

Journal of the Senate

FIRST REGULAR SESSION

SIXTY-SIXTH DAY—MONDAY, MAY 13, 2013

The Senate met pursuant to adjournment.

Senator Pearce in the Chair.

Reverend Carl Gauck offered the following prayer:

“Faith comes by hearing and hearing by the Word of God.” (Romans 10:17)

Blessed Lord, we begin our final week grateful that we have come to this point knowing that You have been with us and opened our hearts and minds to Your prompting. As the pressures continue to rise and the clock continues to click off the seconds of our remaining time here, quiet our souls so that we might deal with all that comes our way with unstressed hearts and clear minds so our decisions are prudent and wise. And let our mantra be: “Father not my will but Your will be done.” 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 for Thursday, May 9, 2013 was read and approved.

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

Present—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The Lieutenant Governor was present.

RESOLUTIONS

On behalf of Senator Rupp, Senator Richard offered Senate Resolution No. 965, regarding Sara Stubbert, which was adopted.

Senator Romine offered Senate Resolution No. 966, regarding Ronald D. Swafford, which was adopted.

Senator Romine offered Senate Resolution No. 967, regarding Melissa Thurman, which was adopted.

Senator Romine offered Senate Resolution No. 968, regarding Sally Grounds, Bismarck, which was adopted.

Senator Schmitt offered Senate Resolution No. 969, regarding John Carney, which was adopted.

Senator Dempsey offered Senate Resolution No. 970, regarding Adriana Rhine, West Plains, which was adopted.

Senator Wasson offered Senate Resolution No. 971, regarding Tyler Campbell, Nixa, which was adopted.

Senator Nieves offered Senate Resolution No. 972, regarding West Saint Louis County Chamber of Commerce, Ellisville, which was adopted.

Senator Nieves offered Senate Resolution No. 973, regarding the Veterans Administration Saint Louis Health Care System volunteer service and the Disabled American Veterans transportation department, which was adopted.

Senator Nieves offered Senate Resolution No. 974, regarding the One Hundredth Anniversary of Farmers and Merchants Bank, St. Clair, which was adopted.

Senator Nieves offered Senate Resolution No. 975, regarding Verne Luther, Chesterfield, which was adopted.

Senator Nieves offered Senate Resolution No. 976, regarding Merrill C. Hinzpeter, Chesterfield, which was adopted.

Senator Sifton offered Senate Resolution No. 977, regarding Kelsey Jean Meline, which was adopted.

Senator Sifton offered Senate Resolution No. 978, regarding Kale Evan Gosney, which was adopted.

Senator Sifton offered Senate Resolution No. 979, regarding Blake Moreland Lawrence, which was adopted.

Senator Schmitt offered Senate Resolution No. 980, regarding Edward Barry Stevens, Saint Louis, which was adopted.

Senator McKenna offered Senate Resolution No. 981, regarding Jarrid Allen Snyder, Cedar Hill, which was adopted.

Senator Wasson offered Senate Resolution No. 982, regarding the Fifty-sixth Nixa Sucker Day Parade and Festival, which was adopted.

Senator LeVota offered Senate Resolution No. 983, regarding the 2013 Fort Osage Teacher of the Year, Kathy Smith, which was adopted.

Senator Holsman offered Senate Resolution No. 984, regarding Murrielisa Smith, Kansas City, which

was adopted.

Senator LeVota offered Senate Resolution No. 985, regarding Olivia Sandbothe, Kirksville, which was adopted.

On behalf of Senator Rupp, Senator Richard offered Senate Resolution No. 986, regarding Chief Thomas A. Bishop, Saint Peters Police Department, which was adopted.

Senator Holsman offered Senate Resolution No. 987, regarding James B. Nutter, Sr., Kansas City, which was adopted.

CONCURRENT RESOLUTIONS

Senator Richard moved that **HCR 7** be taken up for adoption, which motion prevailed.

On motion of Senator Richard, **HCR 7** was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

REPORTS OF STANDING COMMITTEES

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

Mr. President: Your Committee on Governmental Accountability and Fiscal Oversight, to which was referred **HB 409**, begs leave to report that it has considered the same and recommends that the bill do pass.

Senator Richard, Chairman of the Committee on Rules, Joint Rules, Resolutions and Ethics, submitted the following reports:

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **SB 350**, 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 Dempsey assumed the Chair.

SIGNING OF BILLS

The President Pro Tem announced that all other business would be suspended and **SB 350**, 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.

REFERRALS

President Pro Tem Dempsey referred **HCS** for **HJR**s **5** and **12**, with **SCS** and **HCS** for **HB**s **48** and **216** to the Committee on Governmental Accountability and Fiscal Oversight.

CONCURRENT RESOLUTIONS

Senator Brown moved that **HCR 28** be taken up for adoption, which motion prevailed.

On motion of Senator Brown, **HCR 28** was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

Senator Schmitt moved that **SCR 4** be taken up for adoption, which motion prevailed.

On motion of Senator Schmitt, **SCR 4** was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

Senator Romine moved that **SCR 15** be taken up for adoption, which motion prevailed.

Senator Romine offered **SS** for **SCR 15**, entitled:

SENATE SUBSTITUTE FOR
SENATE CONCURRENT RESOLUTION NO. 15

WHEREAS, the easily extracted, high purity lead ore in Missouri was a critical reason for the early development of Missouri and has provided good jobs, a way of life, and significant economic development to Missourians for centuries; and

WHEREAS, the lead industry in Missouri is the only primary, domestic source for that strategic material in America; and

WHEREAS, new technology now makes production of primary lead metal a safe, cost effective, and valuable means of continuing to provide a strategic material for numerous uses including munitions, protective barriers for x-rays, radioactive fallout, and radioactive contamination, and batteries for numerous uses including cars, trucks, electric vehicles, renewable energy storage, and peaking power reduction; and

WHEREAS, encouraging a safe, healthy, and lucrative lead industry in Missouri will give rise to good paying jobs, significant economic development, and the resources to mitigate the legacy of environmental issues caused by lead extraction:

NOW THEREFORE BE IT RESOLVED that the members of the Missouri Senate, Ninety-seventh General Assembly, First Regular Session, the House of Representatives concurring therein, hereby create the Missouri Lead Industry Employment, Economic Development and Environmental Remediation Task Force; and

BE IT FURTHER RESOLVED that the mission of task force shall be to fully consider and make recommendations in a report to the General Assembly on:

- (1) The effects of a prompt environmental settlement giving rise to efficient and cost effective remediation;
- (2) Ways to promote the development of a clean lead industry;
- (3) Clean lead industry legislative proposals including rules and regulations necessary for implementation;
- (4) The economic potential of implementing clean lead industry policies; and

BE IT FURTHER RESOLVED that the task force be authorized to call upon any department, office, division, or agency of this state to assist in gathering information pursuant to its objective; and

BE IT FURTHER RESOLVED that the task force shall consist of all of the following members:

- (1) The Governor, or his or her designee, to serve as a member of the task force; and
- (2) One member of the general assembly of the majority party appointed by the president pro tem of the senate, to serve as the chair of the task force; and
- (3) One member of the general assembly of the majority party appointed by the speaker of the house of representatives, to serve as the vice-chair and secretary of the task force, and who will provide an agenda and report minutes of the task force; and
- (4) The Attorney General, or his or her designee, to serve as a member and provide technical assistance to the task force; and
- (5) The Director of the Department of Natural Resources, or his or her designee, to serve as a member and provide technical assistance to the task force; and
- (6) One member of the majority party of the senate and one member of the minority party of the senate appointed by the president pro tempore of the senate; and
- (7) One member of the majority party of the house of representatives and one member of the minority party of the house of representatives appointed by the speaker of the house of representatives; and
- (8) A representative of industry appointed by the president pro tem of the senate; and
- (9) A representative of industry appointed by the speaker of the house of representatives; and

BE IT FURTHER RESOLVED that the staff of Senate Research shall provide such legal, research, clerical, technical, and bill drafting services as the task force may require in the performance of its duties; and

BE IT FURTHER RESOLVED that the task force, its members, and any staff assigned to the committee shall receive reimbursement for their actual and necessary expenses incurred in attending meetings of the committee; and

BE IT FURTHER RESOLVED that the chair or vice-chair and secretary of the task force shall call an organizational meeting within fifteen days of the adoption of this resolution; and

BE IT FURTHER RESOLVED that the task force shall terminate by either a majority of members voting for termination, or by February 1, 2014, whichever occurs first; and

BE IT FURTHER RESOLVED that on the date of termination, the task force shall deliver a report of findings and recommendations to the General Assembly; and

BE IT FURTHER RESOLVED that this resolution does not amend any state law to which the Department of Natural Resources is subject, and shall be interpreted to be consistent with any requirements of such state or federal law; and

BE IT FURTHER RESOLVED that the Secretary of the Missouri Senate be instructed to prepare properly inscribed copies of this resolution for Governor Jay Nixon, Attorney General Chris Koster, and the Director of the Department of Natural Resources.

Senator Romine moved that **SS** for **SCR 15** be adopted, which motion prevailed.

On motion of Senator Romine, **SCR 15**, as amended by **SS**, was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

Senator Walsh moved that **SCR 3** be taken up for 3rd reading and final passage, which motion prevailed.

On motion of Senator Walsh, **SCR 3**, entitled:

SENATE CONCURRENT RESOLUTION NO. 3

Relating to recognition of September 26th as Mesothelioma Awareness Day in Missouri.

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

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the concurrent resolution passed.

On motion of Senator Walsh, title to the concurrent resolution was agreed to.

Senator Walsh moved that the vote by which the concurrent resolution passed be reconsidered.

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

PRIVILEGED MOTIONS

Senator Wasson moved that the Senate refuse to concur in **HA 1** and **HA 2** to **SB 248** and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Dixon moved that the Senate refuse to concur in **HCS** for **SCS** for **SB 45**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Curls moved that the Senate conferees on **HCS** for **SS** for **SB 262**, as amended, be allowed to exceed the differences in sections of the bill relating to navigators, exclusive network plans and deemer language relative to the Department of Insurance, which motion prevailed.

HOUSE BILLS ON THIRD READING

At the request of Senator Kraus, **HCS** for **HB 168** was placed on the Informal Calendar.

At the request of Senator Wasson, **HCS** for **HB 58** was placed on the Informal Calendar.

At the request of Senator Parson, **HB 409** was placed on the Informal Calendar.

At the request of Senator Dempsey, **HB 339** was placed on the Informal Calendar.

At the request of Senator Schaaf, **HCS** for **HBs 593** and **695** was placed on the Informal Calendar.

At the request of Senator Walsh, **HB 142**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Wasson, **HCS** for **HB 117**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Brown, **HB 148**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HB 103**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Wasson, **HB 428**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Sifton, **HB 510** was placed on the Informal Calendar.

At the request of Senator Parson, **HB 322**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Lager, **HCS** for **HB 345**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Schmitt, **HCS** for **HB 134**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Sater, **HB 451** was placed on the Informal Calendar.

HB 116, introduced by Representative Dugger, with **SCS**, entitled:

An Act to repeal sections 50.055 and 50.057, RSMo, and to enact in lieu thereof two new sections relating to county government accounts audits.

Was taken up by Senator Dixon.

SCS for **HB 116**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 116

An Act to repeal sections 21.760, 29.090, 29.180, 29.190, 29.200, 29.210, 29.230, 29.235, 29.250, 29.260, 29.270, 29.275, 29.340, 50.055, 50.057, 50.622, 50.1030, 56.809, 70.605, 103.025, 104.190, 104.480, 169.020, and 238.272, RSMo, and to enact in lieu thereof twenty-three new sections relating to public accounts, with penalty provisions.

Was taken up.

Senator Dixon moved that **SCS** for **HB 116** be adopted.

Senator Dixon offered **SS** for **SCS** for **HB 116**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 116

An Act to repeal sections 21.760, 29.090, 29.180, 29.190, 29.200, 29.210, 29.230, 29.235, 29.250, 29.260, 29.270, 29.275, 29.340, 50.055, 50.057, 50.622, 50.1030, 56.809, 70.605, 103.025, 104.190, 104.480, 169.020, and 238.272, RSMo, and to enact in lieu thereof twenty-three new sections relating to public accounts, with penalty provisions.

Senator Dixon moved that **SS** for **SCS** for **HB 116** be adopted.

Senator Keaveny offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 116, Page 18, Section 29.260, Line 18, by inserting immediately after all of said line, the following:

“29.305. 1. The state auditor shall make a one-time report on the costs, both direct and indirect, born by county and state governments in the prosecution and defense of at least ten cases filed on or after January 1, 1990, in which a death sentence was sought and was imposed and compare such costs to the costs of an equal number of first degree murder cases filed on or after January 1, 1990, in which a death sentence was not sought and the defendant was sentenced to life without the possibility for parole and an equal number of first degree murder cases filed on or after January 1, 1990, in which a death sentence was sought, but the defendant was sentenced to life without the possibility for parole at the conclusion of a sentencing phase. The auditor may make additional comparisons including other sentences imposed for homicide offenses.

2. In selecting the cases in which a death sentence was not imposed, the auditor shall use a scientific method of random sampling that includes all cases filed on or after January 1, 1990.

3. The comparison shall include the following costs estimated by the auditor to be related to the cases examined and compared under subsection 1 of this section:

(1) Staff salaries, benefits, and operating expenses for the attorney general’s office, including any contracts for assistance;

(2) Staff salaries, benefits, and operating expenses for the department of corrections, including costs related to housing inmates sentenced to death, carrying out the death penalty, and any contracts for assistance;

(3) Staff salaries, including salaries of prosecuting and circuit attorneys, benefits, operating expenses charged to counties, including expenses in preparing for the presentation of aggravating and mitigating circumstances with respect to sentencing proceedings in death penalty cases, expert witness fees, additional investigations, and contracts for assistance;

(4) Staff salaries, benefits, and operating expenses for the Missouri state public defender system; and

(5) Staff salaries, benefits, and operating expenses for the supreme court, courts of appeals, and circuit courts.

4. The auditor shall present the report to the governor, members of the general assembly, and the Missouri supreme court by June 30, 2015.”; and

Further amend the title and enacting clause accordingly.

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

Senator Lager offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 116, Page 4, Section 29.005, Lines 6-8, by striking the words “or any other entity for which the state has oversight responsibility.”.

Senator Lager moved that the above amendment be adopted.

At the request of Senator Dixon, **HB 116**, with **SCS**, **SS** for **SCS** and **SA 2** (pending), was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HB 533**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Emery, **HB 278** was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HB 650**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HCS** for **HB 440**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Kraus, **HCS** for **HB 110**, with **SCS**, was placed on the Informal Calendar.

HB 625, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Parson, **HCS** for **HB 175**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Kraus, **HCS** for **HB 128** was placed on the Informal Calendar.

At the request of Senator Silvey, **HB 450**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Dixon, **HB 85** was placed on the Informal Calendar.

At the request of Senator Silvey, **HCS** for **HB 418** was placed on the Informal Calendar.

At the request of Senator Lamping, **HCS** for **HB 722**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Kraus, **HCS** for **HB 611**, with **SCS**, was placed on the Informal Calendar.

HB 339, introduced by Representative Wieland, et al, entitled:

An Act to amend chapter 303, RSMo, by adding thereto one new section relating to the forfeiture of collecting noneconomic damages for failing to comply with the motor vehicle financial responsibility law.

Was called from the Informal Calendar and taken up by Senator Dempsey.

Senator Kraus assumed the Chair.

On motion of Senator Dempsey, **HB 339** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nieves	Parson	Pearce	Richard	Romine	Sater
Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh	Wasson—32

NAYS—Senator Nasheed—1

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the bill passed.

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

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

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

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **SCS** for **SB 36**, as amended. Representatives: Hicks, Cox and Lafaver.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **SCS** for **HCS** for **HB 1035**, as amended. Representatives: Kelley (127), Curtman and Swearingen.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SS** for **SB 357**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 58**.

With House Amendment Nos. 1 and 2.

HOUSE AMENDMENT NO. 1

Amend Senate Bill No. 58, Page 1, Section A, Line 2, by inserting after all of said line the following:

“71.285. 1. Whenever weeds or trash, in violation of an ordinance, are allowed to grow or accumulate, as the case may be, on any part of any lot or ground within any city, town or village in this state, the owner of the ground, or in case of joint tenancy, tenancy by entireties or tenancy in common, each owner thereof, shall be liable. The marshal or other city official as designated in such ordinance shall give a hearing after ten days’ notice thereof, either personally or by United States mail to the owner or owners, or the owner’s agents, or by posting such notice on the premises; thereupon, the marshal or other designated city official may declare the weeds or trash to be a nuisance and order the same to be abated within five days; and in case the weeds or trash are not removed within the five days, the marshal or other designated city official shall have the weeds or trash removed, and shall certify the costs of same to the city clerk, who shall cause a special tax bill therefor against the property to be prepared and to be collected by the collector, with other taxes assessed against the property; and the tax bill from the date of its issuance shall be a first lien on the property until paid and shall be prima facie evidence of the recitals therein and of its validity, and no mere clerical error or informality in the same, or in the proceedings leading up to the issuance, shall be a defense thereto. Each special tax bill shall be issued by the city clerk and delivered to the collector on or before the first day of June of each year. Such tax bills if not paid when due shall bear interest at the rate of eight percent per annum. Notwithstanding the time limitations of this section, any city, town or village located in a county of the first classification may hold the hearing provided in this section four days after notice is sent or posted, and may order at the hearing that the weeds or trash shall be abated within five business days after the hearing and if such weeds or trash are not removed within five business days after the hearing, the order shall allow the city to immediately remove the weeds or trash pursuant to this section. Except for lands owned by a public utility, rights-of-way, and easements appurtenant or incidental to lands controlled by any railroad, the department of transportation, the department of natural resources or the department of conservation, the provisions of this subsection shall not apply to any city with a population of at least seventy thousand inhabitants which is located in a county of the first classification with a population of less than one hundred thousand inhabitants which adjoins a county with a population of less than one hundred thousand inhabitants that contains part of a city with a population of three hundred fifty thousand or more inhabitants, any city with a population of one hundred thousand or more inhabitants which is located within a county of the first classification that adjoins no other county of the first classification, or any city, town or village located within a county of the first classification with a charter form of government with a population of nine hundred thousand or more inhabitants, or any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county, or the City of St. Louis, where such city, town or village establishes its own procedures for abatement of weeds or trash, and such city may charge its costs of collecting the tax bill, including attorney fees, in the event a lawsuit is required to enforce

a tax bill.

2. Except as provided in subsection 3 of this section, if weeds are allowed to grow, or if trash is allowed to accumulate, on the same property in violation of an ordinance more than once during the same growing season in the case of weeds, or more than once during a calendar year in the case of trash, in any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county, in the City of St. Louis, in any city, town or village located in a county of the first classification with a charter form of government with a population of nine hundred thousand or more inhabitants, in any fourth class city located in a county of the first classification with a charter form of government and a population of less than three hundred thousand, or in any home rule city with more than one hundred thirteen thousand two hundred but less than one hundred thirteen thousand three hundred inhabitants located in a county with a charter form of government and with more than six hundred thousand but less than seven hundred thousand inhabitants, the marshal or other designated city official may order that the weeds or trash be abated within five business days after notice is sent to or posted on the property. In case the weeds or trash are not removed within the five days, the marshal or other designated city official may have the weeds or trash removed and the cost of the same shall be billed in the manner described in subsection 1 of this section.

3. If weeds are allowed to grow, or if trash is allowed to accumulate, on the same property in violation of an ordinance more than once during the same growing season in the case of weeds, or more than once during a calendar year in the case of trash, in any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county, in the City of St. Louis, in any city, town or village located in a county of the first classification with a charter form of government with a population of nine hundred thousand or more inhabitants, in any fourth class city located in a county of the first classification with a charter form of government and a population of less than three hundred thousand, in any home rule city with more than one hundred thirteen thousand two hundred but less than one hundred thirteen thousand three hundred inhabitants located in a county with a charter form of government and with more than six hundred thousand but less than seven hundred thousand inhabitants, in any third class city with a population of at least ten thousand inhabitants but less than fifteen thousand inhabitants with the greater part of the population located in a county of the first classification, in any city of the third classification with more than sixteen thousand nine hundred but less than seventeen thousand inhabitants, [or] in any city of the third classification with more than eight thousand but fewer than nine thousand inhabitants, **in any city of the fourth classification with more than eight thousand but fewer than nine thousand inhabitants and located in any county of the third classification without a township form of government and with more than eighteen thousand but fewer than twenty thousand inhabitants, or in any city of the third classification with more than fifteen thousand but fewer than seventeen thousand inhabitants and located in any county of the first classification with more than sixty-five thousand but fewer than seventy-five thousand inhabitants,** the marshal or other designated official may, without further notification, have the weeds or trash removed and the cost of the same shall be billed in the manner described in subsection 1 of this section. The provisions of subsection 2 and this subsection do not apply to lands owned by a public utility and lands, rights-of-way, and easements appurtenant or incidental to lands controlled by any railroad.

4. The provisions of this section shall not apply to any city with a population of one hundred thousand or more inhabitants which is located within a county of the first classification that adjoins no other county of the first classification where such city establishes its own procedures for abatement of weeds or trash,

and such city may charge its costs of collecting the tax bill, including attorney fees, in the event a lawsuit is required to enforce a tax bill.”; and

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

HOUSE AMENDMENT NO. 2

Amend Senate Bill No. 58, Section A, Page 1, Line 2, by inserting after all of said line the following:

“71.012. 1. Notwithstanding the provisions of sections 71.015 and 71.860 to 71.920, the governing body of any city, town or village may annex unincorporated areas which are contiguous and compact to the existing corporate limits of the city, town or village pursuant to this section. The term “contiguous and compact” does not include a situation whereby the unincorporated area proposed to be annexed is contiguous to the annexing city, town or village only by a railroad line, trail, pipeline or other strip of real property less than one-quarter mile in width within the city, town or village so that the boundaries of the city, town or village after annexation would leave unincorporated areas between the annexed area and the prior boundaries of the city, town or village connected only by such railroad line, trail, pipeline or other such strip of real property. The term “contiguous and compact” does not prohibit voluntary annexations pursuant to this section merely because such voluntary annexation would create an island of unincorporated area within the city, town or village, so long as the owners of the unincorporated island were also given the opportunity to voluntarily annex into the city, town or village. Notwithstanding the provisions of this section, the governing body of any city, town or village in any county of the third classification which borders a county of the fourth classification, a county of the second classification and **the** Mississippi River may annex areas along a road or highway up to two miles from existing boundaries of the city, town or village or the governing body in any city, town or village in any county of the third classification without a township form of government with a population of at least twenty-four thousand inhabitants but not more than thirty thousand inhabitants and such county contains a state correctional center may voluntarily annex such correctional center pursuant to the provisions of this section if the correctional center is along a road or highway within two miles from the existing boundaries of the city, town or village.

2. (1) When a [verified] **notarized** petition, requesting annexation and signed by the owners of all fee interests of record in all tracts of real property located within the area proposed to be annexed, or a request for annexation signed under the authority of the governing body of any common interest community and approved by a majority vote of unit owners located within the area proposed to be annexed is presented to the governing body of the city, town or village, the governing body shall hold a public hearing concerning the matter not less than fourteen nor more than sixty days after the petition is received, and the hearing shall be held not less than seven days after notice of the hearing is published in a newspaper of general circulation qualified to publish legal matters and located within the boundary of the petitioned city, town or village. If no such newspaper exists within the boundary of such city, town or village, then the notice shall be published in the qualified newspaper nearest the petitioned city, town or village. For the purposes of this subdivision, the term “common-interest community” shall mean a condominium as said term is used in chapter 448, or a common-interest community, a cooperative, or a planned community.

(a) A “common-interest community” shall be defined as real property with respect to which a person, by virtue of such person’s ownership of a unit, is obliged to pay for real property taxes, insurance premiums, maintenance or improvement of other real property described in a declaration. “Ownership of a unit” does not include a leasehold interest of less than twenty years in a unit, including renewal options;

(b) A “cooperative” shall be defined as a common-interest community in which the real property is

owned by an association, each of whose members is entitled by virtue of such member's ownership interest in the association to exclusive possession of a unit;

(c) A "planned community" shall be defined as a common-interest community that is not a condominium or a cooperative. A condominium or cooperative may be part of a planned community.

(2) At the public hearing any interested person, corporation or political subdivision may present evidence regarding the proposed annexation.

If, after holding the hearing, the governing body of the city, town or village determines that the annexation is reasonable and necessary to the proper development of the city, town or village, and the city, town or village has the ability to furnish normal municipal services to the area to be annexed within a reasonable time, it may, subject to the provisions of subdivision (3) of this subsection, annex the territory by ordinance without further action.

(3) If a written objection to the proposed annexation is filed with the governing body of the city, town or village not later than fourteen days after the public hearing by at least five percent of the qualified voters of the city, town or village, or two qualified voters of the area sought to be annexed if the same contains two qualified voters, the provisions of sections 71.015 and 71.860 to 71.920, shall be followed.

3. If no objection is filed, the city, town or village shall extend its limits by ordinance to include such territory, specifying with accuracy the new boundary lines to which the city's, town's or village's limits are extended. Upon duly enacting such annexation ordinance, the city, town or village shall cause three certified copies of the same to be filed with the county assessor and the clerk of the county wherein the city, town or village is located, and one certified copy to be filed with the election authority, if different from the clerk of the county which has jurisdiction over the area being annexed, whereupon the annexation shall be complete and final and thereafter all courts of this state shall take judicial notice of the limits of that city, town or village as so extended.

4. That a petition requesting annexation is not or was not verified or notarized shall not affect the validity of an annexation heretofore or hereafter undertaken in accordance with this section.

5. Any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of adoption of the annexation ordinance.

71.014. **1.** Notwithstanding the provisions of section 71.015, the governing body of any city, town, or village which is located within a county which borders a county of the first classification with a charter form of government with a population in excess of six hundred fifty thousand, proceeding as otherwise authorized by law or charter, may annex unincorporated areas which are contiguous and compact to the existing corporate limits upon [verified] **notarized** petition requesting such annexation signed by the owners of all fee interests of record in all tracts located within the area to be annexed. **That a petition requesting annexation is not or was not verified or notarized shall not affect the validity of an annexation heretofore or hereafter undertaken in accordance with this section.**

2. Any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of adoption of the annexation ordinance.

71.015. 1. Should any city, town, or village, not located in any county of the first classification which has adopted a constitutional charter for its own local government, seek to annex an area to which objection is made, the following shall be satisfied:

(1) Before the governing body of any city, town, or village has adopted a resolution to annex any unincorporated area of land, such city, town, or village shall first as a condition precedent determine that the land to be annexed is contiguous to the existing city, town, or village limits and that the length of the contiguous boundary common to the existing city, town, or village limit and the proposed area to be annexed is at least fifteen percent of the length of the perimeter of the area proposed for annexation.

(2) The governing body of any city, town, or village shall propose an ordinance setting forth the following:

(a) The area to be annexed and affirmatively stating that the boundaries comply with the condition precedent referred to in subdivision (1) above;

(b) That such annexation is reasonable and necessary to the proper development of the city, town, or village;

(c) That the city has developed a plan of intent to provide services to the area proposed for annexation;

(d) That a public hearing shall be held prior to the adoption of the ordinance;

(e) When the annexation is proposed to be effective, the effective date being up to thirty-six months from the date of any election held in conjunction thereto.

(3) The city, town, or village shall fix a date for a public hearing on the ordinance and make a good faith effort to notify all fee owners of record within the area proposed to be annexed by certified mail, not less than thirty nor more than sixty days before the hearing, and notify all residents of the area by publication of notice in a newspaper of general circulation qualified to publish legal matters in the county or counties where the proposed area is located, at least once a week for three consecutive weeks prior to the hearing, with at least one such notice being not more than twenty days and not less than ten days before the hearing.

(4) At the hearing referred to in subdivision (3), the city, town, or village shall present the plan of intent and evidence in support thereof to include:

(a) A list of major services presently provided by the city, town, or village including, but not limited to, police and fire protection, water and sewer systems, street maintenance, parks and recreation, **and** refuse collection[, etc.];

(b) A proposed time schedule whereby the city, town, or village plans to provide such services to the residents of the proposed area to be annexed within three years from the date the annexation is to become effective;

(c) The level at which the city, town, or village assesses property and the rate at which it taxes that property;

(d) How the city, town, or village proposes to zone the area to be annexed;

(e) When the proposed annexation shall become effective.

(5) Following the hearing, and either before or after the election held in subdivision (6) of this subsection, should the governing body of the city, town, or village vote favorably by ordinance to annex the

area, the governing body of the city, town or village shall file an action in the circuit court of the county in which such unincorporated area is situated, under the provisions of chapter 527, praying for a declaratory judgment authorizing such annexation. The petition in such action shall state facts showing:

(a) The area to be annexed and its conformity with the condition precedent referred to in subdivision (1) of this subsection;

(b) That such annexation is reasonable and necessary to the proper development of the city, town, or village; and

(c) The ability of the city, town, or village to furnish normal municipal services of the city, town, or village to the unincorporated area within a reasonable time not to exceed three years after the annexation is to become effective. Such action shall be a class action against the inhabitants of such unincorporated area under the provisions of section 507.070.

(6) Except as provided in subsection 3 of this section, if the court authorizes the city, town, or village to make an annexation, the legislative body of such city, town, or village shall not have the power to extend the limits of the city, town, or village by such annexation until an election is held at which the proposition for annexation is approved by a majority of the total votes cast in the city, town, or village and by a separate majority of the total votes cast in the unincorporated territory sought to be annexed. However, should less than a majority of the total votes cast in the area proposed to be annexed vote in favor of the proposal, but at least a majority of the total votes cast in the city, town, or village vote in favor of the proposal, then the proposal shall again be voted upon in not more than one hundred twenty days by both the registered voters of the city, town, or village and the registered voters of the area proposed to be annexed. If at least two-thirds of the qualified electors voting thereon are in favor of the annexation, then the city, town, or village may proceed to annex the territory. If the proposal fails to receive the necessary majority, no part of the area sought to be annexed may be the subject of another proposal to annex for a period of two years from the date of the election, except that, during the two-year period, the owners of all fee interests of record in the area or any portion of the area may petition the city, town, or village for the annexation of the land owned by them pursuant to the procedures in section 71.012. The elections shall if authorized be held, except as herein otherwise provided, in accordance with the general state law governing special elections, and the entire cost of the election or elections shall be paid by the city, town, or village proposing to annex the territory.

(7) Failure to comply in providing services to the said area or to zone in compliance with the plan of intent within three years after the effective date of the annexation, unless compliance is made unreasonable by an act of God, shall give rise to a cause of action for deannexation which may be filed in the circuit court by any resident of the area who was residing in the area at the time the annexation became effective.

(8) No city, town, or village which has filed an action under this section as this section read prior to May 13, 1980, which action is part of an annexation proceeding pending on May 13, 1980, shall be required to comply with subdivision (5) of this subsection in regard to such annexation proceeding.

(9) If the area proposed for annexation includes a public road or highway but does not include all of the land adjoining such road or highway, then such fee owners of record, of the lands adjoining said highway shall be permitted to intervene in the declaratory judgment action described in subdivision (5) of this subsection.

2. Notwithstanding any provision of subsection 1 of this section, for any annexation by any city with

a population of three hundred fifty thousand or more inhabitants which is located in more than one county that becomes effective after August 28, 1994, if such city has not provided water and sewer service to such annexed area within three years of the effective date of the annexation, a cause of action shall lie for deannexation, unless the failure to provide such water and sewer service to the annexed area is made unreasonable by an act of God. The cause of action for deannexation may be filed in the circuit court by any resident of the annexed area who is presently residing in the area at the time of the filing of the suit and was a resident of the annexed area at the time the annexation became effective. If the suit for deannexation is successful, the city shall be liable for all court costs and attorney fees.

3. Notwithstanding the provisions of subdivision (6) of subsection 1 of this section, all cities, towns, and villages located in any county of the first classification with a charter form of government with a population of two hundred thousand or more inhabitants which adjoins a county with a population of nine hundred thousand or more inhabitants shall comply with the provisions of this subsection. If the court authorizes any city, town, or village subject to this subsection to make an annexation, the legislative body of such city, town or village shall not have the power to extend the limits of such city, town, or village by such annexation until an election is held at which the proposition for annexation is approved by a majority of the total votes cast in such city, town, or village and by a separate majority of the total votes cast in the unincorporated territory sought to be annexed; except that:

(1) In the case of a proposed annexation in any area which is contiguous to the existing city, town or village and which is within an area designated as flood plain by the Federal Emergency Management Agency and which is inhabited by no more than thirty registered voters and for which a final declaratory judgment has been granted prior to January 1, 1993, approving such annexation and where notarized affidavits expressing approval of the proposed annexation are obtained from a majority of the registered voters residing in the area to be annexed, the area may be annexed by an ordinance duly enacted by the governing body and no elections shall be required; and

(2) In the case of a proposed annexation of unincorporated territory in which no qualified electors reside, if at least a majority of the qualified electors voting on the proposition are in favor of the annexation, the city, town or village may proceed to annex the territory and no subsequent election shall be required. If the proposal fails to receive the necessary separate majorities, no part of the area sought to be annexed may be the subject of any other proposal to annex for a period of two years from the date of such election, except that, during the two-year period, the owners of all fee interests of record in the area or any portion of the area may petition the city, town, or village for the annexation of the land owned by them pursuant to the procedures in section 71.012 **or 71.014**. The election shall, if authorized, be held, except as otherwise provided in this section, in accordance with the general state laws governing special elections, and the entire cost of the election or elections shall be paid by the city, town, or village proposing to annex the territory. Failure of the city, town or village to comply in providing services to the area or to zone in compliance with the plan of intent within three years after the effective date of the annexation, unless compliance is made unreasonable by an act of God, shall give rise to a cause of action for deannexation which may be filed in the circuit court **not later than four years after the effective date of the annexation** by any resident of the area who was residing in such area at the time the annexation became effective or by any nonresident owner of real property in such area. **Except for a cause of action for deannexation under this subdivision (2) of this subsection, any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area**

shall be brought within five years of the date of the adoption of the annexation ordinance.”; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SCS** for **SB 229**, entitled:

An Act to repeal section 630.170, RSMo, and to enact in lieu thereof one new section relating to the mental health employment disqualification registry.

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 **SS** for **SCS** for **SB 29**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SB 205**, entitled:

An Act to repeal section 211.036, RSMo, and to enact in lieu thereof two new sections relating to foster children.

In which the concurrence of the Senate is respectfully requested.

HOUSE BILLS ON THIRD READING

HCS for **HB 58**, entitled:

An Act to repeal section 379.1510, RSMo, and to enact in lieu thereof one new section relating to portable electronics insurance, with an emergency clause.

Was called from the Informal Calendar and taken up by Senator Wasson.

Senator Wasson offered **SS** for **HCS** for **HB 58**, entitled:

SENATE SUBSTITUTE FOR HOUSE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 58

An Act to repeal section 379.1510, RSMo, and to enact in lieu thereof one new section relating to portable electronics insurance, with an emergency clause.

Senator Wasson moved that **SS** for **HCS** for **HB 58** be adopted, which motion prevailed.

On motion of Senator Wasson, **SS** for **HCS** for **HB 58** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown Chappelle-Nadal Cunningham Curls Dempsey Dixon Emery Holsman

Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

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

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

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

HB 451, introduced by Representative Fraker, et al, entitled:

An Act to repeal section 50.622, RSMo, and to enact in lieu thereof one new section relating to procedures for counties to decrease their budgets.

Was called from the Informal Calendar and taken up by Senator Sater.

Senator Silvey offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend House Bill No. 451, Page 2, Section 50.622, Line 23, by inserting immediately after all of said line, the following:

“208.1050. 1. There is hereby created in the state treasury the “Missouri Senior Services

Protection Fund”, which shall consist of money collected under subsection 2 of this section. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, money in the fund shall be used solely for the administration of subsection 2 of this section. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

2. The state treasurer shall deposit from moneys that otherwise would have been deposited into the general revenue fund an amount equal to fifty-five million one hundred thousand dollars into the Missouri senior services protection fund. At least one-quarter of such amount shall be deposited on or before July 15, 2013, an additional one-quarter by October 15, 2013, and an additional one-quarter by January 15, 2014. The remaining amount shall be deposited by March 15, 2014. Moneys in the fund shall be allocated for services for low-income seniors and people with disabilities.

Section B. Because immediate action is necessary to protect low-income seniors and disabled persons, the enactment of section 208.1050 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 208.1050 of this act shall be in full force and effect upon its passage and approval.”; and

Further amend the title and enacting clause accordingly.

Senator Silvey moved that the above amendment be adopted.

Senator Schaaf raised the point of order that **SA 1** is out of order as it goes beyond the scope of the underlying bill.

President Kinder assumed the Chair.

The point of order was referred to the President Pro Tem who ruled it well taken.

On motion of Senator Sater, **HB 451** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine
Sater	Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh

Wasson—33

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the bill passed.

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

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

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

HB 322, introduced by Representative Gosen, et al, with **SCS**, entitled:

An Act to repeal section 303.024, RSMo, and to enact in lieu thereof two new sections relating to the modernization of certain information provided by insurance companies, with penalty provisions.

Was called from the Informal Calendar and taken up by Senator Parson.

SCS for **HB 322**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 322

An Act to repeal sections 303.024 and 303.200, RSMo, and to enact in lieu thereof five new sections relating to providing and presenting certain insurance documents through electronic means, with penalty provisions.

Was taken up.

Senator Parson moved that **SCS** for **HB 322** be adopted.

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

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 322, Page 1, by inserting after all of said line the following:

“301.301. [1. Any person replacing a stolen license plate tab issued on or after January 1, 2009, may receive at no cost up to two sets of two license plate tabs per year when the application for the replacement tab is accompanied with a police report that is corresponding with the stolen license plate tab.

2.] Any person replacing a stolen license plate tab [issued prior to January 1, 2009,] may receive at no cost up to two sets of two license plate tabs per year when the application for the replacement tab is accompanied with a notarized affidavit verifying that such license plate tab or tabs were stolen.”; and

Further amend the title and enacting clause accordingly.

Senator LeVota moved that the above amendment be adopted.

Senator Parson raised the point of order that **SA 1** is out of order as it goes beyond the scope of the language of the underlying bill.

The point of order was referred to the President Pro Tem who ruled it well taken.

Senator Parson moved that **SCS** for **HB 322** be adopted, which motion prevailed.

On motion of Senator Parson, **SCS** for **HB 322** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kraus	Lager	Lamping	LeVota	Libla	McKenna
Munzlinger	Nasheed	Nieves	Parson	Pearce	Richard	Romine	Sater

Schaaf Schaefer Schmitt Sifton Silvey Wallingford Walsh Wasson—32

NAYS—Senators—None

Absent—Senator Kehoe—1

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the bill passed.

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

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

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

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 208**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCS** for **SB 69**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SB 127**, entitled:

An Act to repeal section 208.152, RSMo, and to enact in lieu thereof two new sections relating to public assistance benefits.

With House Amendment Nos. 1 and 2.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 127, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“208.146. 1. The program established under this section shall be known as the “Ticket to Work Health Assurance Program”. Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

(1) Except for earnings, meets the definition of disabled under the Supplemental Security Income

Program or meets the definition of an employed individual with a medically improved disability under TWWIA;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section;

(4) Has net income, as defined in subsection 3 of this section, that does not exceed the limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section 208.151; and

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level. For purposes of this subdivision, “gross income” includes all income of the person and the person’s spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-employed persons shall provide proof of payment of Medicare and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit and the definition of available assets shall be the same as those used to determine MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; and

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an “independent living account” means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person’s disability.

(2) To determine net income, the following shall be disregarded:

(a) All earned income of the disabled worker;

(b) The first sixty-five dollars and one-half of the remaining earned income of a nondisabled spouse’s earned income;

(c) A twenty dollar standard deduction;

(d) Health insurance premiums;

(e) A seventy-five dollar a month standard deduction for the disabled worker’s dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;

(f) All Supplemental Security Income payments, and the first fifty dollars of SSDI payments;

(g) A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income.

4. Any person whose gross income exceeds one hundred percent of the federal poverty level shall pay a premium for participation in the medical assistance provided in this section. Such premium shall be:

(1) For a person whose gross income is more than one hundred percent but less than one hundred fifty percent of the federal poverty level, four percent of income at one hundred percent of the federal poverty level;

(2) For a person whose gross income equals or exceeds one hundred fifty percent but is less than two hundred percent of the federal poverty level, four percent of income at one hundred fifty percent of the federal poverty level;

(3) For a person whose gross income equals or exceeds two hundred percent but less than two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent of the federal poverty level;

(4) For a person whose gross income equals or exceeds two hundred fifty percent up to and including three hundred percent of the federal poverty level, six percent of income at two hundred fifty percent of the federal poverty level.

5. Recipients of services through this program shall report any change in income or household size within ten days of the occurrence of such change. An increase in premiums resulting from a reported change in income or household size shall be effective with the next premium invoice that is mailed to a person after due process requirements have been met. A decrease in premiums shall be effective the first day of the month immediately following the month in which the change is reported.

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance.

7. The provisions of this section shall expire [six years after] August 28, [2007] **2019**.

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits 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 MO HealthNet benefits to the extent and in the manner hereinafter provided:

(1) All participants receiving state supplemental payments for the aged, blind and disabled;

(2) All participants receiving 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. Participants eligible under this subdivision who are participating in drug court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving 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 family support division, 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 participants receiving 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 participants receiving 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 family support division 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 family support division 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 MO HealthNet coverage under this subdivision, the department of social services may revise the state MO HealthNet 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 family support division shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO HealthNet division 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;

(16) 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;

(17) A child born to a woman eligible for and receiving MO HealthNet benefits under this section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits 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 family support division shall assign a MO HealthNet eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;

(18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. 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 MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection 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 family support division for assessing eligibility under this chapter shall be as simple as practicable;

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

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

(21) 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 or chapter 205 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 intellectual disability and developmental disability 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 MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the MO HealthNet 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 MO HealthNet prepaid, case-managed programs;

(22) 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;

(23) All participants 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;

(24) (a) All persons who would be determined to be eligible for old age assistance benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriation;

(b) All persons who would be determined to be eligible for aid to the blind benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal poverty level;

(c) All persons who would be determined to be eligible for permanent and total disability benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005; except that, on or after

July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriations. Eligibility standards for permanent and total disability benefits shall not be limited by age;

(25) 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;

(26) **Effective August 28, 2013**, persons who are [independent foster care adolescents, as defined in 42 U.S.C. Section 1396d, or who are within reasonable categories of such adolescents who are under twenty-one years of age as specified by the state, are eligible for coverage under 42 U.S.C. Section 1396a (a)(10)(A)(ii)(XVII) without regard to income or assets] **in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:**

- (a) **Are under twenty-six years of age;**
- (b) **Are not eligible for coverage under another mandatory coverage group; and**
- (c) **Were covered by Medicaid while they were in foster care.**

2. Rules and regulations to implement this section shall be promulgated in accordance with [section 431.064 and] chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 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 MO HealthNet benefits 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 MO HealthNet benefits 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 MO HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such families.

4. When any individual has been determined to be eligible for MO HealthNet benefits, such medical

assistance will be made available to him or her 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.

5. The department of social services may apply to the federal Department of Health and Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars in additional costs to the state, unless subject to appropriation or directed by statute, but in no event shall such waiver applications or amendments seek to waive the services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C. 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as provided in 42 U.S.C. 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight committee created in section 208.955. A request for such a waiver so submitted shall only become effective by executive order not sooner than ninety days after the final adjournment of the session of the general assembly to which it is submitted, unless it is disapproved within sixty days of its submission to a regular session by a senate or house resolution adopted by a majority vote of the respective elected members thereof, unless the request for such a waiver is made subject to appropriation or directed by statute.

6. Notwithstanding any other provision of law to the contrary, in any given fiscal year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if annual appropriations are made for such eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).”; and

Further amend said bill, Page 10, Section 208.240, Line 5, by inserting after all of said section and line the following:

“208.895. 1. Upon **the** receipt of a properly completed referral **for service** for MO HealthNet-funded home- and community-based care [containing a nurse assessment] or a physician’s order, the department of health and senior services [may] **shall**:

(1) [Review the recommendations regarding services and] Process, **review and approve or deny** the referral within fifteen business days;

(2) [Issue a prior-authorization for home and community-based services when information contained in the referral is sufficient to establish eligibility for MO HealthNet-funded long-term care and determine the level of service need as required under state and federal regulations;

(3) Arrange] **For approved referrals, arrange** for the provision of services by [an in-home] **a home- and community-based** provider;

[(4) Reimburse the in-home provider for one nurse visit to conduct an assessment and recommendation for a care plan and, where necessary based on case circumstances, a second nurse visit may be authorized to gather additional information or documentation necessary to constitute a completed referral;

(5) Notify the referring entity upon the authorization of MO HealthNet eligibility and provide MO HealthNet reimbursement for personal care benefits effective the date of the assessment or physician’s order, and MO HealthNet reimbursement for waiver services effective the date the state reviews and approves the care plan;

(6)] **(3)** Notify the referring entity **or individual** within five business days of receiving the referral if

[additional information] **a different physical address** is required to [process the referral; and

(7) Inform the provider and contact the individual when information is insufficient or the proposed care plan requires additional evaluation by state staff that is not obtained from the referring entity to schedule an in-home assessment to be conducted by the state staff within thirty days] **schedule the assessment. The referring entity has five days to provide a current physical address if requested by the department. If a different physical address is needed, the fifteen-day limit included in subdivision (1) of this subsection is suspended until the information is received by the department;**

(4) Inform the applicant of:

(a) The full range of available MO HealthNet home- and community-based services, including, but not limited to, adult day care services, home-delivered meals, and the benefits of self-direction and agency model services;

(b) The choice of home- and community-based service providers in the applicant's area, and that some providers conduct their own assessments, but that choosing a provider who does not conduct assessments will not delay delivery of services; and

(c) The option to choose more than one home- and community-based service provider to deliver or facilitate the services the applicant is qualified to receive;

(5) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by individuals who are alleged to be victims of abuse or neglect as a result of an investigation initiated from the elder abuse and neglect hotline, and then followed by individuals who have not selected a provider or who have selected a provider that does not conduct assessments; and

(6) Notify the referring entity and the applicant within ten business days of receiving the referral if it has not scheduled the assessment.

2. If the department of health and senior services [may contract for initial home- and community-based assessments, including a care plan, through an independent third-party assessor. The contract shall include a requirement that:

(1) Within fifteen days of receipt of a referral for service, the contractor shall have made a face-to-face assessment of care need and developed a plan of care; and

(2) The contractor notify the referring entity within five days of receipt of referral if additional information is needed to process the referral.

The contract shall also include the same requirements for such assessments as of January 1, 2010, related to timeliness of assessments and the beginning of service. The contract shall be bid under chapter 34 and shall not be a risk-based contract] **has not complied with subdivision (1) of subsection 1 of this section, a provider has the option of completing an assessment and care plan recommendation. At such time that the department approves or modifies the assessment and care plan, the care plan shall become effective; such approval or modification shall occur within five business days after receipt of the assessment and care plan from the provider. If such approval, modification, or denial by the department does not occur within five business days, the provider's care plan shall be approved and payment shall begin to the provider based on the assessment and care plan recommendation submitted by the provider.**

3. [The two nurse visits authorized by subsection 16 of section 660.300 shall continue to be performed

by home- and community-based providers for including, but not limited to, reassessment and level of care recommendations. These reassessments and care plan changes shall be reviewed and approved by the independent third-party assessor. In the event of dispute over the level of care required, the third-party assessor shall conduct a face-to-face review with the client in question.

4. The provisions of this section shall expire August 28, 2013] **At such time that the department approves or modifies the assessment and care plan, the latest approved care plan shall become effective. If the department assessment determines the client does not meet level of care, the state shall not be responsible for the cost of services claimed prior to the department’s written notification to the provider of such denial.**

4. **The department shall implement subsections 2 and 3 of this section unless the Centers for Medicare and Medicaid Services disapproves any necessary state plan amendments or waivers to implement the provisions in subsections 2 and 3 of this section allowing providers to perform assessments.**

5. **The department’s auditing of home- and community-based service providers shall include a review of the client plan of care and provider assessments, and choice and communication of home- and community-based service provider service options to individuals seeking MO HealthNet services. Such auditing shall be conducted utilizing a statistically valid sample. The department shall also make publicly available a review of its process for informing participants of service options within MO HealthNet home- and community-based service provider services and information on referrals.**

6. **For purposes of this section:**

(1) **“Assessment” means a face-to-face determination that a MO HealthNet participant is eligible for home- and community-based services and:**

(a) **Is conducted by an assessor trained to perform home- and community-based care assessments;**

(b) **Uses forms provided by the department;**

(c) **Includes unbiased descriptions of each available service within home- and community-based services with a clear person-centered explanation of the benefits of each home- and community-based service, whether the applicant qualifies for more than one service and ability to choose more than one provider to deliver or facilitate services; and**

(d) **Informs the applicant, either by the department or the provider conducting the assessment, that choosing a provider or multiple providers that do not conduct their own assessments will in no way affect the quality of service or the timeliness of the applicant’s assessment and authorization process.**

(2) **A “properly completed referral” shall contain basic information adequate for the department to contact the client or person needing service. At a minimum, the referral shall contain:**

(a) **The stated need for MO HealthNet home- and community-based services;**

(b) **The name, date of birth, and Social Security number of the client or person needing service, or the client’s or person’s MO HealthNet number; and**

(c) **The current physical address and phone number of the client or person needing services.**

Addition information which may assist the department including contact information of a responsible

party shall also be submitted.

7. The department shall:

- (1) Develop an automated electronic assessment care plan tool to be used by providers; and**
- (2) Make recommendations to the general assembly by January 1, 2014, for the implementation of the automated electronic assessment care plan tool.**

8. No later than December 31, 2014, the department of health and senior services shall submit a report to the general assembly that reviews the following:

- (1) How well the department is doing on meeting the fifteen-day requirement;**
- (2) The process the department used to approve the assessors;**
- (3) Financial data on the cost of the program prior to and after enactment of this section;**
- (4) Any audit information available on assessments performed outside the department; and**
- (5) The department's staffing policies implemented to meet the fifteen-day assessment requirement.**

208.990. 1. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage individuals shall meet the eligibility criteria set forth in 42 CFR 435, including but not limited to the requirements that:

- (1) The individual is a resident of the state of Missouri;**
- (2) The individual has a valid Social Security number;**
- (3) The individual is a citizen of the United States or a qualified alien as described in Section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. Section 1641, who has provided satisfactory documentary evidence of qualified alien status which has been verified with the Department of Homeland Security under a declaration required by Section 1137(d) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 that the applicant or beneficiary is an alien in a satisfactory immigration status; and**
- (4) An individual claiming eligibility as a pregnant woman shall verify pregnancy.**

2. Notwithstanding any other provisions of law to the contrary, effective January 1, 2014, the family support division shall conduct an annual redetermination of all MO HealthNet participants' eligibility as provided in 42 CFR 435.916. The department may contract with an administrative service organization to conduct the annual redeterminations if it is cost effective.

3. The department, or family support division, shall conduct electronic searches to redetermine eligibility on the basis of income, residency, citizenship, identity and other criteria as described in 42 CFR 435.916 upon availability of federal, state, and commercially available electronic data sources. The department, or family support division, may enter into a contract with a vendor to perform the electronic search of eligibility information not disclosed during the application process and obtain an applicable case management system. The department shall retain final authority over eligibility determinations made during the redetermination process.

4. Notwithstanding any other provisions of law to the contrary, applications for MO HealthNet benefits shall be submitted in accordance with the requirements of 42 CFR 435.907 and other

applicable federal law. The individual shall provide all required information and documentation necessary to make an eligibility determination, resolve discrepancies found during the redetermination process, or for a purpose directly connected to the administration of the medical assistance program.

5. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage under section 208.995, individuals shall meet the eligibility requirements set forth in subsection 1 of this section and all other eligibility criteria set forth in 42 CFR 435 and 457, including, but not limited to, the requirements that:

(1) The department of social services shall determine the individual's financial eligibility based on projected annual household income and family size for the remainder of the current calendar year;

(2) The department of social services shall determine household income for the purpose of determining the modified adjusted gross income by including all available cash support provided by the person claiming such individual as a dependent for tax purposes;

(3) The department of social services shall determine a pregnant woman's household size by counting the pregnant woman plus the number of children she is expected to deliver;

(4) CHIP-eligible children shall be uninsured, shall not have access to affordable insurance, and their parent shall pay the required premium;

(5) An individual claiming eligibility as an uninsured woman shall be uninsured.

208.995. 1. For purposes of this section and section 208.990, the following terms mean:

(1) "Child" or "children", a person or persons who are under nineteen years of age;

(2) "CHIP-eligible children", children who meet the eligibility standards for Missouri's children's health insurance program as provided in sections 208.631 to 208.658, including paying the premiums required under sections 208.631 to 208.658;

(3) "Department", the Missouri department of social services, or a division or unit within the department as designated by the department's director;

(4) "MAGI", the individual's modified adjusted gross income as defined in Section 36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:

(a) Any foreign earned income or housing costs;

(b) Tax-exempt interest received or accrued by the individual; and

(c) Tax-exempt Social Security income;

(5) "MAGI equivalent net income standard", an income eligibility threshold based on modified adjusted gross income that is not less than the income eligibility levels that were in effect prior to the enactment of Public Law 111-148 and Public Law 111-152.

2. (1) Effective January 1, 2014, notwithstanding any other provision of law to the contrary, the following individuals shall be eligible for MO HealthNet coverage as provided in this section:

(a) Individuals covered by MO HealthNet for families as provided in section 208.145;

(b) Individuals covered by transitional MO HealthNet as provided in 42 U.S.C. Section 1396r-6;

(c) Individuals covered by extended MO HealthNet for families on child support closings as provided in 42 U.S.C. Section 1396r-6;

(d) Pregnant women as provided in subdivisions (10), (11), and (12) of subsection 1 of section 208.151;

(e) Children under one year of age as provided in subdivision (12) of subsection 1 of section 208.151;

(f) Children under six years of age as provided in subdivision (13) of subsection 1 of section 208.151;

(g) Children under nineteen years of age as provided in subdivision (14) of subsection 1 of section 208.151;

(h) CHIP-eligible children; and

(i) Uninsured women as provided in section 208.659.

(2) Effective January 1, 2014, the department shall determine eligibility for individuals eligible for MO HealthNet under subdivision (1) of this subsection based on the following income eligibility standards, unless and until they are changed:

(a) For individuals listed in paragraphs (a), (b) and (c) of subdivision (1) of this subsection, the department shall apply the July 16, 1996, Aid to Families with Dependent Children (AFDC) income standard as converted to the MAGI equivalent net income standard;

(b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of this subsection, the department shall apply one hundred thirty-three percent of the federal poverty level converted to the MAGI equivalent net income standard;

(c) For individuals listed in paragraph (h) of subdivision (1) of this subsection, the department shall convert the income eligibility standard set forth in section 208.633 to the MAGI equivalent net income standard;

(d) For individuals listed in paragraphs (d), (e) and (i) of subdivision (1) of this subsection, the department shall apply one hundred eighty-five percent of the federal poverty level converted to the MAGI equivalent net income standard;

(3) Individuals eligible for MO HealthNet under subdivision (1) of this subsection shall receive all applicable benefits under section 208.152.

3. The department or appropriate divisions of the department shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as the term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

4. The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the

department determines are necessary to implement the provisions of this section.

660.315. 1. After an investigation and a determination has been made to place a person's name on the employee disqualification list, that person shall be notified in writing mailed to his or her last known address that:

- (1) An allegation has been made against the person, the substance of the allegation and that an investigation has been conducted which tends to substantiate the allegation;
- (2) The person's name will be included in the employee disqualification list of the department;
- (3) The consequences of being so listed including the length of time to be listed; and
- (4) The person's rights and the procedure to challenge the allegation.

2. If no reply has been received within thirty days of mailing the notice, the department may include the name of such person on its list. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director or the director's designee, based upon the criteria contained in subsection 9 of this section.

3. If the person so notified wishes to challenge the allegation, such person may file an application for a hearing with the department. The department shall grant the application within thirty days after receipt by the department and set the matter for hearing, or the department shall notify the applicant that, after review, the allegation has been held to be unfounded and the applicant's name will not be listed.

4. If a person's name is included on the employee disqualification list without the department providing notice as required under subsection 1 of this section, such person may file a request with the department for removal of the name or for a hearing. Within thirty days after receipt of the request, the department shall either remove the name from the list or grant a hearing and set a date therefor.

5. Any hearing shall be conducted in the county of the person's residence by the director of the department or the director's designee. The provisions of chapter 536 for a contested case except those provisions or amendments which are in conflict with this section shall apply to and govern the proceedings contained in this section and the rights and duties of the parties involved. The person appealing such an action shall be entitled to present evidence, pursuant to the provisions of chapter 536, relevant to the allegations.

6. Upon the record made at the hearing, the director of the department or the director's designee shall determine all questions presented and shall determine whether the person shall be listed on the employee disqualification list. The director of the department or the director's designee shall clearly state the reasons for his or her decision and shall include a statement of findings of fact and conclusions of law pertinent to the questions in issue.

7. A person aggrieved by the decision following the hearing shall be informed of his or her right to seek judicial review as provided under chapter 536. If the person fails to appeal the director's findings, those findings shall constitute a final determination that the person shall be placed on the employee disqualification list.

8. A decision by the director shall be inadmissible in any civil action brought against a facility or the in-home services provider agency and arising out of the facts and circumstances which brought about the employment disqualification proceeding, unless the civil action is brought against the facility or the in-home services provider agency by the department of health and senior services or one of its divisions.

9. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director of the department of health and senior services or the director's designee, based upon the following:

(1) Whether the person acted recklessly or knowingly, as defined in chapter 562;

(2) The degree of the physical, sexual, or emotional injury or harm; or the degree of the imminent danger to the health, safety or welfare of a resident or in-home services client;

(3) The degree of misappropriation of the property or funds, or falsification of any documents for service delivery of an in-home services client;

(4) Whether the person has previously been listed on the employee disqualification list;

(5) Any mitigating circumstances;

(6) Any aggravating circumstances; and

(7) Whether alternative sanctions resulting in conditions of continued employment are appropriate in lieu of placing a person's name on the employee disqualification list. Such conditions of employment may include, but are not limited to, additional training and employee counseling. Conditional employment shall terminate upon the expiration of the designated length of time and the person's submitting documentation which fulfills the department of health and senior services' requirements.

10. The removal of any person's name from the list under this section shall not prevent the director from keeping records of all acts finally determined to have occurred under this section.

11. The department shall provide the list maintained pursuant to this section to other state departments upon request and to any person, corporation, organization, or association who:

(1) Is licensed as an operator under chapter 198;

(2) Provides in-home services under contract with the department;

(3) Employs nurses and nursing assistants for temporary or intermittent placement in health care facilities;

(4) Is approved by the department to issue certificates for nursing assistants training;

(5) Is an entity licensed under chapter 197;

(6) Is a recognized school of nursing, medicine, or other health profession for the purpose of determining whether students scheduled to participate in clinical rotations with entities described in subdivision (1), (2), or (5) of this subsection are included in the employee disqualification list; or

(7) Is a consumer reporting agency regulated by the federal Fair Credit Reporting Act that conducts employee background checks on behalf of entities listed in subdivisions (1), (2), (5), or (6) of this subsection. Such a consumer reporting agency shall conduct the employee disqualification list check only upon the initiative or request of an entity described in subdivisions (1), (2), (5), or (6) of this subsection when the entity is fulfilling its duties required under this section. The information shall be disclosed only to the requesting entity.

The department shall inform any person listed above who inquires of the department whether or not a particular name is on the list. The department may require that the request be made in writing. No person, corporation, organization, or association who is entitled to access the employee disqualification list may

disclose the information to any person, corporation, organization, or association who is not entitled to access the list. Any person, corporation, organization, or association who is entitled to access the employee disqualification list who discloses the information to any person, corporation, organization, or association who is not entitled to access the list shall be guilty of an infraction.

12. No person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section shall knowingly employ any person who is on the employee disqualification list. Any person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section, or any person responsible for providing health care service, who declines to employ or terminates a person whose name is listed in this section shall be immune from suit by that person or anyone else acting for or in behalf of that person for the failure to employ or for the termination of the person whose name is listed on the employee disqualification list.

13. Any employer [who is] **or vendor as defined in sections 197.250, 197.400, 198.006, 208.900, or 660.250** required to [discharge an employee because the employee was placed on a disqualification list maintained by the department of health and senior services after the date of hire] **deny employment to an applicant or to discharge an employee, provisional or otherwise, as a result of information obtained through any portion of the background screening and employment eligibility determination process under section 210.903, or subsequent, periodic screenings, shall not be liable in any action brought by the applicant or employee relating to discharge where the employer is required by law to terminate the employee, provisional or otherwise, and** shall not be charged for unemployment insurance benefits based on wages paid to the employee for work prior to the date of discharge, pursuant to section 288.100[.], **if the employer terminated the employee because the employee:**

(1) Has been found guilty, pled guilty or nolo contendere in this state or any other state of a crime as listed in subsection 6 of section 660.317;

(2) Was placed on the employee disqualification list under this section after the date of hire;

(3) Was placed on the employee disqualification registry maintained by the department of mental health after the date of hire;

(4) Has a disqualifying finding under this section, section 660.317, or is on any of the background check lists in the family care safety registry under sections 210.900 to 210.936; or

(5) Was denied a good cause waiver as provided for in subsection 10 of section 660.317.

14. Any person who has been listed on the employee disqualification list may request that the director remove his or her name from the employee disqualification list. The request shall be written and may not be made more than once every twelve months. The request will be granted by the director upon a clear showing, by written submission only, that the person will not commit additional acts of abuse, neglect, misappropriation of the property or funds, or the falsification of any documents of service delivery to an in-home services client. The director may make conditional the removal of a person's name from the list on any terms that the director deems appropriate, and failure to comply with such terms may result in the person's name being relisted. The director's determination of whether to remove the person's name from the list is not subject to appeal.”; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 127, Page 9, Section 208.152, Line 302, by inserting after all of said section and line the following:

“208.164. 1. As used in this section, unless the context clearly requires otherwise, the following terms mean:

(1) “Abuse”, a documented pattern of inducing, furnishing, or otherwise causing a recipient to receive services or merchandise not otherwise required or requested by the recipient, attending physician or appropriate utilization review team; a documented pattern of performing and billing tests, examinations, patient visits, surgeries, drugs or merchandise that exceed limits or frequencies determined by the department for like practitioners for which there is no demonstrable need, or for which the provider has created the need through ineffective services or merchandise previously rendered. The decision to impose any of the sanctions authorized in this section shall be made by the director of the department, following a determination of demonstrable need or accepted medical practice made in consultation with medical or other health care professionals, or qualified peer review teams;

(2) “Department”, the department of social services;

(3) “Excessive use”, the act, by a person eligible for services under a contract or provider agreement between the department of social services or its divisions and a provider, of seeking and/or obtaining medical assistance benefits from a number of like providers and in quantities which exceed the levels that are considered medically necessary by current medical practices and standards for the eligible person’s needs;

(4) “Fraud”, a known false representation, including the concealment of a material fact that provider knew or should have known through the usual conduct of his profession or occupation, upon which the provider claims reimbursement under the terms and conditions of a contract or provider agreement and the policies pertaining to such contract or provider agreement of the department or its divisions in carrying out the providing of services, or under any approved state plan authorized by the federal Social Security Act;

(5) “Health plan”, a group of services provided to recipients of medical assistance benefits by providers under a contract with the department;

(6) “Medical assistance benefits”, those benefits authorized to be provided by sections 208.152 and 208.162;

(7) “Prior authorization”, approval to a provider to perform a service or services for an eligible person required by the department or its divisions in advance of the actual service being provided or approved for a recipient to receive a service or services from a provider, required by the department or its designated division in advance of the actual service or services being received;

(8) “Provider”, any person, partnership, corporation, not-for-profit corporation, professional corporation, or other business entity that enters into a contract or provider agreement with the department or its divisions for the purpose of providing services to eligible persons, and obtaining from the department or its divisions reimbursement therefor;

(9) “Recipient”, a person who is eligible to receive medical assistance benefits allocated through the department;

(10) “Service”, the specific function, act, successive acts, benefits, continuing benefits, requested by an

eligible person or provided by the provider under contract with the department or its divisions.

2. The department or its divisions shall have the authority to suspend, revoke, or cancel any contract or provider agreement or refuse to enter into a new contract or provider agreement with any provider where it is determined the provider has committed or allowed its agents, servants, or employees to commit acts defined as abuse or fraud in this section.

3. The department or its divisions shall have the authority to impose prior authorization as defined in this section:

(1) When it has reasonable cause to believe a provider or recipient has knowingly followed a course of conduct which is defined as abuse or fraud or excessive use by this section; or

(2) When it determines by rule that prior authorization is reasonable for a specified service or procedure.

4. If a provider or recipient reports to the department or its divisions the name or names of providers or recipients who, based upon their personal knowledge has reasonable cause to believe an act or acts are being committed which are defined as abuse, fraud or excessive use by this section, such report shall be confidential and the reporter's name shall not be divulged to anyone by the department or any of its divisions, except at a judicial proceeding upon a proper protective order being entered by the court.

5. Payments for services under any contract or provider agreement between the department or its divisions and a provider may be withheld by the department or its divisions from the provider for acts or omissions defined as abuse or fraud by this section, until such time as an agreement between the parties is reached or the dispute is adjudicated under the laws of this state.

6. The department or its designated division shall have the authority to review all cases and claim records for any recipient of public assistance benefits and to determine from these records if the recipient has, as defined in this section, committed excessive use of such services by seeking or obtaining services from a number of like providers of services and in quantities which exceed the levels considered necessary by current medical or health care professional practice standards and policies of the program.

7. The department or its designated division shall have the authority with respect to recipients of medical assistance benefits who have committed excessive use to limit or restrict the use of the recipient's Medicaid identification card to designated providers and for designated services; the actual method by which such restrictions are imposed shall be at the discretion of the department of social services or its designated division.

8. The department or its designated division shall have the authority with respect to any recipient of medical assistance benefits whose use has been restricted under subsection 7 of this section and who obtains or seeks to obtain medical assistance benefits from a provider other than one of the providers for designated services to terminate medical assistance benefits as defined by this chapter, where allowed by the provisions of the federal Social Security Act.

9. The department or its designated division shall have the authority with respect to any provider who knowingly allows a recipient to violate subsection 7 of this section or who fails to report a known violation of subsection 7 of this section to the department of social services or its designated division to terminate or otherwise sanction such provider's status as a participant in the medical assistance program. Any person making such a report shall not be civilly liable when the report is made in good faith.

10. Nothing in this section shall prohibit providers from using clinical decision support tools as

an alternative to prior authorization to determine the clinical appropriateness of services or procedures.”; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SB 161**, entitled:

An Act to repeal sections 334.108, 354.410, 354.415, 354.430, 354.603, 376.405, 376.426, 376.777, 376.961, 376.962, 376.964, 376.966, 376.968, 376.970, 376.973, and 376.1363, RSMo, and to enact in lieu thereof twenty-two new sections relating to health insurance, with penalty provisions and an effective date.

With House Amendment No. 1 to House Amendment No. 1 and House Amendment No. 1, as amended.

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Bill No. 161, Page 1, Line 4, by inserting after all of said line the following:

“Further amend House Committee Substitute for Senate Bill No. 161, Page 1, Section A, Line 6, by inserting after all of said line the following:

“208.146. 1. The program established under this section shall be known as the “Ticket to Work Health Assurance Program”. Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

(1) Except for earnings, meets the definition of disabled under the Supplemental Security Income Program or meets the definition of an employed individual with a medically improved disability under TWWIIA;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section;

(4) Has net income, as defined in subsection 3 of this section, that does not exceed the limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section 208.151; and

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level. For purposes of this subdivision, “gross income” includes all income of the person and the person’s spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-

employed persons shall provide proof of payment of Medicare and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit and the definition of available assets shall be the same as those used to determine MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; and

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an “independent living account” means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person's disability.

(2) To determine net income, the following shall be disregarded:

(a) All earned income of the disabled worker;

(b) The first sixty-five dollars and one-half of the remaining earned income of a nondisabled spouse's earned income;

(c) A twenty dollar standard deduction;

(d) Health insurance premiums;

(e) A seventy-five dollar a month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;

(f) All Supplemental Security Income payments, and the first fifty dollars of SSDI payments;

(g) A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income.

4. Any person whose gross income exceeds one hundred percent of the federal poverty level shall pay a premium for participation in the medical assistance provided in this section. Such premium shall be:

(1) For a person whose gross income is more than one hundred percent but less than one hundred fifty percent of the federal poverty level, four percent of income at one hundred percent of the federal poverty level;

(2) For a person whose gross income equals or exceeds one hundred fifty percent but is less than two hundred percent of the federal poverty level, four percent of income at one hundred fifty percent of the federal poverty level;

(3) For a person whose gross income equals or exceeds two hundred percent but less than two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent of the federal poverty level;

(4) For a person whose gross income equals or exceeds two hundred fifty percent up to and including three hundred percent of the federal poverty level, six percent of income at two hundred fifty percent of the

federal poverty level.

5. Recipients of services through this program shall report any change in income or household size within ten days of the occurrence of such change. An increase in premiums resulting from a reported change in income or household size shall be effective with the next premium invoice that is mailed to a person after due process requirements have been met. A decrease in premiums shall be effective the first day of the month immediately following the month in which the change is reported.

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance.

7. The provisions of this section shall expire [six years after] August 28, [2007] **2019**.

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits 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 MO HealthNet benefits to the extent and in the manner hereinafter provided:

(1) All participants receiving state supplemental payments for the aged, blind and disabled;

(2) All participants receiving 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. Participants eligible under this subdivision who are participating in drug court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving 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 family support division, 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 participants receiving 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 participants receiving 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 family support division 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 family support division 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 MO HealthNet coverage under this subdivision, the department of social services may revise the state MO HealthNet 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 family support division shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO HealthNet division 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;

(16) 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;

(17) A child born to a woman eligible for and receiving MO HealthNet benefits under this section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits 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 family support division shall assign a MO HealthNet eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;

(18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. 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 MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection 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 family support division for assessing eligibility under this chapter shall be as simple as practicable;

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

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

(21) 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 or chapter 205 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 intellectual disability and developmental disability 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 MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet program, refer them to local physicians or

local health departments who provide prenatal care under physician protocol and who participate in the MO HealthNet 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 MO HealthNet prepaid, case-managed programs;

(22) 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;

(23) All participants 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;

(24) (a) All persons who would be determined to be eligible for old age assistance benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriation;

(b) All persons who would be determined to be eligible for aid to the blind benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal poverty level;

(c) All persons who would be determined to be eligible for permanent and total disability benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriations. Eligibility standards for permanent and total disability benefits shall not be limited by age;

(25) 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;

(26) **Effective August 28, 2013**, persons who are [independent foster care adolescents, as defined in 42 U.S.C. Section 1396d, or who are within reasonable categories of such adolescents who are under twenty-one years of age as specified by the state, are eligible for coverage under 42 U.S.C. Section 1396a (a)(10)(A)(ii)(XVII) without regard to income or assets] **in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:**

(a) Are under twenty-six years of age;

(b) Are not eligible for coverage under another mandatory coverage group; and

(c) Were covered by Medicaid while they were in foster care.

2. Rules and regulations to implement this section shall be promulgated in accordance with [section 431.064 and] chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 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 MO HealthNet benefits 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 MO HealthNet benefits 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 MO HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such families.

4. When any individual has been determined to be eligible for MO HealthNet benefits, such medical assistance will be made available to him or her 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.

5. The department of social services may apply to the federal Department of Health and Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars in additional costs to the state, unless subject to appropriation or directed by statute, but in no event shall such waiver applications or amendments seek to waive the services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C. 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as provided in 42 U.S.C. 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight committee created in section 208.955. A request for such a waiver so submitted shall only become effective by executive order not sooner than ninety days after the final adjournment of the session of the general assembly to which it is submitted, unless it is disapproved within sixty days of its submission to a regular session by a senate or house resolution adopted by a majority vote of the respective elected members thereof, unless the request for such a waiver is made subject to appropriation or directed by statute.

6. Notwithstanding any other provision of law to the contrary, in any given fiscal year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if annual appropriations are made for such eligibility. This subsection shall not apply to classes

of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

208.895. 1. Upon **the** receipt of a properly completed referral **for service** for MO HealthNet-funded home- and community-based care [containing a nurse assessment] or **a** physician's order, the department of health and senior services [may] **shall**:

(1) [Review the recommendations regarding services and] **Process, review and approve or deny** the referral within fifteen business days;

(2) [Issue a prior-authorization for home and community-based services when information contained in the referral is sufficient to establish eligibility for MO HealthNet-funded long-term care and determine the level of service need as required under state and federal regulations;

(3) Arrange] **For approved referrals, arrange** for the provision of services by [an in-home] **a home- and community-based** provider;

[(4) Reimburse the in-home provider for one nurse visit to conduct an assessment and recommendation for a care plan and, where necessary based on case circumstances, a second nurse visit may be authorized to gather additional information or documentation necessary to constitute a completed referral;

(5) Notify the referring entity upon the authorization of MO HealthNet eligibility and provide MO HealthNet reimbursement for personal care benefits effective the date of the assessment or physician's order, and MO HealthNet reimbursement for waiver services effective the date the state reviews and approves the care plan;

(6) **(3)** Notify the referring entity **or individual** within five business days of receiving the referral if [additional information] **a different physical address** is required to [process the referral; and

(7) Inform the provider and contact the individual when information is insufficient or the proposed care plan requires additional evaluation by state staff that is not obtained from the referring entity to schedule an in-home assessment to be conducted by the state staff within thirty days] **schedule the assessment. The referring entity has five days to provide a current physical address if requested by the department. If a different physical address is needed, the fifteen-day limit included in subdivision (1) of this subsection is suspended until the information is received by the department;**

(4) Inform the applicant of:

(a) The full range of available MO HealthNet home- and community-based services, including, but not limited to, adult day care services, home-delivered meals, and the benefits of self-direction and agency model services;

(b) The choice of home- and community-based service providers in the applicant's area, and that some providers conduct their own assessments, but that choosing a provider who does not conduct assessments will not delay delivery of services; and

(c) The option to choose more than one home- and community-based service provider to deliver or facilitate the services the applicant is qualified to receive;

(5) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by individuals who are alleged to be victims of abuse or neglect as a result of an investigation initiated from the elder abuse and neglect hotline, and then followed by individuals who have not selected a provider or who have selected a provider that does not conduct assessments; and

(6) Notify the referring entity and the applicant within ten business days of receiving the referral if it has not scheduled the assessment.

2. If the department of health and senior services [may contract for initial home- and community-based assessments, including a care plan, through an independent third-party assessor. The contract shall include a requirement that:

(1) Within fifteen days of receipt of a referral for service, the contractor shall have made a face-to-face assessment of care need and developed a plan of care; and

(2) The contractor notify the referring entity within five days of receipt of referral if additional information is needed to process the referral.

The contract shall also include the same requirements for such assessments as of January 1, 2010, related to timeliness of assessments and the beginning of service. The contract shall be bid under chapter 34 and shall not be a risk-based contract] **has not complied with subdivision (1) of subsection 1 of this section, a provider has the option of completing an assessment and care plan recommendation. At such time that the department approves or modifies the assessment and care plan, the care plan shall become effective; such approval or modification shall occur within five business days after receipt of the assessment and care plan from the provider. If such approval, modification, or denial by the department does not occur within five business days, the provider's care plan shall be approved and payment shall begin to the provider based on the assessment and care plan recommendation submitted by the provider.**

3. [The two nurse visits authorized by subsection 16 of section 660.300 shall continue to be performed by home- and community-based providers for including, but not limited to, reassessment and level of care recommendations. These reassessments and care plan changes shall be reviewed and approved by the independent third-party assessor. In the event of dispute over the level of care required, the third-party assessor shall conduct a face-to-face review with the client in question.

4. The provisions of this section shall expire August 28, 2013] **At such time that the department approves or modifies the assessment and care plan, the latest approved care plan shall become effective. If the department assessment determines the client does not meet level of care, the state shall not be responsible for the cost of services claimed prior to the department's written notification to the provider of such denial.**

4. **The department shall implement subsections 2 and 3 of this section unless the Centers for Medicare and Medicaid Services disapproves any necessary state plan amendments or waivers to implement the provisions in subsections 2 and 3 of this section allowing providers to perform assessments.**

5. **The department's auditing of home- and community-based service providers shall include a review of the client plan of care and provider assessments, and choice and communication of home- and community-based service provider service options to individuals seeking MO HealthNet services. Such auditing shall be conducted utilizing a statistically valid sample. The department shall also make publicly available a review of its process for informing participants of service options within MO HealthNet home- and community-based service provider services and information on referrals.**

6. **For purposes of this section:**

(1) “Assessment” means a face-to-face determination that a MO HealthNet participant is eligible for home- and community-based services and:

(a) Is conducted by an assessor trained to perform home- and community-based care assessments;

(b) Uses forms provided by the department;

(c) Includes unbiased descriptions of each available service within home- and community-based services with a clear person-centered explanation of the benefits of each home- and community-based service, whether the applicant qualifies for more than one service and ability to choose more than one provider to deliver or facilitate services; and

(d) Informs the applicant, either by the department or the provider conducting the assessment, that choosing a provider or multiple providers that do not conduct their own assessments will in no way affect the quality of service or the timeliness of the applicant's assessment and authorization process.

(2) A “properly completed referral” shall contain basic information adequate for the department to contact the client or person needing service. At a minimum, the referral shall contain:

(a) The stated need for MO HealthNet home- and community-based services;

(b) The name, date of birth, and Social Security number of the client or person needing service, or the client's or person's MO HealthNet number; and

(c) The current physical address and phone number of the client or person needing services.

Addition information which may assist the department including contact information of a responsible party shall also be submitted.

7. The department shall:

(1) Develop an automated electronic assessment care plan tool to be used by providers; and

(2) Make recommendations to the general assembly by January 1, 2014, for the implementation of the automated electronic assessment care plan tool.

8. No later than December 31, 2014, the department of health and senior services shall submit a report to the general assembly that reviews the following:

(1) How well the department is doing on meeting the fifteen-day requirement;

(2) The process the department used to approve the assessors;

(3) Financial data on the cost of the program prior to and after enactment of this section;

(4) Any audit information available on assessments performed outside the department; and

(5) The department's staffing policies implemented to meet the fifteen-day assessment requirement.

208.990. 1. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage individuals shall meet the eligibility criteria set forth in 42 CFR 435, including but not limited to the requirements that:

(1) The individual is a resident of the state of Missouri;

(2) The individual has a valid Social Security number;

(3) The individual is a citizen of the United States or a qualified alien as described in Section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. Section 1641, who has provided satisfactory documentary evidence of qualified alien status which has been verified with the Department of Homeland Security under a declaration required by Section 1137(d) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 that the applicant or beneficiary is an alien in a satisfactory immigration status; and

(4) An individual claiming eligibility as a pregnant woman shall verify pregnancy.

2. Notwithstanding any other provisions of law to the contrary, effective January 1, 2014, the family support division shall conduct an annual redetermination of all MO HealthNet participants' eligibility as provided in 42 CFR 435.916. The department may contract with an administrative service organization to conduct the annual redeterminations if it is cost effective.

3. The department, or family support division, shall conduct electronic searches to redetermine eligibility on the basis of income, residency, citizenship, identity and other criteria as described in 42 CFR 435.916 upon availability of federal, state, and commercially available electronic data sources. The department, or family support division, may enter into a contract with a vendor to perform the electronic search of eligibility information not disclosed during the application process and obtain an applicable case management system. The department shall retain final authority over eligibility determinations made during the redetermination process.

4. Notwithstanding any other provisions of law to the contrary, applications for MO HealthNet benefits shall be submitted in accordance with the requirements of 42 CFR 435.907 and other applicable federal law. The individual shall provide all required information and documentation necessary to make an eligibility determination, resolve discrepancies found during the redetermination process, or for a purpose directly connected to the administration of the medical assistance program.

5. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage under section 208.995, individuals shall meet the eligibility requirements set forth in subsection 1 of this section and all other eligibility criteria set forth in 42 CFR 435 and 457, including, but not limited to, the requirements that:

(1) The department of social services shall determine the individual's financial eligibility based on projected annual household income and family size for the remainder of the current calendar year;

(2) The department of social services shall determine household income for the purpose of determining the modified adjusted gross income by including all available cash support provided by the person claiming such individual as a dependent for tax purposes;

(3) The department of social services shall determine a pregnant woman's household size by counting the pregnant woman plus the number of children she is expected to deliver;

(4) CHIP-eligible children shall be uninsured, shall not have access to affordable insurance, and their parent shall pay the required premium;

(5) An individual claiming eligibility as an uninsured woman shall be uninsured.

208.995. 1. For purposes of this section and section 208.990, the following terms mean:

(1) “Child” or “children”, a person or persons who are under nineteen years of age;

(2) “CHIP-eligible children”, children who meet the eligibility standards for Missouri's children's health insurance program as provided in sections 208.631 to 208.658, including paying the premiums required under sections 208.631 to 208.658;

(3) “Department”, the Missouri department of social services, or a division or unit within the department as designated by the department's director;

(4) “MAGI”, the individual's modified adjusted gross income as defined in Section 36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:

(a) Any foreign earned income or housing costs;

(b) Tax-exempt interest received or accrued by the individual; and

(c) Tax-exempt Social Security income;

(5) “MAGI equivalent net income standard”, an income eligibility threshold based on modified adjusted gross income that is not less than the income eligibility levels that were in effect prior to the enactment of Public Law 111-148 and Public Law 111-152.

2. (1) Effective January 1, 2014, notwithstanding any other provision of law to the contrary, the following individuals shall be eligible for MO HealthNet coverage as provided in this section:

(a) Individuals covered by MO HealthNet for families as provided in section 208.145;

(b) Individuals covered by transitional MO HealthNet as provided in 42 U.S.C. Section 1396r-6;

(c) Individuals covered by extended MO HealthNet for families on child support closings as provided in 42 U.S.C. Section 1396r-6;

(d) Pregnant women as provided in subdivisions (10), (11), and (12) of subsection 1 of section 208.151;

(e) Children under one year of age as provided in subdivision (12) of subsection 1 of section 208.151;

(f) Children under six years of age as provided in subdivision (13) of subsection 1 of section 208.151;

(g) Children under nineteen years of age as provided in subdivision (14) of subsection 1 of section 208.151;

(h) CHIP-eligible children; and

(i) Uninsured women as provided in section 208.659.

(2) Effective January 1, 2014, the department shall determine eligibility for individuals eligible for MO HealthNet under subdivision (1) of this subsection based on the following income eligibility standards, unless and until they are changed:

(a) For individuals listed in paragraphs (a), (b) and (c) of subdivision (1) of this subsection, the department shall apply the July 16, 1996, Aid to Families with Dependent Children (AFDC) income standard as converted to the MAGI equivalent net income standard;

(b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of this subsection, the department shall apply one hundred thirty-three percent of the federal poverty level converted to the MAGI equivalent net income standard;

(c) For individuals listed in paragraph (h) of subdivision (1) of this subsection, the department shall convert the income eligibility standard set forth in section 208.633 to the MAGI equivalent net income standard;

(d) For individuals listed in paragraphs (d), (e) and (i) of subdivision (1) of this subsection, the department shall apply one hundred eighty-five percent of the federal poverty level converted to the MAGI equivalent net income standard;

(3) Individuals eligible for MO HealthNet under subdivision (1) of this subsection shall receive all applicable benefits under section 208.152.

3. The department or appropriate divisions of the department shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as the term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

4. The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section.”; and”; and

Further amend said bill, Page 5, Line 9, by inserting after all of said line the following:

“Further amend said Bill, Page 39, Section 376.1900, Line 56, by inserting after all of said line the following:

“660.315. 1. After an investigation and a determination has been made to place a person's name on the employee disqualification list, that person shall be notified in writing mailed to his or her last known address that:

(1) An allegation has been made against the person, the substance of the allegation and that an investigation has been conducted which tends to substantiate the allegation;

(2) The person's name will be included in the employee disqualification list of the department;

(3) The consequences of being so listed including the length of time to be listed; and

(4) The person's rights and the procedure to challenge the allegation.

2. If no reply has been received within thirty days of mailing the notice, the department may include the name of such person on its list. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director or the director's designee, based upon the criteria contained in subsection 9 of this section.

3. If the person so notified wishes to challenge the allegation, such person may file an application for a hearing with the department. The department shall grant the application within thirty days after receipt

by the department and set the matter for hearing, or the department shall notify the applicant that, after review, the allegation has been held to be unfounded and the applicant's name will not be listed.

4. If a person's name is included on the employee disqualification list without the department providing notice as required under subsection 1 of this section, such person may file a request with the department for removal of the name or for a hearing. Within thirty days after receipt of the request, the department shall either remove the name from the list or grant a hearing and set a date therefor.

5. Any hearing shall be conducted in the county of the person's residence by the director of the department or the director's designee. The provisions of chapter 536 for a contested case except those provisions or amendments which are in conflict with this section shall apply to and govern the proceedings contained in this section and the rights and duties of the parties involved. The person appealing such an action shall be entitled to present evidence, pursuant to the provisions of chapter 536, relevant to the allegations.

6. Upon the record made at the hearing, the director of the department or the director's designee shall determine all questions presented and shall determine whether the person shall be listed on the employee disqualification list. The director of the department or the director's designee shall clearly state the reasons for his or her decision and shall include a statement of findings of fact and conclusions of law pertinent to the questions in issue.

7. A person aggrieved by the decision following the hearing shall be informed of his or her right to seek judicial review as provided under chapter 536. If the person fails to appeal the director's findings, those findings shall constitute a final determination that the person shall be placed on the employee disqualification list.

8. A decision by the director shall be inadmissible in any civil action brought against a facility or the in-home services provider agency and arising out of the facts and circumstances which brought about the employment disqualification proceeding, unless the civil action is brought against the facility or the in-home services provider agency by the department of health and senior services or one of its divisions.

9. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director of the department of health and senior services or the director's designee, based upon the following:

(1) Whether the person acted recklessly or knowingly, as defined in chapter 562;

(2) The degree of the physical, sexual, or emotional injury or harm; or the degree of the imminent danger to the health, safety or welfare of a resident or in-home services client;

(3) The degree of misappropriation of the property or funds, or falsification of any documents for service delivery of an in-home services client;

(4) Whether the person has previously been listed on the employee disqualification list;

(5) Any mitigating circumstances;

(6) Any aggravating circumstances; and

(7) Whether alternative sanctions resulting in conditions of continued employment are appropriate in lieu of placing a person's name on the employee disqualification list. Such conditions of employment may include, but are not limited to, additional training and employee counseling. Conditional employment shall

terminate upon the expiration of the designated length of time and the person's submitting documentation which fulfills the department of health and senior services' requirements.

10. The removal of any person's name from the list under this section shall not prevent the director from keeping records of all acts finally determined to have occurred under this section.

11. The department shall provide the list maintained pursuant to this section to other state departments upon request and to any person, corporation, organization, or association who:

(1) Is licensed as an operator under chapter 198;

(2) Provides in-home services under contract with the department;

(3) Employs nurses and nursing assistants for temporary or intermittent placement in health care facilities;

(4) Is approved by the department to issue certificates for nursing assistants training;

(5) Is an entity licensed under chapter 197;

(6) Is a recognized school of nursing, medicine, or other health profession for the purpose of determining whether students scheduled to participate in clinical rotations with entities described in subdivision (1), (2), or (5) of this subsection are included in the employee disqualification list; or

(7) Is a consumer reporting agency regulated by the federal Fair Credit Reporting Act that conducts employee background checks on behalf of entities listed in subdivisions (1), (2), (5), or (6) of this subsection. Such a consumer reporting agency shall conduct the employee disqualification list check only upon the initiative or request of an entity described in subdivisions (1), (2), (5), or (6) of this subsection when the entity is fulfilling its duties required under this section. The information shall be disclosed only to the requesting entity.

The department shall inform any person listed above who inquires of the department whether or not a particular name is on the list. The department may require that the request be made in writing. No person, corporation, organization, or association who is entitled to access the employee disqualification list may disclose the information to any person, corporation, organization, or association who is not entitled to access the list. Any person, corporation, organization, or association who is entitled to access the employee disqualification list who discloses the information to any person, corporation, organization, or association who is not entitled to access the list shall be guilty of an infraction.

12. No person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section shall knowingly employ any person who is on the employee disqualification list. Any person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section, or any person responsible for providing health care service, who declines to employ or terminates a person whose name is listed in this section shall be immune from suit by that person or anyone else acting for or in behalf of that person for the failure to employ or for the termination of the person whose name is listed on the employee disqualification list.

13. Any employer [who is] **or vendor as defined in sections 197.250, 197.400, 198.006, 208.900, or 660.250** required to [discharge an employee because the employee was placed on a disqualification list maintained by the department of health and senior services after the date of hire] **deny employment to an applicant or to discharge an employee, provisional or otherwise, as a result of information obtained**

through any portion of the background screening and employment eligibility determination process under section 210.903, or subsequent, periodic screenings, shall not be liable in any action brought by the applicant or employee relating to discharge where the employer is required by law to terminate the employee, provisional or otherwise, and shall not be charged for unemployment insurance benefits based on wages paid to the employee for work prior to the date of discharge, pursuant to section 288.100[.], if the employer terminated the employee because the employee:

(1) Has been found guilty, pled guilty or nolo contendere in this state or any other state of a crime as listed in subsection 6 of section 660.317;

(2) Was placed on the employee disqualification list under this section after the date of hire;

(3) Was placed on the employee disqualification registry maintained by the department of mental health after the date of hire;

(4) Has a disqualifying finding under this section, section 660.317, or is on any of the background check lists in the family care safety registry under sections 210.900 to 210.936; or

(5) Was denied a good cause waiver as provided for in subsection 10 of section 660.317.

14. Any person who has been listed on the employee disqualification list may request that the director remove his or her name from the employee disqualification list. The request shall be written and may not be made more than once every twelve months. The request will be granted by the director upon a clear showing, by written submission only, that the person will not commit additional acts of abuse, neglect, misappropriation of the property or funds, or the falsification of any documents of service delivery to an in-home services client. The director may make conditional the removal of a person's name from the list on any terms that the director deems appropriate, and failure to comply with such terms may result in the person's name being relisted. The director's determination of whether to remove the person's name from the list is not subject to appeal."; and"; and

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

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 161, Page 38, Section 376.1900, Line 3, by deleting the word "**website**" and inserting in lieu thereof the phrase "**web-based or similar electronic-based communications network**"; and

Further amend said bill and section, Page 39, Line 56, by inserting after all of said section and line the following:

"376.2000. 1. Sections 376.2000 to 376.2014 shall be known and may be cited as the "Health Insurance Marketplace Innovation Act of 2013".

2. As used in sections 376.2000 to 376.2014, the following terms mean:

(1) "Department", the department of insurance, financial institutions and professional registration;

(2) "Director", the director of the department of insurance, financial institutions and professional registration;

(3) "Exchange", any health benefit exchange established or operating in this state, including any

exchange established or operated by the United States Department of Health and Human Services.

(4) “Navigator”, a person that, for compensation, provides information or services in connection with eligibility, enrollment, or program specifications of any health benefit exchange operating in this state, including any person that is selected to perform the activities and duties identified in 42 U.S.C. 18031(i) in this state, any person who receives funds from the United States Department of Health and Human Services to perform any of the activities and duties identified in 42 U.S.C. 18031(i), or any other person certified by the United States Department of Health and Human Services, or a health benefit exchange operating in this state, to perform such defined or related duties irrespective of whether such person is identified as a navigator, certified application counselor, in-person assister, or other title.

376.2002. 1. No individual or entity shall perform, offer to perform, or advertise any service as a navigator in this state, or receive navigator funding from the state or an exchange unless licensed as a navigator by the department under sections 376.2000 to 376.2014.

2. A navigator may:

(1) Provide fair and impartial information and services in connection with eligibility, enrollment, and program specifications of any health benefit exchange operating in this state, including information about the costs of coverage, advance payments of premium tax credits, and cost sharing reductions;

(2) Facilitate the selection of a qualified health plan;

(3) Initiate the enrollment process;

(4) Provide referrals to any applicable office of health insurance consumer assistance, ombudsman, or other agency for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or determination under the plan; and

(5) Use culturally and linguistically appropriate language to communicate the information authorized in this subsection.

3. Unless also properly licensed as an insurance producer in this state with authority for health under section 375.014, a navigator shall not:

(1) Sell, solicit, or negotiate health insurance;

(2) Engage in any activity that would require an insurance producer license;

(3) Provide advice concerning the benefits, terms, and features of a particular health plan or offer advice about which exchange health plan is better or worse for a particular individual or employer;

(4) Recommend or endorse a particular health plan or advise consumers about which health plan to choose; or

(5) Provide any information or services related to health benefit plans or other products not offered in the exchange.

4. The following entities or persons are exempt from the requirement to be licensed as a navigator:

(1) An entity or person licensed as an insurance producer in this state with authority for health under section 375.014;

(2) A law firm or licensed attorney in this state; and

(3) A “health care provider” as defined in section 376.1350 provided that:

(a) The health care provider does not receive any funds from the United States Department of Health and Human Services or a health exchange operating in this state to act as a navigator; and

(b) The activities or functions performed are related to advising, assisting, or counseling patients regarding private or public coverage or financial matters related to medical treatments or government assistance programs.

However, nothing in this section shall prohibit a health care provider from voluntarily becoming licensed as a navigator.

376.2004. 1. An individual applying for a navigator license shall make application to the department on a form developed by the director and declare under penalty of refusal, suspension, or revocation of the license that the statements made in the application are true, correct, and complete to the best of the individual’s knowledge and belief. Before approving the application, the director shall find that the individual:

(1) Is eighteen years of age or older;

(2) Resides in this state or maintains his or her principal place of business in the state;

(3) Is not disqualified for having committed any act that would be grounds for refusal to issue, renew, suspend, or revoke an insurance producer license under section 375.141;

(4) Has successfully passed the written examination prescribed by the director;

(5) When applicable, has the written consent of the director under 18 U.S.C. 1033 or any successor statute regulating crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce;

(6) Has identified the entity with which he or she is affiliated and supervised; and

(7) Has paid the fees prescribed by the director.

2. An entity that acts as a navigator, supervises the activities of individual navigators, or receives funding to perform such activities shall obtain a navigator entity license. An entity applying for an entity navigator license shall make application on a form containing the information prescribed by the director.

3. The director may require any documents deemed necessary to verify the information contained in an application submitted in accordance with subsections 1 and 2 of this section.

4. Entities licensed as navigators shall, in a manner prescribed by the director, provide a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity and shall report any changes in employment or affiliation within twenty days of such change.

5. The director shall require that each navigator obtain a surety bond in an amount acceptable to the director or otherwise demonstrate a level of financial responsibility capable of protecting all persons against the wrongful acts, misrepresentations, errors, omissions, or negligence of the navigator. The director may ask for a copy of the bond or other evidence of financial responsibility at any time.

6. Prior to any exchange becoming operational in this state, the director shall prescribe initial training, continuing education, and written examination standards and requirements for navigators.

376.2006. 1. A navigator license shall be valid for two years.

2. A navigator may file an application for renewal of a license and pay the renewal fee as prescribed by the director. Any navigator who fails to timely file for license renewal shall be charged a late fee in an amount prescribed by the director.

3. Prior to the filing date for an application for renewal of a license, an individual licensee shall comply with any ongoing training and continuing education requirements established by the director. Such navigator shall file with the director, by a method prescribed by the director, proof of satisfactory certification of completion of the continuing education requirements. Any failure to fulfill the ongoing training and continuing education requirements shall result in the expiration of the license.

376.2008. Upon contact with a person who acknowledges having existing health insurance coverage obtained through an insurance producer, a navigator shall advise the person to consult with a licensed insurance producer regarding coverage in the private market.

376.2010. 1. The director may place on probation, suspend, revoke, or refuse to issue, renew, or reinstate a navigator license or may levy a fine not to exceed one thousand dollars for each violation, or any combination of actions, for any one or more of the causes listed in section 375.141, 375.936 or for other good cause. In the event that the action by the director is not to renew or to deny an application for a license, the director shall notify the applicant or licensee in writing and shall advise the applicant or licensee of the reason for the denial or nonrenewal. Appeal of the nonrenewal or denial of the application for a navigator license shall be made under the provisions of chapter 621.

2. In addition to imposing the penalties authorized by subsection 1 of this section, the director may require that restitution be made to any person who has suffered financial injury because of a violation of this section.

3. The director shall have the power to examine and investigate the business affairs and records of any navigator to determine whether the individual or entity has engaged or is engaging in any violation of this section.

4. The navigator license held by an entity may be suspended or revoked, renewal or reinstatement thereof may be refused, or a fine may be levied, with or without a suspension, revocation, or refusal to renew a license, if the director finds that an individual licensee's violation was known or should have been known by the employing or supervising entity and the violation was not reported to the director and no corrective action was undertaken on a timely basis.

376.2011. 1. If the director determines that a person has engaged, is engaging, or has taken a substantial step toward engaging in an act, practice, omission, or course of business constituting a violation of sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, or a person has materially aided or is materially aiding an act, practice, omission, or course of business constituting a violation in sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, the director may issue such administrative orders as authorized under section 374.046.

2. If the director believes that a person has engaged, is engaging, or has taken a substantial step

toward engaging in an act, practice, omission, or course of business constituting a violation of sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, or that a person has materially aided or is materially aiding an act, practice, omission, or course of business constituting a violation in sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, the director may maintain a civil action for relief authorized under section 374.048.

3. A violation of sections 376.2000 to 376.2014 is a level two violation under section 374.049.

376.2012. 1. Each licensed navigator shall report to the director within thirty calendar days of the final disposition of the matter of any administrative action taken against him or her in another jurisdiction or by another governmental agency in this state. This report shall include a copy of the order, consent to order, or other relevant legal documents.

2. Within thirty days of the initial pretrial hearing date, a navigator shall report to the director any criminal prosecution of the navigator in any jurisdiction. The report shall include a copy of the initial complaint filed, the order resulting from the hearing, and any other relevant legal documents.

3. An entity that acts as a navigator that terminates the employment, engagement, affiliation, or other relationship with an individual navigator shall notify the director within twenty days following the effective date of the termination, using a format prescribed by the director if the reason for termination is one of the reasons set forth in section 375.141 or 375.936 or if the entity has knowledge that the navigator was found by a court or governmental body to have engaged in any such activities. Upon the written request of the director, the entity shall provide additional information, documents, records, or other data pertaining to the termination or activity of the individual.

376.2014. 1. The requirements of sections 379.930 to 379.952 and chapters 375, 376, 407 and any related rules shall apply to navigators. The activities and duties of a navigator shall be deemed to constitute transacting the business of insurance.

2. If any provision of sections 376.2000 to 376.2014 or its application to any person or circumstance is held invalid by a court of competent jurisdiction or by federal law, the invalidity does not affect other provisions or applications of sections 376.2000 to 376.2014 that can be given effect without the invalid provision or application. The provisions of sections 376.2000 to 376.2014 are severable, and the valid provisions or applications shall remain in full force and effect.

3. The director may promulgate rules and regulations to implement and administer the provisions of sections 376.2000 to 376.2014. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in sections 376.2000 to 376.2014 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. Sections 376.2000 to 376.2014 and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

Section 1. Notwithstanding any other provision of law to the contrary, the department of insurance, financial institutions and professional registration shall exercise its authority and responsibility over health insurance product form filings, consumer complaints, and investigations into compliance with state law, regardless as to how a health insurance product may be sold or

marketed in this state or to residents of this state.”; and

Further amend said bill and page, Section B, Line 1, by inserting after all of said section the following:

“Section C. Because of the need to ensure that navigators are adequately trained to provide essential health insurance information to the public, Sections 376.2000, 376.2002, 376.2004, 376.2006, 376.2008, 376.2010, 376.2011, 376.2012, and 376.2014 of Section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and Sections 376.2000, 376.2002, 376.2004, 376.2006, 376.2008, 376.2010, 376.2011, 376.2012, and 376.2014 of Section A of this act shall be in full force and effect upon its passage and approval.”; and

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

Emergency clause adopted.

In which the concurrence of the Senate is respectfully requested.

HOUSE BILLS ON THIRD READING

HB 103, introduced by Representative Kelley (127), et al, with **SCS**, entitled:

An Act to repeal sections 304.013, 304.032, and 304.034, RSMo, and to enact in lieu thereof three new sections relating to all-terrain and utility vehicle use in municipalities, with penalty provisions.

Was called from the Informal Calendar and taken up by Senator Munzlinger.

SCS for **HB 103**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 103

An Act to repeal sections 174.700, 174.703, 174.706, 301.301, 301.449, 302.341, 302.700, as enacted by conference committee substitute for senate substitute for senate committee substitute for house committee substitute for house bill no. 1402, merged with conference committee substitute for house committee substitute for senate substitute for senate committee substitute for senate bill no. 470, merged with conference committee substitute for house committee substitute no. 2 for senate committee substitute for senate bill no. 480, merged with conference committee substitute for house committee substitute for senate bill no. 568, ninety-sixth general assembly, second regular session, 302.720, 302.735, 302.740, 302.755, 304.013, 304.032, 304.120, 304.180, 304.820, 307.400, and 544.157, RSMo, and to enact in lieu thereof twenty-seven new sections relating to transportation, with penalty provisions and an emergency clause for a certain section.

Was taken up.

Senator Munzlinger moved that **SCS** for **HB 103** be adopted.

Senator Lager assumed the Chair.

Senator Dempsey offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 103, Page 7, Section 302.341, Lines 72-89, by striking all of said lines; and

Further amend said bill and section, page 8, lines 90-91, by striking all of said lines and inserting in lieu thereof the following:

“3. As used in subsection 2 of this section, traffic violations shall include all ordinance violations regardless of whether the ordinance violation is prosecuted as a civil infraction or not.”.

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

Senator Kraus offered SA 2:

SENATE AMENDMENT NO. 2

Amend Senate Committee Substitute for House Bill No. 103, Page 39, Section 307.400, Line 97, by inserting after all of said line the following:

“407.300. 1. Every purchaser or collector of, or dealer in, junk, scrap metal, or any secondhand property shall keep a register containing a written or electronic record for each purchase or trade in which each type of metal subject to the provisions of this section is obtained for value. There shall be a separate record for each transaction involving any:

(1) Copper, brass, or bronze;

(2) Aluminum wire, cable, pipe, tubing, bar, ingot, rod, fitting, or fastener; [or]

(3) Material containing copper or aluminum that is knowingly used for farming purposes as farming is defined in section 350.010; **or**

(4) Catalytic converter;

whatever may be the condition or length of such metal. The record shall contain the following data: a copy of the driver’s license or photo identification issued by the state or by the United States government or agency thereof to the person from whom the material is obtained, which shall contain a current address of the person from whom the material is obtained, and the date, time, and place of and a full description of each such purchase or trade including the quantity by weight thereof.

2. The records required under this section shall be maintained for a minimum of twenty-four months from when such material is obtained and shall be available for inspection by any law enforcement officer.

3. Anyone convicted of violating this section shall be guilty of a class A misdemeanor.

4. This section shall not apply to any of the following transactions:

(1) Any transaction for which the total amount paid for all regulated scrap metal purchased or sold does not exceed fifty dollars, **unless the scrap metal is a catalytic converter;**

(2) Any transaction for which the seller, including a farm or farmer, has an existing business relationship with the scrap metal dealer and is known to the scrap metal dealer making the purchase to be an established business or political subdivision that operates a business with a fixed location that can be reasonably expected to generate regulated scrap metal and can be reasonably identified as such a business; or

(3) Any transaction for which the type of metal subject to subsection 1 of this section is a minor part of a larger item, except for equipment used in the generation and transmission of electrical power or telecommunications.”; and

Further amend the title and enacting clause accordingly.

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

Senator Walsh offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Committee Substitute for House Bill No. 103, Page 39, Section 307.400, Line 97, by inserting immediately after said line the following:

“390.064. 1. As used in this section, the following terms shall mean:

(1) “Contract carrier”, a passenger contract carrier that for compensation transports railroad employees;

(2) “Railroad employee”, shall have the same meaning ascribed to the term “employee” as used in 49 C.F.R. Part 228.5, as such regulation may be periodically amended.

2. Notwithstanding any other provision to the contrary, contract carriers that transport railroad employees on a road or highway of this state shall be subject to the safety standards set forth in Title 49, Code of Federal Regulations, Part 391, except 391.11(b)(4) and Subpart E, Parts 392, 393, 395, and 396, except section 396.17.

3. The department of transportation shall promulgate rules and regulations to implement and administer the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.”; and

Further amend the title and enacting clause accordingly.

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

Senator Kraus offered **SA 4**:

SENATE AMENDMENT NO. 4

Amend Senate Committee Substitute for House Bill No. 103, Page 6, Section 302.341, Line 33, by striking the opening “[” and closing “]” brackets as they appear on said line, and further amend said line by striking the word “twenty”; and further amend line 36 by striking the opening “[” and closing “]” brackets as they appear on said line, and further amend line 37 by striking the word “twenty”.

Senator Kraus moved that the above amendment be adopted.

Senator Dempsey offered **SSA 1** for **SA 4**, which was read:

SENATE SUBSTITUTE AMENDMENT NO. 1 FOR
SENATE AMENDMENT NO. 4

Amend Senate Committee Substitute for House Bill No. 103, Page 6, Section 302.341, Line 33, by striking “twenty” and inserting in lieu thereof the following: **“thirty”**; and further amend line 37 by striking the word “twenty” and inserting in lieu thereof the following: **“thirty”**.

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

Senator Wasson offered **SA 5**:

SENATE AMENDMENT NO. 5

Amend Senate Committee Substitute for House Bill No. 103, Page 5, Section 301.449, Line 51, by inserting immediately after said line the following:

“302.302. 1. The director of revenue shall put into effect a point system for the suspension and revocation of licenses. Points shall be assessed only after a conviction or forfeiture of collateral. The initial point value is as follows:

- (1) Any moving violation of a state law or county or municipal or federal traffic ordinance or regulation not listed in this section, other than a violation of vehicle equipment provisions or a court-ordered supervision as provided in section 302.303 2 points
(except any violation of municipal stop sign ordinance where no accident is involved 1 point)
- (2) Speeding
 - In violation of a state law 3 points
 - In violation of a county or municipal ordinance 2 points
- (3) Leaving the scene of an accident
 - in violation of section 577.060 12 points
 - In violation of any county or municipal ordinance 6 points
- (4) Careless and imprudent driving in violation of subsection 4 of section 304.016 4 points
 - In violation of a county or municipal ordinance 2 points
- (5) Operating without a valid license in violation of subdivision (1) or (2) of subsection 1 of section 302.020:
 - (a) For the first conviction 2 points
 - (b) For the second conviction 4 points

- (c) For the third conviction..... 6 points
- (6) Operating with a suspended or
 revoked license prior to restoration of
 operating privileges 12 points
- (7) Obtaining a license by
 misrepresentation 12 points
- (8) For the first conviction of
 driving while in an intoxicated condition
 or under the influence of controlled
 substances or drugs 8 points
- (9) For the second or subsequent
 conviction of any of the following offenses
 however combined: driving while in an
 intoxicated condition, driving under the
 influence of controlled substances or drugs
 or driving with a blood alcohol content of
 eight-hundredths of one percent or more by
 weight 12 points
- (10) For the first conviction for
 driving with blood alcohol content
 eight-hundredths of one percent or more by weight
 In violation of state law 8 points
 In violation of a county or municipal
 ordinance or federal law or regulation 8 points
- (11) Any felony involving the use
 of a motor vehicle 12 points
- (12) Knowingly permitting unlicensed
 operator to operate a motor vehicle 4 points
- (13) For a conviction for failure to
 maintain financial responsibility pursuant
 to county or municipal ordinance or
 pursuant to section 303.025 4 points

(14) Endangerment of a highway worker
in violation of section 304.585 4 points

(15) Aggravated endangerment of a
highway worker in violation of section 304.585 12 points

(16) For a conviction of violating a
municipal ordinance that prohibits tow
truck operators from stopping at or
proceeding to the scene of an accident
unless they have been requested to stop
or proceed to such scene by a party involved
in such accident or by an officer of a
public safety agency 4 points

**(17) Endangerment of an emergency
responder in violation of section 304.894 4 points**

**(18) Aggravated endangerment of
an emergency responder in violation of
section 304.894 12 points**

2. The director shall, as provided in subdivision (5) of subsection 1 of this section, assess an operator points for a conviction pursuant to subdivision (1) or (2) of subsection 1 of section 302.020, when the director issues such operator a license or permit pursuant to the provisions of sections 302.010 to 302.340.

3. An additional two points shall be assessed when personal injury or property damage results from any violation listed in subdivisions (1) to (13) of subsection 1 of this section and if found to be warranted and certified by the reporting court.

4. When any of the acts listed in subdivision (2), (3), (4) or (8) of subsection 1 of this section constitutes both a violation of a state law and a violation of a county or municipal ordinance, points may be assessed for either violation but not for both. Notwithstanding that an offense arising out of the same occurrence could be construed to be a violation of subdivisions (8), (9) and (10) of subsection 1 of this section, no person shall be tried or convicted for more than one offense pursuant to subdivisions (8), (9) and (10) of subsection 1 of this section for offenses arising out of the same occurrence.

5. The director of revenue shall put into effect a system for staying the assessment of points against an operator. The system shall provide that the satisfactory completion of a driver-improvement program or, in the case of violations committed while operating a motorcycle, a motorcycle-rider training course approved by the state highways and transportation commission, by an operator, when so ordered and verified by any court having jurisdiction over any law of this state or county or municipal ordinance, regulating motor vehicles, other than a violation committed in a commercial motor vehicle as defined in section 302.700 or a violation committed by an individual who has been issued a commercial driver's

license or is required to obtain a commercial driver's license in this state or any other state, shall be accepted by the director in lieu of the assessment of points for a violation pursuant to subdivision (1), (2) or (4) of subsection 1 of this section or pursuant to subsection 3 of this section. A court using a centralized violation bureau established under section 476.385 may elect to have the bureau order and verify completion of a driver-improvement program or motorcycle-rider training course as prescribed by order of the court. For the purposes of this subsection, the driver-improvement program shall meet or exceed the standards of the National Safety Council's eight-hour "Defensive Driving Course" or, in the case of a violation which occurred during the operation of a motorcycle, the program shall meet the standards established by the state highways and transportation commission pursuant to sections 302.133 to 302.137. The completion of a driver-improvement program or a motorcycle-rider training course shall not be accepted in lieu of points more than one time in any thirty-six-month period and shall be completed within sixty days of the date of conviction in order to be accepted in lieu of the assessment of points. Every court having jurisdiction pursuant to the provisions of this subsection shall, within fifteen days after completion of the driver-improvement program or motorcycle-rider training course by an operator, forward a record of the completion to the director, all other provisions of the law to the contrary notwithstanding. The director shall establish procedures for record keeping and the administration of this subsection."; and

Further amend said bill, page 37, section 304.820, line 71, by inserting immediately after all of said line the following:

"304.890. As used in sections 304.890 to 304.894, the following terms shall mean:

(1) "Active emergency", any incident occurring on a highway, as the term "highway" is defined in section 302.010, that requires emergency services from any emergency responder;

(2) "Active emergency zone", any area upon or around any highway, which is visibly marked by emergency responders performing work for the purpose of emergency response, and where an active emergency, or incident removal, is temporarily occurring. This area includes the lanes of highway leading up to an active emergency or incident removal, beginning within three hundred feet of visual sighting of:

(a) Appropriate signs or traffic control devices posted or placed by emergency responders; or

(b) An emergency vehicle displaying active emergency lights or signals;

(3) "Emergency responder", any law enforcement officer, paid or volunteer firefighter, first responder, emergency medical worker, tow truck operator, or other emergency personnel responding to an emergency on a highway.

304.892. 1. Upon the first conviction, finding of guilt, or plea of guilty by any person for a moving violation, as the term "moving violation" is defined in section 302.010, or any offense listed in section 302.302, other than a violation described in subsection 2 of this section, when the violation or offense occurs within an active emergency zone, the court shall assess a fine of thirty-five dollars in addition to any other fine authorized by law. Upon a second or subsequent conviction, finding of guilt, or plea of guilty, the court shall assess a fine of seventy-five dollars in addition to any other fine authorized by law.

2. Upon the first conviction, finding of guilt, or plea of guilty by any person for a speeding violation under either section 304.009 or 304.010, or a passing violation under subsection 3 of this section, when the violation or offense occurs within an active emergency zone and emergency

responders were present in such zone at the time of the offense or violation, the court shall assess a fine of two hundred fifty dollars in addition to any other fine authorized by law. Upon a second or subsequent conviction, finding of guilt, or plea of guilty, the court shall assess a fine of three hundred dollars in addition to any other fine authorized by law. However, no person assessed an additional fine under this subsection shall also be assessed an additional fine under subsection 1 of this section.

3. The driver of a motor vehicle shall not overtake or pass another motor vehicle within an active emergency zone. Violation of this subsection is a class C misdemeanor.

4. The additional fines imposed by this section shall not be construed to enhance the assessment of court costs or the assessment of points under section 302.302.

304.894. 1. A person commits the offense of endangerment of an emergency responder for any of the following offenses when the offense occurs within an active emergency zone:

(1) Exceeding the posted speed limit by fifteen miles per hour or more;

(2) Passing in violation of subsection 3 of section 304.892;

(3) Failure to stop for an active emergency zone flagman or emergency responder, or failure to obey traffic control devices erected, or personnel posted, in the active emergency zone for purposes of controlling the flow of motor vehicles through the zone;

(4) Driving through or around an active emergency zone via any lane not clearly designated for motorists to control the flow of traffic through or around the active emergency zone;

(5) Physically assaulting, attempting to assault, or threatening to assault an emergency responder with a motor vehicle or other instrument; or

(6) Intentionally striking, moving, or altering barrels, barriers, signs, or other devices erected to control the flow of traffic to protect emergency responders and motorists unless the action was necessary to avoid an obstacle, an emergency, or to protect the health and safety of an occupant of the motor vehicle or of another person.

2. Upon a finding of guilt or a plea of guilty for committing the offense of endangerment of an emergency responder under subsection 1 of this section, if no injury or death to an emergency responder resulted from the offense, the court shall assess a fine of not more than one thousand dollars, and four points shall be assessed to the operator's license pursuant to section 302.302 upon conviction.

3. A person commits the offense of aggravated endangerment of an emergency responder upon a finding of guilt or a plea of guilty for any offense under subsection 1 of this section when such offense results in the injury or death of an emergency responder. Upon a finding of guilt or a plea of guilty for committing the offense of aggravated endangerment of an emergency responder, in addition to any other penalty authorized by law, the court shall assess a fine of not more than five thousand dollars if the offense resulted in injury to an emergency responder, and ten thousand dollars if the offense resulted in the death of an emergency responder. In addition, twelve points shall be assessed to the operator's license pursuant to section 302.302 upon conviction.

4. Except for the offense established under subdivision (6) of subsection 1 of this section, no person shall be deemed to have committed the offense of endangerment of an emergency responder except when the act or omission constituting the offense occurred when one or more emergency responders

were responding to an active emergency.

5. No person shall be cited for, or found guilty of, endangerment of an emergency responder or aggravated endangerment of an emergency responder, for any act or omission otherwise constituting an offense under subsection 1 of this section, if such act or omission resulted in whole or in part from mechanical failure of the person's vehicle, or from the negligence of another person or emergency responder.”; and

Further amend the title and enacting clause accordingly.

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

Senator Kraus assumed the Chair.

Senator Pearce offered SA 6:

SENATE AMENDMENT NO. 6

Amend Senate Committee Substitute for House Bill No. 103, Page 2, Section A, Line 15, by inserting immediately thereafter the following:

“37.005. 1. Except as provided herein, the office of administration shall be continued as set forth in house bill 384, seventy-sixth general assembly and shall be considered as a department within the meaning used in the Omnibus State Reorganization Act of 1974. The commissioner of administration shall appoint directors of all major divisions within the office of administration.

2. The commissioner of administration shall be a member of the governmental emergency fund committee as ex officio comptroller and the director of the department of revenue shall be a member in place of the chief of the planning and construction division.

3. The office of administration is designated the “Missouri State Agency for Surplus Property” as required by Public Law 152, eighty-first Congress as amended, and related laws for disposal of surplus federal property. All the powers, duties and functions vested by sections 37.075 and 37.080, and others, are transferred by type I transfer to the office of administration as well as all property and personnel related to the duties. The commissioner shall integrate the program of disposal of federal surplus property with the processes of disposal of state surplus property to provide economical and improved service to state and local agencies of government. The governor shall fix the amount of bond required by section 37.080. All employees transferred shall be covered by the provisions of chapter 36 and the Omnibus State Reorganization Act of 1974.

4. The commissioner of administration shall replace the director of revenue as a member of the board of fund commissioners and assume all duties and responsibilities assigned to the director of revenue by sections 33.300 to 33.540 relating to duties as a member of the board and matters relating to bonds and bond coupons.

5. All the powers, duties and functions of the administrative services section, section 33.580 and others, are transferred by a type I transfer to the office of administration and the administrative services section is abolished.

6. The commissioner of administration shall, in addition to his or her other duties, cause to be prepared a comprehensive plan of the state's field operations, buildings owned or rented and the communications systems of state agencies. Such a plan shall place priority on improved availability of services throughout

the state, consolidation of space occupancy and economy in operations.

7. The commissioner of administration shall from time to time examine the space needs of the agencies of state government and space available and shall, with the approval of the board of public buildings, assign and reassign space in property owned, leased or otherwise controlled by the state. Any other law to the contrary notwithstanding, upon a determination by the commissioner that all or part of any property is in excess of the needs of any state agency, the commissioner may lease such property to a private or government entity. Any revenue received from the lease of such property shall be deposited into the fund or funds from which moneys for rent, operations or purchase have been appropriated. The commissioner shall establish by rule the procedures for leasing excess property.

8. The commissioner of administration is hereby authorized to coordinate and control the acquisition and use of electronic data processing (EDP) and automatic data processing (ADP) in the executive branch of state government. For this purpose, the office of administration will have authority to:

(1) Develop and implement a long-range computer facilities plan for the use of EDP and ADP in Missouri state government. Such plan may cover, but is not limited to, operational standards, standards for the establishment, function and management of service centers, coordination of the data processing education, and planning standards for application development and implementation;

(2) Approve all additions and deletions of EDP and ADP hardware, software, and support services, and service centers;

(3) Establish standards for the development of annual data processing application plans for each of the service centers. These standards shall include review of post-implementation audits. These annual plans shall be on file in the office of administration and shall be the basis for equipment approval requests;

(4) Review of all state EDP and ADP applications to assure conformance with the state information systems plan, and the information systems plans of state agencies and service centers;

(5) Establish procurement procedures for EDP and ADP hardware, software, and support service;

(6) Establish a charging system to be used by all service centers when performing work for any agency;

(7) Establish procedures for the receipt of service center charges and payments for operation of the service centers. The commissioner shall maintain a complete inventory of all state-owned or -leased EDP and ADP equipment, and annually submit a report to the general assembly which shall include starting and ending EDP and ADP costs for the fiscal year previously ended, and the reasons for major increases or variances between starting and ending costs. The commissioner shall also adopt, after public hearing, rules and regulations designed to protect the rights of privacy of the citizens of this state and the confidentiality of information contained in computer tapes or other storage devices to the maximum extent possible consistent with the efficient operation of the office of administration and contracting state agencies.

9. Except as provided in subsection 12 of this section, the fee title to all real property now owned or hereafter acquired by the state of Missouri, or any department, division, commission, board or agency of state government, other than real property owned or possessed by the state highways and transportation commission, conservation commission, state department of natural resources, and the University of Missouri, shall on May 2, 1974, vest in the governor. The governor may not convey or otherwise transfer the title to such real property, unless such conveyance or transfer is first authorized by an act of the general assembly. The provisions of this subsection requiring authorization of a conveyance or transfer by an act

of the general assembly shall not, however, apply to the granting or conveyance of an easement to any rural electric cooperative as defined in chapter 394, municipal corporation, quasi-governmental corporation owning or operating a public utility, or a public utility, except railroads, as defined in chapter 386. The governor, with the approval of the board of public buildings, may, upon the request of any state department, agency, board or commission not otherwise being empowered to make its own transfer or conveyance of any land belonging to the state of Missouri which is under the control and custody of such department, agency, board or commission, grant or convey without further legislative action, for such consideration as may be agreed upon, easements across, over, upon or under any such state land to any rural electric cooperative, as governed in chapter 394, municipal corporation, or quasi-governmental corporation owning or operating a public utility, or a public utility, except railroad, as defined in chapter 386. The easement shall be for the purpose of promoting the general health, welfare and safety of the public and shall include the right of ingress or egress for the purpose of constructing, maintaining or removing any pipeline, power line, sewer or other similar public utility installation or any equipment or appurtenances necessary to the operation thereof, except that railroad as defined in chapter 386 shall not be included in the provisions of this subsection unless such conveyance or transfer is first authorized by an act of the general assembly. The easement shall be for such consideration as may be agreed upon by the parties and approved by the board of public buildings. The attorney general shall approve the form of the instrument of conveyance. The commissioner of administration shall prepare management plans for such properties in the manner set out in subsection 7 of this section.

10. The commissioner of administration shall administer a revolving "Administrative Trust Fund" which shall be established by the state treasurer which shall be funded annually by appropriation and which shall contain moneys transferred or paid to the office of administration in return for goods and services provided by the office of administration to any governmental entity or to the public. The state treasurer shall be the custodian of the fund, and shall approve disbursements from the fund for the purchase of goods or services at the request of the commissioner of administration or the commissioner's designee. The provisions of section 33.080 notwithstanding, moneys in the fund shall not lapse, unless and then only to the extent to which the unencumbered balance at the close of any fiscal year exceeds one-eighth of the total amount appropriated, paid, or transferred to the fund during such fiscal year, and upon approval of the oversight division of the joint committee on legislative research. The commissioner shall prepare an annual report of all receipts and expenditures from the fund.

11. All the powers, duties and functions of the department of community affairs relating to statewide planning are transferred by type I transfer to the office of administration.

12. The titles which are vested in the governor by or pursuant to this section to real property assigned to any of the educational institutions referred to in section 174.020 on June 15, 1983, are hereby transferred to and vested in the board of regents of the respective educational institutions, and the titles to real property and other interests therein hereafter acquired by or for the use of any such educational institution, notwithstanding provisions of this section, shall vest in the board of regents of the educational institution. The board of regents may not convey or otherwise transfer the title to or other interest in such real property unless the conveyance or transfer is first authorized by an act of the general assembly, except as provided in section 174.042, and except that the board of regents may grant easements over, in and under such real property without further legislative action.

13. Notwithstanding any provision of subsection 12 of this section to the contrary, the board of governors of Missouri Western State University, University of Central Missouri, Missouri State University,

or Missouri Southern State University, or the board of regents of Southeast Missouri State University, Northwest Missouri State University, or Harris-Stowe State University, or the board of curators of Lincoln University may convey or otherwise transfer for fair market value, except in fee simple, the title to or other interest in such real property without authorization by an act of the general assembly. [The provisions of this subsection shall expire August 28, 2017.]

14. All county sports complex authorities, and any sports complex authority located in a city not within a county, in existence on August 13, 1986, and organized under the provisions of sections 64.920 to 64.950, are assigned to the office of administration, but such authorities shall not be subject to the provisions of subdivision (4) of subsection 6 of section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo, as amended.

15. All powers, duties, and functions vested in the administrative hearing commission, sections 621.015 to 621.205 and others, are transferred to the office of administration by a type III transfer.” ; and

Further amend said bill, page 57, Section B, line 3, by inserting after the word “recalls” the following: “, and the importance of allowing higher education institutions to provide responses to potential property lessors in a timely manner”, and further amend line 4 by inserting after the word “section” the following: “37.005 and”, and further amend line 7 by inserting after the word “section” the following: “37.005 and”; and

Further amend the title and enacting clause accordingly.

Senator Pearce moved that the above amendment be adopted.

Senator Munzlinger raised the point of order that **SA 6** is out of order as it goes beyond the scope of the underlying legislation.

The point of order was referred to the President Pro Tem who ruled it well taken.

Senator Munzlinger moved that **SCS** for **HB 103**, as amended, be adopted, which motion prevailed.

Senator Munzlinger moved that **SCS** for **HB 103**, as amended, be read the 3rd time and finally passed and was recognized to close.

President Pro Tem Dempsey referred **SCS** for **HB 103**, as amended, to the Committee on Governmental Accountability and Fiscal Oversight.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted the Conference Committee Report on **HCS** for **SB 23**, as amended, and has taken up and passed **CCS** for **HCS** for **SB 23**.

Emergency clause adopted.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted the Conference Committee Report on **SCS** for **SB 106**, as amended, and has taken up and passed **CCS** for **SCS** for **SB 106**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted the Conference Committee Report on **HCS** for **SCS** for **SB 117**, as amended, and has taken up and passed **CCS** for **HCS** for **SCS** for **SB 117**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted the Conference Committee Report on **HCS** for **SS** for **SB 34**, as amended, and has taken up and passed **CCS** for **HCS** for **SS** for **SB 34**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to concur in **SA 2** and **SA 3** to **HCS** for **HBs 256, 33** and **305** and request the Senate to recede from its position and failing to do so grant the House a conference thereon.

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

RECESS

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

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HA 1** to **SB 77** and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS**, as amended, for **SB 57** and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS**, as amended, for **SCS** for **SB 42** and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS**, as amended, for **SB 90** and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HA 1, HA 2, HA 3, HA 4, HA 5** and **HA 6** to **SCS** for **SB 33** and

grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HA 1** to **SB 327** and request the Senate grant the House a conference on **SB 327**, as amended.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SB 41** and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SS** for **SCS** for **SB 129**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to adopt **SS**, as amended, for **HCS** for **HB 199** and requests the Senate to recede from its position and failing to do so grant the House a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has concurred in **SA 2** to **HB 400** and has taken up and passed **HB 400**, as amended.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 90**, as amended: Representatives Dugger, Hough, and Swearingen.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **HCS** for **SCS** for **SB 42**, as amended: Representatives Jones (50), Houghton, and Colona.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 57**, as amended: Representatives: Engler, Keeney, and Roorda.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **HA 1** to **SB 77**: Representatives: Allen, Flanigan, and Colona.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 57**, as amended: Representatives: Engler, Keeney, and Roorda.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following committee to act with a like committee from the Senate on **HA 1, HA 2, HA 3, HA 4, HA 5** and **HA 6** to **SCS** for **SB 33**: Representatives: Grisamore, Neely, and Newman.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House conferees on **HCS** for **SS** for **SB 262**, as amended, are allowed to exceed the differences.

Senator Schmitt assumed the Chair.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **SCS** for **SB 33**, as amended: Senators Lamping, Sater, Schaaf, Chappelle-Nadal and LeVota.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 41**, as amended: Senators Munzlinger, Schaefer, Lager, Sifton and Keaveny.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **HCS** for **SCS** for **SB 42**, as amended: Senators Munzlinger, Parson, Kraus, Chappelle-Nadal and LeVota.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 57**, as amended: Senators Romine, Richard, Libla, McKenna and Sifton.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **SB 77**, as amended: Senators Lamping, Brown, Emery, Justus and Sifton.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 90**, as amended: Senators McKenna, Wasson, Kraus, Silvey and LeVota.

PRIVILEGED MOTIONS

Senator Wasson moved that the Senate request the House to grant further conference on **HCS** for **SB 330**, as amended, which motion prevailed.

Senator Munzlinger, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 43**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 43

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 43, with

House Amendment Nos. 1, 2, 3, 4, and 5, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 43, as amended;
2. That the Senate recede from its position on Senate Bill No. 43;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 43 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Brian Munzlinger

/s/ Kurt Schaefer

/s/ Mike Kehoe

/s/ Jason Holsman

/s/ Ryan McKenna

FOR THE HOUSE:

/s/ Glen Kolkmeyer

/s/ Dave Schatz

/s/ Ed Schieffer

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

YEAS—Senators

Brown	Chappelle-Nadal	Curls	Dempsey	Dixon	Holsman	Justus	Keaveny
Kehoe	Kraus	Lager	Lamping	LeVota	Libla	McKenna	Munzlinger
Nasheed	Nieves	Parson	Pearce	Richard	Romine	Sater	Schaaf
Schaefer	Sifton	Silvey	Wallingford	Walsh	Wasson—30		

NAYS—Senators

Cunningham	Emery	Schmitt—3
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Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

On motion of Senator Munzlinger, **CCS** for **HCS** for **SB 43**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 43

An Act to repeal sections 302.302, 302.700, 302.720, 302.735, 302.740, 302.755, 304.180, 304.820, 476.385, 577.041, RSMo, section 302.060 as enacted by conference committee substitute for senate substitute for senate committee substitute for house committee substitute for house bill no. 1402, ninety-sixth general assembly, second regular session, merged with conference committee substitute for house committee substitute no. 2 for senate committee substitute for senate bill no. 480, ninety-sixth general assembly, second regular session, section 302.060 as enacted by conference committee substitute for senate substitute for senate committee substitute for house committee substitute for house bill no. 1402, ninety-sixth general assembly, second regular session, section 302.304 as enacted by conference committee

substitute for house committee substitute no. 2 for senate committee substitute for senate bill no. 480, ninety-sixth general assembly, second regular session, section 302.304 as enacted by conference committee substitute for house committee substitute for senate committee substitute for senate bills nos. 930 & 947, ninety-fourth general assembly, second regular session, section 302.309 as enacted by conference committee substitute for senate substitute for senate committee substitute for house committee substitute for house bill no. 1402, ninety-sixth general assembly, second regular session, section 302.309 as enacted by conference committee substitute for house committee substitute no. 2 for senate committee substitute for senate bill no. 480, ninety-sixth general assembly, second regular session, section 302.525 as enacted by conference committee substitute for house committee substitute no. 2 for senate committee substitute for senate bill no. 480, ninety-sixth general assembly, second regular session, and section 302.525 as enacted by conference committee substitute for house committee substitute for senate committee substitute for senate bills nos. 930 & 947, ninety-fourth general assembly, second regular session, and to enact in lieu thereof nineteen new sections relating to transportation, with penalty provisions, an emergency clause for certain sections and an effective date for certain sections.

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

YEAS—Senators

Brown	Chappelle-Nadal	Curls	Dempsey	Dixon	Holsman	Justus	Keaveny
Kehoe	Kraus	Lager	Lamping	LeVota	Libla	McKenna	Munzlinger
Nasheed	Parson	Pearce	Richard	Romine	Sater	Schaaf	Schaefer
Sifton	Silvey	Wallingford	Walsh	Wasson—29			

NAYS—Senators

Cunningham	Emery	Nieves	Schmitt—4
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Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Curls	Dempsey	Dixon	Holsman	Justus	Keaveny
Kehoe	Kraus	Lager	Lamping	LeVota	Libla	McKenna	Munzlinger
Nasheed	Parson	Pearce	Richard	Romine	Sater	Schaaf	Schaefer
Sifton	Silvey	Wallingford	Walsh	Wasson—29			

NAYS—Senators

Cunningham	Emery	Nieves	Schmitt—4
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Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

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

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

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

Senator Kehoe moved that the Senate refuse to recede from its position on **SA 2** and **SA 3** to **HCS** for **HBs 256, 33** and **305** and grant the House a conference thereon, which motion prevailed.

Senator Munzlinger moved that the Senate conferees be allowed to exceed the differences on **HA 5** to **HCS** for **SCS** for **SB 17**, as amended, which motion prevailed.

Senator Lamping moved that the Senate refuse to recede from its position on **SS** for **HCS** for **HB 199**, as amended, and grant the House a conference thereon, which motion prevailed.

Senator Pearce moved that the Senate refuse to concur in **HCS** for **SB 161**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Dixon moved that the Senate grant the House a conference on **SB 327**, as amended, which motion prevailed.

Senator Romine moved that **SB 58**, with **HA 1** and **HA 2**, be taken up for 3rd reading and final passage, which motion prevailed.

HA 1 was taken up.

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

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Kraus	Lager	Lamping	LeVota	Libla
McKenna	Munzlinger	Nasheed	Parson	Pearce	Richard	Romine	Sater
Schaaf	Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh	Wasson—32

NAYS—Senator Nieves—1

Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

HA 2 was taken up.

Senator Schaaf raised the point of order that **HA 2** is out of order as it goes beyond the subject matter of the bill.

The point of order was referred to the President Pro Tem who ruled it not well taken.

Senator Romine moved that the above amendment be adopted, which motion prevailed by the following

vote:

YEAS—Senators

Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Holsman	Justus	Keaveny
Kehoe	Kraus	Lager	Lamping	LeVota	Libla	McKenna	Munzlinger
Nasheed	Nieves	Parson	Pearce	Richard	Romine	Sater	Schaefer
Schmitt	Sifton	Silvey	Wallingford	Walsh	Wasson—30		

NAYS—Senators

Brown	Emery	Schaaf—3
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Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

On motion of Senator Romine, **SB 58**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dempsey	Dixon	Emery	Holsman
Justus	Keaveny	Kehoe	Lager	Lamping	LeVota	Libla	McKenna
Munzlinger	Nasheed	Parson	Pearce	Richard	Romine	Sater	Schaaf
Schaefer	Schmitt	Sifton	Silvey	Wallingford	Walsh	Wasson—31	

NAYS—Senators

Kraus	Nieves—2
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Absent—Senators—None

Absent with leave—Senator Rupp—1

Vacancies—None

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

HOUSE BILLS ON THIRD READING

HB 409, introduced by Representatives Love and Remole, entitled:

An Act to repeal sections 290.210 and 290.262, RSMo, and to enact in lieu thereof two new sections

relating to prevailing wages.

Was called from the Informal Calendar and taken up by Senator Parson.

Senator Kehoe assumed the Chair.

Senator Parson offered **SS** for **HB 409**, entitled:

SENATE SUBSTITUTE FOR
HOUSE BILL NO. 409

An Act to repeal section 290.210, RSMo, and to enact in lieu thereof one new section relating to prevailing wage.

Senator Parson moved that **SS** for **HB 409** be adopted.

At the request of Senator Parson, **HB 409**, with **SS** (pending), was placed on the Informal Calendar.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **SB 327**, as amended: Senators Dixon, Romine, Wasson, Justus and Keaveny.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **SS** for **HCS** for **HB 199**, as amended: Senators Lamping, Richard, Kehoe, Holsman and Sifton.

President Pro Tem Dempsey appointed the following conference committee to act with a like committee from the House on **HCS** for **HBs 256, 33 and 305**, as amended: Senators Kehoe, Munzlinger, Wasson, Justus and Keaveny.

MESSAGES FROM THE GOVERNOR

The following messages were received from the Governor, reading of which was waived:

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102
May 10, 2013

TO THE SECRETARY OF THE SENATE
97TH GENERAL ASSEMBLY
FIRST REGULAR SESSION
STATE OF MISSOURI:

Herewith I return to you Senate Bill No. 16 entitled:

AN ACT

To amend chapter 262, RSMo, by adding thereto one new section relating to children performing agriculture work.
On May 10, 2013, I approved said Senate Bill No. 16.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

Also,

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102
May 10, 2013

TO THE SECRETARY OF THE SENATE
97TH GENERAL ASSEMBLY
FIRST REGULAR SESSION
STATE OF MISSOURI:

Herewith I return to you Senate Bill No. 329 entitled:

AN ACT

To repeal section 196.311, RSMo, and to enact in lieu thereof one new section relating to eggs.

On May 10, 2013, I approved said Senate Bill No. 329.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

RESOLUTIONS

Senator Lamping offered Senate Resolution No. 988, regarding Nicholas Wray Diekroeger, Chesterfield, which was adopted.

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

SENATE CALENDAR

SIXTY-SEVENTH DAY—TUESDAY, MAY 14, 2013

FORMAL CALENDAR

VETOED BILLS

HCS for SCS for SB 182-Kehoe, et al

HOUSE BILLS ON SECOND READING

HCS#2 for HJR 14

SENATE BILLS FOR PERFECTION

SB 375-Nieves, with SCS

SB 52-Munzlinger and Romine, with SCS

HOUSE BILLS ON THIRD READING

HCS for HB 473 (Lager)
(In Fiscal Oversight)

HCS for HB 215, with SCS (Dixon)
(In Fiscal Oversight)

HCS for HJR 5 & 12, with SCS (Kraus)
(In Fiscal Oversight)
HCS for HBs 48 & 216 (Kraus)
(In Fiscal Oversight)
HJR 16-McCaherty, et al, with SCS
(Schaaf) (In Fiscal Oversight)

HCS for HB 320 (Lager) (In Fiscal
Oversight)
HCS for HB 114 (Brown) (In Fiscal
Oversight)
HCS for HB 349 (Kehoe) (In Fiscal
Oversight)

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 3-Rupp, with SA 1 (pending)
SB 13-Schaefer, with SCS
SB 21-Dixon
SB 22-Dixon
SB 30-Brown, with SCS
SB 48-Lamping
SB 53-Lamping
SB 61-Keaveny, with SCA 1 (pending)
SB 65-Dixon, with SCS
SB 78-Lamping, with SCS, SS for SCS &
SA 1 (pending)
SB 82-Schaefer, with SCS
SB 109-Brown, with SCS
SB 133-Keaveny and Holsman, with SCS &
SA 1 (pending)
SB 141-Dempsey
SB 167-Sater and Wallingford, with SCS
SB 174-Parson, with SCS
SB 175-Wallingford
SB 207-Kehoe, et al, with SCS
SB 231-Munzlinger, with SA 1 (pending)
SB 239-Emery, with SCS & SA 2 (pending)
SB 250-Schaaf, with SCS
SB 259-Schaaf, with SCS

SB 272-Nieves, with SA 2 (pending)
SB 285-Romine
SB 291-Rupp
SB 292-Rupp
SB 308-Schaaf
SB 315-Pearce
SB 325-Nieves
SB 339-Romine
SB 343-Parson
SB 364-Parson
SB 371-Munzlinger, with SCS
SB 377-Dixon
SB 383-Wallingford
SB 396-Holsman and Chappelle-Nadal,
with SCS
SB 403-Rupp, with SCS
SB 410-Kehoe
SB 419-Lager, with SCS
SB 423-Nasheed
SB 441-Dempsey
SB 448-Schmitt and Keaveny
SB 455-Nieves, with SCS
SJR 2-Lager

HOUSE BILLS ON THIRD READING

HB 53-Gatschenberger (Rupp)
HB 55-Flanigan and Allen, with SCS
(Schaefer)
HB 85-Kelley (127), et al (Dixon)

SCS for HB 103-Kelley (127), et al
(Munzlinger) (In Fiscal Oversight)
HCS for HB 110, with SCS (Kraus)
HB 112-Burlison, with SA 2 (pending) (Brown)

HB 116-Dugger, with SCS, SS for SCS & SA 2 (pending) (Dixon)
 HCS for HB 117, with SCS (Wasson)
 HCS for HB 128 (Kraus)
 HCS for HB 134, with SCS (Schmitt)
 HB 142-Dugger, with SCS (Walsh)
 HB 148-Davis, et al, with SCS (Brown)
 HCS for HB 168 (Kraus)
 HCS for HB 175, with SCS (Parson)
 HB 184-Cox, et al (Parson)
 HCS for HB 194 (Parson)
 HB 196-Lauer, et al, with SCS, SA 1 & point of order (pending) (Romine)
 HB 274-Brattin, et al, with SCS (Brown)
 HB 278-Brattin, et al (Emery)
 HCS for HB 345, with SCS (Lager)
 HB 346-Molendorp (Wasson)
 SS for SCS for HCS for HBs 374 & 434 (Dixon) (In Fiscal Oversight)

HCS for HBs 404 & 614, with SCS & SS for SCS (pending) (Kehoe)
 HB 409-Love and Remole, with SS (pending) (Parson)
 HCS for HB 418 (Silvey)
 HB 428-Schatz, with SCS (Wasson)
 HB 432-Funderburk, et al, with SCS & SA 1 (pending) (Lager)
 HCS for HB 440, with SCS (Munzlinger)
 HB 450-Carpenter, et al, with SCS (Silvey)
 HCS for HB 457, with SCS (Rupp)
 HB 510-Torpey and Wieland (Sifton)
 HB 533-Riddle, et al, with SCS (Munzlinger)
 HCS for HBs 593 & 695 (Schaaf)
 HCS for HB 611, with SCS (Kraus)
 HB 625-Burlison, with SCS (Wasson)
 HB 650-Ross, et al, with SCS (Munzlinger)
 HCS for HB 722, with SCS (Lamping)

SENATE BILLS WITH HOUSE AMENDMENTS

SS#2 for SCS for SBs 26, 11 & 31-Kraus, with HCS, as amended
 SS for SCS for SB 114-Schmitt, with HA 1, as amended

SB 127-Sater, with HCS, as amended
 SB 205-Sater, with HCS
 SCS for SB 229-Brown, with HCS

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SS#2 for SCS for SB 1-Rupp, with HCS, as amended
 SCS for SB 9-Pearce, with HCS, as amended
 SCS for SB 17-Munzlinger and Romine, with HCS, as amended
 SCS for SB 33-Lamping, with HA 1, HA 2, HA 3, HA 4, HA 5 & HA 6
 SCS for SB 36-Wallingford and Sifton, with HA 1
 SB 41-Munzlinger, with HCS, as amended

SCS for SB 42-Munzlinger, with HCS, as amended
 SB 43-Munzlinger, with HCS, as amended (Senate adopted CCR and passed CCS)
 SB 57-Romine, with HCS, as amended
 SB 77-Lamping, with HA 1
 SB 90-McKenna, with HCS, as amended
 SCS for SB 157 & SB 102-Sater, with HCS, as amended
 SS for SB 262-Curls, with HCS, as amended

SB 327-Dixon, with HA 1
SB 330-Wasson, with HCS, as amended
(Senate requests further conference)
HCS for HB 199, with SS, as amended (Lamping)
HCS for HBs 256, 33 & 305, with SA 2 & SA 3
(Kehoe)
HB 307-Riddle, et al, with SS for SCS,
as amended (Schmitt)

HCS#2 for HB 698, with SCS, as amended
(Schmitt)
HCS for HB 1035, with SCS, as amended
(Schmitt)
HCS for HJRs 11 & 7, with SS, as amended
(Parson) (Further conference
granted)

Requests to Recede or Grant Conference

SCS for SB 45-Dixon, with HCS, as
amended (Senate requests House
recede or grant conference)
SB 161-Pearce, with HCS, as amended
(Senate requests House recede or
grant conference)

SCS for SB 248-Wasson, with HA 1 & HA 2
(Senate requests House recede or
grant conference)

RESOLUTIONS

Reported from Committee

HCR 16-Walton Gray, et al
(Chappelle-Nadal)

HCR 25-Allen (Sifton)

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