, the President introduced to the Senate, Mary Hinde, St. Joseph; Jim Blackford, Maryville; and former State Representative Phil Tate, Gallatin.

Senator Cunningham introduced to the Senate, Presiding Commissioner Zach Williams, Wright County; and Tammy Williams, Norwood.

Senator Cunningham introduced to the Senate, Tom Stehn, West Plains.

Senator Cunningham introduced to the Senate, Jon Wilson, Gainesville.

Senator Walsh introduced to the Senate, Tiffany Grant, Florissant; and Sandra Drezek.

Senator Cunningham introduced to the Senate, Advisor Mickey Plummer, Steven Hull, Mark Lawrence, Stephen Brooks, Lane Jones, Natalie Holcomb and Zac Hignight, Seymour FFA.

Senator Schupp introduced to the Senate, her husband, Mark Schupp.

Senator Sater introduced to the Senate, Commissioner Cherry Warren, Cassville.

On motion of Senator Kehoe, the Senate adjourned under the rules.

SENATE CALENDAR

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TWENTY-FIRST DAY– THURSDAY, FEBRUARY 11, 2016

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FORMAL CALENDAR

SECOND READING OF SENATE BILLS

SB 1029-Schupp
SB 1030-Schupp
SB 1031-Sater
SB 1032-Wieland
SB 1033-Pearce
SB 1034-Romine
SB 1035-Romine
SB 1036-Keaveny
SB 1037-Schaefer
SB 1038-Nasheed

SB 1039-Silvey
SB 1040-Kraus
SB 1041-Schatz and Schaaf
SB 1042-Holsman
SB 1043-Wieland
SB 1044-Wasson
SB 1045-Schaefer
SB 1046-Schaefer
SJR 38-Schaefer

HOUSE BILLS ON SECOND READING

HCS for HBs 1366 & 1878
HCS for HB 1562
HCS for HB 1658
HB 1594-Crawford
HB 1619-McCaherty
HB 1478-Entlicher
HB 1668-Gosen
HB 1733-Davis

THIRD READING OF SENATE BILLS

SB 579-Schaaf, et al (In Fiscal Oversight)
SB 677-Sater
SB 711-Brown
SB 639-Riddle
SCS for SBs 620 & 582-Romine
SCS for SB 703-Munzlinger
SB 664-Parson

SENATE BILLS FOR PERFECTION

1. SB 621-Romine
2. SB 581-Schaaf
3. SB 607-Sater
4. SB 619-Wallingford
5. SB 644-Onder, with SCS
6. SB 682-Cunningham and Romine
7. SB 704-Munzlinger, with SCS
8. SB 838-Silvey, et al, with SCS
9. SB 783-Onder
10. SB 640-Schatz
11. SB 656-Munzlinger
12. SB 732-Munzlinger
13. SB 641-Schatz
14. SB 706-Dixon
15. SB 794-Wallingford, with SCS
16. SB 799-Kraus
17. SB 875-Schaefer
18. SB 573-Schmitt
19. SB 919-Schmitt, with SCS
20. SB 879-Brown
21. SB 665-Parson
22. SB 835-Wasson
23. SBs 865 & 866-Sater, with SCS
24. SB 700-Schatz
25. SB 823-Kraus, with SCS
26. SB 814-Wallingford, et al, with SCS
27. SB 612-Cunningham
28. SBs 688 & 854-Romine, with SCS
29. SB 802-Sater
30. SB 804-Onder, with SCS
31. SB 623-Libla

HOUSE BILLS ON THIRD READING

HB 1575-Rowden, with SCA 1 (Onder)
HB 1979-Rowden, with SCS (Onder)

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 580-Schaaf, with SCS, SA 2 & point of order (pending)
SB 816-Wieland, et al
SB 825-Munzlinger, with SA 1 (pending)
SB 847-Emery and Richard, with SS, SA 1 & SA 1 to SA 1 (pending)

CONSENT CALENDAR

Senate Bills

Reported 2/4

SB 650-Pearce, with SCS
SB 627-Nasheed
SB 646-Schupp, with SCS
SB 831-Wasson
SB 833-Nasheed
SB 864-Sater
SB 738-Parson

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