

Journal of the Senate

FIRST REGULAR SESSION

FIRST EXTRA SESSION

SEVENTH DAY—THURSDAY, SEPTEMBER 13, 2001

The Senate met pursuant to adjournment.

President Maxwell in the Chair.

Reverend Carl Gauck offered the following prayer:

“The eyes of the Lord range throughout the entire earth, to strengthen those whose heart is true to him.” (2 Chronicles 16:9)

Almighty God, we praise You for giving us the strength we need to say what must be said and do what must be done, while working together, to best serve the citizens of Missouri. We also pray for those from our state who have gone to aid in the search and rescue of those buried in the rubble in New York; provide them Your protection and give them strength to safely do the work You have for them. And continue to mend those who have fallen victim to terrorists and comfort us who mourn. In Your Holy Name we pray. Amen.

The Pledge of Allegiance to the Flag was recited.

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

The Journal of the previous day was read and approved.

Photographers from 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	Carter	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—34		

Absent with leave—Senators—None

The Lieutenant Governor was present.

RESOLUTIONS

Senator Westfall offered Senate Resolution No. 32, regarding the death of Charles E. “Charlie” Wilson, Halfway, which was adopted.

Senators Gross and House offered Senate Resolution No. 33, regarding Kelsie Kestler, O’Fallon, which was adopted.

Senators Gross and House offered Senate Resolution No. 34, regarding Patrick Banger, O’Fallon, which was adopted.

Senators Gross and House offered Senate Resolution No. 35, regarding the Reverend Fran Pieper, St. Charles County, which was adopted.

Senators Gross and House offered Senate Resolution No. 36, regarding Marvin Freeman, St. Charles County, which was adopted.

Senators Gross and House offered Senate Resolution No. 37, regarding Darrell Roegner, St. Charles County, which was adopted.

Senator Kenney offered Senate Resolution No. 38, regarding the Fiftieth Wedding Anniversary of Mr. and Mrs. Kenneth Huckabey, Independence,

which was adopted.

Senator Kenney offered Senate Resolution No. 39, regarding the Sixtieth Wedding Anniversary of Mr. and Mrs. Samuel G. Brown, Independence, which was adopted.

Senator Kenney offered Senate Resolution No. 40, regarding Ryan Bradford Luethje, Blue Springs, which was adopted.

Senator Yeckel offered Senate Resolution No. 41, regarding Robert Garith "Rob" Skelton, St. Louis, which was adopted.

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 **HCS** for **HB 3**, with **SCS**, begs leave to report that it has considered the same and recommends that the bill do pass.

HOUSE BILLS ON THIRD READING

HS for **HCS** for **HB 3**, with **SCS**, entitled:

An Act to repeal sections 135.095, 208.010 and 208.151, RSMo, and to enact in lieu thereof ten new sections relating to a pharmaceutical investment program, with an emergency clause and penalty provision.

Was taken up by Senator Singleton.

SCS for **HS** for **HCS** for **HB 3**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 3

An Act to repeal sections 135.095, 208.010 and 208.151, RSMo, relating to the Missouri senior Rx program, and to enact in lieu thereof twelve new sections relating to the same subject, with an expiration date for certain sections, an emergency clause and penalty provisions.

Was taken up.

Senator Singleton moved that **SCS** for **HS** for

HCS for **HB 3** be adopted.

Senator Singleton offered **SS** for **SCS** for **HS** for **HCS** for **HB 3**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 3

An Act to repeal section 135.095, RSMo, relating to the Missouri senior Rx program, and to enact in lieu thereof ten new sections relating to the same subject, with an expiration date for certain sections, an emergency clause and penalty provisions.

Senator Singleton moved that **SS** for **SCS** for **HS** for **HCS** for **HB 3** be adopted.

Senator Dougherty offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 2, Section 135.095, Line 16 of said page, by inserting immediately after said line the following:

"208.010. 1. In determining the eligibility of a claimant for public assistance pursuant to this law, it shall be the duty of the division of family services to consider and take into account all facts and circumstances surrounding the claimant, including his or her living conditions, earning capacity, income and resources, from whatever source received, and if from all the facts and circumstances the claimant is not found to be in need, assistance shall be denied. In determining the need of a claimant, the costs of providing medical treatment which may be furnished pursuant to sections 208.151 to 208.158 and 208.162 shall be disregarded. The amount of benefits, when added to all other income, resources, support, and maintenance shall provide such persons with reasonable subsistence compatible with decency and health in accordance with the standards developed by the division of family services; provided, when a husband and wife are living together, the combined income and resources of both shall be considered in determining the

eligibility of either or both. “Living together” for the purpose of this chapter is defined as including a husband and wife separated for the purpose of obtaining medical care or nursing home care, except that the income of a husband or wife separated for such purpose shall be considered in determining the eligibility of his or her spouse, only to the extent that such income exceeds the amount necessary to meet the needs (as defined by rule or regulation of the division) of such husband or wife living separately. In determining the need of a claimant in federally aided programs there shall be disregarded such amounts per month of earned income in making such determination as shall be required for federal participation by the provisions of the federal Social Security Act (42 U.S.C.A. 301 et seq.), or any amendments thereto. When federal law or regulations require the exemption of other income or resources, the division of family services may provide by rule or regulation the amount of income or resources to be disregarded.

2. Benefits shall not be payable to any claimant who:

(1) Has or whose spouse with whom he or she is living has, prior to July 1, 1989, given away or sold a resource within the time and in the manner specified in this subdivision. In determining the resources of an individual, unless prohibited by federal statutes or regulations, there shall be included (but subject to the exclusions pursuant to subdivisions (4) and (5) of this subsection, and subsection 5 of this section) any resource or interest therein owned by such individual or spouse within the twenty-four months preceding the initial investigation, or at any time during which benefits are being drawn, if such individual or spouse gave away or sold such resource or interest within such period of time at less than fair market value of such resource or interest for the purpose of establishing eligibility for benefits, including but not limited to benefits based on December, 1973, eligibility requirements, as follows:

(a) Any transaction described in this subdivision shall be presumed to have been for the purpose of establishing eligibility for benefits or assistance pursuant to this chapter unless such individual furnishes convincing evidence to

establish that the transaction was exclusively for some other purpose;

(b) The resource shall be considered in determining eligibility from the date of the transfer for the number of months the uncompensated value of the disposed of resource is divisible by the average monthly grant paid or average Medicaid payment in the state at the time of the investigation to an individual or on his or her behalf under the program for which benefits are claimed, provided that:

a. When the uncompensated value is twelve thousand dollars or less, the resource shall not be used in determining eligibility for more than twenty-four months; or

b. When the uncompensated value exceeds twelve thousand dollars, the resource shall not be used in determining eligibility for more than sixty months;

(2) The provisions of subdivision (1) of subsection 2 of this section shall not apply to a transfer, other than a transfer to claimant's spouse, made prior to March 26, 1981, when the claimant furnishes convincing evidence that the uncompensated value of the disposed of resource or any part thereof is no longer possessed or owned by the person to whom the resource was transferred;

(3) Has received, or whose spouse with whom he or she is living has received, benefits to which he or she was not entitled through misrepresentation or nondisclosure of material facts or failure to report any change in status or correct information with respect to property or income as required by section 208.210. A claimant ineligible pursuant to this subsection shall be ineligible for such period of time from the date of discovery as the division of family services may deem proper; or in the case of overpayment of benefits, future benefits may be decreased, suspended or entirely withdrawn for such period of time as the division may deem proper;

(4) Owns or possesses resources **on or after July 1, 2002**, in the sum of **one thousand two hundred fifty dollars or more and on or after July 1, 2003**, **one thousand four hundred and on or after July 1, 2004**, one thousand five hundred

dollars or more; provided, however, that if such person is married and living with spouse, he or she, or they, individually or jointly, may own resources not to exceed **two thousand two hundred fifty dollars or more, and on or after July 1, 2003, two thousand four hundred and on or after July 1, 2004, two thousand five hundred dollars or more**; and provided further, that in the case of a temporary assistance for needy families claimant, the provision of this subsection shall not apply;

(5) Prior to October 1, 1989, owns or possesses property of any kind or character, excluding amounts placed in an irrevocable prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053, RSMo, or has an interest in property, of which he or she is the record or beneficial owner, the value of such property, as determined by the division of family services, less encumbrances of record, exceeds twenty-nine thousand dollars, or if married and actually living together with husband or wife, if the value of his or her property, or the value of his or her interest in property, together with that of such husband and wife, exceeds such amount;

(6) In the case of temporary assistance for needy families, if the parent, stepparent, and child or children in the home owns or possesses property of any kind or character, or has an interest in property for which he or she is a record or beneficial owner, the value of such property, as determined by the division of family services and as allowed by federal law or regulation, less encumbrances of record, exceeds one thousand dollars, excluding the home occupied by the claimant, amounts placed in an irrevocable prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053, RSMo, one automobile which shall not exceed a value set forth by federal law or regulation and for a period not to exceed six months, such other real property which the family is making a good-faith effort to sell, if the family agrees in writing with the division of family services to sell such property and from the net proceeds of the sale repay the amount of assistance received during such period. If the property has not been sold within six months,

or if eligibility terminates for any other reason, the entire amount of assistance paid during such period shall be a debt due the state;

(7) Is an inmate of a public institution, except as a patient in a public medical institution.

3. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the income and resources of a relative or other person living in the home shall be taken into account to the extent the income, resources, support and maintenance are allowed by federal law or regulation to be considered.

4. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the value of burial lots or any amounts placed in an irrevocable prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053, RSMo, shall not be taken into account or considered an asset of the burial lot owner or the beneficiary of an irrevocable prearranged funeral or funeral contract. For purposes of this section, "burial lots" means any burial space as defined in section 214.270, RSMo, and any memorial, monument, marker, tombstone or letter marking a burial space. If the beneficiary, as defined in chapter 436, RSMo, of an irrevocable prearranged funeral or burial contract receives any public assistance benefits pursuant to this chapter and if the purchaser of such contract or his or her successors in interest cancel or amend the contract so that any person will be entitled to a refund, such refund shall be paid to the state of Missouri up to the amount of public assistance benefits provided pursuant to this chapter with any remainder to be paid to those persons designated in chapter 436, RSMo.

5. In determining the total property owned pursuant to subdivision (5) of subsection 2 of this section, or resources, of any person claiming or for whom public assistance is claimed, there shall be disregarded any life insurance policy, or prearranged funeral or burial contract, or any two or more policies or contracts, or any combination of policies and contracts, which provides for the payment of one thousand five hundred dollars or less upon the death of any of the following:

(1) A claimant or person for whom benefits are claimed; or

(2) The spouse of a claimant or person for whom benefits are claimed with whom he or she is living.

If the value of such policies exceeds one thousand five hundred dollars, then the total value of such policies may be considered in determining resources; except that, in the case of temporary assistance for needy families, there shall be disregarded any prearranged funeral or burial contract, or any two or more contracts, which provides for the payment of one thousand five hundred dollars or less per family member.

6. Beginning September 30, 1989, when determining the eligibility of institutionalized spouses, as defined in 42 U.S.C. Section 1396r-5, for medical assistance benefits as provided for in section 208.151 and 42 U.S.C. Sections 1396a et seq., the division of family services shall comply with the provisions of the federal statutes and regulations. As necessary, the division shall by rule or regulation implement the federal law and regulations which shall include but not be limited to the establishment of income and resource standards and limitations. The division shall require:

(1) That at the beginning of a period of continuous institutionalization that is expected to last for thirty days or more, the institutionalized spouse, or the community spouse, may request an assessment by the division of family services of total countable resources owned by either or both spouses;

(2) That the assessed resources of the institutionalized spouse and the community spouse may be allocated so that each receives an equal share;

(3) That upon an initial eligibility determination, if the community spouse's share does not equal at least twelve thousand dollars, the institutionalized spouse may transfer to the community spouse a resource allowance to increase the community spouse's share to twelve thousand dollars;

(4) That in the determination of initial

eligibility of the institutionalized spouse, no resources attributed to the community spouse shall be used in determining the eligibility of the institutionalized spouse, except to the extent that the resources attributed to the community spouse do exceed the community spouse's resource allowance as defined in 42 U.S.C. Section 1396r-5;

(5) That beginning in January, 1990, the amount specified in subdivision (3) of this subsection shall be increased by the percentage increase in the consumer price index for all urban consumers between September, 1988, and the September before the calendar year involved; and

(6) That beginning the month after initial eligibility for the institutionalized spouse is determined, the resources of the community spouse shall not be considered available to the institutionalized spouse during that continuous period of institutionalization.

7. Beginning July 1, 1989, institutionalized individuals shall be ineligible for the periods required and for the reasons specified in 42 U.S.C. Section 1396p.

8. The hearings required by 42 U.S.C. Section 1396r-5 shall be conducted pursuant to the provisions of section 208.080.

9. Beginning October 1, 1989, when determining eligibility for assistance pursuant to this chapter there shall be disregarded unless otherwise provided by federal or state statutes, the home of the applicant or recipient when the home is providing shelter to the applicant or recipient, or his or her spouse or dependent child. The division of family services shall establish by rule or regulation in conformance with applicable federal statutes and regulations a definition of the home and when the home shall be considered a resource that shall be considered in determining eligibility.

10. Reimbursement for services provided by an enrolled Medicaid provider to a recipient who is duly entitled to Title XIX Medicaid and Title XVIII Medicare Part B, Supplementary Medical Insurance (SMI) shall include payment in full of deductible and coinsurance amounts as determined due pursuant to the applicable provisions of federal regulations pertaining to Title XVIII Medicare Part

B, except the applicable Title XIX cost sharing.

11. A "community spouse" is defined as being the noninstitutionalized spouse.

208.151. 1. For the purpose of paying medical assistance on behalf of needy persons and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301 et seq.) as amended, the following needy persons shall be eligible to receive medical assistance to the extent and in the manner hereinafter provided:

(1) All recipients of state supplemental payments for the aged, blind and disabled;

(2) All recipients of aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040;

(3) All recipients of blind pension benefits;

(4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the eligibility standards in effect December 31, 1973, or less restrictive standards as established by rule of the division of family services, who are sixty-five years of age or over and are patients in state institutions for mental diseases or tuberculosis;

(5) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children except for the requirements of subdivision (2) of subsection 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as amended;

(6) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children benefits except for the requirement of deprivation of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(7) All persons eligible to receive nursing care benefits;

(8) All recipients of family foster home or nonprofit private child-care institution care, subsidized adoption benefits and parental school care wherein state funds are used as partial or full payment for such care;

(9) All persons who were recipients of old age assistance benefits, aid to the permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who continue to meet the eligibility requirements, except income, for these assistance categories, but who are no longer receiving such benefits because of the implementation of Title XVI of the federal Social Security Act, as amended;

(10) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child in the home;

(11) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child who is deprived of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(12) Pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to one hundred eighty-five percent of the federal poverty level as established and amended by the federal Department of Health and Human Services, or its successor agency;

(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989). The division of family services shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;

(14) Children who have attained six years of age but have not attained nineteen years of age. For children who have attained six years of age but have not attained nineteen years of age, the division of family services shall use an income assessment methodology which provides for eligibility when

family income is equal to or less than equal to one hundred percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency. As necessary to provide Medicaid coverage under this subdivision, the department of social services may revise the state Medicaid plan to extend coverage under 42 U.S.C. 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. 1396a;

(15) The following children with family income which does not exceed two hundred percent of the federal poverty guideline for the applicable family size:

(a) Infants who have not attained one year of age with family income greater than one hundred eighty-five percent of the federal poverty guideline for the applicable family size;

(b) Children who have attained one year of age but have not attained six years of age with family income greater than one hundred thirty-three percent of the federal poverty guideline for the applicable family size; and

(c) Children who have attained six years of age but have not attained nineteen years of age with family income greater than one hundred percent of the federal poverty guideline for the applicable family size. Coverage under this subdivision shall be subject to the receipt of notification by the director of the department of social services and the revisor of statutes of approval from the secretary of the U.S. Department of Health and Human Services of applications for waivers of federal requirements necessary to promulgate regulations to implement this subdivision. The director of the department of social services shall apply for such waivers. The regulations may provide for a basic primary and preventive health care services package, not to include all medical services covered by section 208.152, and may also establish co-payment, coinsurance, deductible, or premium requirements for medical assistance under this subdivision. Eligibility for medical assistance under this

subdivision shall be available only to those infants and children who do not have or have not been eligible for employer-subsidized health care insurance coverage for the six months prior to application for medical assistance. Children are eligible for employer-subsidized coverage through either parent, including the noncustodial parent. The division of family services may establish a resource eligibility standard in assessing eligibility for persons under this subdivision. The division of medical services shall define the amount and scope of benefits which are available to individuals under this subdivision in accordance with the requirement of federal law and regulations. Coverage under this subdivision shall be subject to appropriation to provide services approved under the provisions of this subdivision;

(16) The division of family services shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The division of medical services shall define the amount and scope of benefits which are available to individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in accordance with the requirements of federal law and regulations promulgated thereunder except that the scope of benefits shall include case management services;

(17) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal care shall be made available to pregnant women during a period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as amended;

(18) A child born to a woman eligible for and receiving medical assistance under this section on the date of the child's birth shall be deemed to have applied for medical assistance and to have been found eligible for such assistance under such plan on the date of such birth and to remain eligible for such assistance for a period of time determined in accordance with applicable federal and state law and regulations so long as the child is a member of the woman's household and either the woman remains eligible for such assistance or for children born on or after January 1, 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon notification of such child's birth,

the division of family services shall assign a medical assistance eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;

(19) Pregnant women and children eligible for medical assistance pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for medical assistance benefits be required to apply for aid to families with dependent children. The division of family services shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for medical assistance. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for medical assistance benefits under subdivision (12), (13) or (14) shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the division of family services for assessing eligibility under this chapter shall be as simple as practicable;

(20) Subject to appropriations necessary to recruit and train such staff, the division of family services shall provide one or more full-time, permanent case workers to process applications for medical assistance at the site of a health care provider, if the health care provider requests the placement of such case workers and reimburses the division for the expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and equipment, of such case workers. The division may provide a health care provider with a part-time or temporary case worker at the site of a health care provider if the health care provider requests the placement of such a case worker and reimburses the division for the expenses, including but not limited to the salary, benefits, travel, training, telephone, supplies, and equipment, of such a case worker. The division may seek to employ such case workers who are otherwise qualified for such positions and who are current or former welfare recipients. The division may consider training such current or former welfare recipients as case workers for this program;

(21) Pregnant women who are eligible for, have applied for and have received medical assistance under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum medical assistance provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy;

(22) Case management services for pregnant women and young children at risk shall be a covered service. To the greatest extent possible, and in compliance with federal law and regulations, the department of health and senior services shall provide case management services to pregnant women by contract or agreement with the department of social services through local health departments organized under the provisions of chapter 192, RSMo, or chapter 205, RSMo, or a city health department operated under a city charter or a combined city-county health department or other department of health and senior services designees. To the greatest extent possible the department of social services and the department of health and senior services shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of mental retardation program and the prenatal care program administered by the department of health and senior services. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department of health and senior services. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective Medicaid-eligible high-risk mothers and enroll them in the state's Medicaid program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the Medicaid program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any Medicaid prepaid, case-managed programs;

(23) By January 1, 1988, the department of social services and the department of health and senior services shall study all significant aspects of

presumptive eligibility for pregnant women and submit a joint report on the subject, including projected costs and the time needed for implementation, to the general assembly. The department of social services, at the direction of the general assembly, may implement presumptive eligibility by regulation promulgated pursuant to chapter 207, RSMo;

(24) All recipients who would be eligible for aid to families with dependent children benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

(25) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits, under the eligibility standards in effect December 31, 1973[, or those supplemental security income recipients who would be determined eligible for general relief benefits under the eligibility standards in effect December 31, 1973, except income; or less restrictive standards as established by rule of the division of family services]; **except that, on or after July 1, 2002, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a (r)(2), shall be used to raise the income limit to ninety percent of the federal poverty level and, as of July 1, 2003, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)92), shall be used to raise the income limit to ninety-five percent of the federal poverty level and, as of July 1, 2004, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)92), shall be used to raise the income limit to one hundred percent of the federal poverty level.** If federal law or regulation authorizes the division of family services to, by rule, exclude the income or resources of a parent or parents of a person under the age of eighteen and such exclusion of income or resources can be limited to such parent or parents, then notwithstanding the provisions of section 208.010:

(a) The division may by rule exclude such income or resources in determining such person's eligibility for permanent and total disability benefits; and

(b) Eligibility standards for permanent and total

disability benefits shall not be limited by age;

(26) Within thirty days of the effective date of an initial appropriation authorizing medical assistance on behalf of "medically needy" individuals for whom federal reimbursement is available under 42 U.S.C. 1396a (a)(10)(c), the department of social services shall submit an amendment to the Medicaid state plan to provide medical assistance on behalf of, at a minimum, an individual described in subclause (I) or (II) of clause 42 U.S.C. 1396a (a)(10)(C)(ii);

(27) Persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1.

2. Rules and regulations to implement this section shall be promulgated in accordance with section 431.064, RSMo, and chapter 536, RSMo. [No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.] **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, 2002, shall be invalid and void.**

3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for medical

assistance for four calendar months following the month in which such family would otherwise be determined to be ineligible for such assistance because of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible for such aid, because of hours of employment or income from employment of the caretaker relative, shall remain eligible for medical assistance for six calendar months following the month of such ineligibility as long as such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. 1396r-6 shall receive medical assistance without fee for an additional six months. The division of medical services may provide by rule the scope of medical assistance coverage to be granted to such families.

4. For purposes of section 1902(1), (10) of Title XIX of the federal Social Security Act, as amended, any individual who, for the month of August, 1972, was eligible for or was receiving aid or assistance pursuant to the provisions of Titles I, X, XIV, or Part A of Title IV of such act and who, for such month, was entitled to monthly insurance benefits under Title II of such act, shall be deemed to be eligible for such aid or assistance for such month thereafter prior to October, 1974, if such individual would have been eligible for such aid or assistance for such month had the increase in monthly insurance benefits under Title II of such act resulting from enactment of Public Law 92-336 amendments to the federal Social Security Act (42 U.S.C. 301 et seq.), as amended, not been applicable to such individual.

5. When any individual has been determined to be eligible for medical assistance, such medical assistance will be made available to him for care and services furnished in or after the third month before the month in which he made application for such assistance if such individual was, or upon application would have been, eligible for such

assistance at the time such care and services were furnished; provided, further, that such medical expenses remain unpaid.

6. The department of social services may apply to the federal Department of Health and Human Services for a Medicaid waiver amendment to the section 1115 demonstration waiver or for any additional Medicaid waivers necessary and desirable to implement the increased resource limit, as authorized in subdivision (4) of subsection 2 of section 208.010 and to implement the increased income limit, as authorized in subdivision (25) of subsection 1 of section 208.151.; and

Further amend the title and enacting clause accordingly.

Senator Dougherty moved that the above amendment be adopted.

Senator Steelman offered **SA 1 to SA 1**, which was read:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 1

Amend Senate Amendment No. 1 to Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 4, Section 208.010, Lines 11-13 of said page, by striking said lines and inserting in lieu thereof the following: “in the sum of one thousand **five hundred** dollars or more;”; and further amend lines 16 to 18 of said page, by striking said lines and inserting in lieu thereof the following: “resources not to exceed two thousand **five hundred** dollars **or**”; and

Further amend said bill, Page 18 of said page, Section 208.151, Lines 2 to 9 of said page, by striking said lines and inserting in lieu thereof the following: “**shall be used to raise the income limit to one hundred percent of the federal poverty level. If**”.

Senator Steelman moved that the above amendment be adopted.

At the request of Senator Steelman, **SA 1 to SA 1** was withdrawn.

Senator Klarich assumed the Chair.

Senator Steelman offered **SA 2 to SA 1**:

**SENATE AMENDMENT NO. 2 TO
SENATE AMENDMENT NO. 1**

Amend Senate Amendment No. 1 to Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 4, Section 208.010, Line 10 of said page, by striking “2002” and inserting in lieu thereof “**2003**”; and further amend line 11 of said page, by striking “two hundred fifty” and inserting in lieu thereof “**one hundred**”; and further amend line 12 of said page, by striking said line and inserting in lieu thereof the following: “**on or after July 1, 2004, one thousand two hundred and on or**”; and further amend line 13 of said page, by striking the following: “2004” and inserting in lieu thereof “**2005**”; and further amend line 16 of said page, by striking “two hundred fifty” and inserting in lieu thereof “**one hundred**”; and further amend line 17 of said page, by striking said line and inserting in lieu thereof the following: “**more, and on or after July 1, 2004, two thousand two hundred and**” and further amend line 18 of said page, by striking “2004” and inserting in lieu thereof the following: “**2005**”; and

Further amend said bill, Page 18 of said page, Section 208.151, Line 2 of said page, by striking the word “ninety” and inserting in lieu thereof the following: “**eighty**”; and further amend lines 5 and 6 of said page, by striking the word “ninety-five” and inserting in lieu thereof the following: “**ninety**”.

Senator Steelman moved that the above amendment be adopted.

President Maxwell assumed the Chair.

At the request of Senator Singleton, **HS** for **HCS** for **HB 3**, with **SCS, SS** for **SCS, SA 1** and **SA 2 to SA 1** (pending), was placed on the Informal Calendar.

On motion of Senator Kenney, the Senate recessed until 2:00 p.m.

RECESS

The time of recess having expired, the Senate

was called to order by Senator Gross.

HOUSE BILLS ON THIRD READING

Senator Singleton moved that **HS** for **HCS** for **HB 3**, with **SCS, SS** for **SCS, SA 1** and **SA 2 to SA 1** (pending), be called from the Informal Calendar and again taken up for third reading and final passage, which motion prevailed.

SA 2 to SA 1 was again taken up.

At the request of Senator Steelman, the above amendment was withdrawn.

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

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

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 2, Section 135.095, Line 16 of said page, by inserting immediately after said line the following:

“208.151. 1. For the purpose of paying medical assistance on behalf of needy persons and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301 et seq.) as amended, the following needy persons shall be eligible to receive medical assistance to the extent and in the manner hereinafter provided:

(1) All recipients of state supplemental payments for the aged, blind and disabled;

(2) All recipients of aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040;

(3) All recipients of blind pension benefits;

(4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the eligibility standards in effect December 31, 1973, or less restrictive standards as established by rule of the division of family services, who are sixty-five years of age or over and are patients in state institutions for mental

diseases or tuberculosis;

(5) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children except for the requirements of subdivision (2) of subsection 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as amended;

(6) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children benefits except for the requirement of deprivation of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(7) All persons eligible to receive nursing care benefits;

(8) All recipients of family foster home or nonprofit private child-care institution care, subsidized adoption benefits and parental school care wherein state funds are used as partial or full payment for such care;

(9) All persons who were recipients of old age assistance benefits, aid to the permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who continue to meet the eligibility requirements, except income, for these assistance categories, but who are no longer receiving such benefits because of the implementation of Title XVI of the federal Social Security Act, as amended;

(10) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child in the home;

(11) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child who is deprived of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(12) Pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to one hundred eighty-five percent of the federal poverty level as established and amended by the federal

Department of Health and Human Services, or its successor agency;

(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989). The division of family services shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;

(14) Children who have attained six years of age but have not attained nineteen years of age. For children who have attained six years of age but have not attained nineteen years of age, the division of family services shall use an income assessment methodology which provides for eligibility when family income is equal to or less than equal to one hundred percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency. As necessary to provide Medicaid coverage under this subdivision, the department of social services may revise the state Medicaid plan to extend coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(III) to children who have attained six years of age but have not attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. 1396a;

(15) The following children with family income which does not exceed two hundred percent of the federal poverty guideline for the applicable family size:

(a) Infants who have not attained one year of age with family income greater than one hundred eighty-five percent of the federal poverty guideline for the applicable family size;

(b) Children who have attained one year of age but have not attained six years of age with family income greater than one hundred thirty-three percent of the federal poverty guideline for the applicable family size; and

(c) Children who have attained six years of age but have not attained nineteen years of age with family income greater than one hundred percent of

the federal poverty guideline for the applicable family size. Coverage under this subdivision shall be subject to the receipt of notification by the director of the department of social services and the revisor of statutes of approval from the secretary of the U.S. Department of Health and Human Services of applications for waivers of federal requirements necessary to promulgate regulations to implement this subdivision. The director of the department of social services shall apply for such waivers. The regulations may provide for a basic primary and preventive health care services package, not to include all medical services covered by section 208.152, and may also establish co-payment, coinsurance, deductible, or premium requirements for medical assistance under this subdivision. Eligibility for medical assistance under this subdivision shall be available only to those infants and children who do not have or have not been eligible for employer-subsidized health care insurance coverage for the six months prior to application for medical assistance. Children are eligible for employer-subsidized coverage through either parent, including the noncustodial parent. The division of family services may establish a resource eligibility standard in assessing eligibility for persons under this subdivision. The division of medical services shall define the amount and scope of benefits which are available to individuals under this subdivision in accordance with the requirement of federal law and regulations. Coverage under this subdivision shall be subject to appropriation to provide services approved under the provisions of this subdivision;

(16) The division of family services shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The division of medical services shall define the amount and scope of benefits which are available to individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in accordance with the requirements of federal law and regulations promulgated thereunder except that the scope of benefits shall include case management services;

(17) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal care shall be made available to pregnant women during a

period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as amended;

(18) A child born to a woman eligible for and receiving medical assistance under this section on the date of the child's birth shall be deemed to have applied for medical assistance and to have been found eligible for such assistance under such plan on the date of such birth and to remain eligible for such assistance for a period of time determined in accordance with applicable federal and state law and regulations so long as the child is a member of the woman's household and either the woman remains eligible for such assistance or for children born on or after January 1, 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon notification of such child's birth, the division of family services shall assign a medical assistance eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;

(19) Pregnant women and children eligible for medical assistance pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for medical assistance benefits be required to apply for aid to families with dependent children. The division of family services shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for medical assistance. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for medical assistance benefits under subdivision (12), (13) or (14) shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the division of family services for assessing eligibility under this chapter shall be as simple as practicable;

(20) Subject to appropriations necessary to recruit and train such staff, the division of family services shall provide one or more full-time, permanent case workers to process applications for medical assistance at the site of a health care provider, if the health care provider requests the placement of such case workers and reimburses the

division for the expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and equipment, of such case workers. The division may provide a health care provider with a part-time or temporary case worker at the site of a health care provider if the health care provider requests the placement of such a case worker and reimburses the division for the expenses, including but not limited to the salary, benefits, travel, training, telephone, supplies, and equipment, of such a case worker. The division may seek to employ such case workers who are otherwise qualified for such positions and who are current or former welfare recipients. The division may consider training such current or former welfare recipients as case workers for this program;

(21) Pregnant women who are eligible for, have applied for and have received medical assistance under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum medical assistance provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy;

(22) Case management services for pregnant women and young children at risk shall be a covered service. To the greatest extent possible, and in compliance with federal law and regulations, the department of health and senior services shall provide case management services to pregnant women by contract or agreement with the department of social services through local health departments organized under the provisions of chapter 192, RSMo, or chapter 205, RSMo, or a city health department operated under a city charter or a combined city-county health department or other department of health and senior services designees. To the greatest extent possible the department of social services and the department of health and senior services shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of mental retardation program and the prenatal care program administered by the department of health and senior services. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department

of health and senior services. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective Medicaid-eligible high-risk mothers and enroll them in the state's Medicaid program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the Medicaid program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any Medicaid prepaid, case-managed programs;

(23) By January 1, 1988, the department of social services and the department of health and senior services shall study all significant aspects of presumptive eligibility for pregnant women and submit a joint report on the subject, including projected costs and the time needed for implementation, to the general assembly. The department of social services, at the direction of the general assembly, may implement presumptive eligibility by regulation promulgated pursuant to chapter 207, RSMo;

(24) All recipients who would be eligible for aid to families with dependent children benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

(25) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits, under the eligibility standards in effect December 31, 1973[, or those supplemental security income recipients who would be determined eligible for general relief benefits under the eligibility standards in effect December 31, 1973, except income; or less restrictive standards as established by rule of the division of family services]; **except that, on or after July 1, 2002, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a (r)(2), shall be used to raise the income limit to eighty percent of the federal poverty level and, as of July 1, 2003, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)92), shall be used to raise the income limit to ninety percent of the federal**

poverty level and, as of July 1, 2004, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)92), shall be used to raise the income limit to one hundred percent of the federal poverty level. If federal law or regulation authorizes the division of family services to, by rule, exclude the income or resources of a parent or parents of a person under the age of eighteen and such exclusion of income or resources can be limited to such parent or parents, then notwithstanding the provisions of section 208.010:

(a) The division may by rule exclude such income or resources in determining such person's eligibility for permanent and total disability benefits; and

(b) Eligibility standards for permanent and total disability benefits shall not be limited by age;

(26) Within thirty days of the effective date of an initial appropriation authorizing medical assistance on behalf of "medically needy" individuals for whom federal reimbursement is available under 42 U.S.C. 1396a (a)(10)(c), the department of social services shall submit an amendment to the Medicaid state plan to provide medical assistance on behalf of, at a minimum, an individual described in subclause (I) or (II) of clause 42 U.S.C. 1396a (a)(10)(C)(ii);

(27) Persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1.

2. Rules and regulations to implement this section shall be promulgated in accordance with section 431.064, RSMo, and chapter 536, RSMo. [No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.] **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, 2002, shall be invalid and void.

3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for medical assistance for four calendar months following the month in which such family would otherwise be determined to be ineligible for such assistance because of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible for such aid, because of hours of employment or income from employment of the caretaker relative, shall remain eligible for medical assistance for six calendar months following the month of such ineligibility as long as such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. 1396r-6 shall receive medical assistance without fee for an additional six months. The division of medical services may provide by rule the scope of medical assistance coverage to be granted to such families.

4. For purposes of section 1902(1), (10) of Title XIX of the federal Social Security Act, as amended, any individual who, for the month of August, 1972, was eligible for or was receiving aid or assistance pursuant to the provisions of Titles I, X, XIV, or Part A of Title IV of such act and who, for such month, was entitled to monthly insurance

benefits under Title II of such act, shall be deemed to be eligible for such aid or assistance for such month thereafter prior to October, 1974, if such individual would have been eligible for such aid or assistance for such month had the increase in monthly insurance benefits under Title II of such act resulting from enactment of Public Law 92-336 amendments to the federal Social Security Act (42 U.S.C. 301 et seq.), as amended, not been applicable to such individual.

5. When any individual has been determined to be eligible for medical assistance, such medical assistance will be made available to him for care and services furnished in or after the third month before the month in which he made application for such assistance if such individual was, or upon application would have been, eligible for such assistance at the time such care and services were furnished; provided, further, that such medical expenses remain unpaid.

6. The department of social services may apply to the federal Department of Health and Human Services for a Medicaid waiver amendment to the section 1115 demonstration waiver or for any additional Medicaid waivers necessary and desirable to implement the increased resource limit, as authorized in subdivision (4) of subsection 2 of section 208.010 and to implement the increased income limit, as authorized in subdivision (25) of subsection 1 of section 208.151.”; and

Further amend the title and enacting clause accordingly.

Senator Steelman moved that the above amendment be adopted.

President Maxwell assumed the Chair.

Senator Singleton offered **SA 1** to **SSA 1** for **SA 1**, which was read:

**SENATE AMENDMENT NO. 1 TO
SENATE SUBSTITUTE AMENDMENT NO. 1
FOR SENATE AMENDMENT NO. 1**

Amend Senate Substitute Amendment No. 1 for Senate Amendment No. 1 to Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 9, Section 208.151, Lines 23-29 of said

page, by striking all of said lines and inserting in lieu thereof the following: **“shall be used to raise the income limit for persons sixty-five years old or older to one hundred percent of the federal poverty level. If”**; and

Further amend page 10, said section, line 1, by striking all of said line.

Senator Singleton moved that the above amendment be adopted.

At the request of Senator Singleton, **SA 1** to **SSA 1** for **SA 1** was withdrawn.

SSA 1 for **SA 1** was again taken up.

Senator Jacob requested a roll call vote be taken on the adoption of **SSA 1** for **SA 1** and was joined in his request by Senators Dougherty, Mathewson, Sims and Wiggins.

SSA 1 for **SA 1** was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Carter	Caskey
Cauthorn	Childers	DePasco	Dougherty
Foster	Gibbons	Goode	House
Jacob	Johnson	Kinder	Klarich
Klindt	Schneider	Scott	Sims
Staples	Steelman	Stoll	Wiggins
Yeckel—25			

NAYS—Senators

Gross	Kenney	Loudon	Mathewson
Quick	Rohrbach	Russell	Singleton
Westfall—9			

Absent—Senators—None

Absent with leave—Senators—None

Senator Jacob offered **SA 2**, which was read:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 6, Section 208.553, Line 3, by striking the word “thirteen” and inserting in lieu thereof, the word “**fourteen**”; and

Further amend said section, said page, line 18,

by adding after all of said line the following: **“The chairperson of the commission on special health, psychological and social needs of minority older individuals;”**; and

Further amend said section, page 7, line 14, by adding after all of said lines the following:

“2. Recognizing the unique medical needs of the senior African American population, the president pro tem of the senate, speaker of the house of representatives and governor will collaborate to ensure that there is adequate minority representation among legislative members and other members of the commission.”; and

Further renumber remaining subsections accordingly.

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

Senator Loudon 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. 3, Page 11, Section 208.556, Line 24 of said page, by striking “two hundred fifty dollars” and inserting in lieu thereof the following: “four hundred dollars”; and further amend line 26 of said page, by striking “two hundred fifty dollars” and inserting in lieu thereof the following: “four hundred dollars”; and further amend page 12, line 1 of said page, by striking “five hundred dollars”; and inserting in lieu thereof the following: “eight hundred dollars”; and further amend line 4 of said page, by striking “five hundred dollars”; September 13, 2001 and inserting in lieu thereof the following: “eight hundred dollars”; and further amend section 208.556, page 12, line 6, by striking the word “forty” and inserting in lieu thereof the word “fifty”.

Senator Loudon moved that the above amendment be adopted.

Senator Schneider requested a division of the question on **SA 3**, asking that a vote first be taken on the part of the amendment dealing with page 11, lines 24 and 26 and page 12, lines 1 and 4; and that a second vote be taken on the part of the

amendment dealing with page 12, line 6, which request was granted.

At the request of Senator Loudon, **SA 3** was withdrawn.

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

SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 9, Section 208.556.3(5), Line 11, by deleting all on said line and by renumbering all subsections.

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

Senator Childers 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. 3, Page 19, Section C, Line 2, by inserting the following after the word **“sections”** on said line **“208.151 and”**.

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

Senator Rohrbach offered **SA 6**, which was read:

SENATE AMENDMENT NO. 6

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 18, Section 1, by deleting all of Section 1; and

Further amend bill by amending the titling and enacting clause accordingly.

Senator Rohrbach moved that the above amendment be adopted.

At the request of Senator Rohrbach, **SA 6** was withdrawn.

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

SENATE AMENDMENT NO. 7

Amend Senate Substitute for Senate

Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 18, Section 1, Line 17, by deleting the word “all” and replacing it with the word “**none**”; and

Further amend said section, line 23, by deleting the word “valid” and replacing it with the word “**invalid**”.

Senator Rohrbach moved that the above amendment be adopted.

Senator Schneider offered **SSA 1** for **SA 7**, which was read:

SENATE SUBSTITUTE AMENDMENT NO. 1
FOR SENATE AMENDMENT NO. 7

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 18, Section 1, Lines 17-23, by striking all of said lines and insert in lieu thereof the following:

“**Section 1. If section 135.095 is found unconstitutional, it shall be non-severable from sections 208.550 through 208.571.**”

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

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

SENATE AMENDMENT NO. 8

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 16, Section 208.565, Lines 24-29, by deleting everything on said line and inserting in lieu thereof the following: “program.”; and further on line 24 by adding at the end of said line the words: “or more”; and

Further amend said bill and section, page 15, line 26, by deleting on said line the following: “. No other discounts shall apply”.

Senator Rohrbach moved that the above amendment be adopted.

At the request of Senator Rohrbach, **SA 8** was withdrawn.

Senator Rohrbach offered **SA 9**, which was

read:

SENATE AMENDMENT NO. 9

Amend Senate Substitute for Senate Committee Substitute for House Substitute for House Committee Substitute for House Bill No. 3, Page 16, Section 208.565, Lines 24-25, by deleting all of said lines and inserting in lieu thereof the following: “program. There shall be no drug formulary imposed on the coverage of”.

Senator Rohrbach moved that the above amendment be adopted.

Senator Jacob requested a roll call vote be taken on the adoption of **SA 9** and was joined in his request by Senators Bland, Sims, Steelman and Stoll.

SA 9 failed of adoption by the following vote:

YEAS—Senators

Cauthorn	Childers	Foster	Gibbons
Gross	Kinder	Klindt	Loudon
Rohrbach	Russell	Schneider	Westfall
Yeckel—13			

NAYS—Senators

Bentley	Bland	Carter	Caskey
DePasco	Dougherty	Goode	House
Jacob	Johnson	Kenney	Klarich
Mathewson	Quick	Sims	Singleton
Stelman	Stoll	Wiggins—19	

Absent—Senators

Scott	Staples—2
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Absent with leave—Senators—None

Senator Singleton moved that **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, be adopted, which motion prevailed.

Senator Singleton was recognized to close.

President Pro Tem Kinder referred **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, to the Committee on State Budget Control.

Senator Caskey raised the point of order that under Senate Rule 28, Subsection 19, a motion is required to place the bill in the State Budget Control Committee.

The point of order was referred to the President Pro Tem.

Senator Jacob raised the point of order that under the provisions of Senate Rule 28, Subsection 19, the placing of **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, in the State Budget Control Committee is out of order as would be a motion returning the bill to the State Budget Control Committee as the cost of the bill is less than the cost of **HS** for **HCS** for **HB 3** and **SCS** for **HS** for **HCS** for **HB 3**, previously heard by the State Budget Control Committee.

The point of order was referred to the President Pro Tem.

At the request of Senator Caskey, his point of order was withdrawn.

Senator Jacob requested the following information relating to the fiscal notes on **HB 3** be printed, which request was granted.

Perfected HS for HCS for HB 3

FY 2002	FY 2003	FY2004
(10 Mo.)		

Estimated Net Effect on

General Revenue Fund	(\$575,124)	(\$30,920,160)	(\$24,905,658)
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SCS for HS for HCS for HB 3

FY 2002	FY 2003	FY2004
(10 Mo.)		

Estimated Net Effect on

General Revenue Fund	(\$575,124)	(\$19,486,409	(\$8,777,621
		TO	TO
		UNKNOWN)*	UNKNOWN)*

President Pro Tem Kinder stated that the points of order were not timely.

On motion of Senator Kenney, the Senate recessed for 10 minutes.

RECESS

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

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 **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, begs leave to report that it has considered the same and recommends that the bill do pass.

HOUSE BILLS ON THIRD READING

On motion of Senator Singleton, **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 3

An Act to repeal section 135.095, RSMo, relating to the Missouri senior Rx program, and to enact in lieu thereof ten new sections relating to the same subject, with an expiration date for certain sections, an emergency clause and penalty provisions.

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

YEAS—Senators

Bentley	Bland	Carter	Caskey
Cauthorn	Childers	DePasco	Dougherty
Foster	Gibbons	Goode	Gross
House	Jacob	Johnson	Kenney
Kinder	Klarich	Klindt	Mathewson
Quick	Russell	Schneider	Sims
Singleton	Steelman	Stoll	Wiggins—28

NAYS—Senators

Loudon	Rohrbach	Westfall	Yeckel—4
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Absent—Senators

Scott	Staples—2
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Absent with leave—Senators—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Carter	Caskey
Cauthorn	Childers	DePasco	Dougherty

Foster	Gibbons	Goode	Gross
House	Jacob	Johnson	Kenney
Kinder	Klarich	Klindt	Mathewson
Quick	Russell	Schneider	Sims
Singleton	Stelman	Stoll	Wiggins
Yeckel—29			

NAYS—Senators

Loudon	Rohrbach	Westfall—3
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Absent—Senators

Scott	Staples—2
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Absent with leave—Senators—None

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

MESSAGES FROM THE HOUSE

The following message was received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS for SCS for SBs 4, 1, 5 and 6**, entitled:

An Act to repeal sections 135.095, 208.010 and 208.151, RSMo, and to enact in lieu thereof eleven new sections relating to a Missouri senior Rx program, with an emergency clause and penalty provision.

With House Amendments Nos. 1, 2, 3 and 5.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 4, 1, 5 & 6, Page 20, Section 208.559, Lines 3-6, by deleting all of said lines, beginning with the word **“Beginning”** and ending with the word **“sought”** and replacing in lieu thereof the following:

“Beginning with the enrollment period for fiscal year 2003, open enrollment periods for the program shall be held from January 1 to February 28.”.

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 4, 1, 5 and 6, Page 17, Section 208.556, Lines 31-33, by deleting all of said lines; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 4, 1, 5 and 6, Page 14, Section 208.553, Line 3, by deleting **“pharmaceutical investment program for seniors”** and inserting in lieu thereof, **“Missouri Senior Rx Program”**; and

Further amend said bill, Page 17, Section 208.556, Line 45 by deleting, **“pharmaceutical investment program for seniors”** and inserting in lieu thereof, **“Missouri Senior Rx Program”**; and

Further amend said bill, Page 19, Section 208.556, Line 112 by deleting the word, **“senior”** and inserting in lieu thereof, the word, **“seniors”**; and

Further amend said bill, Page 19, Section 208.556, Line 114 by deleting, **“pharmaceutical investment program for seniors”** and inserting in lieu thereof, **“Missouri Senior Rx Program”**; and

Further amend said bill, Page 19, Section 208.556, Line 117 by deleting, **“pharmaceutical insurance program for seniors”** and inserting in lieu thereof, **“Missouri Senior Rx Program”**; and

Further amend said bill, Page 21, Section 208.568, Lines 1-2, by deleting **“Rx Program”**, and inserting in lieu thereof, **“Rx Program Fund”**; and

Further amend said bill, Page 21, Section 208.568, Lines 7-8, by deleting **“pharmaceutical investment program for seniors”** and inserting in lieu thereof, **“Missouri Senior Rx Program”**; and

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill Nos.

4, 1, 5 & 6, Page 16, Section 208.556, Line 15, by inserting after the word “a”, the following: “responsive, cost-effective”; and

Further amend said bill, said section, Page 16, Line 15, by inserting after the word “no”, the following: “responsive, cost-effective”.

Emergency clause adopted.

In which the concurrence of the Senate is respectfully requested.

PRIVILEGED MOTIONS

Senator Singleton moved that the Senate refuse to concur in **HCS** for **SCS** for **SBs 4, 1, 5 and 6**, as amended, and request the House to recede from its position and failing to do so grant the Senate a conference thereon, and that the conferees be allowed to exceed the differences, which motion prevailed.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to adopt **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, and requests the Senate to recede from its position and failing to do so grant the House a conference thereon and the conferees be allowed to exceed the differences.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SCS** for **SBs 4, 1, 5 and 6**, as amended, and grants the Senate a conference thereon and the conferees be allowed to exceed the differences.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following conferees to act with a like committee from the Senate on **HCS** for **SCS** for **SBs 4, 1, 5 and 6**, as amended. Representatives: Abel, Barry, Hollingsworth, Naeger and Portwood.

PRIVILEGED MOTIONS

Senator Singleton moved that the Senate refuse to recede from its position on **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended, and grant the House a conference thereon and that the conferees be allowed to exceed the differences, which motion prevailed.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Kinder appointed the following conference committee to act with a like committee from the House on **HCS** for **SCS** for **SBs 4, 1, 5 and 6**, as amended: Senators Singleton, Steelman, Kenney, Quick and Mathewson.

President Pro Tem Kinder appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended: Senators Singleton, Steelman, Kenney, Quick and Mathewson.

MESSAGES FROM THE HOUSE

The following message was received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following conferees to act with a like committee from the Senate on **SS** for **SCS** for **HS** for **HCS** for **HB 3**, as amended. Representatives: Abel, Barry, Hollingsworth, Naeger and Portwood.

RESOLUTIONS

Senator Jacob offered Senate Resolution No. 42, regarding the One Hundredth Anniversary of the Columbia Daily Tribune, which was adopted.

Senator Dougherty offered Senate Resolution No. 43, regarding Peter Hamilton Raven, St. Louis, which was adopted.

Senator Cauthorn offered Senate Resolution No. 44, regarding the Fiftieth Wedding Anniversary of Mr. and Mrs. Thomas Logsdon, Sr., Kahoka, which was adopted.

Senator Cauthorn offered Senate Resolution No. 45, regarding the Fiftieth Wedding Anniversary of Mr. and Mrs. Thomas Luttrull, Lewistown, which was adopted.

INTRODUCTIONS OF GUESTS

Senator Bland introduced to the Senate, Mrs. Rosa James, Kansas City.

On motion of Senator Kenney, the Senate adjourned until 9:00 a.m., Friday, September 14, 2001.

SENATE CALENDAR

EIGHTH DAY—FRIDAY, SEPTEMBER 14, 2001

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SCS for SBs 4, 1, 5 & 6-
Singleton, et al, with
HCS, as amended

HS for HCS for HB 3-Abel,
with SS for SCS, as
amended (Singleton)

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