Journal of the Senate

FIRST REGULAR SESSION

SIXTY-SEVENTH DAY—MONDAY, MAY 7, 2001

The Senate met pursuant to adjournment.

President Maxwell in the Chair.

Reverend Carl Gauck offered the following prayer:

"Unless the LORD builds the house, those who build it labor in vain." (Psalm 127:1)

Holy God, King of the Universe, let us never forget You are the architect and builder less we be filled with pride that makes us stumble in our efforts to accomplish what You direct us to fulfill in these closing two weeks of this session. Lead us in letting You, the Master Builder, direct our hearts, thoughts and actions as we seek to obey Your directions. 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.

Senator Kenney moved that the Senate Journal for Thursday, May 3, 2001, be corrected on Page 1008, Column 1, Line 22, by adding after said line the following:

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

On motion of Senator Kenney, the Journal for Thursday, May 3, 2001, was read and approved, as corrected.

Senator Kenney requested unanimous consent of the Senate to correct the Senate Journal for Wednesday, May 2, 2001, on Page 1016, Column 1, Line 20, by adding after the word "**request**" the following: "**and have a hearing and the results of such hearing be reduced**", which request was granted.

Photographers from KRCG-TV, KMIZ-TV and KOMU-TV were given permission to take pictures in the Senate Chamber today.

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

Present—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Staples
Steelman	Stoll	Westfall	Wiggins

Yeckel—33

Absent with leave—Senator Carter—1

The Lieutenant Governor was present.

RESOLUTIONS

Senator Kinder offered Senate Resolution No. 746, regarding the Southeast Missouri Hospital Foundation and the Southeast Missouri Hospital Auxiliary, Cape Girardeau, which was adopted.

Senator Sims offered Senate Resolution No. 747, regarding Elizabeth L. Hoeltzle, St. Clair, which was adopted.

Senator Yeckel offered Senate Resolution No.

748, regarding Derek Lawrence Weiss, St. Louis, which was adopted.

Senator Sims offered Senate Resolution No. 749, regarding Dr. David L. Cronin, St. Louis, which was adopted.

Senator Quick offered Senate Resolution No. 750, regarding Matthew Lowell Hermanson, Liberty, which was adopted.

Senator Quick offered Senate Resolution No. 751, regarding Brandon Scott Swanson, Liberty, which was adopted.

Senator Bentley offered Senate Resolution No. 752, regarding Joshilyn Cardin Barnes, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 753, regarding Robert M. Baird, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 754, regarding Linda K. Thomas, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 755, regarding Willis H. Melgren, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 756, regarding Don Beebe, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 757, regarding Kay Johnson, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 758, regarding Jim Jaeger, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 759, regarding Pat Walker, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 760, regarding Alicia Hoyt, Springfield, which was adopted.

Senator Bentley offered Senate Resolution No. 761, regarding Kenny Ross, Springfield, which was adopted.

Senator Klarich offered the following resolution, which was adopted:

SENATE RESOLUTION NO. 762

WHEREAS, the members of the Missouri Senate proudly pause to recognize those special young people who have exemplified the finest qualities of citizenship and leadership by taking an active part in state government; and

WHEREAS, Daniel Graves, a student at Southeast Missouri State University in Cape Girardeau, has distinguished himself as an Intern for the Honorable David Klarich, State Senator from the Twenty-sixth District; and

WHEREAS, Daniel Graves joined the staff of Senator Klarich for the First Regular Session of the Ninety-first General Assembly as part of the Missouri State Intern Program at the state capitol in Jefferson City, a program designed to involve college students in the legislative process through active participation; and

WHEREAS, Daniel Graves has experienced the opportunity to observe firsthand the inner workings of state government and has gained valuable insight into the process by which laws are made; and

WHEREAS, Daniel Graves has successfully demonstrated his abilities in the performance of such duties as conducting research, serving as legislative aide and session attendant, helping with constituent services, and assuming various other responsibilities to make the office of Senator Klarich run as smoothly as possible; and

WHEREAS, Daniel Graves has earned recognition as a valuable asset to Senator Klarich and the entire Missouri Legislature through the application of knowledge and skills acquired prior to his tenure as an Intern and a variety of visible new skills which will be of tremendous value in the job market:

NOW, THEREFORE, BE IT RESOLVED that we, the members of the Missouri Senate, Ninety-first General Assembly, hereby proudly join the Honorable David Klarich in commending Daniel Graves for his many important contributions to our State Legislature during the current session, and further extend to him our very best wishes for continued success and happiness in all future endeavors; and

BE IT FURTHER RESOLVED that the Secretary of the Senate be instructed to prepare a properly inscribed copy of this resolution for Daniel Graves, as a measure of our gratitude.

Senator Singleton offered the following resolution, which was adopted:

SENATE RESOLUTION NO. 763

WHEREAS, the members of the Missouri Senate always welcome the opportunity to acknowledge milestone events in the careers of Show-Me State professionals whose tireless work has improved the lives and health of countless citizens; and

WHEREAS, Donald E. Clark, D.P.M., of Joplin is observing the Fiftieth Anniversary of the establishment of his medical practice, an achievement for which he enjoys distinction as the oldest practicing podiatrist in the state of Missouri; and

WHEREAS, a military veteran who served in a medical detachment during four major European campaigns in World War II, Dr. Clark attended Case Western Reserve University in Cleveland, Ohio, and graduated from Ohio College of Podiatry in Cleveland on June 2, 1951; and

WHEREAS, licensed on July 7, 1951, to practice podiatry in Missouri, Dr. Clark established his ongoing private practice later that year in Joplin, where he has also served area residents as a member of the City Council from 1962 to 1978 and from 1982 to the present, as Mayor from 1985 to 1990, and as a member of the Jasper County Mental Health Board; and

WHEREAS, Dr. Clark is active in the American Legion; Veterans of Foreign Wars; Elks Lodge; Masonic Blue Lodge 345, AF&AM; and the Scottish Rite and Shrine; and

WHEREAS, a private pilot who first soloed on July 16, 1957, Dr. Clark has served as Chairman of the Joplin Airport Board and has received numerous awards and honors for his community involvement, including recognition for historic preservation work in downtown Joplin and outstanding service during the city's centennial celebration; and

WHEREAS, Dr. Clark's leadership has also been evident in his service to state government as Trustee and Disability Chairman for Missouri LAGERS and as a member and President of the Missouri State Board of Podiatric Medicine, to which he had been privileged to receive appointments by Governors Joseph P. Teasdale, John Ashcroft, and Mel Carnahan:

NOW, THEREFORE, BE IT RESOLVED that we, the members of the Missouri Senate, Ninety-first General Assembly, join unanimously to applaud the exceptional career and impressive life of Dr. Donald Clark and to convey to him our heartiest congratulations and best wishes upon attaining the Golden Anniversary of his medical practice in podiatry; and

BE IT FURTHER RESOLVED that the Secretary of the Senate be instructed to prepare a properly inscribed copy of this resolution in honor of Donald E. Clark, D.P.M., of Joplin, Missouri.

HOUSE BILLS ON THIRD READING

HCS for **HB 106**, entitled:

An Act to amend chapter 192, RSMo, by adding thereto one new section relating to a state systemic lupus erythematosus program in the department of health.

Was called from the Consent Calendar and taken up by Senator Bland.

On motion of Senator Bland, **HCS** for **HB 106** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Scott	Sims
Singleton	Staples	Steelman	Stoll
Westfall	Wiggins	Yeckel—31	

NAYS—Senators—None

Absent—Senators

Russell Schneider—2

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

HB 431, introduced by Representative Barry, entitled:

An Act to repeal section 190.500, RSMo 2000, relating to health care licensure, and to enact in lieu thereof one new section relating to the same subject.

Was called from the Consent Calendar and taken up by Senator Singleton.

On motion of Senator Singleton, **HB 431** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Scott	Sims
Singleton	Staples	Steelman	Stoll
Westfall	Wiggins	Yeckel—31	

NAYS—Senators—None

Absent—Senators

Russell Schneider—2

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

HB 52, with **SCAs 1** and **2**, introduced by Representatives Ward and Crump, entitled:

An Act to repeal section 56.066, RSMo 2000, relating to full-time prosecutors, and to enact in lieu thereof one new section relating to the same subject.

Was called from the Consent Calendar and taken up by Senator Staples.

SCA 1 was taken up.

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

SCA 2 was taken up.

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

On motion of Senator Staples, **HB 52**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Klarich
Klindt	Loudon	Mathewson	Quick
Rohrbach	Scott	Sims	Staples
Steelman	Stoll	Westfall	Wiggins—28

NAYS—Senators—None

Absent—Senators

Kinder	Russell	Schneider	Singleton

Yeckel—5

Absent with leave—Senator Carter—1

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Klarich	Klindt
Loudon	Mathewson	Rohrbach	Russell
Scott	Staples	Steelman	Westfall
Wiggins	Yeckel—26		

NAYS—Senators—None

Absent—Senators

Kenney	Kinder	Quick	Schneider
Sims	Singleton	Stoll—7	

Absent with leave—Senator Carter—1

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

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

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

HB 945, with **SCS**, introduced by Representative Hosmer, entitled:

An Act to repeal section 495.455, RSMo 2000, relating to juror pay, and to enact in lieu thereof one new section relating to the same subject.

Was called from the Consent Calendar and taken up by Senator Bentley.

SCS for **HB 945**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 945

An Act to repeal sections 488.429 and 494.455, RSMo 2000, relating to funding for court services, and to enact in lieu thereof two new sections relating to the same subject.

Was taken up.

Senator Bentley moved that **SCS** for **HB 945** be adopted, which motion prevailed.

On motion of Senator Bentley, **SCS** for **HB 945** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Scott
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Schneider—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

HB 420, introduced by Representative Williams, et al, entitled:

An Act to repeal section 302.138, RSMo 2000, relating to motorcycle safety education.

Was called from the Consent Calendar and taken up by Senator Westfall.

On motion of Senator Westfall, **HB 420** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bland	Caskey	Cauthorn	Childers
DePasco	Dougherty	Foster	Gibbons
Goode	Gross	House	Jacob
Johnson	Kenney	Kinder	Klarich
Klindt	Loudon	Mathewson	Quick
Rohrbach	Russell	Scott	Singleton
Staples	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Bentley	Schneider	Sims—3

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

REPORTS OF STANDING COMMITTEES

Senator Klindt, Chairman of the Select Committee on Redistricting, submitted the following report:

Mr. President: Your Select Committee on Redistricting, to which was referred **SB 586**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

PRIVILEGED MOTIONS

Senator Bland moved that **SB 130**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 130**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 130

An Act to amend chapter 311, RSMo, by adding thereto one new section relating to liquor control.

Was taken up.

Senator Bland moved that **HCS** for **SB 130** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Goode	House	Jacob	Johnson
Kenney	Kinder	Klarich	Klindt
Mathewson	Quick	Schneider	Scott
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins—27	

NAYS—Senators

Gibbons	Gross	Loudon	Rohrbach
Yeckel—5			

Absent—Senator Russell—1

Absent with leave—Senator Carter—1

On motion of Senator Bland, **HCS** for **SB 130** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Goode	House	Jacob	Johnson
Kenney	Klarich	Klindt	Mathewson
Quick	Schneider	Scott	Sims
Singleton	Staples	Steelman	Stoll
Westfall	Wiggins—26		

NAYS—Senators

Gibbons	Gross	Kinder	Loudon
Rohrbach	Yeckel—6		

Absent—Senator Russell—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Schneider moved that **SCS** for **SB 178**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 178**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 178

An Act to repeal sections 347.189 and 448.3-106, RSMo 2000, relating to ownership of property, and to enact in lieu thereof two new sections relating to the same subject.

Was taken up.

Senator Schneider moved that **HCS** for **SCS** for **SB 178** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Cauthorn	Childers
DePasco	Dougherty	Foster	Gibbons
Goode	Gross	House	Jacob
Johnson	Kenney	Kinder	Klarich
Klindt	Loudon	Mathewson	Quick
Rohrbach	Russell	Schneider	Scott
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senator Caskey—1

Absent—Senators—None

Absent with leave—Senator Carter—1

On motion of Senator Schneider, **HCS** for **SCS** for **SB 178** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Cauthorn	Childers
DePasco	Dougherty	Foster	Gibbons
Goode	Gross	House	Johnson
Kenney	Kinder	Klarich	Klindt
Loudon	Mathewson	Rohrbach	Russell
Schneider	Scott	Sims	Singleton
Staples	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senator Caskey—1

Absent—Senators

Jacob	Quick—2

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Klarich moved that the Senate refuse to concur in **HS** for **HCS** for **SS** for **SCS** for **SB 267**, as amended, and request the House to recede from its position, and failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Foster moved that **SB 543**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 543**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 543

An Act to repeal section 165.011, RSMo 2000, relating to transfers of funds in certain school districts, and to enact in lieu thereof one new section relating to the same subject.

Was taken up.

Senator Foster moved that **HCS** for **SB 543** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Rohrbach	Russell	Schneider	Scott
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Quick—1

Absent with leave—Senator Carter—1

On motion of Senator Foster, **HCS** for **SB 543** was read the 3rd time and passed by the following vote:

YEAS—Senators

Cauthorn	Childers	DePasco	Dougherty
Foster	Gibbons	Gross	Jacob
Johnson	Kenney	Kinder	Klarich
Klindt	Loudon	Quick	Rohrbach
Russell	Schneider	Scott	Sims
Singleton	Staples	Steelman	Westfall
Yeckel—25			

NAYS—Senators

Bentley	Caskey	Goode	House
Mathewson	Stoll	Wiggins—7	

Absent—Senator Bland—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Johnson moved that **SB 353**, with **HCA 1**, be taken up for 3rd reading and final passage, which motion prevailed.

HCA 1 was taken up.

Senator Johnson moved that the above amendment be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Cauthorn	Childers	Foster
Gibbons	Gross	House	Jacob
Johnson	Kenney	Kinder	Klarich
Klindt	Rohrbach	Russell	Staples
Steelman	Stoll	Westfall	Wiggins—20

NAYS—Senators

Caskey	DePasco	Dougherty	Goode
Loudon	Mathewson	Quick	Schneider
Sims	Singleton	Yeckel—11	

Absent—Senators

Bland	Scott—2

Absent with leave—Senator Carter—1

On motion of Senator Johnson, **SB 353**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Cauthorn	Childers	DePasco
Foster	Gibbons	Gross	House

Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Rohrbach	Russell
Staples	Steelman	Stoll	Westfall
Wiggins—21			

NAYS—Senators

Caskey	Dougherty	Goode	Loudon
Mathewson	Quick	Sims	Singleton
Yeckel—9			

Absent—Senators

Bland	Schneider	Scott—3

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator House moved that **SB 345**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 345**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 345

An Act to repeal sections 71.285, 82.300 and 347.189, RSMo 2000, relating to property maintenance and to enact in lieu thereof four new sections relating to the same subject.

Was taken up.

Senator House moved that **HCS** for **SB 345** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Sims	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senator Staples—1

Absent—Senators

Scott	Singleton—2

Absent with leave—Senator Carter—1

On motion of Senator House, **HCS** for **SB 345** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Scott—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Yeckel moved that **SCS** for **SB 515**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 515**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 515

An Act to repeal sections 59.310 and 59.313, RSMo 2000, relating to county recorders of deeds, and to enact in lieu thereof three new sections relating to the same subject, with an effective date.

Was taken up.

Senator Yeckel moved that **HCS** for **SCS** for **SB 515** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Rohrbach	Russell	Scott	Sims
Singleton	Staples	Steelman	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Quick	Schneider	Stoll—3

Absent with leave—Senator Carter—1

On motion of Senator Yeckel, **HCS** for **SCS** for **SB 515** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Scott
Sims	Staples	Steelman	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Schneider	Singleton	Stoll—3

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Yeckel moved that **SB 538**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 538**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 538

An Act to repeal sections 443.803, 443.805, 443.809, 443.810, 443.812, 443.819, 443.821, 443.825, 443.827, 443.833, 443.839, 443.841, 443.849, 443.851, 443.855, 443.857, 443.859, 443.863, 443.867, 443.869, 443.879, 443.881 and 443.887, RSMo 2000, relating to mortgages and mortgage brokers, and to enact in lieu thereof twenty-three new sections relating to the same subject, with penalty provisions.

Was taken up.

Senator Yeckel moved that **HCS** for **SB 538** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Caskey	Cauthorn	Childers
DePasco	Dougherty	Foster	Gibbons
Goode	Gross	House	Johnson
Kenney	Kinder	Klarich	Klindt
Loudon	Mathewson	Quick	Rohrbach
Russell	Schneider	Scott	Sims
Singleton	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senator Bland—1

Absent—Senators

Jacob	Staples—2

Absent with leave—Senator Carter—1

On motion of Senator Yeckel, **HCS** for **SB 538** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson

Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Staples—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Mathewson moved that **SCS** for **SB 568**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 568**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 568

An Act to authorize the exchange of property interest owned by the state and certain cities.

Was taken up.

Senator Mathewson moved that **HCS** for **SCS** for **SB 568** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins—31	

NAYS—Senators—None

Absent—Senators

Staples	Yeckel—2

Absent with leave—Senator Carter—1

On motion of Senator Mathewson, **HCS** for **SCS** for **SB 568** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Staples—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator Mathewson moved that **SCS** for **SB 619**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 619**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 619

An Act to repeal section 190.109, RSMo 2000, and to enact in lieu thereof four new sections relating to the state fair, with an emergency clause.

Was taken up.

Senator Mathewson moved that **HCS** for **SCS** for **SB 619** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Staples—1

Absent with leave—Senator Carter—1

On motion of Senator Mathewson, **HCS** for **SCS** for **SB 619** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Staples—1

Absent with leave—Senator Carter—1

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Scott	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Staples—1

Absent with leave—Senator Carter—1

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

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

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

Bill ordered enrolled.

Senator Rohrbach moved that the Senate refuse to concur in **HCS** for **SS** for **SB 193**, as amended, and request the House to recede from its position, and failing to do so, grant the Senate a conference thereon, which motion prevailed.

REPORTS OF STANDING COMMITTEES

Senator Singleton, Chairman of the Committee on State Budget Control, submitted the following report:

Mr. President: Your Committee on State Budget Control, to which was referred **HS** for **HB 381**, with **SCS**, begs leave to report that it has considered the same and recommends that the bill do pass.

Senator Kenney, Chairman of the Committee on Rules, Joint Rules, Resolutions and Ethics, submitted the following report:

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **HCS** for **SCS** for **SB 382**, begs leave to report that it has examined the same and finds that the bill has been duly enrolled and that the printed copies furnished the Senators are correct.

President Pro Tem Kinder assumed the Chair.

SIGNING OF BILLS

The President Pro Tem announced that all other business would be suspended and **HCS** for **SCS** for **SB 382**, having passed both branches of the General Assembly, would be read at length by the Secretary, and if no objections be made, the bill would be signed by the President Pro Tem to the end that it may become law. No objections being made, the bill was so read by the Secretary and signed by the President Pro Tem.

HOUSE BILLS ON THIRD READING

HB 16, with **SCS**, introduced by Representative Green (73), 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, 2001 and ending June 30, 2003.

Was taken up by Senator Russell.

SCS for **HB 16**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 16

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, 2001 and ending June 30, 2003.

Was taken up.

Senator Russell moved that **SCS** for **HB 16** be adopted, which motion prevailed.

President Maxwell assumed the Chair.

On motion of Senator Russell, **SCS** for **HB 16** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klindt	Loudon	Mathewson	Rohrbach
Russell	Scott	Steelman	Stoll
Westfall	Wiggins	Yeckel—27	

NAYS—Senator Sims—1

Absent—Senators

Klarich	Quick	Schneider	Singleton
Staples—5			

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

Senator Russell requested unanimous consent of the Senate to allow the Senate conferees on Appropriations to meet while the Senate is in session, which request was granted.

HB 17, with **SCS**, introduced by Representative Green (73), entitled:

An Act to appropriate money for expenses, grants, refunds, distributions 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 designated herein.

Was taken up by Senator Russell.

SCS for **HB 17**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 17

An Act to appropriate money for expenses, grants, refunds, distributions 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 designated herein.

Was taken up.

Senator Russell moved that **SCS** for **HB 17** be adopted.

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

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 17, Page 36, Section 17.220, Line 9, by deleting the number "$1,500,000" and inserting in lieu thereof the number "$1,000,000".

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

Senator Russell moved that **SCS** for **HB 17**, as

amended, be adopted, which motion prevailed.

On motion of Senator Russell, **SCS** for **HB 17**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	DePasco	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kenney	Kinder
Klindt	Loudon	Mathewson	Rohrbach
Russell	Schneider	Scott	Sims
Singleton	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Klarich	Quick	Staples—3

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

REFERRALS

President Pro Tem Kinder referred **HS** for **HCS** for **HBs 924**, **714**, **685**, **756**, **734** and **518**, with **SCS**; **HS** for **HCS** for **HB 824**; **HS** for **HB 612**, with **SCS**; and **HS** for **HCS** for **HB 327**, with **SCS**, to the Committee on State Budget Control.

HOUSE BILLS ON THIRD READING

Senator Sims moved that **HS** for **HCS** for **HB 762**, with **SCS**, **SS** for **SCS** and **SA 2** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SA 2 was again taken up.

Senator Jacob offered **SSA 1** for **SA 2**:

SENATE SUBSTITUTE AMENDMENT NO. 1
FOR SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House bill No. 762, Pages 15-19, Section 354.900, by striking said section from the bill and inserting in lieu thereof the following:

"**376.1199. 1. Each health carrier or health benefit plan that offers or issues health benefit plans providing obstetrical/gynecological benefits, which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall:**

(1) Notwithstanding the provisions of subsection 4 of section 354.618, RSMo, provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network for covered services. The services covered by this subdivision shall be limited to those services defined by the published recommendations of the accreditation council for graduate medical education for training an obstetrician, gynecologist or obstetrician/gynecologist, including but not limited to diagnosis, treatment and referral for such services. A health carrier shall not impose additional copayments, coinsurance, or deductibles upon any enrollee who seeks or receives health care services pursuant to this subdivision, unless similar additional copayments, coinsurance, or deductibles are imposed for other types of health care services received within the provider network. Nothing in this subsection shall be construed to require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources for or refer a patient for an abortion, as defined in section 188.015, RSMo, other than a spontaneous abortion or to prevent the death of the female upon whom the abortion is performed, or to supersede or conflict with section 376.805;

(2) Notify enrollees annually of cancer screenings covered by the enrollees' health

benefit plan and the current American Cancer Society guidelines for all cancer screenings or notify enrollees at intervals consistent with current American Cancer Society guidelines of cancer screenings which are covered by the enrollees' health benefit plans. The notice shall be delivered by mail unless the enrollee and health carrier have agreed on another method of notification;

(3) Include coverage for services related to diagnosis, treatment and appropriate management of osteoporosis when such services are provided by a person licensed to practice medicine and surgery in this state, for individuals with a condition or medical history for which bone mass measurement is medically indicated for such individual. In determining whether testing or treatment is medically appropriate, due consideration shall be given to peer reviewed medical literature. A policy, provision, contract, plan or agreement may apply to such services the same deductibles, coinsurance and other limitations as apply to other covered services; and

(4) If a health benefit plan provides coverage for pharmaceutical benefits, provide coverage for contraceptives either at no charge or at the same level of deductible, coinsurance or copayment as any other covered drug. No such deductible, coinsurance or copayment shall be greater than any drug on the health benefit plan's formulary. As used in this section, "contraceptive" shall include all prescription drugs and devices approved by the federal Food and Drug Administration for use as a contraceptive, but shall exclude all drugs and devices that are intended to induce an abortion, as defined in section 188.015, RSMo, which shall be subject to the provisions of section 376.805. Nothing in this subdivision shall be construed to exclude coverage for prescription contraceptive drugs or devices ordered by a health care provider with prescriptive authority for reasons other than contraceptive or abortion purposes.

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance.

4. Notwithstanding the provisions of subdivision (4) of subsection 1 of this section to the contrary:

(1) Any health carrier may issue to any person or entity purchasing a health benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such person or entity;

(2) Upon request of an enrollee who is a member of a group health benefit plan and who states that the use or provision of contraceptives is contrary to his or her moral, ethical or religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that excludes coverage for contraceptives. Any administrative costs to a group health benefit plan associated with such exclusion of coverage not offset by the decreased costs of providing coverage shall be borne by the group policyholder or group plan holder;

(3) Any health carrier which is owned, operated or controlled in substantial part by an entity that is operated pursuant to moral, ethical or religious tenets that are contrary to the use or provision of contraceptives shall be exempt from the provisions of subdivision (4) of subsection 1 of this section.

For purposes of this subsection, if new premiums are charged for a contract, plan or policy, it shall be determined to be a new contract, plan or policy.

5. Except for a health carrier that is exempted from providing coverage for contraceptives pursuant to this section, a health

carrier shall allow enrollees in a health benefit plan that excludes coverage for contraceptives pursuant to subsection 4 of this section to purchase a rider to the health benefit plan that includes coverage for contraceptives.

6. Any health benefit plan issued by a health carrier described in subdivision (3) of subsection 4 of this section and any group health benefit plan issued pursuant to subsection 1 of this section shall provide clear and conspicuous written notice on the enrollment form or any accompanying materials to the enrollment form and the group health benefit plan contract:

(1) Whether coverage for contraceptives is or is not included;

(2) That an enrollee who is a member of a group health benefit plan with coverage for contraceptives has the right to exclude coverage for contraceptives if such coverage is contrary to his or her moral, ethical or religious beliefs; and

(3) That an enrollee who is a member of a group health benefit plan without coverage for contraceptives has the right to purchase coverage which includes coverage for contraceptives.

7. Health carriers shall not disclose to the person or entity who purchased the health benefit plan the names of enrollees who exclude coverage for contraceptives in the health benefit plan or who purchase a rider to the health benefit plan that includes coverage for contraceptives. Health carriers and the person or entity who purchased the health benefit plan shall not discriminate against an enrollee because the enrollee excluded coverage for contraceptives in the health benefit plan or purchased a rider to the health benefit plan that includes coverage for contraceptives.

8. The department of insurance may promulgate rules necessary to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to this section shall become effective unless it has been promulgated pursuant to chapter 536, RSMo."; and

Further amend the title and enacting clause accordingly.

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

Senators Klarich and Schneider offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 20, Section 376.1209, Line 26, by inserting after all of said line the following:

"**Section 1. 1. Notwithstanding any other provision of law, when the Department of Insurance intends to enter into any contract or other written agreement or approve any letter of intent for payment of money by the state in excess of one hundred thousand dollars, modification or potential reduction of a party's financial obligation to the state in excess of one hundred thousand dollars, the Department of Insurance shall forward a copy to the attorney general before entering into that contract, subcontract or other written agreement or approving the letter of intent.**

2. Upon receiving the contract, other written agreement or letter of intent, the attorney general shall, within ten days, review and approve that contract, other written contract or letter of intent for its legal form and content as may be necessary to protect the legal interest of the state. If the attorney general does not approve, then the attorney general shall return the contract, other written agreement or letter of intent with additional proposed provisions as may be necessary to the proper enforcement of the contract as required to protect the state's legal interest. If the attorney general does not respond within ten days or, in the case of any contract that involves a payment of money by the state or a modification or potential reduction of a party's financial obligation to the state of one million dollars or more, within thirty days, the contract shall be deemed approved.

3. Communications related to the attorney general's review are attorney-client communications. The attorney general's written disposition shall be subject to chapter 610,

RSMo."; and

Further amend the title and enacting clause accordingly.

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

Senator Sims offered **SA 4**:

SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 20, Section 376.1209, Lines 16-17, by deleting all of said lines and inserting in lieu thereof the following: "**insurer, then the new policy shall provide coverage for prosthetic devices or reconstructive surgery and such coverage for prosthetic devices and reconstructive surgery shall be subject to the same deductible and coinsurance conditions applied to a mastectomy and all other terms and conditions applicable to other benefits under the new policy.**".

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

Senator Steelman offered **SA 5**:

SENATE AMENDMENT NO. 5

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 20, Section 376.1209, Line 23, by inserting at the end of said line the following: "**short-term major medical policies of six months or less duration,**".

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

Senator Goode offered **SA 6**:

SENATE AMENDMENT NO. 6

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 1, In the Title, Line 3 of said title, by striking "women's health services" and inserting in lieu thereof the following: "the department of health"; and

Further amend said bill, page 1, section A, line 4, by inserting immediately after said line the following:

"**192.1010. 1. There is hereby established within the department of health, the "Life Sciences Research Program". The program shall be administered by the director of the department of health based upon the recommendations of the "Life Sciences Research Board", which is hereby created. The program shall consist of grant awards from moneys appropriated from the "Life Sciences Research Fund", which is hereby created in the state treasury. The grant awards shall be designed to achieve the goals stated in subsection 4 of this section.**

2. The life sciences research board shall consist of eight members who shall be appointed in the following manner:

(1) Each member shall be appointed by the governor with the advice and consent of the senate for a term of six years, except for the terms of the initial members. The board shall select its own chairperson from among its members;

(2) The members of the board shall be generally familiar with the life sciences and current research trends and developments, with either technical or scientific expertise in life sciences, and with an understanding of the application of the results of life sciences research;

(3) Two initial members of the life sciences research board shall be appointed to two-year terms. Three initial members shall be appointed to a four-year term. The remaining three initial members shall be appointed to six-year terms. All subsequent appointees shall be appointed to six-year terms;

(4) No member of the life sciences research board shall serve more than two consecutive full six-year terms on the board;

(5) The director of the department of health shall be a member of the board;

(6) The director of the office of minority health shall be a non-voting member of the board.

3. The life sciences research board shall solicit, collect and prioritize proposed research initiatives for consideration for funding by the board.

4. The life sciences research board shall take applications for grants-in-aid in order to increase the capacity and infrastructure for quality life sciences research in the state of Missouri and to improve the quantity and quality of life sciences research. Such research shall include: basic research, including the discovery of new knowledge; translational research, including translating knowledge into a usable form; and developmental research and clinical research, including but not limited to health research in human safety development and aging, cancer, endocrine, cardiovascular, neurological including nerve regeneration, pulmonary, diagnostic disease and infectious disease, and nutrition and food safety.

5. The applications shall be designed by the department of health in consultation with the board and shall contain information necessary to determine the potential benefits of grants-in-aid to be awarded, as well as other information deemed necessary for the administration of this program. The grant application shall describe in detail the proposed research project and how the research project shall be conducted in compliance with the requirements of 192.1010 to 192.1030. The department of health shall not approve a grant award unless the department makes specific written findings that such research project shall be conducted in compliance with sections 192.1010 to 192.1030. The grant application and the grant award shall be a public record within the meaning of chapter 610, RSMo. The department of health shall promulgate rules in accordance with chapter 536, RSMo, to implement the provisions of this subsection.

6. The department of health shall provide facilities, equipment, administrative and technical support services and administrative staff.

7. In determining projects to authorize, the life sciences research board shall consider the potential of any proposal to bring both health and economic benefit to the people of Missouri.

8. The life sciences research board shall have the authority to:

(1) Award research grants;

(2) Enter into contracts relating to research;

(3) Adopt research standards;

(4) Promulgate rules governing the administration of research programs, research grants, research contracts and licensing contracts, and the reimbursement of costs, utilization of intellectual property rights, conflict of interest guidelines, consistent with sections 192.1010 to 192.1035;

(5) Make provision for peer review panels to recommend and review research projects;

(6) Contract for administrative and technical support services;

(7) Lease or acquire facilities and equipment;

(8) Employ administrative staff; and

(9) Receive, disburse and administer any funds appropriated to it.

9. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in sections 192.1010 to 192.1035 shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. The rulemaking authority granted in such sections and the provisions of chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, 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, 2001, shall be invalid and void.

192.1015. The life sciences research board shall make provision for and secure from the state auditor or outside certified public

accounting firm an annual audit of its financial affairs and the funds expended from the life sciences research account. The audit shall be performed on a fiscal year basis. Any audit shall be paid for by moneys expended from the life sciences research fund, whether performed by the state auditor or outside certified public accounting firm. The board will make copies of each audit publicly available. Every three years the board with assistance of its staff or independent contractors as determined by the board shall prepare a comprehensive report assessing the work and progress of the life sciences research program. Such assessment report shall analyze the impact of the board's programs and research performed, shall be provided to the governor and members of the general assembly and shall be publicly available.

192.1020. Grant awards made by the life sciences research board shall provide for the reimbursement of costs. Whether reimbursement of particular costs will be allowed depends on the application of a four-part test balancing, which shall include:

(1) The reasonableness of the cost;

(2) The connection to the grant;

(3) The consistency demonstrated in assigning costs to the grant; and

(4) Conformance with the particular terms and conditions of the award.

192.1025. Grant recipients have an obligation to preserve research freedom, to ensure timely disclosure of their research findings to the scientific community, including through publications and presentations at scientific meetings, and to promote utilization, commercialization and public availability of their inventions and other intellectual property developed in the performance of research funded by a grant award. Institutions or organizations receiving grant awards shall retain all right, title and interest, including all intellectual property rights, in and to any and all inventions, ideas, data, improvement, modifications, discoveries, know-how, creations, copyrightable material, trade secrets, methods, processes, discoveries and derivatives, whether patentable or not, which are made in the performance of work under a grant award. The life sciences research board may, however, adopt reasonable regulations to insure that any such intellectual property rights are utilized reasonably and in a manner which is in the public interest.

192.1030. 1. Notwithstanding the provisions of sections 192.1010 to 192.1025, no grant awards shall be paid, granted, or used, to subsidize in whole or in part:

(1) Abortion services; or

(2) Destructive human research; or

(3) Development of drugs or chemicals intended to be used to induce an abortion; or

(4) Human cloning.

2. For the purposes of this section:

(1) "Abortion services" shall mean performing or inducing, assisting in performing or inducing, or referring a woman for, an abortion, except when necessary to save the life of the mother;

(2) "Child" if in utero, shall mean the same as an unborn child, as defined in section 188.015, RSMo; and if ex utero, shall mean a human being at any of the stages of biological development of an unborn child from conception onward;

(3) "Destructive human research" shall mean research in which there is the taking or utilization of the organs, tissue or cellular material of a:

(a) Deceased child, unless consent was given the manner provided pursuant to sections 194.210 to 194.290, RSMo, relating to anatomical gifts, and neither parent caused the death of such child or consented to someone causing the death of such child; or

(b) Living child, when the intended or likely result of such taking or utilization is to kill or cause serious harm to the health, safety or welfare of such child, or when the purpose is to target such child for possible destruction in the

future;

(4) "Facilities and administrative costs" shall mean those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular research project or any other institutional activity;

(5) "Grant awards" shall mean awards of state funds pursuant to sections 192.1010 to 192.1030;

(6) "Human cloning" shall mean the replication of a human being genetically identical to another human being;

(7) "Research project" shall mean research specified in the grant award conducted under the auspices of the institution or institutions that applied for and received such grant award pursuant to sections 192.1010 to 192.1030, regardless of whether the research is funded in whole or part by such grant award. Such research shall include: basic research, including the discovery of new knowledge; translational research, including translating knowledge into a usable form; and developmental research and clinical research, including but not limited to research in human development and aging, cancer, endocrine, cardiovascular, neurological, pulmonary and infectious disease, and nutrition and food safety. Such research may also include research and development on product safety and preventative care technologies.

3. No grant awards shall be paid or granted pursuant to sections 192.1010 to 192.1030 to or on behalf of an existing or proposed research project that involves, as part of the project, abortion services, destructive human research, the development of drugs or chemicals intended to be used to induce an abortion or human cloning. A research project that receives a grant award shall not share costs with another research project, person or entity not qualified to receive a grant award pursuant to sections 192.1010 to 192.1030; provided, however, the research project that receives a grant award may pay facilities and administrative costs directly allocable to such research project. A research project that receives a grant award shall maintain financial records that demonstrate strict compliance with this section. The audit conducted pursuant to section 192.1015 shall also certify compliance with this section.

4. Any taxpayer of this state or its political subdivisions shall have standing to bring suit against the department of health, its officers or employees, in a circuit court of proper venue to enforce the provisions of this section.

5. Sections 192.1010 to 192.1030 shall not be construed to permit or make lawful any conduct that is otherwise unlawful under the laws of this state.

6. All of the provisions of sections 192.1010 to 192.1025 are severable; provided, however, the provisions of section 192.1030 are not severable from the provisions of sections 192.1010 to 192.1025. If any provision of sections 192.1010 to 192.1025 is found to be invalid, unenforceable or unconstitutional, the remaining provisions of sections 192.1010 to 192.1025 shall be and remain valid. However, if any provision of section 192.1030 shall be found to be invalid, unenforceable or unconstitutional, all the provisions of sections 192.1010 to 192.1025 shall be invalid and unenforceable."; and

Further amend the title and enacting clause accordingly.

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

Senator Klarich offered **SA 7**:

SENATE AMENDMENT NO. 7

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 15, Section 208.151, Line 6, by inserting after all of said line the following:

"354.400. As used in sections 354.400 to 354.535, the following terms shall mean:

(1) "Basic health care services", health care services which an enrolled population might

reasonably require in order to be maintained in good health, including, as a minimum, emergency care, inpatient hospital and physician care **and chiropractic care, as defined in chapter 331, RSMo**, and outpatient medical **and chiropractic** services;

(2) "Community-based health maintenance organization", a health maintenance organization which:

(a) Is wholly owned and operated by hospitals, hospital systems, physicians, or other health care providers or a combination thereof who provide health care treatment services in the service area described in the application for a certificate of authority from the department of insurance;

(b) Is operated to provide a means for such health care providers to market their services directly to consumers in the service area of the health maintenance organization;

(c) Is governed by a board of directors that exercises fiduciary responsibility over the operations of the health maintenance organization and of which a majority of the directors consist of equal numbers of the following:

a. Physicians licensed pursuant to chapter 334, RSMo;

b. Purchasers of health care services who live in the health maintenance organization's service area;

c. Enrollees of the health maintenance organization elected by the enrollees of such organization; and

d. Hospital executives, if a hospital is involved in the corporate ownership of the health maintenance organization;

(d) Provides for utilization review, as defined in section 374.500, RSMo, under the auspices of a physician medical director who practices medicine in the service area of the health maintenance organization, using review standards developed in consultation with physicians who treat the health maintenance organization's enrollees;

(e) Is actively involved in attempting to improve performance on indicators of health status in the community or communities in which the health maintenance organization is operating, including the health status of those not enrolled in the health maintenance organization;

(f) Is accountable to the public for the cost, quality and access of health care treatment services and for the effect such services have on the health of the community or communities in which the health maintenance organization is operating on a whole;

(g) Establishes an advisory group or groups comprised of enrollees and representatives of community interests in the service area to make recommendations to the health maintenance organization regarding the policies and procedures of the health maintenance organization;

(h) Enrolls fewer than fifty thousand covered lives;

(3) "Covered benefit" or "benefit", a health care service to which an enrollee is entitled under the terms of a health benefit plan;

(4) "Director", the director of the department of insurance;

(5) "Emergency medical condition", the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent lay person, possessing an average knowledge of health and medicine, to believe that immediate medical care is required, which may include, but shall not be limited to:

(a) Placing the person's health in significant jeopardy;

(b) Serious impairment to a bodily function;

(c) Serious dysfunction of any bodily organ or part;

(d) Inadequately controlled pain; or

(e) With respect to a pregnant woman who is having contractions:

a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or

b. That transfer to another hospital may pose a threat to the health or safety of the woman or unborn child;

(6) "Emergency services", health care items and services furnished or required to screen and stabilize an emergency medical condition, which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider;

(7) "Enrollee", a policyholder, subscriber, covered person or other individual participating in a health benefit plan;

(8) "Evidence of coverage", any certificate, agreement, or contract issued to an enrollee setting out the coverage to which the enrollee is entitled;

(9) "Health care services", any services included in the furnishing to any individual of medical**, chiropractic** or dental care or hospitalization, or incident to the furnishing of such care or hospitalization, as well as the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability;

(10) "Health maintenance organization", any person which undertakes to provide or arrange for basic and supplemental health care services to enrollees on a prepaid basis, or which meets the requirements of section 1301 of the United States Public Health Service Act;

(11) "Health maintenance organization plan", any arrangement whereby any person undertakes to provide, arrange for, pay for, or reimburse any part of the cost of any health care services and at least part of such arrangement consists of providing and assuring the availability of basic health care services to enrollees, as distinguished from mere indemnification against the cost of such services, on a prepaid basis through insurance or otherwise, and as distinguished from the mere provision of service benefits under health service corporation programs;

(12) "Individual practice association", a partnership, corporation, association, or other legal entity which delivers or arranges for the delivery of health care services and which has entered into a services arrangement with persons who are licensed to practice medicine, osteopathy, dentistry, chiropractic, pharmacy, podiatry, optometry, or any other health profession and a majority of whom are licensed to practice medicine or osteopathy. Such an arrangement shall provide:

(a) That such persons shall provide their professional services in accordance with a compensation arrangement established by the entity; and

(b) To the extent feasible for the sharing by such persons of medical and other records, equipment, and professional, technical, and administrative staff;

(13) "Medical group/staff model", a partnership, association, or other group:

(a) Which is composed of health professionals licensed to practice medicine or osteopathy and of such other licensed health professionals (including dentists, chiropractors, pharmacists, optometrists, and podiatrists) as are necessary for the provisions of health services for which the group is responsible;

(b) A majority of the members of which are licensed to practice medicine or osteopathy; and

(c) The members of which (i) as their principal professional activity over fifty percent individually and as a group responsibility engaged in the coordinated practice of their profession for a health maintenance organization; (ii) pool their income from practice as members of the group and distribute it among themselves according to a prearranged salary or drawing account or other plan, or are salaried employees of the health maintenance organization; (iii) share medical and other records and substantial portions of major equipment and of professional, technical, and administrative staff; (iv) establish an arrangement whereby an enrollee's enrollment status is not known to the member of the group who provides health services to the enrollee;

(14) "Person", any partnership, association, or corporation;

(15) "Provider", any physician, hospital, or other person which is licensed or otherwise authorized in this state to furnish health care services;

(16) "Uncovered expenditures", the costs of health care services that are covered by a health

maintenance organization, but that are not guaranteed, insured, or assumed by a person or organization other than the health maintenance organization, or those costs which a provider has not agreed to forgive enrollees if the provider is not paid by the health maintenance organization.

354.640. 1. All managed care organizations subject to the provisions of sections 354.400 to 354.636 shall provide chiropractic benefits to covered enrollees. A covered enrollee may utilize the services of a chiropractic physician as defined in chapter 331, RSMo, without discrimination relative to access, fees, deductibles, co-payments, benefit limits and practice parameters subject to the terms and conditions of the policy. The covered enrollee shall retain the right to choose chiropractic care on an elective, self-pay, fee-for-service basis. No entity regulated pursuant to this chapter shall prohibit a doctor of chiropractic from continuing care on such basis.

2. Nothing in this section shall be construed to limit the health plan's ability to credential providers or be deemed as an any willing provider provision.

Further amend said title, enacting clause and intersectional references accordingly.

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

Senator Schneider offered **SA 8**:

SENATE AMENDMENT NO. 8

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 15, Section 208.151, Line 6 of said page, by inserting after all of said line the following:

"354.603. 1. A health carrier shall maintain a network that is sufficient in number and types of **[**providers**]** **health care professionals** to assure that all services to enrollees shall be accessible without unreasonable delay. In the case of emergency services, enrollees shall have access twenty-four hours per day, seven days per week. The health carrier's medical director shall be responsible for the sufficiency and supervision of the health carrier's network. Sufficiency shall be determined by the director in accordance with the requirements of this section and by reference to any reasonable criteria, including but not limited to, provider-enrollee ratios by specialty, primary care provider-enrollee ratios, geographic accessibility, reasonable distance accessibility criteria for pharmacy and other services, waiting times for appointments with participating **[**providers**]** **health care professionals**, hours of operation, and the volume of technological and specialty services available to serve the needs of enrollees requiring technologically advanced or specialty care.

(1) In any case where the health carrier has an insufficient number or type of participating **[**providers**]** **health care professionals** to provide a covered benefit, the health carrier shall ensure that the enrollee obtains the covered benefit at no greater cost than if the benefit was obtained from a participating **[**provider**]** **health care professional**, or shall make other arrangements acceptable to the director.

(2) The health carrier shall establish and maintain adequate arrangements to ensure reasonable proximity of participating **[**providers**]** **health care professional**, including local pharmacists, to the business or personal residence of enrollees. In determining whether a health carrier has complied with this provision, the director shall give due consideration to the relative availability of health care **[**providers**]** **professionals** in the service area under, especially rural areas, consideration.

(3) A health carrier shall monitor, on an ongoing basis, the ability, clinical capacity**[**, financial capability**]** and legal authority of its **[**providers**]** **health care professionals** to furnish all contracted benefits to enrollees. **The provisions of this subdivision shall not be construed to require any health care professional to submit copies of such health care professional's income tax returns to a health carrier. A health carrier may require a health care professional to obtain audited financial statements if such health care professional received ten percent or more of the total medical expenditures made by the health carrier.**

(4) A health carrier shall make its entire network available to all enrollees unless a contract holder has agreed in writing to a different or reduced network.

2. **[**Beginning July 1, 1998,**]** A health carrier shall file with the director, in a manner and form defined by rule of the department of insurance, an access plan meeting the requirements of sections 354.600 to 354.636 for each of the managed care plans that the **health** carrier offers in this state. The health carrier may request the director to deem sections of the access plan as proprietary or competitive information that shall not be made public. For the purposes of this section, information is proprietary or competitive if revealing the information will cause the health carrier's competitors to obtain valuable business information. The health carrier shall provide such plans, absent any information deemed by the director to be proprietary, to any interested party upon request. The **health** carrier shall prepare an access plan prior to offering a new managed care plan, and shall update an existing access plan whenever it makes any change as defined by the director to an existing managed care plan. The director shall approve or disapprove the access plan, or any subsequent alterations to the access plan, within sixty days of filing. The access plan shall describe or contain at a minimum the following:

(1) The health carrier's network;

(2) The health carrier's procedures for making referrals within and outside its network;

(3) The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of enrollees of the managed care plan;

(4) The health carrier's methods for assessing the health care needs of enrollees and their satisfaction with services;

(5) The health carrier's method of informing enrollees of the plan's services and features, including but not limited to, the plan's grievance procedures, its process for choosing and changing **[**providers**]** **health care professionals**, and its procedures for providing and approving emergency and specialty care;

(6) The health carrier's system for ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning;

(7) The health carrier's process for enabling enrollees to change primary care professionals;

(8) The health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating **[**providers**]** **health care professionals**, in the event of a reduction in service area or in the event of the health carrier's insolvency or other inability to continue operations. The description shall explain how enrollees shall be notified of the contract termination, reduction in service area or the health carrier's insolvency or other modification or cessation of operations, and transferred to other **[**providers**]** **health care professionals** in a timely manner; and

(9) Any other information required by the director to determine compliance with the provisions of sections 354.600 to 354.636.

354.606. 1. A health carrier shall establish a mechanism by which the participating provider shall be notified on an ongoing basis of the specific covered health services for which the provider shall be responsible, including any limitations or conditions on services.

2. Every contract between a health carrier and a participating provider shall set forth a hold harmless provision specifying protection for enrollees. This requirement shall be met by including a provision substantially similar to the following:

"Provider agrees that in no event, including but not limited to nonpayment by the health carrier or intermediary, insolvency of the health carrier or intermediary, or breach of this agreement, shall the provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an enrollee or a person, other than the health carrier or intermediary, acting on behalf of the enrollee for

services provided pursuant to this agreement. This agreement shall not prohibit the provider from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for uncovered services delivered on a fee-for-service basis to enrollees. This agreement shall not prohibit a provider, except for a health care professional who is employed full time on the staff of a health carrier and has agreed to provide service exclusively to that health carrier's enrollees and no others, and an enrollee from agreeing to continue services solely at the expense of the enrollee, as long as the provider has clearly informed the enrollee that the health carrier may not cover or continue to cover a specific service or services. Except as provided herein, this agreement does not prohibit the provider from pursuing any available legal remedy; including, but not limited to, collecting from any insurance carrier providing coverage to a covered person."

3. Every contract between a health carrier and a participating provider shall set forth that in the event of a health carrier's or intermediary's insolvency or other cessation of operations, covered services to enrollees shall continue through the period for which a premium has been paid to the health carrier on behalf of the enrollee or until the enrollee's discharge from an inpatient facility, whichever time is greater.

4. The contract provisions satisfying the requirements of subsections 2 and 3 of this section shall:

(1) Be construed in favor of the enrollee;

(2) Survive the termination of the contract regardless of the reason for termination, including the insolvency of the health carrier; and

(3) Supersede any oral or written contrary agreement between a provider and an enrollee or the representative of an enrollee if the contrary agreement is inconsistent with the hold harmless and continuation of covered services provisions required by subsections 2 and 3 of this section.

5. In no event shall a participating provider collect or attempt to collect from an enrollee any money owed to the provider by the health carrier nor shall a participating provider collect or attempt to collect from an enrollee any money in excess of the coinsurance, co-payments or deductibles. Failure of a health carrier to make timely payment of an amount owed to a provider in accordance with the provider's contract shall constitute an unfair claims settlement practice subject to sections 375.1000 to 375.1018, RSMo.

6. (1) A health carrier shall develop selection standards for participating primary care professionals and each participating health care professional specialty. Such standards shall be in writing and used in determining the selection of health care professionals by the health carrier, its intermediaries and any provider networks with which it contracts. Selection criteria shall not be established in a manner that will:

(a) Allow a health carrier to avoid a high-risk population by excluding a provider because such provider is located in a geographic area that contains a population presenting a risk of higher than average claims, losses or health services utilization; or

(b) Exclude a provider because such provider treats or specializes in treating a population presenting a risk of higher than average claims, losses or health services utilization.

(2) Paragraphs (a) and (b) of subdivision (1) of this subsection shall not be construed to prohibit a health carrier from declining to select a provider who fails to meet the other legitimate selection criteria of the health carrier developed in compliance with sections 354.600 to 354.636.

(3) The provisions of sections 354.600 to 354.636 shall not require a health carrier, its intermediaries or the provider networks with which it contracts, to employ specific providers or types of providers, or to contract with or retain more providers or types of providers than are necessary to maintain an adequate network.

7. A health carrier shall file its selection standards for participating providers with the director. A health carrier shall also file any subsequent changes to its selection standards with the director. The selection standards shall be made available to licensed health care providers.

8. A health carrier shall notify a participating

provider of the provider's responsibilities with respect to the health carrier's applicable administrative policies and programs, including but not limited to payment terms, utilization review, quality assessment and improvement programs, credentialing, grievance procedures, data reporting requirements, confidentiality requirements and any applicable federal or state programs.

9. No contract between a health carrier and a provider for the delivery of health care service, entered into or renewed after August 28, 2001, shall require the mandatory use of a hospitalist. For purposes of this subsection, "hospitalist" means a physician who becomes a physician of record at a hospital for a patient of a participating provider and who may return the care of the patient to that participating provider at the end of hospitalization.

[9.**]** **10.** A health carrier shall not offer an inducement under the managed care plan to a provider to provide less than medically necessary services to an enrollee.

[10.**]** **11.** A health carrier shall not prohibit a participating provider from advocating in good faith on behalf of enrollees within the utilization review or grievance processes established by the health carrier or a person contracting with the health carrier.

[11.**]** **12.** A health carrier shall require a provider to make health records available to appropriate state and federal authorities involved in assessing the quality of care but shall not disclose individual identities, or investigating the grievances or complaints of enrollees, and to comply with the applicable state and federal laws related to the confidentiality of medical or health records.

[12.**]** **13.** The rights and responsibilities of a provider under a contract between a health carrier and a participating provider shall not be assigned or delegated by the provider without the prior written consent of the health carrier.

[13.**]** **14.** A health carrier shall be responsible for ensuring that a participating provider furnishes covered benefits to all enrollees without regard to the enrollee's enrollment in the plan as a private purchaser of the plan or as a participant in a publicly financed program of health care service.

[14.**]** **15.** A health carrier shall notify the participating providers of their obligations, if any, to collect applicable coinsurance, co-payments or deductibles from enrollees pursuant to the evidence of coverage, or of the providers' obligations, if any, to notify enrollees of their personal financial obligations for noncovered services.

[15.**]** **16.** A health carrier shall not penalize a provider because the provider, in good faith, reports to state or federal authorities any act or practice by the health carrier that may jeopardize patient health or welfare.

[16.**]** **17.** A health carrier shall establish a mechanism by which a participating provider may determine in a timely manner whether a person is covered by the carrier.

[17.**]** **18.** A health carrier shall not discriminate between health care professionals when selecting such professionals for enrollment in the network or when referring enrollees for health care services to be provided by such health care professional who is acting within the scope of his professional license.

[18.**]** **19.** A health carrier shall establish procedures for resolution of administrative, payment or other disputes between providers and the health carrier.

[19.**]** **20.** A contract between a health carrier and a provider shall not contain definitions or other provisions that conflict with the definitions or provisions contained in the managed care plan or sections 354.600 to 354.636."; and

Further amend section 354.900, page 19, line 24, by adding after all of said line the following:

"376.383. 1. To the extent consistent with the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001, et seq., this section shall apply to any health **[**insurer**]** **carrier** as defined in section **[**376.806, any nonprofit health service plan and any health maintenance organization**]** **376.1350.**

2. Within **[**forty-five**]** **thirty** days after receipt of a claim **by a health carrier or a third party contracted with said health carrier to receive or**

process the claim for reimbursement **[**from a person entitled to reimbursement**] for a health care service provided in this state as defined in section 376.1350**, a health **[**insurer, nonprofit health service plan or health maintenance organization**] carrier** shall pay the claim in accordance with this section or send a notice of receipt and status of the claim that states:

(1) That the **[**insurer, nonprofit health service plan or health maintenance organization**] health carrier** refuses to reimburse all or part of the claim and the reason for the refusal; or

(2) That **a request for** additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary**[.] to process the entire claim for payment. The health carrier must acknowledge receipt to the health care professional or entity that submitted the claim of all the requested additional information or pay the claim. Acknowledgment may be through electronic means.**

3. Within forty-five days after receipt of a claim by a health carrier or a third party contracted with said health carrier to receive or process the claim for reimbursement for a health care service provided in this state as defined in section 376.1350, a health carrier shall pay the claim in accordance with this section or send a notice of receipt and status of the claim that states:

(1) That the health carrier refuses to reimburse all or part of the claim and the reason for refusal; or

(2) That a final request for additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary to process the entire claim for payment. The health carrier must acknowledge receipt to the health care professional or entity that submitted the claim of the requested additional information within five working days.

[3.**] 4.** If **[**an insurer, nonprofit health service plan or health maintenance organization**] a health carrier** fails to comply with subsection 2 **or 3** of this section, the **[**insurer, nonprofit health service plan or health maintenance organization**] health carrier** shall pay interest on the amount of the claim that remains unpaid forty-five days after the claim is **[**filed**] received by the health carrier or a third party contracted with said health carrier to receive or process the claim** at the monthly rate of one percent. The interest paid pursuant to this subsection shall be included in any late reimbursement without the necessity for the person that filed the original claim to make an additional claim for that interest. **A carrier may combine interest payments and make payment once the aggregated amount reaches five dollars.**

5. All claims shall be deemed complete claims upon receipt until such time as it is determined that additional information is required in order to pay the claim. If additional information is requested pursuant to subsection 2 or 3 of this section, the claim shall again be deemed complete upon receipt of all additional information requested. For the purpose of calculating the number of days pursuant to this section, the counting of days shall begin on the day the claim is received by the health carrier or a third party contracted with said health carrier to receive or process the claim. The counting of days shall be suspended the day following the day the health care professional receives a request for additional information pursuant to this section and the counting of days shall resume again once all the additional information requested is received by the health carrier or a third party contracted with said health carrier to receive or process the claim. All requests for additional information may be made electronically.

[4.**] 6.** Within **[**ten**] sixty** days after the day on which **[**all additional information is received**] a claim is received** by **[**an insurer, nonprofit health service plan or health maintenance organization**] a health carrier or a third party contracted with said health carrier to receive or process the claim**, **[**it**] said health carrier** shall pay the claim in accordance with this section or send a written notice that:

(1) States refusal to reimburse the claim or any

part of the claim; and

(2) Specifies each reason for denial.

[An insurer, nonprofit health service plan or health maintenance organization that fails to comply with this subsection shall pay interest on any amount of the claim that remains unpaid at the monthly rate of one percent.**]**

7. The failure of the health care professional to provide and the health carrier to receive all requested information pursuant to subsections 2 or 3 of this section by the one hundred twentieth day after the initial receipt of the original claim may be a proper ground for denying all or part of the claim.

8. A health carrier that fails to pay or deny a claim pursuant to the requirements of this section shall pay, in addition to interest, a penalty prescribed by this subsection. Beginning January 1, 2002, for a claim received by a health carrier or a third party contracted with said health carrier to receive or process the claim which is not paid or denied as required by this section, a penalty shall accrue in the amount of twenty-five dollars per day for each day all or part of the claim, interest in excess of five dollars, or penalty remains unpaid. If such claim and interest are paid in their entirety prior to day sixty, then no penalty shall accrue;

[5. A provider who is paid interest under this section shall pay the proportionate amount of said interest to the enrollee or insured to the extent and for the time period that the enrollee or insured had paid for the services and for which reimbursement was due to the insured or enrollee.

6.**]** **9.** This section shall become effective **[**April 1, **[**1999**]** **January 1, 2002**.

10. Nothing in this section shall apply to workers' compensation claims filed pursuant to chapter 287, RSMo.

376.384. 1. For purposes of this section, "health care professional" means the same as such term is defined in section 376.1350 and "health carrier" means the same as such term is defined in section 376.1350. Any health carrier shall:

(1) Permit health care professionals to file a claim for reimbursement for a health care service provided in this state as defined in section 376.1350 for a period of up to one hundred eighty days from the date of service;

(2) Not request a refund or offset against a claim more than one hundred eighty days after a carrier has paid a claim except in cases of fraud or material misrepresentation by the health care professional;

(3) The health carrier shall, upon request, provide any contracted health care professional with a fee schedule with the carrier's reimbursement rates for no less than thirty procedure codes for the most commonly performed services for which the health care professional is contracted to provide;

(4) Issue within one working day a confirmation of receipt of an electronically filed claim by a health care professional or entity that submitted the claim, unless the claim is paid during such time.

2. On or after January 1, 2003, all claims submitted electronically for reimbursement for a health care service provided in this state shall be submitted in a uniform format utilizing standard medical code sets. The uniform format and the standard medical code sets shall be promulgated by the department of insurance through rules consistent with but no more stringent than the federal administrative simplification standards adopted pursuant to the Health Insurance Portability and Accountability Act of 1996. Any claim submitted in a nonelectronic format after January 1, 2002, shall not be subject to the provisions of subsection 8 of section 376.383; however, interest shall accrue on claims filed in a nonelectronic format that are not paid or denied in accordance with section 376.383. A health carrier shall provide electronic filing after January 1, 2002.

3. Nothing in this section shall apply to workers' compensation claims filed pursuant to chapter 287, RSMo.

376.406. 1. All **[**individual and group health

insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, and all self-insured group health benefit plans, of any type or description,**] health benefit plans** which provide coverage for a family member of **[**the insured or subscriber**] an enrollee** shall, as to such family member's coverage, also provide that the health **[**insurance**]** benefits applicable for children shall be payable with respect to a newly born child of the **[**insured or subscriber**] enrollee** from the moment of birth.

2. The coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

3. If payment of a specific premium or subscription fee is required to provide coverage for a child, the **[**policy or contract**] health benefit plan** may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the **[**insurer or nonprofit service or indemnity corporation**] health carrier** within thirty-one days after the date of birth in order to have the coverage continue beyond such thirty-one day period. **If an application or other form of enrollment is required in order to continue coverage beyond the thirty-one-day period after the date of birth and the enrollee has notified the health carrier of the birth, either orally or in writing, the health carrier shall, upon notification, provide the enrollee with all forms and instructions necessary to enroll the newly born child and shall allow the enrollee an additional ten days from the date the forms and instructions are provided in which to enroll the newly born child.**

4. The requirements of this section shall apply to all **[**insurance policies and subscriber contracts**] health benefit plans** delivered or issued for delivery in this state **[**more than one hundred twenty days after August 13, 1974**] on or after August 28, 2001**.

5. For the purposes of this section, any review, renewal, extension, or continuation of any **[**plan, policy, or contract**] health benefit plan** or of any of the terms, premiums, or subscriptions of the **[**plan, policy, or contract**] health benefit plan** shall constitute a new delivery or issuance for delivery of the **[**plan, policy or contract**] health benefit plan**.

6. As used in this section, the terms "health benefit plan", "health carrier", and "enrollee" shall have the same meaning as defined in section 376.1350."; and

Further amend the title and enacting clause accordingly.

Senator Schneider moved that the above amendment be adopted.

Senator Caskey offered **SSA 1** for **SA 8**:

SENATE SUBSTITUTE AMENDMENT NO. 1
FOR SENATE AMENDMENT NO. 8

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 762, Page 15, Section 208.151, Line 6 of said page, by inserting after all of said line the following:

"354.603. 1. A health carrier shall maintain a network that is sufficient in number and types of **[**providers**] health care professionals** to assure that all services to enrollees shall be accessible without unreasonable delay. In the case of emergency services, enrollees shall have access twenty-four hours per day, seven days per week. The health carrier's medical director shall be responsible for the sufficiency and supervision of the health carrier's network. Sufficiency shall be determined by the director in accordance with the requirements of this section and by reference to any reasonable criteria, including but not limited to, provider-enrollee ratios by specialty, primary care provider-enrollee ratios, geographic accessibility, reasonable distance accessibility criteria for pharmacy and other services, waiting times for appointments with participating **[**providers**] health care professionals**, hours of operation, and the volume of technological and specialty services available to serve the needs of enrollees requiring technologically advanced or specialty care.

(1) In any case where the health carrier has an insufficient number or type of participating **[**providers**] health care professionals** to provide a covered benefit, the health carrier shall ensure that

the enrollee obtains the covered benefit at no greater cost than if the benefit was obtained from a participating **[**provider**] health care professional**, or shall make other arrangements acceptable to the director.

(2) The health carrier shall establish and maintain adequate arrangements to ensure reasonable proximity of participating **[**providers**] health care professional**, including local pharmacists, to the business or personal residence of enrollees. In determining whether a health carrier has complied with this provision, the director shall give due consideration to the relative availability of health care **[**providers**] professionals** in the service area under, especially rural areas, consideration.

(3) A health carrier shall monitor, on an ongoing basis, the ability, clinical capacity**[**, financial capability**]** and legal authority of its **[**providers**] health care professionals** to furnish all contracted benefits to enrollees. **The provisions of this subdivision shall not be construed to require any health care professional to submit copies of such health care professional's income tax returns to a health carrier. A health carrier may require a health care professional to obtain audited financial statements if such health care professional received ten percent or more of the total medical expenditures made by the health carrier.**

(4) A health carrier shall make its entire network available to all enrollees unless a contract holder has agreed in writing to a different or reduced network.

2. **[**Beginning July 1, 1998,**]** A health carrier shall file with the director, in a manner and form defined by rule of the department of insurance, an access plan meeting the requirements of sections 354.600 to 354.636 for each of the managed care plans that the **health** carrier offers in this state. The health carrier may request the director to deem sections of the access plan as proprietary or competitive information that shall not be made public. For the purposes of this section, information is proprietary or competitive if revealing the information will cause the health carrier's competitors to obtain valuable business information. The health carrier shall provide such plans, absent any information deemed by the director to be proprietary, to any interested party upon request. The **health** carrier shall prepare an access plan prior to offering a new managed care plan, and shall update an existing access plan whenever it makes any change as defined by the director to an existing managed care plan. The director shall approve or disapprove the access plan, or any subsequent alterations to the access plan, within sixty days of filing. The access plan shall describe or contain at a minimum the following:

(1) The health carrier's network;

(2) The health carrier's procedures for making referrals within and outside its network;

(3) The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of enrollees of the managed care plan;

(4) The health carrier's methods for assessing the health care needs of enrollees and their satisfaction with services;

(5) The health carrier's method of informing enrollees of the plan's services and features, including but not limited to, the plan's grievance procedures, its process for choosing and changing **[**providers**] health care professionals**, and its procedures for providing and approving emergency and specialty care;

(6) The health carrier's system for ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning;

(7) The health carrier's process for enabling enrollees to change primary care professionals;

(8) The health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating **[**providers**] health care professionals**, in the event of a reduction in service area or in the event of the health carrier's insolvency or other inability to continue operations.

The description shall explain how enrollees shall be notified of the contract termination, reduction in service area or the health carrier's insolvency or other modification or cessation of operations, and transferred to other **[**providers**]** **health care professionals** in a timely manner; and

(9) Any other information required by the director to determine compliance with the provisions of sections 354.600 to 354.636.

354.606. 1. A health carrier shall establish a mechanism by which the participating provider shall be notified on an ongoing basis of the specific covered health services for which the provider shall be responsible, including any limitations or conditions on services.

2. Every contract between a health carrier and a participating provider shall set forth a hold harmless provision specifying protection for enrollees. This requirement shall be met by including a provision substantially similar to the following:

"Provider agrees that in no event, including but not limited to nonpayment by the health carrier or intermediary, insolvency of the health carrier or intermediary, or breach of this agreement, shall the provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an enrollee or a person, other than the health carrier or intermediary, acting on behalf of the enrollee for services provided pursuant to this agreement. This agreement shall not prohibit the provider from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for uncovered services delivered on a fee-for-service basis to enrollees. This agreement shall not prohibit a provider, except for a health care professional who is employed full time on the staff of a health carrier and has agreed to provide service exclusively to that health carrier's enrollees and no others, and an enrollee from agreeing to continue services solely at the expense of the enrollee, as long as the provider has clearly informed the enrollee that the health carrier may not cover or continue to cover a specific service or services. Except as provided herein, this agreement does not prohibit the provider from pursuing any available legal remedy; including, but not limited to, collecting from any insurance carrier providing coverage to a covered person."

3. Every contract between a health carrier and a participating provider shall set forth that in the event of a health carrier's or intermediary's insolvency or other cessation of operations, covered services to enrollees shall continue through the period for which a premium has been paid to the health carrier on behalf of the enrollee or until the enrollee's discharge from an inpatient facility, whichever time is greater.

4. The contract provisions satisfying the requirements of subsections 2 and 3 of this section shall:

(1) Be construed in favor of the enrollee;

(2) Survive the termination of the contract regardless of the reason for termination, including the insolvency of the health carrier; and

(3) Supersede any oral or written contrary agreement between a provider and an enrollee or the representative of an enrollee if the contrary agreement is inconsistent with the hold harmless and continuation of covered services provisions required by subsections 2 and 3 of this section.

5. In no event shall a participating provider collect or attempt to collect from an enrollee any money owed to the provider by the health carrier nor shall a participating provider collect or attempt to collect from an enrollee any money in excess of the coinsurance, co-payments or deductibles. Failure of a health carrier to make timely payment of an amount owed to a provider in accordance with the provider's contract shall constitute an unfair claims settlement practice subject to sections 375.1000 to 375.1018, RSMo.

6. (1) A health carrier shall develop selection standards for participating primary care professionals and each participating health care professional specialty. Such standards shall be in writing and used in determining the selection of health care professionals by the health carrier, its intermediaries and any provider networks with which it contracts. Selection criteria shall not be established in a manner that will:

(a) Allow a health carrier to avoid a high-risk population by excluding a provider because such provider is located in a geographic area that contains a population presenting a risk of higher than average claims, losses or health services utilization; or

(b) Exclude a provider because such provider treats or specializes in treating a population presenting a risk of higher than average claims, losses or health services utilization.

(2) Paragraphs (a) and (b) of subdivision (1) of this subsection shall not be construed to prohibit a health carrier from declining to select a provider who fails to meet the other legitimate selection criteria of the health carrier developed in compliance with sections 354.600 to 354.636.

(3) The provisions of sections 354.600 to 354.636 shall not require a health carrier, its intermediaries or the provider networks with which it contracts, to employ specific providers or types of providers, or to contract with or retain more providers or types of providers than are necessary to maintain an adequate network.

7. A health carrier shall file its selection standards for participating providers with the director. A health carrier shall also file any subsequent changes to its selection standards with the director. The selection standards shall be made available to licensed health care providers.

8. A health carrier shall notify a participating provider of the provider's responsibilities with respect to the health carrier's applicable administrative policies and programs, including but not limited to payment terms, utilization review, quality assessment and improvement programs, credentialing, grievance procedures, data reporting requirements, confidentiality requirements and any applicable federal or state programs.

9. No contract between a health carrier and a provider for the delivery of health care service, entered into or renewed after August 28, 2001, shall require the mandatory use of a hospitalist. For purposes of this subsection, "hospitalist" means a physician who becomes a physician of record at a hospital for a patient of a participating provider and who may return the care of the patient to that participating provider at the end of hospitalization.

[9.**]** **10.** A health carrier shall not offer an inducement under the managed care plan to a provider to provide less than medically necessary services to an enrollee.

[10.**]** **11.** A health carrier shall not prohibit a participating provider from advocating in good faith on behalf of enrollees within the utilization review or grievance processes established by the health carrier or a person contracting with the health carrier.

[11.**]** **12.** A health carrier shall require a provider to make health records available to appropriate state and federal authorities involved in assessing the quality of care but shall not disclose individual identities, or investigating the grievances or complaints of enrollees, and to comply with the applicable state and federal laws related to the confidentiality of medical or health records.

[12.**]** **13.** The rights and responsibilities of a provider under a contract between a health carrier and a participating provider shall not be assigned or delegated by the provider without the prior written consent of the health carrier.

[13.**]** **14.** A health carrier shall be responsible for ensuring that a participating provider furnishes covered benefits to all enrollees without regard to the enrollee's enrollment in the plan as a private purchaser of the plan or as a participant in a publicly financed program of health care service.

[14.**]** **15.** A health carrier shall notify the participating providers of their obligations, if any, to collect applicable coinsurance, co-payments or deductibles from enrollees pursuant to the evidence of coverage, or of the providers' obligations, if any, to notify enrollees of their personal financial obligations for noncovered services.

[15.**]** **16.** A health carrier shall not penalize a provider because the provider, in good faith, reports to state or federal authorities any act or practice by the health carrier that may jeopardize patient health or welfare.

[16.**]** **17.** A health carrier shall establish a mechanism by which a participating provider may

determine in a timely manner whether a person is covered by the carrier.

[17.**] 18.** A health carrier shall not discriminate between health care professionals when selecting such professionals for enrollment in the network or when referring enrollees for health care services to be provided by such health care professional who is acting within the scope of his professional license.

[18.**] 19.** A health carrier shall establish procedures for resolution of administrative, payment or other disputes between providers and the health carrier.

[19.**] 20.** A contract between a health carrier and a provider shall not contain definitions or other provisions that conflict with the definitions or provisions contained in the managed care plan or sections 354.600 to 354.636."; and

Further amend section 354.900, page 19, line 24, by adding after all of said line the following:

"376.383. 1. To the extent consistent with the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001, et seq., this section shall apply to any health **[**insurer**] carrier** as defined in section **[**376.806, any nonprofit health service plan and any health maintenance organization**] 376.1350.**

2. Within **[**forty-five**] thirty** days after receipt of a claim **by a health carrier or a third party contracted with said health carrier to receive or process the claim** for reimbursement **[**from a person entitled to reimbursement**] for a health care service provided in this state as defined in section 376.1350**, a health **[**insurer, nonprofit health service plan or health maintenance organization**] carrier** shall pay the claim in accordance with this section or send a notice of receipt and status of the claim that states:

(1) That the **[**insurer, nonprofit health service plan or health maintenance organization**] health carrier** refuses to reimburse all or part of the claim and the reason for the refusal; or

(2) That **a request for** additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary**[**.**] to process the entire claim for payment. The health carrier must acknowledge receipt to the health care professional or entity that submitted the claim of all the requested additional information or pay the claim. Acknowledgment may be through electronic means.**

3. Within forty-five days after receipt of a claim by a health carrier or a third party contracted with said health carrier to receive or process the claim for reimbursement for a health care service provided in this state as defined in section 376.1350, a health carrier shall pay the claim in accordance with this section or send a notice of receipt and status of the claim that states:

(1) That the health carrier refuses to reimburse all or part of the claim and the reason for refusal; or

(2) That a final request for additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary to process the entire claim for payment. The health carrier must acknowledge receipt to the health care professional or entity that submitted the claim of the requested additional information within five working days.

[3.**] 4.** If **[**an insurer, nonprofit health service plan or health maintenance organization**] a health carrier** fails to comply with subsection 2 **or 3** of this section, the **[**insurer, nonprofit health service plan or health maintenance organization**] health carrier** shall pay interest on the amount of the claim that remains unpaid forty-five days after the claim is **[**filed**] received by the health carrier or a third party contracted with said health carrier to receive or process the claim** at the monthly rate of one percent. The interest paid pursuant to this subsection shall be included in any late reimbursement without the necessity for the person that filed the original claim to make an additional claim for that interest. **A carrier may combine interest payments and make payment once the aggregated amount reaches five dollars.**

5. All claims shall be deemed complete

claims upon receipt until such time as it is determined that additional information is required in order to pay the claim. If additional information is requested pursuant to subsection 2 or 3 of this section, the claim shall again be deemed complete upon receipt of all additional information requested. For the purpose of calculating the number of days pursuant to this section, the counting of days shall begin on the day the claim is received by the health carrier or a third party contracted with said health carrier to receive or process the claim. The counting of days shall be suspended the day following the day the health care professional receives a request for additional information pursuant to this section and the counting of days shall resume again once all the additional information requested is received by the health carrier or a third party contracted with said health carrier to receive or process the claim. All requests for additional information may be made electronically.

[4.**] 6.** Within **[**ten**] sixty** days after the day on which **[**all additional information is received**] a claim is received** by **[**an insurer, nonprofit health service plan or health maintenance organization**] a health carrier or a third party contracted with said health carrier to receive or process the claim**, **[**it**] said health carrier** shall pay the claim in accordance with this section or send a written notice that:

(1) States refusal to reimburse the claim or any part of the claim; and

(2) Specifies each reason for denial.

[An insurer, nonprofit health service plan or health maintenance organization that fails to comply with this subsection shall pay interest on any amount of the claim that remains unpaid at the monthly rate of one percent.**]**

7. The failure of the health care professional to provide and the health carrier to receive all requested information pursuant to subsections 2 or 3 of this section by the one hundred twentieth day after the initial receipt of the original claim may be a proper ground for denying all or part of the claim.

8. A health carrier that fails to pay or deny a claim pursuant to the requirements of this section shall pay, in addition to interest, a penalty prescribed by this subsection. Beginning January 1, 2002, for a claim received by a health carrier or a third party contracted with said health carrier to receive or process the claim which is not paid or denied as required by this section, a penalty shall accrue in the amount of fifty dollars per day for each day all or part of the claim, interest in excess of five dollars, or penalty remains unpaid. If such claim and interest are paid in their entirety prior to day sixty, then no penalty shall accrue;

[5. A provider who is paid interest under this section shall pay the proportionate amount of said interest to the enrollee or insured to the extent and for the time period that the enrollee or insured had paid for the services and for which reimbursement was due to the insured or enrollee.

6.**] 9.** This section shall become effective **[**April 1, **[**1999**] January 1, 2002**.

10. Nothing in this section shall apply to workers' compensation claims filed pursuant to chapter 287, RSMo.

376.384. 1. For purposes of this section, "health care professional" means the same as such term is defined in section 376.1350 and "health carrier" means the same as such term is defined in section 376.1350. Any health carrier shall:

(1) Permit health care professionals to file a claim for reimbursement for a health care service provided in this state as defined in section 376.1350 for a period of up to one hundred eighty days from the date of service;

(2) Not request a refund or offset against a claim more than one hundred eighty days after a carrier has paid a claim except in cases of fraud or material misrepresentation by the health care professional;

(3) The health carrier shall, upon request, provide any contracted health care professional with a fee schedule with the carrier's reimbursement rates for no less than thirty procedure codes for the most commonly

performed services for which the health care professional is contracted to provide;

(4) Issue within one working day a confirmation of receipt of an electronically filed claim by a health care professional or entity that submitted the claim, unless the claim is paid during such time.

2. On or after January 1, 2003, all claims submitted electronically for reimbursement for a health care service provided in this state shall be submitted in a uniform format utilizing standard medical code sets. The uniform format and the standard medical code sets shall be promulgated by the department of insurance through rules consistent with but no more stringent than the federal administrative simplification standards adopted pursuant to the Health Insurance Portability and Accountability Act of 1996. Any claim submitted in a nonelectronic format after January 1, 2002, shall not be subject to the provisions of subsection 8 of section 376.383; however, interest shall accrue on claims filed in a nonelectronic format that are not paid or denied in accordance with section 376.383. A health carrier shall provide electronic filing after January 1, 2002.

3. Nothing in this section shall apply to workers' compensation claims filed pursuant to chapter 287, RSMo.

376.406. 1. All **[**individual and group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, and all self-insured group health benefit plans, of any type or description,**]** **health benefit plans** which provide coverage for a family member of **[**the insured or subscriber**]** **an enrollee** shall, as to such family member's coverage, also provide that the health **[**insurance**]** benefits applicable for children shall be payable with respect to a newly born child of the **[**insured or subscriber**]** **enrollee** from the moment of birth.

2. The coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

3. If payment of a specific premium or subscription fee is required to provide coverage for a child, the **[**policy or contract**]** **health benefit plan** may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the **[**insurer or nonprofit service or indemnity corporation**]** **health carrier** within thirty-one days after the date of birth in order to have the coverage continue beyond such thirty-one day period. **If an application or other form of enrollment is required in order to continue coverage beyond the thirty-one-day period after the date of birth and the enrollee has notified the health carrier of the birth, either orally or in writing, the health carrier shall, upon notification, provide the enrollee with all forms and instructions necessary to enroll the newly born child and shall allow the enrollee an additional ten days from the date the forms and instructions are provided in which to enroll the newly born child.**

4. The requirements of this section shall apply to all **[**insurance policies and subscriber contracts**]** **health benefit plans** delivered or issued for delivery in this state **[**more than one hundred twenty days after August 13, 1974**]** **on or after August 28, 2001**.

5. For the purposes of this section, any review, renewal, extension, or continuation of any **[**plan, policy, or contract**]** **health benefit plan** or of any of the terms, premiums, or subscriptions of the **[**plan, policy, or contract**]** **health benefit plan** shall constitute a new delivery or issuance for delivery of the **[**plan, policy or contract**]** **health benefit plan**.

6. As used in this section, the terms "health benefit plan", "health carrier", and "enrollee" shall have the same meaning as defined in section 376.1350."; and

Further amend the title and enacting clause accordingly.

Senator Caskey moved that the above substitute amendment be adopted.

At the request of Senator Sims, **HS** for **HCS** for **HB 762**, with **SCS**, **SS** for **SCS**, **SA 8** and **SSA 1** for **SA 8** (pending), was placed on the Informal Calendar.

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 adopted **SCS** for **HB 742** and has taken up and passed **SCS** for **HB 742**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has concurred in **SA 1** to **HB 502** and has taken up and passed **HB 502**, as amended.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following Conference Committee to act with a like committee from the Senate on **SCS** for **HB 491**. Representatives: George, Foley, Haywood, Luetkemeyer, Jetton.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has concurred in **SCA 1**, **SA 1** and **SA 2** to **HCS** for **HB 207** and has taken up and passed **HCS** for **HB 207**, as amended.

Emergency clause adopted.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to adopt **SCS** for **HCS** for **HBs 302** and **38**, as amended, and requests the Senate to recede from its position and failing to do so grant the House a conference thereon.

On motion of Senator Kenney, the Senate recessed until 6:25 p.m.

RECESS

The time of recess having expired, the Senate was called to order by President Maxwell.

RESOLUTIONS

Senator Stoll offered Senate Resolution No. 764, regarding the One Hundred Seventh Birthday of Daisy Denny, DeSoto, which was adopted.

Senator Mathewson offered Senate Resolution No. 765, regarding Jay Wilson, which was adopted.

Senator Mathewson offered Senate Resolution No. 766, regarding the Fiftieth Wedding Anniversary of Mr. and Mrs. Roland Kolkmeyer, Saline County, which was adopted.

Senator Westfall offered Senate Resolution No. 767, regarding Dr. John D. Bentley, M.D., Springfield, which was adopted.

HOUSE BILLS ON THIRD READING

HB 470, introduced by Representatives Shields and Hegeman, entitled:

An Act to amend chapter 227, RSMo, by adding thereto one new section relating to the creation of a "Sergeant Robert Kimberling Memorial Highway".

Was called from the Consent Calendar and taken up by Senator Johnson.

On motion of Senator Johnson, **HB 470** was read the 3rd time and passed by the following vote:

YEAS—Senators

Caskey	Cauthorn	Childers	DePasco
Dougherty	Foster	Gibbons	Goode
Gross	House	Johnson	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Quick	Rohrbach	Russell
Schneider	Scott	Sims	Staples
Steelman	Stoll	Westfall	Wiggins—28

NAYS—Senators—None

Absent—Senators

Bentley	Bland	Jacob	Singleton
Yeckel—5			

Absent with leave—Senator Carter—1

The President declared the bill passed.

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

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

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

HS for **HB 381**, with **SCS**, entitled:

An Act to repeal sections 149.015, 407.927, 407.929 and 407.931, RSMo 2000, relating to sale of tobacco products to minors, and to enact in lieu thereof fifteen new sections relating to the same subject, with penalty provisions.

Was taken up by Senator Kenney.

SCS for **HS** for **HB 381**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR
HOUSE BILL NO. 381

An Act to repeal sections 149.015, 407.927, 407.929 and 407.931, RSMo 2000, relating to the sale of tobacco products to minors, and to enact in lieu thereof fifteen new sections relating to the same subject, with penalty provisions and an effective date for certain sections.

Was taken up.

Senator Kenney moved that **SCS** for **HS** for **HB 381** be adopted.

Senator Kenney offered **SS** for **SCS** for **HS** for **HB 381**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR
HOUSE BILL NO. 381

An Act to repeal sections 149.015, 407.927, 407.929 and 407.931, RSMo 2000, relating to the sale of tobacco products to minors, and to enact in lieu thereof fifteen new sections relating to the same subject, with penalty provisions and an effective date for certain sections.

Senator Kenney moved that **SS** for **SCS** for **HS** for **HB 381** be adopted.

Senator Kenney offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 13, Section 407.931, Line 1 of said page, by deleting "two hours", and inserting in lieu thereof the following: "**ninety minutes**".

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

Senator Caskey offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 7, Section 149.212, Line 29 of said page, by adding after the period (.) on said line the following: "**Any person who sells, distributes, or manufactures cigarettes and sustains direct economic or commercial injury as a result of a violation of sections 149.200 to 149.215 may bring an action in good faith for appropriate injunctive relief.**".

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

Senator Singleton offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 1, In the Title, Line 5, by inserting immediately before the period "." the following: ", with a referendum clause"; and

Further amend said bill, page 4, Section 149.015, line 29, by inserting immediately after said line the following:

"149.065. All taxes collected pursuant to this chapter, except for those portions required to be deposited in the fair share fund **[**or**]**, the health initiatives fund, **or the fund for lifelong health established pursuant to section 149.086,** shall be deposited in the state treasury to the credit of the state school moneys fund.

149.084. In addition to the taxes imposed in sections 149.015, 149.082 and 149.160, there is hereby imposed a tax upon the sale of each package of cigarettes and each tobacco product other than cigarettes. Such tax shall be equal to thirty cents per package of cigarettes and ten percent of the manufacturer's invoice price before discounts and deals for tobacco products

other than cigarettes. The additional tax shall be credited to the fund for lifelong health created in section 149.086. The tax imposed by this section shall be collected in the same manner and at the same time as the taxes imposed in this chapter.

149.086. 1. There is hereby created in the state treasury the "Fund for Lifelong Health" for the purpose of funding pharmaceutical assistance programs and for use in tobacco cessation, education, and treatment as delineated by rule by the department of social services in conjunction with the department of health with consideration given to the Centers for Disease Control and Prevention's nine elements of the comprehensive tobacco control program. Revenue deposited in the fund each year may be reserved for direct expenditure as follows:

(1) Reserve up to fifty percent of all revenues deposited in the fund for lifelong health, established pursuant to this section, each year for direct expenditure by the department to pay for prescription drugs and pharmaceutical services for senior citizens. The department shall submit a quarterly report to the governor regarding the general manner in which expenditures have been made pursuant to this section and the status of the program;

(2) Reserve up to fifty percent of all revenues deposited in the fund each year for programs that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco;

(3) Up to thirty percent of all revenues deposited in the fund each year may be redirected to the credit of general revenue;

(4) Up to ten percent of all revenues deposited in the fund each year may be redirected to the credit of the department of elementary and secondary education for use as school foundation formula funds.

2. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, 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, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, 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, 2001, shall be invalid and void."; and

Further amend said bill, page 18, Section B, line 17, by inserting immediately after said line the following:

"Section C. Sections 149.065, 149.084 and 149.086 of this act are hereby submitted to the qualified voters of this state for approval or rejection at a special election which is hereby ordered and which shall be held and conducted on the first Tuesday in November, 2002, pursuant to the laws and constitutional provisions of this state applicable to general elections and the submission of referendum measures by initiative petitions, and sections 149.065, 149.084 and 149.086 of this act shall become effective when approved by a majority of the votes cast thereon at such election and not otherwise."; and

Further amend the title and enacting clause accordingly.

Senator Singleton moved that the above amendment be adopted.

Senator Klarich offered **SA 1** to **SA 3**, which was read:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 3

Amend Senate Amendment No. 3 to Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 1, Lines 16-18, by deleting said lines and replacing in lieu thereof, the following: "**per package of cigarettes**" on line 16 and "**The additional tax shall be credited to**" on line 18.

Senator Klarich moved that the above amendment be adopted.

At the request of Senator Klarich, **SA 1** to

SA 3 was withdrawn.

SA 3 was again taken up.

Senator Singleton moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Bentley, Caskey, Dougherty and Sims.

SA 3 failed of adoption by the following vote:

YEAS—Senators

Bentley	Childers	Dougherty	Goode
House	Schneider	Sims	Singleton—8

NAYS—Senators

Bland	Caskey	Cauthorn	DePasco
Foster	Gibbons	Gross	Johnson
Kenney	Kinder	Klarich	Klindt
Loudon	Mathewson	Quick	Rohrbach
Russell	Scott	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—24

Absent—Senator Jacob—1

Absent with leave—Senator Carter—1

Senator Gibbons offered **SA 4**, which was read:

SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 5, Section 149.200, Line 20, by deleting the following: ", and federal trademark and copyright laws"; and

Further amend said bill, page 7, section 149.209, lines 16-22, by deleting all of said lines; and

Further amend the title and enacting clause accordingly.

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

Senator Bentley offered **SA 5**:

SENATE AMENDMENT NO. 5

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 15, Section 407.934, Line 16, by deleting the word "state" and inserting in lieu thereof the words "more stringent".

Senator Bentley moved that the above amendment be adopted, which motion failed on a standing division vote.

Senator Singleton offered **SA 6**:

SENATE AMENDMENT NO. 6

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 8, Section 149.215, Line 3, by inserting after all of said line the following:

"311.630. 1. The supervisor of liquor control and employees to be selected and designated as peace officers by the supervisor of liquor control are hereby declared to be peace officers of the state of Missouri, with full power and authority to make arrests only for violations of the provisions of chapters 311 and 312, RSMo, relating to intoxicating liquors and nonintoxicating beer, **and sections 407.925 to 407.934, RSMo, relating to tobacco products,** and to make searches and seizures thereunder, and to serve any process connected with the enforcement of such laws. The peace officers so designated shall have been previously appointed and qualified under the provisions of section 311.620 and shall have completed the mandatory standards for the basic training and certification of peace officers established by the peace officers standards and training commission.

2. The supervisor of liquor control shall furnish such peace officers with credentials showing their authority and a special badge, which they shall carry on their person at all times while on duty. The names of the peace officers so designated shall be made a matter of public record in the office of the supervisor of liquor control.

3. All fees for the arrest and transportation of persons arrested and for the service of writs and process shall be the same as provided by law in criminal proceedings and shall be taxed as costs."; and

Further amend said bill, Page 8, Section 407.924, Lines 4 to 11, by striking said lines and inserting in lieu thereof the following:

"**407.924. Beginning January 1, 2003, the division of mental health shall submit an annual**

report to the general assembly on the effectiveness of sections 407.925 to 407.934 in reducing tobacco possession by minors and statewide enforcement activities for violations of sections 407.925 to 407.934."; and

Further amend said bill, Page 8, Section 407.926, Line 15, by inserting after "who" the following: "**with criminal negligence,**"; and further amend line 17, by striking "assessed" and inserting in lieu thereof the following; "**guilty of a misdemeanor punishable by**"; and

Further amend said bill and page, Section 407.927, Line 20, by inserting after "407.927." the following; "**1.**"; and further amend page 9, line 5, by inserting after all of said line the following:

"**2. Any person who violates this section shall be guilty of an infraction, except that if a vending machine is in violation of this section, only the owner of the establishment shall be guilty of an offense. The penalty for a violation of this section shall be as follows:**

(1) For the first offense, a fine of twenty-five dollars;

(2) For the second offense, a fine of one hundred dollars;

(3) For a third and subsequent offense, a fine of two hundred dollars."; and

Further amend said bill and page, Section 407.928, Line 6, by inserting after "407.928." the following: "**1.**"; and further amend line 13, by inserting after all of said line the following:

"**2. Any person who violates this section shall be guilty of an infraction.**"; and

Further amend said bill, Page 10, Section 407.929, Line 9, by striking the following: "Any person who" and inserting in lieu thereof the following: "**No person**"; and further amend line 12, by striking the following: "shall be deemed guilty of a misdemeanor and"; and further amend lines 13 to 15, by striking said lines and inserting in lieu thereof the following: "**.**

4. Any person who violates this section shall be guilty of an infraction, except that any person who violates subsection 3 of this section shall be guilty of a class A misdemeanor."; and further amend said section by renumbering the remaining subsection accordingly; and

Further amend said bill, Page 11, Section 407.931, Line 23, by striking the following: "or section 407.927"; and further amend line 23, by inserting before "penalized" the following: "**guilty of an infraction and**"; and further amend page 11, line 29 and page 12, lines 1-15, by striking said lines; and further amend said section, by renumbering the remaining subsections accordingly; and

Further amend said bill, Page 13, Section 407.931, Lines 13-17, by striking all of line 13 after the word "offense" and lines 15, 16 and through the word "section" on line 17; and further amend line 18, by inserting after "distributed" the following; "**in violation of sections 407.925 to 407.934**"; and further amend line 19, by striking the word "such" and inserting in lieu thereof the following: "**only the**"; and further amend line 19, by striking the following: "established in" and further amend line 20, by striking said line and inserting in lieu thereof a period "**.**"; and

Further amend said bill, Page 15, Section 407.934, Lines 17 to 27, by striking said lines; and

Further amend said section, by renumbering the remaining subsections accordingly; and

Further amend said bill and section, Page 18, Line 8, by striking the following: "shall not take"; and further amend lines 9 and 10, by striking said lines; and further amend line 11, by striking the following: "when using a minor".

Senator Singleton moved that the above amendment be adopted, which motion failed on a standing division vote.

Senator DePasco offered **SA 7**, which was read:

SENATE AMENDMENT NO. 7

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 14, Section 407.931, Lines 2-16, by deleting all of said lines.

Senator DePasco moved that the above

amendment be adopted, which motion prevailed.

Senator Loudon offered **SA 8**, which was read:

SENATE AMENDMENT NO. 8

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 9, Section 407.928, Line 13, by inserting immediately following said line the following:

"Unobstructed line of sight may be achieved by the use of mirrors or a video surveillance system that provides the sales clerk an unobstructed view of individual packs of cigarettes and smokeless tobacco products".

Senator Loudon moved that the above amendment be adopted, which motion failed.

Senator DePasco offered **SA 9**, which was read:

SENATE AMENDMENT NO. 9

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 7, Section 149.212, Line 29, by inserting the following new section immediately after said line:

"Section 149.214. A retailer shall be deemed to have complied with the provisions of sections 149.200 to 149.212, when such retailer obtains cigarettes in the normal course of business from a wholesaler or distributor who has affixed tax stamps or meter impressions on such cigarettes package pursuant to this chapter. Cigarette packages that comply with all requirements imposed by or pursuant to federal law and implementing regulations shall be deemed to be in compliance with the provisions of sections 149.200 to 149.212 and may be offered for sale in this state."; and

Further amend said bill, title and enacting clause accordingly.

Senator DePasco moved that the above amendment be adopted, which motion failed.

Senator Gross offered **SA 10**:

SENATE AMENDMENT NO. 10

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 12, Section 407.931, Line 4 of said page, by inserting after "location" the following: "**within two years**"; and further amend line 6 of said page, by inserting after "location" the following: "**within two years**"; and further amend line 9 of said page, by inserting after "location" the following: "**within two years**"; and further amend line 13 of said page, by inserting after "location" the following: "**within two years**"; and further amend line 26 of said page, by striking "attended training" and inserting in lieu thereof the following: "**been trained**".

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

Senator Loudon offered **SA 11**, which was read:

SENATE AMENDMENT NO. 11

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 7, Section 149.212, Lines 25 and 26, by deleting the words "and all local police authorities" as such appear on said lines.

Senator Loudon moved that the above amendment be adopted, which motion failed.

Senator DePasco offered **SA 12**, which was read:

SENATE AMENDMENT NO. 12

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Bill No. 381, Page 7, Section 149.206, Lines 11-15, by deleting all of said lines.

Senator DePasco moved that the above amendment be adopted.

At the request of Senator Kenney, **HS** for **HB 381**, with **SCS**, **SS** for **SCS** and **SA 12** (pending), was placed on the Informal Calendar.

MESSAGES FROM THE GOVERNOR

The following messages were received from the Governor:

OFFICE OF THE GOVERNOR
State of Missouri
Jefferson City, Missouri
May 3, 2001

TO THE SENATE OF THE 91st GENERAL ASSEMBLY
OF THE STATE OF MISSOURI:

I hereby withdraw from your consideration the following appointment to office made by me and submitted to you on May 1, 2001 for your advice and consent:

Hilary Ryals Huffman, Republican, 6700 Bancroft, Apartment 1 E, St. Louis City, Missouri 63109, as a member of the Board of Election Commissioners for St. Louis City, for a term ending January 1, 2005, and until her successor is duly appointed and qualified; vice, Joan M. Crawford, term expired.

Respectfully submitted,
BOB HOLDEN
Governor

President Pro Tem Kinder moved that the above appointment be returned to the Governor pursuant to his request, which motion prevailed.

OFFICE OF THE GOVERNOR
State of Missouri
Jefferson City, Missouri
May 4, 2001

TO THE SENATE OF THE 91st GENERAL ASSEMBLY
OF THE STATE OF MISSOURI:

I hereby withdraw from your consideration the following appointment to office made by me and submitted to you on April 30, 2001 for your advice and consent:

Steven C. Roberts, 5587 Lindell Boulevard, St. Louis City, Missouri 63112, as a member of the St. Louis City Board of Police Commissioners, for a term ending January 31, 2005, and until his successor is duly appointed and qualified; vice, Dr. Leslie Bond, Sr., term expired.

Respectfully submitted,
BOB HOLDEN
Governor

President Pro Tem Kinder moved that the above appointment be returned to the Governor pursuant to his request, which motion prevailed.

OFFICE OF THE GOVERNOR
State of Missouri
Jefferson City, Missouri
May 7, 2001

TO THE SENATE OF THE 91st GENERAL ASSEMBLY
OF THE STATE OF MISSOURI:

I hereby withdraw from your consideration the following appointment to office made by Governor Roger B. Wilson and submitted to you on January 4, 2001 for your advice and consent:

Linda L. Duffy, Republican, 1811 Woodrail Avenue, Columbia, Boone County, Missouri 65203, as a member of the Missouri Community Service Commission, for a term ending December 15, 2002, and until her successor is duly appointed and qualified; vice, Derrick L. Driemeyer, resigned.

Respectfully submitted,
BOB HOLDEN
Governor

President Pro Tem Kinder moved that the above appointment be returned to the Governor pursuant to his request, which motion prevailed.

OFFICE OF THE GOVERNOR
State of Missouri
Jefferson City, Missouri
May 4, 2001

TO THE SENATE OF THE 91st GENERAL ASSEMBLY
OF THE STATE OF MISSOURI:

I have the honor to transmit to you herewith for your advice and consent the following appointment to office:

Yvonne Hunter, Republican, 21 Kingsbury Place, St. Louis City, Missouri 63112, as a member of the Board of Election Commissioners for St. Louis City, for a term ending January 1, 2005, and until her successor is duly appointed and qualified; vice, Hilary Ryals Huffman, withdrawn.

Respectfully submitted,
BOB HOLDEN
Governor

President Pro Tem Kinder referred the above appointment to the Committee on Gubernatorial Appointments.

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 **SB 86**, entitled:

An Act to repeal sections 64.170 and 64.180, RSMo 2000, relating to building codes in certain counties, and to enact in lieu thereof two new sections relating to the same subject.

With House Amendments Nos. 1, 2 and 4.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 86, Page 1, Section 64.170, Line 6, by inserting immediately after the word "installation" the following: "**plumbing or drain laying**"; and

Further amend said bill, Page 2, Section 64.180, Line 10, by inserting immediately after the word "agencies" the following: "**consistent with section 64.196**"; and

Further amend said bill, Page 2, Section 64.180, Line 19, by inserting immediately after all of said line the following:

"**64.196. After August 28, 2001, any county seeking to adopt a building code in a manner set forth in section 64.180 shall, in creating or amending such code, adopt a current, calendar year 1999 or later edition, nationally recognized building code, as amended.**"; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 86, Page 8, Line 12, by inserting after all of said line the following:

"**Section 1. The state of Missouri hereby waives all rights to its possibility of reverter in the real property particularly described in the quitclaim deed in Book 279 at Pages 76-77 of the office of the recorder of deeds of Scott County.**"; and

Further amend said title, enacting clause and intersectional references accordingly.

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Bill No. 86, Page 2, Section 64.180, Line 19, by inserting after all of said line the following:

"64.342. 1. Section 64.341 to the contrary notwithstanding, the county commission of any county of the first classification without a charter form of government with a population of at least one hundred fifty thousand containing part of a city with a population over three hundred fifty thousand is hereby authorized to acquire, by purchase or gift, establish, construct, own, control, lease, equip, improve, maintain, operate and regulate, in whole or in part, concession stands or marinas within any area contiguous to the lake which is used as a public park, playground, camping site or recreation area. **No such lease or concession grant shall be for a longer term than twenty-five years.**

2. Such concession stands or marinas may offer refreshments for sale to the public using such areas and services therein relating to boating, swimming, picnicking, golfing, shooting, horseback riding, fishing, tennis and other recreational, cultural and educational uses upon such terms and under such regulations as the county may prescribe.

3. All moneys derived from the operation of concession stands or marinas shall be paid into the county treasury and be credited to a "Park Fund" to be established by each county authorized under subsection 1 of this section and be used and expended by the county commission for park purposes.

4. The provisions of this section authorizing and extending authority to counties concerning marinas shall not apply to any privately operated marina in operation prior to August 28, 2000**, except that if an operator is in default or if no bids are received during the open bid period, then the county may operate such marina for a period not to exceed a cumulative total of twenty-four months**."; and

Further amend said 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 **SBs 5** and **21**.

Bill ordered enrolled.

INTRODUCTIONS OF GUESTS

Senator Gibbons introduced to the Senate, his sister, Edie Barnard; and Crystal Coleman and Debbie Kiel, Rock Hill.

Senator Steelman introduced to the Senate, fifty-five fourth grade students from Linn Elementary School, Linn.

On motion of Senator Kenney, the Senate adjourned until 9:30 a.m., Tuesday, May 8, 2001.

SENATE CALENDAR

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SIXTY-EIGHTH DAY–TUESDAY, MAY 8, 2001

———

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HS for HCS for HBs 981 & 665-Willoughby

THIRD READING OF SENATE BILLS

SCS for SB 505-Loudon (In Budget Control)

SS for SB 242-Kenney (In Budget Control)

SCS for SB 225-Mathewson (In Budget Control)

SS for SCS for SBs 334 & 228-Kinder (In Budget Control)

SENATE BILLS FOR PERFECTION

SB 565-Staples

SB 596-Loudon

SB 597-Singleton

SB 268-Schneider, with SCS

SBs 249 & 523-Wiggins, with SCS

SBs 508 & 468-Cauthorn and Klindt, with SCS

SB 586-Klindt, with SCS

HOUSE BILLS ON THIRD READING

1. HB 444-Kreider, et al, with SCA 1 (Wiggins)
2. HS for HB 421-Hoppe, with SCS (Kinder)
3. HB 385-Franklin, with SCS (Foster)
4. HCS for HBs 205, 323 & 549, with SCS (Childers)
5. HB 662-Green (73) and St. Onge, with SCS (Foster)
6. HS for HCS for HB 425-O'Toole (DePasco)
7. HB 285-Riback Wilson, et al (Jacob)
8. HB 120-O'Connor, with SCS (Caskey)

9. HB 163-Berkowitz and Wagner (Westfall)
10. HB 471-Jolly, et al, with SCS (Wiggins)
11. HB 626-Hosmer, with SCS (Bentley)
12. HS for HCS for HB 107-Clayton, with SCS (Klarich) (In Budget Control)
13. HCS for HB 50, with SCS (Stoll) (In Budget Control)
14. HCS for HBs 754, 29, 300 & 505 (Bentley) (In Budget Control)
15. HB 185-Legan, et al, with SCS (Gross)
16. HCS for HB 738 (Klarich)
17. HCS for HBs 441, 94 & 244 (Johnson)
18. HB 453-Ransdall, et al, with SCS (Steelman)
19. HB 501-Bowman, et al, with SCS (Steelman) (In Budget Control)
20. HCS for HB 581, with SCS (Klindt)
21. HB 133-Gambaro, with SCS (Yeckel)
22. HCS for HB 241, with SCS (Caskey)
23. HS for HCS for HBs 328 & 88-Harlan, with SCS (Sims)
24. HB 70-Koller, with SCA 1 (Staples)
25. HB 678-Seigfreid, with SCS (Mathewson)
26. HS for HCS for HB 824-Abel (Mathewson) (In Budget Control)
27. HS for HCS for HBs 924, 714, 685, 756, 734 & 518-Wiggins, with SCS (Mathewson) (In Budget Control)
28. HB 769-Harlan (House)
29. HS for HB 612-Ladd Baker, with SCS (Sims) (In Budget Control)
30. HB 621-Gratz and Vogel, with SCA 1 (Rohrbach)
31. HB 262-Linton, et al, with SCAs 1 & 2 (Klarich)
32. HS for HCS for HB 327-Rizzo, with SCS (In Budget Control)
33. HB 219-Townley, et al, with SCS (Cauthorn)

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 65-Gibbons, with SCS

SBs 67 & 40-Gross, with SCS

SB 68-Gross and House

SB 99-Sims, with SCS

SB 114-Loudon, with SCS, SS for SCS & SA 1 (pending)

SB 184-Johnson, et al, with SS#2 (pending)
SB 222-Caskey, with SA 3 & SSA 1 for SA 3 (pending)
SBs 238 & 250-Staples, et al, with SCS (pending)
SB 239-Stoll, with SCS & SA 11 (pending)
SB 251-Kinder
SBs 253 & 260-Gross, with SCS (pending)
SB 331-DePasco, et al, with SCS & SS for SCS (pending)
SB 373-Gibbons and Yeckel, with SCS
SBs 391 & 395-Rohrbach, with SCS & SS for SCS (pending)
SB 438-Bentley and Stoll, with SS, SS for SS & SA 1 (pending)
SB 445-Singleton, with SCS & SS for SCS (pending)
SB 454-Kinder, with SCS
SB 455-Kinder, et al, with SCS
SBs 459, 305, 396 & 450-Westfall, with SCS & SS for SCS (pending)
SB 469-Gross, et al
SB 488-Klindt, et al, with SCS
SB 535-Rohrbach, with SCS, SS for SCS & point of order (pending)
SB 546-Kenney, et al, with SCS
SB 583-Yeckel
SB 593-Klindt, with SCS
SJR 11-Yeckel

HOUSE BILLS ON THIRD READING

HB 80-Ross, with SCS (pending) (Kenney)
HS for HB 381-Hoppe, with SCS, SS for SCS & SA 12 (pending) (Kenney)
HB 544-Holand and Treadway, with SA 1 (pending) (Bentley)
HS for HCS for HB 762-Barry, with SCS, SS for SCS, SA 8 & SSA 1 for SA 8 (pending) (Sims and Stoll)
HB 949-Barry, with SCS, SS for SCS & SA 7 (pending) (Sims)
HB 954-Hosmer (Westfall)
HJR 5-Barry, et al, with SS, SA 1 & point of order (pending) (Yeckel)

CONSENT CALENDAR

Senate Bills

Reported 2/5

SB 143-Childers

Reported 2/19

SB 315-Childers, with SCS

Reported 3/5

SB 354-Johnson and Scott, with SCS

Reported 3/12

SB 526-Dougherty, with SCS

House Bills

Reported 4/12

HB 111-Ladd Baker (Gross)
HB 458-Lawson, et al (Klindt)
HBs 648, 477 & 805-Ostmann, et al, with SCS (Westfall)
HB 691-Barnett, et al, with SCS (Klindt)
HB 897-Kreider, et al (Klindt)
HB 45-Farnen (Bentley)
HB 309-McKenna, et al (Stoll)
HB 865-Davis (Caskey)
HB 725-Britt (Foster)
HB 881-Scott, et al, with SCS (Rohrbach)
HB 606-Kennedy, et al, with SCS (Yeckel)
HB 202-Rizzo, with SCS (Kenney)
HB 242-Smith, with SCS (House)
HB 361-Shoemyer, with SCS (Goode)
HB 498-Wagner and McKenna, with SCS (Stoll)
HB 679-Boykins (Sims)
HB 473-Robirds, with SCS (Foster)
HB 904-Merideth, et al, with SCS (Foster)

SENATE BILLS WITH HOUSE AMENDMENTS

SB 86-Rohrbach, with HCS, as amended
SB 274-Caskey, with HCS
SB 307-Jacob, with HCS
HS for SS for SCS for SBs 323 & 230-Childers
SB 348-Sims, with HCS

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

HCS for HB 2, with SCS (Russell)
HCS for HB 3, with SCS (Russell)
HCS for HB 4, with SCS (Russell)
HCS for HB 5, with SCS (Russell)
HCS for HB 6, with SCS, as amended (Russell)
HCS for HB 7, with SCS (Russell)
HCS for HB 8, with SCS (Russell)
HCS for HB 9, with SCS (Russell)
HCS for HB 10, with SCS, as amended (Russell)
HCS for HB 11, with SCS, as amended (Russell)
HCS for HB 12, with SCS (Russell)
HCS for HB 13, with SCS (Russell)
HCS for HB 18, with SCS, as amended (Russell)
HCS for HB 19, with SCS (Russell)
HB 491-George, with SCS (Goode)

Requests to Recede or Grant Conference

SCS for SB 151-Childers, with HCS (Senate requests House recede or grant conference)
SS for SB 193-Rohrbach, with HCS, as amended (Senate requests House recede or grant conference)
SS for SCS for SB 267-Klarich, with HS for HCS, as amended (Senate requests House recede or grant conference)
SB 462-Westfall, with HCS, as amended (Senate requests House recede or grant conference)
SB 610-Westfall, with HCS (Senate requests House recede or grant conference)
HCS for HBs 302 & 38, with SCS, as amended (Westfall) (House requests Senate recede or grant conference)

RESOLUTIONS

SR 345-Quick, et al

SR 346-Kinder, with SA 3
& SSA 1 for SA 3
(pending)

Reported from Committee

SCR 8-Caskey, with SA 2
(pending)
SCR 17-Steelman, et al
HCR 16-Green and Holt
(House)

SR 495-Klarich, with SCS
HCR 24-Boucher, with SCS
(Yeckel)

Reported from House with Amendments

SS for SCR 13-Foster,
with HCS

Requests to Recede or Grant Conference

SS for SCR 2-Singleton,
with HCS
(Senate requests House
recede or grant conference)

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