

Journal of the Senate

SECOND REGULAR SESSION

FIFTY-EIGHTH DAY—TUESDAY, APRIL 26, 2016

The Senate met pursuant to adjournment.

President Kinder in the Chair.

Reverend Carl Gauck offered the following prayer:

“Let them praise the name of the Lord, whose name only is exalted..” (Psalm 148:13a)

Gracious God, we know that unity among Your people is important to You and desired by us. We know that with Your help we can keep disagreements from dividing us from accomplishing what You urge for us to complete. Give us the grace to work through any disagreements with love and understanding that exalts Your name. In Your Holy Name we pray. Amen.

The Pledge of Allegiance to the Flag was recited.

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

The Journal of the previous day was read and approved.

Senator Kehoe announced photographers from The Missouri Times and MissouriNet were given permission to take pictures in the Senate Chamber.

Senator Kehoe requested unanimous consent of the Senate to allow members from the High Hill Police Department; the Jonesburg Police Department; the Wellsville Police Department; the Warren County Sheriff’s Department; the Gasconade County Sheriff’s Department; the Hermann Police Department; the Missouri Department of Conservation; the New Florence Police Department; the Montgomery County Sheriff’s Department; the Montgomery City Police Department; the East Central Drug Task Force; the Missouri State Highway Patrol; the Federal Bureau of Investigation (FBI); and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to enter the Chamber with side arms, which request was granted.

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

Present—Senators

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

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

The Lieutenant Governor was present.

REFERRALS

President Pro Tem Richard referred **SB 884** to the Committee on Governmental Accountability and Fiscal Oversight.

RESOLUTIONS

Senator Pearce offered the following resolution:

SENATE RESOLUTION NO. 2062

Whereas, the F-35A Lightning II is the Air Force's newest generation fighter that represents an enduring, long-term mission for the Air Force; and

Whereas, the United States Air Force announced in April 2016 it will be considering where to locate its first Air Force Reserve F-35A Lightning II mission; and

Whereas, the Air Force announced it will consider four locations — Davis-Monthan AFB, Arizona; Homestead Air Reserve Base, Florida; Naval Air Station Joint Reserve Base, Fort Worth, Texas; and Whiteman AFB, Missouri — as candidates to host the Air Force Reserve F-35A; and

Whereas, the Air Force expects to select the preferred and reasonable alternatives in the Fall of 2016 with aircraft slated to begin arriving at the first location by the summer of 2023; and

Whereas, the 442nd Air Force Reserve Fighter Wing currently operates the A-10 close air support fighter aircraft and has served numerous deployments with the utmost distinction and dedication; and

Whereas, 2023 is when the Air Force Reserve is planning to first operate the F-35 which extends well beyond the planned mission conversion from the currently operated A-10 Thunderbolt; and

Whereas, the State of Missouri is committed to ensuring that the incredible men and women of the 442nd Air Force Reserve Fighter Wing have an enduring mission; and

Whereas, the State of Missouri has shown its resolve and commitment to support the military's missions and personnel, having passed a series of military family support initiatives, personnel benefits and infrastructure improvements to support mission operations; and

Whereas, Missouri's Congressional Delegation are well positioned and work together effectively in bipartisan unison with the General Assembly on initiatives aimed at supporting the Department of Defense in the State of Missouri; and

Whereas, Whiteman Air Force Base has the capacity, low operating costs, lack of encroachment and would best support the execution of the F-35 mission; and

Whereas, Whiteman Air Force Base has access to unencumbered airspace, more than sufficient runway length, ramp space and future installation expansion capacity; and

Whereas, Whiteman Air Force Base's resident expertise in stealth technology and operations associated with the B-2 Stealth Bomber would create beneficial and unmatched synergies with the F-35 stealth fighter being located at Whiteman Air Force Base; and

Whereas, the State of Missouri and the surrounding Whiteman Air Force Base communities will remain supportive partners and committed to helping the Air Force assess Whiteman Air Force Base's strengths throughout this selection process; and

Now, Therefore, Be It Resolved that the members of the Missouri Senate, Ninety-eighth General Assembly, Second Regular Session, hereby urge the United States Air Force to consider strongly all of the benefits of basing and operating the F-35A Lightning II at the 442nd Air Force Reserve Fighter Wing at Whiteman Air Force Base ; and

Be It Further Resolved that the Secretary of the Missouri Senate be instructed to prepare properly inscribed copies of this resolution for the Chief of Staff of the United States Air Force and Chief of the Air Force Reserve.

PRIVILEGED MOTIONS

Senator Schaaf moved that **SB 579**, with **HA 1** and **HA 2**, be taken up for 3rd reading and final passage, which motion prevailed.

Senator Onder assumed the Chair.

President Kinder assumed the Chair.

HA 1 was taken up.

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

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

HA 2 was taken up.

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

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

On motion of Senator Schaaf, **SB 579**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

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

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

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

HOUSE BILLS ON THIRD READING

HB 2125, introduced by Representative Fitzwater, with **SCS**, entitled:

An Act to amend chapter 408, RSMo, by adding thereto four new sections relating to savings promotions programs.

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

SCS for **HB 2125**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 2125

An Act to repeal sections 209.600, 209.605, 209.610, and 209.630, RSMo, and to enact in lieu thereof eight new sections relating to savings programs.

Was taken up.

Senator Schmitt moved that **SCS** for **HB 2125** be adopted.

On motion of Senator Schmitt, **HB 2125**, with **SCS** was read the 3rd time and passed by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

The President declared the bill passed.

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

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

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

Senator Schmitt moved that the motion to reconsider the vote by which **HB 2125**, with **SCS** passed was laid on the table, which motion prevailed by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

Senator Schmitt moved that the vote by which the title to the bill was agreed to be reconsidered, which motion prevailed by the following vote:

YEAS—Senators

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

Schaaf	Schaefer	Schatz	Schmitt	Schupp	Sifton	Silvey
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

Senator Schmitt moved that the vote by which **HB 2125**, with **SCS** was read the third time and passed be reconsidered, which motion prevailed by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

At the request of Senator Schmitt, the motion for third reading and final passage was withdrawn.

SCS for **HB 2125** was again taken up.

Senator Schmitt moved that **SCS** for **HB 2125** be adopted.

Senator Silvey requested a roll call vote be taken and was joined in his request by Senators Hegeman, Holsman, Romine and Schmitt.

SCS for **HB 2125** was adopted by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

On motion of Senator Schmitt, **SCS** for **HB 2125** was read the 3rd time and passed by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—2

The President declared the bill passed.

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

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

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

Senator Munzlinger moved that **HB 1414**, with **SCS** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SCS for **HB 1414** was again taken up.

Senator Munzlinger moved that **SCS** for **HB 1414** be adopted.

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

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 1414, Page 3, Section 267.169, Line 10 by inserting at the end of said line the following: “**and**”; and further amend lines 11-12, by striking all of said lines, and further renumbering the remaining subdivision accordingly.

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

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

SENATE AMENDMENT NO. 2

Amend Senate Committee Substitute for House Bill No. 1414 Section 261.130, Page 3, line 68 by inserting at the end of said line the following:

“(4) The disclosure of information collected not in connection with a producer or owner’s voluntary participation in a government program.”

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

Senator Schaaf offered **SA 3**, which was read:

SENATE AMENDMENT NO. 3

Amend Senate Committee Substitute for House Bill No. 1414, Section 267.169, Page 4, line 23 by inserting immediately after the word “are” the following: **“or are”**.

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

Senator Munzlinger moved that **SCS** for **HB 1414**, as amended, be adopted, which motion prevailed.

On motion of Senator Munzlinger, **SCS** for **HB 1414**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Cunningham	Curls	Dixon	Emery	Hegeman	Holsman
Kehoe	Kraus	Libla	Munzlinger	Onder	Parson	Pearce
Richard	Riddle	Romine	Sater	Schaaf	Schaefer	Schatz
Schmitt	Wallingford	Wasson	Wieland—25			

NAYS—Senators

Keaveny	Nasheed	Schupp	Sifton	Silvey	Walsh—6
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Absent—Senator Chappelle-Nadal—1

Absent with leave—Senators—None

Vacancies—2

The President declared the bill passed.

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

REPORTS OF STANDING COMMITTEES

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

Mr. President: Your Committee on Governmental Accountability and Fiscal Oversight, to which were referred **HB 1568**; **HB 1745**, with **SCS**; **HB 1795**, with **SCS**; **SS** for **HCS** for **HB 1877**; **HCS** for **HB 1904**, with **SCS**; and **HCS** for **HB 2030**, with **SCS**, begs leave to report that it has considered the same and recommends that the bills do pass.

HOUSE BILLS ON THIRD READING

At the request of Senator Brown, **HB 1568** was placed on the Informal Calendar.

At the request of Senator Silvey, **HCS** for **HB 2030**, with **SCS**, was placed on the Informal Calendar.
HB 1795, with **SCS**, was placed on the Informal Calendar

At the request of Senator Wallingford, **HCS** for **HB 1904**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Schatz, **HB 1745**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Wallingford, **HCS** for **HB 1717**, was placed on the Informal Calendar.

HCS for **HB 1804**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Silvey, **HCS** for **HB 2689** was placed on the Informal Calendar.

At the request of Senator Pearce, **HCS** for **HBs 1780** and **1420** was placed on the Informal Calendar.

At the request of Senator Pearce, **HB 1678**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Walsh, **HCS** for **HBs 1434** and **1600**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Dixon, **HB 1472** was placed on the Informal Calendar.

At the request of Senator Romine, **HB 1479** was placed on the Informal Calendar.

HB 1682, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Cunningham, **HB 1721** was placed on the Informal Calendar.

At the request of Senator Romine, **HCS** for **HB 2397** was placed on the Informal Calendar.

At the request of Senator Dixon, **HCS** for **HB 2332**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Dixon, **HB 1936**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Keaveny, **HB 2590**, with **SCS**, was placed on the Informal Calendar.

HCS for **HB 1584**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HB 1530** was placed on the Informal Calendar.

At the request of Senator Wieland, **HB 1763** was placed on the Informal Calendar.

At the request of Senator Wieland, **HB 2257**, with **SCS**, was placed on the Informal Calendar.

HB 2429, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Kraus, **HB 1435** was placed on the Informal Calendar.

HCS for **HB 1850** was placed on the Informal Calendar.

HCS for **HB 1599**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Sater, **HB 2355** was placed on the Informal Calendar.

At the request of Senator Schatz, **HB 2230** was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HCS** for **HB 1976**, with **SCS**, was placed on the Informal Calendar.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 1561**, entitled:

An Act to repeal section 66.620, RSMo, and to enact in lieu thereof two new sections relating to local sales taxes.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

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 **SS** for **SB 621**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SS** for **SB 621**, as amended. Representatives: Barnes, Allen, Haefner, Kirkton, Kendrick.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Richard appointed the following conference committee to act with a like committee from the House on **HCS** for **SS** of **SB 621**, as amended: Senators Romine, Sater, Brown Walsh and Curls.

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

RECESS

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

HOUSE BILLS ON THIRD READING

Senator Sater moved that **HCS** for **HB 1550**, with **SCS** and **SS** for **SCS** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **SCS** for **HCS** for **HB 1550** was again taken up.

At the request of Senator Sater, **SS** for **SCS** for **HCS** for **HB 1550** was withdrawn.

Senator Sater offered **SS No. 2** for **SCS** for **HCS** for **HB 1550**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1550

An Act to repeal sections 452.310, 452.340, 452.375, 452.400, and 452.556, RSMo, and to enact in lieu thereof five new sections relating to child custody orders, with existing penalty provisions.

Senator Sater moved that **SS No. 2** for **SCS** for **HCS** for **HB 1550** be adopted.

Senator Brown offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Committee Substitute for House Bill No. 1550, Page 32, Section 452.556, Line 27 of said page, by inserting immediately after all of said line the following:

“454.849. The repeal of sections 454.850 to 454.999 shall become effective upon the [United States filing its instrument of ratification of The Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance, adopted at The Hague Conference on Private International Law on November 23, 2007] **effective date of this act.**

454.1728. Sections 454.1500 to 454.1728 shall become effective upon the [United States filing its instrument of ratification of The Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance, adopted at The Hague Conference on Private International Law on November 23, 2007] **effective date of this act.**

Section B. Because immediate action is necessary to prevent any loss of federal funding for the child support enforcement program, the repeal and reenactment of sections 454.849 and 454.1728 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 repeal and reenactment of sections 454.849 and 454.1728 of this act shall be in full force and effect upon its passage and approval.”; and

Further amend the title and enacting clause accordingly.

Under the provisions of Senate Rule 91, Senators Silvey and Sifton were excused from voting on the adoption of **SA 1**; adoption of **SS No. 2** for **SCS** for **HCS** for **HB 1550**; third reading of the bill; and the emergency clause.

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

Senator Sater moved that **SS No. 2** for **SCS** for **HCS** for **HB 1550**, as amended, be adopted, which motion prevailed.

On motion of Senator Sater, **SS No. 2** for **SCS** for **HCS** for **HB 1550**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed
Onder	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schmitt	Schupp	Wallingford	Walsh	Wasson	Wieland—28

NAYS—Senators—None

Absent—Senator Schatz—1

Absent with leave—Senator Parson—1

Excused from voting—Senators

Sifton Silvey—2

Vacancies—2

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed
Onder	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schmitt	Schupp	Wallingford	Walsh	Wasson	Wieland—28

NAYS—Senators—None

Absent—Senator Schatz—1

Absent with leave—Senator Parson—1

Excused from voting—Senators

Sifton Silvey—2

Vacancies—2

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

HB 1936, introduced by Representative Wilson, with **SCS**, entitled:

An Act to repeal section 57.111, RSMo, and to enact in lieu thereof one new section relating to the authority of sheriffs and deputy sheriffs to render assistance in other counties.

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

SCS for **HB 1936**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1936

An Act to repeal sections 57.111 and 610.100, RSMo, and to enact in lieu thereof two new sections relating to law enforcement officers.

Was taken up.

Senator Dixon moved that **SCS** for **HB 1936** be adopted.

Senator Dixon offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 1936, Page 1, Section 57.111, Line 10, by inserting immediately after said line the following:

“488.5026. 1. Upon approval of the governing body of a city, county, or a city not within a county, a surcharge of two dollars shall be assessed as costs in each court proceeding filed in any court in any city, county, or city not within a county adopting such a surcharge, in all criminal cases including violations of any county ordinance or any violation of criminal or traffic laws of the state, including an infraction and violation of a municipal ordinance; except that no such fee shall be collected in any proceeding in any court when the proceeding or the defendant has been dismissed by the court or when costs are to be paid by the state, county, or municipality. A surcharge of two dollars shall be assessed as costs in a juvenile court proceeding in which a child is found by the court to come within the applicable provisions of subdivision (3) of subsection 1 of section 211.031.

2. Notwithstanding any other provision of law, the moneys collected by clerks of the courts pursuant to the provisions of subsection 1 of this section shall be collected and disbursed in accordance with sections 488.010 to 488.020, and shall be payable to the treasurer of the governmental unit authorizing such surcharge.

3. The treasurer shall deposit funds generated by the surcharge into the “Inmate Prisoner Detainee Security Fund”. Funds deposited shall be utilized to acquire and develop biometric verification systems and information sharing to ensure that inmates, prisoners, or detainees in a holding cell facility or other detention facility or area which hold persons detained only for a shorter period of time after arrest or after being formally charged can be properly identified upon booking and tracked within the local law enforcement administration system, criminal justice administration system, or the local jail system. **The funds deposited in the inmate prisoner detainee security fund shall be used only to supplement the sheriff’s funding received from other county, state, or federal funds. The county commission shall not reduce any sheriff’s budget as a result of any funds received within the inmate prisoner detainee security fund.** Upon the installation of the information sharing or biometric verification system, funds in the inmate prisoner detainee security fund may also be used for the maintenance, repair, and replacement of the information sharing or biometric verification system, and also to pay for any expenses related to detention, custody, and housing and other expenses for inmates, prisoners, and detainees.”; and

Further amend the title and enacting clause accordingly.

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

Senator Nasheed offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Committee Substitute for House Bill No. 1936, Page 1, Section 57.111, Line 10, by inserting after all of said line the following:

“**590.198. 1. For purposes of this section, “body-worn camera” means an electronic device that is:**

(1) Capable of recording, or transmitting to be recorded remotely, video, and audio data; and

(2) Worn on the person of a peace officer, which includes being attached to the officer’s clothing or worn as glasses.

2. Subject to state appropriations sufficient to cover the costs necessary to comply with this section, each law enforcement agency in any city not within a county shall require its peace officers to wear a body-worn camera at all times while on duty and in uniform and to activate the camera to record, from beginning to end, all contacts with people in the performance of the peace officer's official duties.

3. Body-worn cameras shall be worn on the officer's chest or at eye level.

4. An officer shall inform any person who is being recorded by a body-worn camera when the person is being recorded unless doing so would be unsafe, impractical, or impossible.

5. An officer who fails to record an activity as required under this section shall be suspended without pay until an investigation into why the activity was not recorded in accordance with this section is completed.”; and

Further amend the title and enacting clause accordingly.

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

Senator Pearce assumed the Chair.

Senator Schaaf offered **SA 3**, which was read:

SENATE AMENDMENT NO. 3

Amend Senate Committee Substitute for House Bill No. 1936 Section 57.111, Page 1, Line 7, by striking the words “**his or her**” and inserting in lieu thereof the following: “**the sending**”; and further amend lines 9 and 10 of said page by striking said lines and inserting in lieu thereof the following: “reimbursement provisions provided to him or her as an employee of the sending sheriff's office.”

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

Senator Dixon moved that **SCS** for **HB 1936**, as amended, be adopted, which motion prevailed.

On motion of Senator Dixon, **SCS** for **HB 1936**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed
Onder	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—30					

NAYS—Senators—None

Absent—Senator Schatz—1

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

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

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

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

HB 1568, introduced by Representative Lynch, entitled:

An Act to amend chapters 195 and 338, RSMo, by adding thereto two new sections relating to dispensing opioid antagonist drugs.

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

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

SENATE AMENDMENT NO. 1

Amend House Bill No. 1568, Page 1, Section 195.206, Line 11, by striking “or pharmacy technician”; and further amend line 13, by striking “or pharmacy technician”.

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

Senator Keaveny offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend House Bill No. 1568, Page 1, In the Title, Line 3, of the title, by striking “dispensing opioid antagonist drugs” and inserting in lieu thereof the following: “products for the treatment of health conditions”; and

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

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

- (1) “Department”, the department of health and senior services;
- (2) “Hemp extract”, as such term is defined in section 195.207;
- (3) “Hemp extract registration card”, a card issued by the department under this section;
- (4) “Intractable epilepsy”, epilepsy that as determined by a neurologist does not respond to three or more treatment options overseen by the neurologist;
- (5) “Neurologist”, a physician who is licensed under chapter 334 and board certified in neurology;
- (6) “Parent”, a parent or legal guardian of a minor who is responsible for the minor’s medical care;
- (7) **“Physician”, a person who is a physician licensed by the state board of registration for the healing arts and practicing within this state and, by training or experience, is qualified to diagnose and treat a serious condition;**
- [(7)] (8) “Registrant”, an individual to whom the department issues a hemp extract registration card under this section;

(9) **“Serious condition”:**

(a) Cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity,

inflammatory bowel disease, neuropathies, Huntington's disease, post-traumatic stress disorder; or

(b) Any of the following conditions that is clinically associated with, or a complication of, a condition under this subdivision or its treatment: cachexia or wasting syndrome; severe or chronic pain; severe nausea; seizures; severe or persistent muscle spasms.

2. The department shall issue a hemp extract registration card to an individual who:

(1) Is eighteen years of age or older;

(2) Is a Missouri resident;

(3) Provides the department with a [statement] **recommendation** signed by a neurologist **or physician** that:

(a) Indicates that the individual suffers from intractable epilepsy **or a serious condition** and may benefit from treatment with hemp extract; and

(b) Is consistent with a record from the neurologist **or physician** concerning the individual contained in the database described in subsection 9 of this section;

(c) Indicates the physician or neurologist by training or experience is qualified to treat the serious condition; and

(d) States that the individual is under the physician or neurologist's continuing care for the serious condition or intractable epilepsy;

(4) Pays the department a fee in an amount established by the department under subsection 6 of this section; and

(5) Submits an application to the department on a form created by the department that contains:

(a) The individual's name and address;

(b) A copy of the individual's valid photo identification; and

(c) Any other information the department considers necessary to implement the provisions of this section.

3. The department shall issue a hemp extract registration card to a parent who:

(1) Is eighteen years of age or older;

(2) Is a Missouri resident;

(3) Provides the department with a [statement] **recommendation** signed by a neurologist **or physician** that:

(a) Indicates that a minor in the parent's care suffers from intractable epilepsy **or a serious condition** and may benefit from treatment with hemp extract; [and]

(b) Is consistent with a record from the neurologist **or physician** concerning the minor contained in the database described in subsection [9] **10** of this section;

(c) The physician or neurologist by training or experience is qualified to treat the serious condition; and

(d) The minor is under the physician or neurologist's continuing care for the serious condition;

(4) Pays the department a fee in an amount established by the department under subsection 6 of this section; and

(5) Submits an application to the department on a form created by the department that contains:

(a) The parent's name and address;

(b) The minor's name;

(c) A copy of the parent's valid photo identification; and

(d) Any other information the department considers necessary to implement the provisions of this section.

4. The department shall maintain a record of the name of each registrant and the name of each minor receiving care from a registrant.

5. The department **may promulgate rules to authorize clinical trials involving hemp extract and shall promulgate rules to:**

(1) Implement the provisions of this section including establishing the information the applicant is required to provide to the department and establishing in accordance with recommendations from the department of public safety the form and content of the hemp extract registration card; and

(2) Regulate the distribution of hemp extract from a cannabidiol oil care center to a registrant, which shall be in addition to any other state [or federal] regulations[; and

The department may promulgate rules to authorize clinical trials involving hemp extract].

6. The department shall establish fees that are no greater than the amount necessary to cover the cost the department incurs to implement the provisions of this section.

7. The registration cards issued under this section shall be valid for one year and renewable if at the time of renewal the registrant meets the requirements of either subsection 2 or 3 of this section.

8. Only a neurologist or physician may recommend hemp extract and sign the recommendation described in subsection 2 or 3 of this section as part of the treatment plan of a patient diagnosed with intractable epilepsy or a serious condition.

9. The neurologist **or physician** who signs the [statement] **recommendation** described in subsection 2 or 3 of this section shall:

(1) Keep a record of the **physician or** neurologist's evaluation and observation of a patient who is a registrant or minor under a registrant's care including the patient's response to hemp extract; [and]

(2) Transmit the record described in subdivision (1) of this subsection to the department; **and**

(3) Notify the patient, or the patient's parent or guardian if the patient is a minor, prior to providing a recommendation, that hemp extract has not been approved by the Federal Drug Administration and by using such treatment the patient or parent is accepting the risks involved in using an unapproved product.

[9.] **10.** The department shall maintain a database of the records described in subsection [8] **9** of this section and treat the records as identifiable health data.

[10.] **11.** The department may share the records described in subsection [9] **10** of this section with a

higher education institution for the purpose of studying hemp extract.

[11.] 12. The department shall establish a public registry of physicians and neurologists who recommend hemp extract. A physician or neurologist recommending hemp extract shall be included on the registry by submitting an application to the department stating that the physician or neurologist's license from the state board of registration for the healing arts is active, unrestricted, and in good standing. The application shall also include the physician or neurologist's full name, Social Security number, office name, address, phone number, current email address, his or her state board of registration for the healing arts license number, and area of practice.

13. 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 July 14, 2014, shall be invalid and void.

192.947. 1. No individual or health care entity organized under the laws of this state shall be subject to any adverse action by the state or any agency, board, or subdivision thereof, including civil or criminal prosecution, denial of any right or privilege, the imposition of a civil or administrative penalty or sanction, or disciplinary action by any accreditation or licensing board or commission if such individual or health care entity, in its normal course of business and within its applicable licenses and regulations, acts in good faith upon or in furtherance of any order or recommendation by a neurologist or physician authorized under section 192.945 relating to the medical use and administration of hemp extract with respect to an eligible patient.

2. The provisions of subsection 1 of this section shall apply to the recommendation, possession, handling, storage, transfer, destruction, dispensing, or administration of hemp extract, including any act in preparation of such dispensing or administration.

3. This section shall not be construed to limit the rights provided under law for a patient to bring a civil action for damages against a physician, hospital, registered or licensed practical nurse, pharmacist, any other individual or entity providing health care services, or an employee of any entity listed in this subsection.”; and

Further amend said bill, Page 2, Section 195.206, Line 26, by inserting after all of said line the following:

“195.207. 1. As used in sections 192.945, 261.265, 261.267, and this section, the term “hemp extract” shall mean an extract from a cannabis plant or a mixture or preparation containing cannabis plant material that:

- (1) Is composed of no more than three-tenths percent tetrahydrocannabinol by weight;
- (2) Is composed of at least five percent cannabidiol by weight; and
- (3) Contains no other psychoactive substance.

2. Notwithstanding any other provision of this chapter **or chapter 579**, an individual who has been issued a valid hemp extract registration card under section 192.945, or is a minor under a registrant's care, and possesses or uses hemp extract is not subject to the penalties described in this chapter **or chapter 579**

for possession or use of the hemp extract if the individual:

(1) Possesses or uses the hemp extract only to treat intractable epilepsy **or a serious condition** as defined in section 192.945;

(2) Originally obtained the hemp extract from a sealed container with a label indicating the hemp extract's place of origin and a number that corresponds with a certificate of analysis;

(3) Possesses, in close proximity to the hemp extract, a certificate of analysis that:

(a) Has a number that corresponds with the number on the label described in subdivision (2) of this subsection;

(b) Indicates the hemp extract's ingredients including its percentages of tetrahydrocannabinol and cannabidiol by weight;

(c) Is created by a laboratory that is not affiliated with the producer of the hemp extract and is licensed in the state where the hemp extract was produced; and

(d) Is transmitted by the laboratory to the department of health and senior services; and

(4) Has a current hemp extract registration card issued by the department of health and senior services under section 192.945.

3. Notwithstanding any other provision of this chapter **or chapter 579**, an individual who possesses hemp extract lawfully under subsection 2 of this section and administers hemp extract to a minor suffering from intractable epilepsy **or a serious condition** is not subject to the penalties described in this chapter **or chapter 579** for administering the hemp extract to the minor if:

(1) The individual is the minor's parent or legal guardian; and

(2) The individual is registered with the department of health and senior services as the minor's parent under section 192.945.

4. An individual who has [been issued] a valid hemp extract registration card under section 192.945, or is a minor under a registrant's care, may possess up to twenty ounces of hemp extract pursuant to this section. Subject to any rules or regulations promulgated by the department of health and senior services, an individual may apply for a waiver if a physician provides a substantial medical basis in a signed, written statement asserting that, based on the patient's medical history, in the physician's professional judgment, twenty ounces is an insufficient amount to properly alleviate the patient's medical condition or symptoms associated with such medical condition.

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

(1) "Cannabidiol oil care center", the premises specified in an application for a cultivation and production facility license in which the licensee is authorized to distribute processed hemp extract to persons possessing a hemp extract registration card issued under section 192.945;

(2) "Cultivation and production facility", the land and premises specified in an application for a cultivation and production facility license on which the licensee is authorized to grow, cultivate, process, and possess hemp and hemp extract;

(3) "Cultivation and production facility license", a license that authorizes the licensee to grow, cultivate, process, and possess hemp and hemp extract, and distribute hemp extract to its cannabidiol oil care centers;

(4) “Department”, the department of agriculture;

(5) “Grower”, a nonprofit entity issued a cultivation and production facility license by the department of agriculture that produces hemp extract for the treatment of intractable epilepsy **or a serious condition as such terms are defined under section 192.945**;

(6) “Hemp”:

(a) All nonseed parts and varieties of the cannabis sativa plant, whether growing or not, that contain a crop-wide average tetrahydrocannabinol (THC) concentration that does not exceed the lesser of:

a. Three-tenths of one percent on a dry weight basis; or

b. The percent based on a dry weight basis determined by the federal Controlled Substances Act under 21 U.S.C. Section 801, et seq.;

(b) Any cannabis sativa seed that is:

a. Part of a growing crop;

b. Retained by a grower for future planting; or

c. For processing into or use as agricultural hemp seed.

This term shall not include industrial hemp commodities or products;

(7) “Hemp monitoring system”, an electronic tracking system that includes, but is not limited to, testing and data collection established and maintained by the cultivation and production facility and is available to the department for the purposes of documenting the hemp extract production and retail sale of the hemp extract.

2. The department shall issue a cultivation and production facility license to a nonprofit entity to grow or cultivate the cannabis plant used to make hemp extract as defined in subsection 1 of section 195.207 or hemp on the entity’s property if the entity **has been a resident of the state for at least five years, has completed a state and federal fingerprint-based criminal record check in accordance with section 43.543 and has paid all applicable criminal background check fees in accordance with section 43.530**, has submitted to the department an application as required by the department under subsection 7 of this section, the entity meets all requirements of this section and the department’s rules, and there are fewer than [two] **ten** licensed cultivation and production facilities operating in the state. **Any cultivation and production facility license issued before August 28, 2016, shall continue to be valid as originally licensed even if the licensed entity does not meet the residency requirement under this subsection.**

3. A grower may produce and manufacture hemp and hemp extract, and distribute hemp extract as defined in section 195.207 for the treatment of persons suffering from intractable epilepsy [as defined in section 192.945] **or a serious condition**, consistent with any and all state or federal regulations regarding the production, manufacture, or distribution of such product. The department shall not issue more than [two] **ten** cultivation and production facility licenses for the operation of such facilities at any one time.

4. The department shall maintain a list of growers.

5. All growers shall keep records in accordance with rules adopted by the department. Upon at least three days’ notice, the director of the department may audit the required records during normal business hours. The director may conduct an audit for the purpose of ensuring compliance with this section.

6. In addition to an audit conducted in accordance with subsection 5 of this section, the director may inspect independently, or in cooperation with the state highway patrol or a local law enforcement agency, any hemp crop during the crop's growth phase and take a representative composite sample for field analysis. If a crop contains an average tetrahydrocannabinol (THC) concentration exceeding the lesser of:

(1) Three-tenths of one percent on a dry weight basis; or

(2) The percent based on a dry weight basis determined by the federal Controlled Substances Act under 21 U.S.C. Section 801, et seq.,

the director may detain, seize, or embargo the crop.

7. The department shall promulgate rules including, but not limited to:

(1) Application requirements for licensing, including requirements for the submission of fingerprints and the completion of a criminal background check;

(2) Security requirements for cultivation and production facility premises, including, at a minimum, lighting, physical security, video and alarm requirements;

(3) Rules relating to hemp monitoring systems as defined in this section;

(4) Other procedures for internal control as deemed necessary by the department to properly administer and enforce the provisions of this section, including reporting requirements for changes, alterations, or modifications of the premises;

(5) Requirements that any hemp extract received from a legal source be submitted to a testing facility designated by the department to ensure that such hemp extract complies with the provisions of section 195.207 and to ensure that the hemp extract does not contain any pesticides. Any hemp extract that is not submitted for testing or which after testing is found not to comply with the provisions of section 195.207 shall not be distributed or used and shall be submitted to the department for destruction; [and]

(6) Rules regarding the manufacture, storage, and transportation of hemp and hemp extract, which shall be in addition to any other state or federal regulations; **and**

(7) Rules establishing fees that are no greater than the amount necessary to cover the cost the department incurs to administer the provisions of this section.

8. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after July 14, 2014, **shall be invalid and void.**

9. All hemp waste from the production of hemp extract shall either be destroyed, recycled by the licensee at the hemp cultivation and production facility, or donated to the department or an institution of higher education for research purposes, and shall not be used for commercial purposes.

10. In addition to any other liability or penalty provided by law, the director may revoke or refuse to issue or renew a cultivation and production facility license and may impose a civil penalty on a grower for any violation of this section, or section 192.945 or 195.207. The director may not impose a civil penalty under this section that exceeds two thousand five hundred dollars.”; and

Further amend the title and enacting clause accordingly.

Senator Keaveny moved that the above amendment be adopted.

Senator Brown raised the point of order that **SA 2** is out of order as it changes the title and expands the scope of the bill.

The point of order was referred to the President Pro Tem who took it under advisement, which placed **HB 1568**, with **SA 2** and point of order (pending), on the Informal Calendar.

HCS for **HB 2030**, with **SCS**, entitled:

An Act to amend chapter 143, RSMo, by adding thereto one new section relating to tax deductions for employee stock ownership plans.

Was taken up by Senator Silvey.

SCS for **HCS** for **HB 2030**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2030

An Act to amend chapter 135, RSMo, by adding thereto one new section relating to tax deductions for employee stock ownership plans.

Was taken up.

Senator Silvey moved that **SCS** for **HCS** for **HB 2030** be adopted, which motion prevailed.

On motion of Senator Silvey, **SCS** for **HCS** for **HB 2030** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Hegeman
Holsman	Kehoe	Kraus	Libla	Munzlinger	Nasheed	Onder
Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schmitt	Schupp	Sifton	Silvey	Wallingford	Wasson	Wieland—28

NAYS—Senators

Keaveny Walsh—2

Absent—Senator Schatz—1

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

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

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

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

HB 1682, introduced by Representative Frederick, with **SCS**, entitled:

An Act amend chapter 324, RSMo, by adding thereto one new section relating to the medical practice freedom act.

Was taken up by Senator Wasson.

SCS for **HB 1682**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1682

An Act to repeal sections 334.040 and 376.1237, RSMo, and to enact in lieu thereof six new sections relating to health care providers.

Was taken up.

Senator Wasson moved that **SCS** for **HB 1682** be adopted.

Senator Kraus offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 1682, Page 1, Section A, Line 3, by inserting after all of said line the following:

“191.332. 1. By January 1, 2002, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include potentially treatable or manageable disorders, which may include but are not limited to cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal hyperplasia, maple syrup urine disease (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders, methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric acidemia Type I.

2. By January 1, 2017, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include severe combined immunodeficiency (SCID), also known as bubble boy disease. The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection.

3. The department of health and senior services may promulgate rules to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536.”; and

Further amend the title and enacting clause accordingly.

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

Senator Hegeman offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Committee Substitute for House Bill No. 1682, Page 1, Section A, Line 3, by inserting immediately after said line the following:

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

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

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

(3) “Hospital”:

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

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

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

2. On or before December 1, 2016, the following members shall be appointed to the council:

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

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

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

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

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

(6) A patient and family caregiver advocate representative, appointed by the governor with the advice and consent of the senate;

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

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

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

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

established in section 191.1085.

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

7. The council authorized under this section shall automatically expire August 28, 2022.

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

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

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

(1) Continuing education opportunities for health care providers;

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

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

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

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

6. The department shall consult with the palliative care and quality of life interdisciplinary council established in section 191.1080 in implementing the section.

7. The department may promulgate rules to implement the provisions of sections 191.1075 to 191.1085. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in sections 191.1075 to 191.1085 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. Sections 191.1075 to 191.1085 and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

8. Notwithstanding the provisions of section 23.253 to the contrary, the program authorized under this section shall automatically expire on August 28, 2022.”; and

Further amend the title and enacting clause accordingly.

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

Senator Schaaf offered SA 3:

SENATE AMENDMENT NO. 3

Amend Senate Committee Substitute for House Bill No. 1682, Page 6, Section 376.1237, Line 22, by inserting after all of said line the following:

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

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

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

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

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

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

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

Further amend the title and enacting clause accordingly.

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

Senator Riddle offered SA 4:

SENATE AMENDMENT NO. 4

Amend Senate Committee Substitute for House Bill No. 1682, Page 6, Section 376.1237, Line 22, by inserting after all of said line the following:

“630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people are civilly detained pursuant to chapter 632 and no patient, resident or client of a residential facility or day program operated, funded or licensed by the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility, the attending licensed physician, or in the circumstances specifically set forth in this section, by an advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a supervision agreement, with the attending licensed physician that the chosen intervention is imminently necessary to protect the health and safety of the patient, resident, client or others and that it provides the least restrictive environment. An advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a supervision

agreement, with the attending licensed physician may make a determination that the chosen intervention is necessary for patients, residents, or clients of facilities or programs operated by the department, in hospitals as defined in section 197.020 that only provide psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are defined in section 197.020. Any determination made by the advanced practice registered nurse, **physician assistant, or assistant physician** shall be documented as required in subsection 2 of this section and reviewed in person by the attending licensed physician if the episode of restraint is to extend beyond:

- (1) Four hours duration in the case of a person under eighteen years of age;
- (2) Eight hours duration in the case of a person eighteen years of age or older; or

(3) For any total length of restraint lasting more than four hours duration in a twenty-four-hour period in the case of a person under eighteen years of age or beyond eight hours duration in the case of a person eighteen years of age or older in a twenty-four-hour period.

The review shall occur prior to the time limit specified under subsection 6 of this section and shall be documented by the licensed physician under subsection 2 of this section.

2. Every use of physical or chemical restraint, isolation or seclusion and the reasons therefor shall be made a part of the clinical record of the patient, resident or client under the signature of the head of the facility, or the attending licensed physician, or the advanced practice registered nurse in a collaborative practice arrangement, **or a physician assistant or an assistant physician with a supervision agreement**, with the attending licensed physician.

3. Physical or chemical restraint, isolation or seclusion shall not be considered standard treatment or habilitation and shall cease as soon as the circumstances causing the need for such action have ended.

4. The use of security escort devices, including devices designed to restrict physical movement, which are used to maintain safety and security and to prevent escape during transport outside of a facility shall not be considered physical restraint within the meaning of this section. Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in security escort devices when transported outside of the facility if it is determined by the head of the facility, or the attending licensed physician, or the advanced practice registered nurse in a collaborative practice arrangement, **or a physician assistant or an assistant physician with a supervision agreement**, with the attending licensed physician that the use of security escort devices is necessary to protect the health and safety of the patient, resident, client, or other persons or is necessary to prevent escape. Individuals who have been civilly detained under sections 632.480 to 632.513 or committed under chapter 552 shall be placed in security escort devices when transported outside of the facility unless it is determined by the head of the facility, or the attending licensed physician, or the advanced practice registered nurse in a collaborative practice arrangement, **or a physician assistant or an assistant physician with a supervision agreement**, with the attending licensed physician that security escort devices are not necessary to protect the health and safety of the patient, resident, client, or other persons or is not necessary to prevent escape.

5. Extraordinary measures employed by the head of the facility to ensure the safety and security of patients, residents, clients, and other persons during times of natural or man-made disasters shall not be considered restraint, isolation, or seclusion within the meaning of this section.

6. Orders issued under this section by the advanced practice registered nurse in a collaborative practice arrangement, **or a physician assistant or an assistant physician with a supervision agreement**, with the

attending licensed physician shall be reviewed in person by the attending licensed physician of the facility within twenty-four hours or the next regular working day of the order being issued, and such review shall be documented in the clinical record of the patient, resident, or client.

7. For purposes of this subsection, “division” shall mean the division of developmental disabilities. Restraint or seclusion shall not be used in habilitation centers or community programs that serve persons with developmental disabilities that are operated or funded by the division unless such procedure is part of an emergency intervention system approved by the division and is identified in such person’s individual support plan. Direct-care staff that serve persons with developmental disabilities in habilitation centers or community programs operated or funded by the division shall be trained in an emergency intervention system approved by the division when such emergency intervention system is identified in a consumer’s individual support plan.”; and

Further amend the title and enacting clause accordingly.

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

Senator Schmitt offered **SA 5**:

SENATE AMENDMENT NO. 5

Amend Senate Committee Substitute for House Bill No. 1682, Page 1, Section A, Line 3, by inserting immediately after all of said line the following:

“192.947. 1. No individual or health care entity organized under the laws of this state shall be subject to any adverse action by the state or any agency, board, or subdivision thereof, including civil or criminal prosecution, denial of any right or privilege, the imposition of a civil or administrative penalty or sanction, or disciplinary action by any accreditation or licensing board or commission if such individual or health care entity, in its normal course of business and within its applicable licenses and regulations, acts in good faith upon or in furtherance of any order or recommendation by a neurologist authorized under section 192.945 relating to the medical use and administration of hemp extract with respect to an eligible patient.

2. The provisions of subsection 1 of this section shall apply to the recommendation, possession, handling, storage, transfer, destruction, dispensing, or administration of hemp extract, including any act in preparation of such dispensing or administration.

3. This section shall not be construed to limit the rights provided under law for a patient to bring a civil action for damages against a physician, hospital, registered or licensed practical nurse, pharmacist, any other individual or entity providing health care services, or an employee of any entity listed in this subsection.”; and

Further amend the title and enacting clause accordingly.

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

Senator Kraus assumed the Chair.

Senator Wasson moved that **SCS** for **HB 1682**, as amended, be adopted, which motion prevailed.

On motion of Senator Wasson, **SCS** for **HB 1682** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Holsman
Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed	Onder
Pearce	Richard	Riddle	Romine	Sater	Schaaf	Schaefer
Schmitt	Sifton	Silvey	Wallingford	Wasson	Wieland—27	

NAYS—Senator Schupp—1

Absent—Senators

Hegeman Schatz Walsh—3

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

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

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

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

HB 2355, introduced by Representative Lant, entitled:

An Act to amend chapter 211, RSMo, by adding thereto one new section relating to the juvenile justice advisory board.

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

Senator Sater offered **SS** for **HB 2355**, entitled:

SENATE SUBSTITUTE FOR
HOUSE BILL NO. 2355

An Act to amend chapter 211, RSMo, by adding thereto one new section relating to the juvenile justice advisory board.

Senator Sater moved that **SS** for **HB 2355** be adopted, which motion prevailed.

On motion of Senator Sater, **SS** for **HB 2355** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed
Onder	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—30					

NAYS—Senators—None

Absent—Senator Schatz—1

Absent with leave—Senator Parson—1

Vacancies—2

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

HB 1763, introduced by Representative Gosen, entitled:

An Act to amend chapter 375, RSMo, by adding thereto one new section relating to workers' compensation large deductible policies, with an emergency clause.

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

On motion of Senator Wieland, **HB 1763** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cunningham	Curls	Dixon	Emery	Hegeman
Holsman	Keaveny	Kehoe	Kraus	Libla	Munzlinger	Nasheed
Onder	Pearce	Richard	Riddle	Romine	Sater	Schaaf
Schaefer	Schmitt	Schupp	Sifton	Silvey	Wallingford	Walsh
Wasson	Wieland—30					

NAYS—Senators—None

Absent—Senator Schatz—1

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senators

Keaveny Schatz—2

Absent with leave—Senator Parson—1

Vacancies—2

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

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

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

HB 1721, introduced by Representative Dugger, entitled:

An Act to repeal section 370.230, RSMo, and to enact in lieu thereof one new section relating to credit union supervisory committees.

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

On motion of Senator Cunningham, **HB 1721** was read the 3rd time and passed by the following vote:

YEAS—Senators

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

Wieland—29

NAYS—Senators—None

Absent—Senators

Schatz Schupp—2

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

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

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

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

Senator Brown moved that **HB 1568**, with **SA 2** and point of order (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

At the request of Senator Keaveny, **SA 2** was withdrawn, rendering the point of order moot.

On motion of Senator Brown, **HB 1568**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

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

Wieland—29

NAYS—Senators—None

Absent—Senators

Schatz Schupp—2

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

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

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

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

Senator Wallingford moved that **SS** for **HCS** for **HB 1877** be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **HCS** for **HB 1877** was read the 3rd time and passed by the following vote:

YEAS—Senators

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

Wieland—29

NAYS—Senators—None

Absent—Senators

Schatz Schupp—2

Absent with leave—Senator Parson—1

Vacancies—2

The President declared the bill passed.

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

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

Senator Kehoe 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 **SS No. 2** for **SB 847**.

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 **HB 1679**, entitled:

An Act to repeal section 338.010, RSMo, and to enact in lieu thereof three new sections relating to contraceptives.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HB 1468**, entitled:

An Act to repeal sections 563.031, 571.030, and 571.101, RSMo, and to enact in lieu thereof six new section relating to firearms, with penalty provisions.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HB 1754**, entitled:

An Act to amend chapter 442, RSMo, by adding thereto one new section relating to restrictive covenants.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HB 1867**, entitled:

An Act to repeal sections 287.037 and 287.090, RSMo, and to enact in lieu thereof two new sections relating to workers' compensation.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCS** for **SBs 620 & 582**.

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 655**.

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 639**, entitled:

An Act to repeal sections 56.363, 56.805, 56.807, 56.814, 56.818, 56.833, and 56.840, RSMo, and to enact in lieu thereof eight new sections relating to public employee retirement systems.

With House Amendment Nos. 1, 2, 3, House Amendment No. 1 to House Amendment No. 5, and House Amendment No. 5, as amended.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 639, Page 9, Section 70.621, Line 24, by inserting after all of said section and line the following:

“169.070. 1. The retirement allowance of a member whose age at retirement is sixty years or more and whose creditable service is five years or more, or whose sum of age and creditable service equals eighty years or more, or who has attained age fifty-five and whose creditable service is twenty-five years or more or whose creditable service is thirty years or more regardless of age, may be the sum of the following items, not to exceed one hundred percent of the member’s final average salary:

(1) Two and five-tenths percent of the member’s final average salary for each year of membership service;

(2) Six-tenths of the amount payable for a year of membership service for each year of prior service not exceeding thirty years. In lieu of the retirement allowance otherwise provided in subdivisions (1) and (2) of this subsection, a member may elect to receive a retirement allowance of:

(3) Two and four-tenths percent of the member’s final average salary for each year of membership service, if the member’s creditable service is twenty-nine years or more but less than thirty years, and the member has not attained age fifty-five;

(4) Two and thirty-five-hundredths percent of the member’s final average salary for each year of membership service, if the member’s creditable service is twenty-eight years or more but less than twenty-nine years, and the member has not attained age fifty-five;

(5) Two and three-tenths percent of the member’s final average salary for each year of membership service, if the member’s creditable service is twenty-seven years or more but less than twenty-eight years, and the member has not attained age fifty-five;

(6) Two and twenty-five-hundredths percent of the member’s final average salary for each year of membership service, if the member’s creditable service is twenty-six years or more but less than twenty-seven years, and the member has not attained age fifty-five;

(7) Two and two-tenths percent of the member’s final average salary for each year of membership service, if the member’s creditable service is twenty-five years or more but less than twenty-six years, and the member has not attained age fifty-five;

(8) [Between July 1, 2001, and July 1, 2014,] Two and fifty-five hundredths percent of the member’s

final average salary for each year of membership service, if the member's creditable service is thirty-one years or more regardless of age.

2. In lieu of the retirement allowance provided in subsection 1 of this section, a member whose age is sixty years or more on September 28, 1975, may elect to have the member's retirement allowance calculated as a sum of the following items:

(1) Sixty cents plus one and five-tenths percent of the member's final average salary for each year of membership service;

(2) Six-tenths of the amount payable for a year of membership service for each year of prior service not exceeding thirty years;

(3) Three-fourths of one percent of the sum of subdivisions (1) and (2) of this subsection for each month of attained age in excess of sixty years but not in excess of age sixty-five.

3. (1) In lieu of the retirement allowance provided either in subsection 1 or 2 of this section, collectively called "option 1", a member whose creditable service is twenty-five years or more or who has attained the age of fifty-five with five or more years of creditable service may elect in the member's application for retirement to receive the actuarial equivalent of the member's retirement allowance in reduced monthly payments for life during retirement with the provision that:

Option 2. Upon the member's death the reduced retirement allowance shall be continued throughout the life of and paid to such person as has an insurable interest in the life of the member as the member shall have nominated in the member's election of the option, and provided further that if the person so nominated dies before the retired member, the retirement allowance will be increased to the amount the retired member would be receiving had the retired member elected option 1;

OR

Option 3. Upon the death of the member three-fourths of the reduced retirement allowance shall be continued throughout the life of and paid to such person as has an insurable interest in the life of the member and as the member shall have nominated in an election of the option, and provided further that if the person so nominated dies before the retired member, the retirement allowance will be increased to the amount the retired member would be receiving had the member elected option 1;

OR

Option 4. Upon the death of the member one-half of the reduced retirement allowance shall be continued throughout the life of, and paid to, such person as has an insurable interest in the life of the member and as the member shall have nominated in an election of the option, and provided further that if the person so nominated dies before the retired member, the retirement allowance shall be increased to the amount the retired member would be receiving had the member elected option 1;

OR

Option 5. Upon the death of the member prior to the member having received one hundred twenty monthly payments of the member's reduced allowance, the remainder of the one hundred twenty monthly payments of the reduced allowance shall be paid to such beneficiary as the member shall have nominated in the member's election of the option or in a subsequent nomination. If there is no beneficiary so nominated who survives the member for the remainder of the one hundred twenty monthly payments, the total of the remainder of such one hundred twenty monthly payments shall be paid to the surviving spouse, surviving

children in equal shares, surviving parents in equal shares, or estate of the last person, in that order of precedence, to receive a monthly allowance in a lump sum payment. If the total of the one hundred twenty payments paid to the retired individual and the beneficiary of the retired individual is less than the total of the member's accumulated contributions, the difference shall be paid to the beneficiary in a lump sum;

OR

Option 6. Upon the death of the member prior to the member having received sixty monthly payments of the member's reduced allowance, the remainder of the sixty monthly payments of the reduced allowance shall be paid to such beneficiary as the member shall have nominated in the member's election of the option or in a subsequent nomination. If there is no beneficiary so nominated who survives the member for the remainder of the sixty monthly payments, the total of the remainder of such sixty monthly payments shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the last person, in that order of precedence, to receive a monthly allowance in a lump sum payment. If the total of the sixty payments paid to the retired individual and the beneficiary of the retired individual is less than the total of the member's accumulated contributions, the difference shall be paid to the beneficiary in a lump sum.

(2) The election of an option may be made only in the application for retirement and such application must be filed prior to the date on which the retirement of the member is to be effective. If either the member or the person nominated to receive the survivorship payments dies before the effective date of retirement, the option shall not be effective, provided that:

(a) If the member or a person retired on disability retirement dies after acquiring twenty-five or more years of creditable service or after attaining the age of fifty-five years and acquiring five or more years of creditable service and before retirement, except retirement with disability benefits, and the person named by the member as the member's beneficiary has an insurable interest in the life of the deceased member, the designated beneficiary may elect to receive either survivorship benefits under option 2 or a payment of the accumulated contributions of the member. If survivorship benefits under option 2 are elected and the member at the time of death would have been eligible to receive an actuarial equivalent of the member's retirement allowance, the designated beneficiary may further elect to defer the option 2 payments until the date the member would have been eligible to receive the retirement allowance provided in subsection 1 or 2 of this section;

(b) If the member or a person retired on disability retirement dies before attaining age fifty-five but after acquiring five but fewer than twenty-five years of creditable service, and the person named as the member's beneficiary has an insurable interest in the life of the deceased member, the designated beneficiary may elect to receive either a payment of the member's accumulated contributions, or survivorship benefits under option 2 to begin on the date the member would first have been eligible to receive an actuarial equivalent of the member's retirement allowance, or to begin on the date the member would first have been eligible to receive the retirement allowance provided in subsection 1 or 2 of this section.

4. If the total of the retirement or disability allowance paid to an individual before the death of the individual is less than the accumulated contributions at the time of retirement, the difference shall be paid to the beneficiary of the individual, or to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the individual in that order of precedence. If an optional benefit as provided in option 2, 3 or 4 in subsection 3 of this section had been elected, and the beneficiary dies after receiving the optional benefit, and if the total retirement allowance paid to the retired individual and the

beneficiary of the retired individual is less than the total of the contributions, the difference shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the beneficiary, in that order of precedence, unless the retired individual designates a different recipient with the board at or after retirement.

5. If a member dies and his or her financial institution is unable to accept the final payment or payments due to the member, the final payment or payments shall be paid to the beneficiary of the member or, if there is no beneficiary, to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the member, in that order of precedence, unless otherwise stated. If the beneficiary of a deceased member dies and his or her financial institution is unable to accept the final payment or payments, the final payment or payments shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the member, in that order of precedence, unless otherwise stated.

6. If a member dies before receiving a retirement allowance, the member's accumulated contributions at the time of the death of the member shall be paid to the beneficiary of the member or, if there is no beneficiary, to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or to the estate of the member, in that order of precedence; except that, no such payment shall be made if the beneficiary elects option 2 in subsection 3 of this section, unless the beneficiary dies before having received benefits pursuant to that subsection equal to the accumulated contributions of the member, in which case the amount of accumulated contributions in excess of the total benefits paid pursuant to that subsection shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the beneficiary, in that order of precedence.

7. If a member ceases to be a public school employee as herein defined and certifies to the board of trustees that such cessation is permanent, or if the membership of the person is otherwise terminated, the member shall be paid the member's accumulated contributions with interest.

8. Notwithstanding any provisions of sections 169.010 to 169.141 to the contrary, if a member ceases to be a public school employee after acquiring five or more years of membership service in Missouri, the member may at the option of the member leave the member's contributions with the retirement system and claim a retirement allowance any time after reaching the minimum age for voluntary retirement. When the member's claim is presented to the board, the member shall be granted an allowance as provided in sections 169.010 to 169.141 on the basis of the member's age, years of service, and the provisions of the law in effect at the time the member requests the member's retirement to become effective.

9. The retirement allowance of a member retired because of disability shall be nine-tenths of the allowance to which the member's creditable service would entitle the member if the member's age were sixty, or fifty percent of one-twelfth of the annual salary rate used in determining the member's contributions during the last school year for which the member received a year of creditable service immediately prior to the member's disability, whichever is greater, except that no such allowance shall exceed the retirement allowance to which the member would have been entitled upon retirement at age sixty if the member had continued to teach from the date of disability until age sixty at the same salary rate.

10. Notwithstanding any provisions of sections 169.010 to 169.141 to the contrary, from October 13, 1961, the contribution rate pursuant to sections 169.010 to 169.141 shall be multiplied by the factor of two-thirds for any member of the system for whom federal Old Age and Survivors Insurance tax is paid from state or local tax funds on account of the member's employment entitling the person to membership in the

system. The monetary benefits for a member who elected not to exercise an option to pay into the system a retroactive contribution of four percent on that part of the member's annual salary rate which was in excess of four thousand eight hundred dollars but not in excess of eight thousand four hundred dollars for each year of employment in a position covered by this system between July 1, 1957, and July 1, 1961, as provided in subsection 10 of this section as it appears in RSMo, 1969, shall be the sum of:

(1) For years of service prior to July 1, 1946, six-tenths of the full amount payable for years of membership service;

(2) For years of membership service after July 1, 1946, in which the full contribution rate was paid, full benefits under the formula in effect at the time of the member's retirement;

(3) For years of membership service after July 1, 1957, and prior to July 1, 1961, the benefits provided in this section as it appears in RSMo, 1959; except that if the member has at least thirty years of creditable service at retirement the member shall receive the benefit payable pursuant to that section as though the member's age were sixty-five at retirement;

(4) For years of membership service after July 1, 1961, in which the two-thirds contribution rate was paid, two-thirds of the benefits under the formula in effect at the time of the member's retirement.

11. The monetary benefits for each other member for whom federal Old Age and Survivors Insurance tax is or was paid at any time from state or local funds on account of the member's employment entitling the member to membership in the system shall be the sum of:

(1) For years of service prior to July 1, 1946, six-tenths of the full amount payable for years of membership service;

(2) For years of membership service after July 1, 1946, in which the full contribution rate was paid, full benefits under the formula in effect at the time of the member's retirement;

(3) For years of membership service after July 1, 1957, in which the two-thirds contribution rate was paid, two-thirds of the benefits under the formula in effect at the time of the member's retirement.

12. Any retired member of the system who was retired prior to September 1, 1972, or beneficiary receiving payments under option 1 or option 2 of subsection 3 of this section, as such option existed prior to September 1, 1972, will be eligible to receive an increase in the retirement allowance of the member of two percent for each year, or major fraction of more than one-half of a year, which the retired member has been retired prior to July 1, 1975. This increased amount shall be payable commencing with January, 1976, and shall thereafter be referred to as the member's retirement allowance. The increase provided for in this subsection shall not affect the retired member's eligibility for compensation provided for in section 169.580 or 169.585, nor shall the amount being paid pursuant to these sections be reduced because of any increases provided for in this section.

13. If the board of trustees determines that the cost of living, as measured by generally accepted standards, increases two percent or more in the preceding fiscal year, the board shall increase the retirement allowances which the retired members or beneficiaries are receiving by two percent of the amount being received by the retired member or the beneficiary at the time the annual increase is granted by the board with the provision that the increases provided for in this subsection shall not become effective until the fourth January first following the member's retirement or January 1, 1977, whichever later occurs, or in the case of any member retiring on or after July 1, 2000, the increase provided for in this subsection shall not

become effective until the third January first following the member's retirement, or in the case of any member retiring on or after July 1, 2001, the increase provided for in this subsection shall not become effective until the second January first following the member's retirement. Commencing with January 1, 1992, if the board of trustees determines that the cost of living has increased five percent or more in the preceding fiscal year, the board shall increase the retirement allowances by five percent. The total of the increases granted to a retired member or the beneficiary after December 31, 1976, may not exceed eighty percent of the retirement allowance established at retirement or as previously adjusted by other subsections. If the cost of living increases less than five percent, the board of trustees may determine the percentage of increase to be made in retirement allowances, but at no time can the increase exceed five percent per year. If the cost of living decreases in a fiscal year, there will be no increase in allowances for retired members on the following January first.

14. The board of trustees may reduce the amounts which have been granted as increases to a member pursuant to subsection 13 of this section if the cost of living, as determined by the board and as measured by generally accepted standards, is less than the cost of living was at the time of the first increase granted to the member; except that, the reductions shall not exceed the amount of increases which have been made to the member's allowance after December 31, 1976.

15. Any application for retirement shall include a sworn statement by the member certifying that the spouse of the member at the time the application was completed was aware of the application and the plan of retirement elected in the application.

16. Notwithstanding any other provision of law, any person retired prior to September 28, 1983, who is receiving a reduced retirement allowance under option 1 or option 2 of subsection 3 of this section, as such option existed prior to September 28, 1983, and whose beneficiary nominated to receive continued retirement allowance payments under the elected option dies or has died, shall upon application to the board of trustees have his or her retirement allowance increased to the amount he or she would have been receiving had the option not been elected, actuarially adjusted to recognize any excessive benefits which would have been paid to him or her up to the time of application.

17. Benefits paid pursuant to the provisions of the public school retirement system of Missouri shall not exceed the limitations of Section 415 of Title 26 of the United States Code except as provided pursuant to this subsection. Notwithstanding any other law to the contrary, the board of trustees may establish a benefit plan pursuant to Section 415(m) of Title 26 of the United States Code. Such plan shall be created solely for the purpose described in Section 415(m)(3)(A) of Title 26 of the United States Code. The board of trustees may promulgate regulations necessary to implement the provisions of this subsection and to create and administer such benefit plan.

18. Notwithstanding any other provision of law to the contrary, any person retired before, on, or after May 26, 1994, shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties the person shall receive an amount based on the person's years of service so that the total amount received pursuant to sections 169.010 to 169.141 shall be at least the minimum amounts specified in subdivisions (1) to (4) of this subsection. In determining the minimum amount to be received, the amounts in subdivisions (3) and (4) of this subsection shall be adjusted in accordance with the actuarial adjustment, if any, that was applied to the person's retirement allowance. In determining the minimum amount to be received, beginning September 1, 1996,

the amounts in subdivisions (1) and (2) of this subsection shall be adjusted in accordance with the actuarial adjustment, if any, that was applied to the person's retirement allowance due to election of an optional form of retirement having a continued monthly payment after the person's death. Notwithstanding any other provision of law to the contrary, no person retired before, on, or after May 26, 1994, and no beneficiary of such a person, shall receive a retirement benefit pursuant to sections 169.010 to 169.141 based on the person's years of service less than the following amounts:

- (1) Thirty or more years of service, one thousand two hundred dollars;
- (2) At least twenty-five years but less than thirty years, one thousand dollars;
- (3) At least twenty years but less than twenty-five years, eight hundred dollars;
- (4) At least fifteen years but less than twenty years, six hundred dollars.

19. Notwithstanding any other provisions of law to the contrary, any person retired prior to May 26, 1994, and any designated beneficiary of such a retired member who was deceased prior to July 1, 1999, shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement or aging and upon request shall give written or oral opinions to the board in response to such requests. Beginning September 1, 1996, as compensation for such service, the member shall have added, pursuant to this subsection, to the member's monthly annuity as provided by this section a dollar amount equal to the lesser of sixty dollars or the product of two dollars multiplied by the member's number of years of creditable service. Beginning September 1, 1999, the designated beneficiary of the deceased member shall as compensation for such service have added, pursuant to this subsection, to the monthly annuity as provided by this section a dollar amount equal to the lesser of sixty dollars or the product of two dollars multiplied by the member's number of years of creditable service. The total compensation provided by this section including the compensation provided by this subsection shall be used in calculating any future cost-of-living adjustments provided by subsection 13 of this section.

20. Any member who has retired prior to July 1, 1998, and the designated beneficiary of a deceased retired member shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties the person shall receive a payment equivalent to eight and seven-tenths percent of the previous month's benefit, which shall be added to the member's or beneficiary's monthly annuity and which shall not be subject to the provisions of subsections 13 and 14 of this section for the purposes of the limit on the total amount of increases which may be received.

21. Any member who has retired shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such request. As compensation for such duties, the beneficiary of the retired member, or, if there is no beneficiary, the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the retired member, in that order of precedence, shall receive as a part of compensation for these duties a death benefit of five thousand dollars.

22. Any member who has retired prior to July 1, 1999, and the designated beneficiary of a retired member who was deceased prior to July 1, 1999, shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests.

As compensation for such duties, the person shall have added, pursuant to this subsection, to the monthly annuity as provided by this section a dollar amount equal to five dollars times the member's number of years of creditable service.

23. Any member who has retired prior to July 1, 2000, and the designated beneficiary of a deceased retired member shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties, the person shall receive a payment equivalent to three and five-tenths percent of the previous month's benefit, which shall be added to the member or beneficiary's monthly annuity and which shall not be subject to the provisions of subsections 13 and 14 of this section for the purposes of the limit on the total amount of increases which may be received.

24. Any member who has retired prior to July 1, 2001, and the designated beneficiary of a deceased retired member shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties, the person shall receive a dollar amount equal to three dollars times the member's number of years of creditable service, which shall be added to the member's or beneficiary's monthly annuity and which shall not be subject to the provisions of subsections 13 and 14 of this section for the purposes of the limit on the total amount of increases which may be received.

Section B. Because of the importance of providing an additional retirement allowance option to Missouri teachers, section 169.070 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and section 169.070 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.

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 639, Page 9, Section 70.621, Line 24, by inserting after all of said line the following:

“105.669. 1. Any participant of a plan who is [found guilty] **convicted** of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall not be eligible to receive any retirement benefits from the respective plan based on service rendered on or after August 28, 2014, except a participant may still request from the respective retirement system a refund of the participant's plan contributions, including interest credited to the participant's account.

2. [Upon a finding of guilt, the court shall forward a notice of the court's finding to] **The employer of any participant who is charged or convicted of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall notify** the appropriate retirement system in which the offender was a participant[. The court shall also make a determination on the value of the money, property, or services involved in committing the offense] **and provide information in connection with such charge or conviction.** The plans shall take all actions necessary to implement the provisions of this section.

3. [The finding of guilt for] **A felony conviction based on** any of the following offenses or a substantially similar offense provided under federal law shall result in the ineligibility of retirement benefits as provided in subsection 1 of this section:

(1) The offense of felony stealing under section 570.030 when such offense involved money, property, or services valued at five thousand dollars or more [as determined by the court];

(2) The offense of felony receiving stolen property under section 570.080 when such offense involved money, property, or services valued at five thousand dollars or more [as determined by the court];

(3) The offense of forgery under section 570.090;

(4) The offense of felony counterfeiting under section 570.103;

(5) The offense of bribery of a public servant under section 576.010; or

(6) The offense of acceding to corruption under section 576.020.”; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Bill No. 639, Page 9, Section 70.621, Line 24, by inserting after all of said section and line the following:

“169.141. 1. Any person receiving a retirement allowance under sections 169.010 to 169.140, and who elected a reduced retirement allowance under subsection 3 of section 169.070 with his spouse as the nominated beneficiary, may nominate a successor beneficiary under either of the following circumstances:

(1) If the nominated beneficiary precedes the retired person in death, the retired person may, upon remarriage, nominate the new spouse under the same option elected in the application for retirement;

(2) If the marriage of the retired person and the nominated beneficiary is dissolved, and if the dissolution decree provides for sole retention by the retired person of all rights in the retirement allowance, the retired person may, upon remarriage, nominate the new spouse under the same option elected in the application for retirement.

2. Any nomination of a successor beneficiary under subdivision (1) or (2) of subsection 1 of this section must be made in accordance with procedures established by the board of trustees, and must be filed within ninety days of May 6, 1993, or within [ninety days] **one year** of the remarriage, whichever later occurs. Upon receipt of a successor nomination filed in accordance with those procedures, the board shall adjust the retirement allowance to reflect actuarial considerations of that nomination as well as previous beneficiary and successor beneficiary nominations.

3. Any person receiving a retirement allowance under sections 169.010 to 169.140 who elected a reduced retirement allowance under subsection 3 of section 169.070 with his or her spouse as the nominated beneficiary may have the retirement allowance increased to the amount the retired member would be receiving had the retired member elected option 1 if:

(1) The marriage of the retired person and the nominated spouse is dissolved on or after September 1, 2016;

(2) If the dissolution decree provides for sole retention by the retired person of all rights in the retirement allowance; and

(3) The person receives a retirement allowance under subsection 3 of section 169.070.

Any such increase in the retirement allowance shall be effective upon the receipt of an application for such increase and a certified copy of the decree of dissolution that meets the requirements of this section.

169.324. 1. The annual service retirement allowance payable pursuant to section 169.320 shall be the retirant's number of years of creditable service multiplied by a percentage of the retirant's average final compensation, determined as follows:

(1) A retirant whose last employment as a regular employee ended prior to June 30, 1999, shall receive an annual service retirement allowance payable pursuant to section 169.320 in equal monthly installments for life equal to the retirant's number of years of creditable service multiplied by one and three-fourths percent of the person's average final compensation, subject to a maximum of sixty percent of the person's average final compensation;

(2) A retirant whose number of years of creditable service is greater than thirty-four and one-quarter on August 28, 1993, shall receive an annual service retirement allowance payable pursuant to section 169.320 in equal monthly installments for life equal to the retirant's number of years of creditable service as of August 28, 1993, multiplied by one and three-fourths percent of the person's average final compensation but shall not receive a greater annual service retirement allowance based on additional years of creditable service after August 28, 1993;

(3) A retirant who was an active member of the retirement system at any time on or after June 30, 1999, and who either retires before January 1, 2014, or is a member of the retirement system on December 31, 2013, and remains a member continuously to retirement shall receive an annual service retirement allowance payable pursuant to section 169.320 in equal monthly installments for life equal to the retirant's number of years of creditable service multiplied by two percent of the person's average final compensation, subject to a maximum of sixty percent of the person's final compensation;

(4) A retirant who becomes a member of the retirement system on or after January 1, 2014, including any retirant who was a member of the retirement system before January 1, 2014, but ceased to be a member for any reason other than retirement, shall receive an annual service retirement allowance payable pursuant to section 169.320 in equal monthly installments for life equal to the retirant's number of years of creditable service multiplied by one and three-fourths percent of the person's average final compensation, subject to a maximum of sixty percent of the person's average final compensation;

(5) Notwithstanding the provisions of subdivisions (1) to (4) of this subsection, effective January 1, 1996, any retirant who retired on, before or after January 1, 1996, with at least twenty years of creditable service shall receive at least three hundred dollars each month as a retirement allowance, or the actuarial equivalent thereof if the retirant elected any of the options available under section 169.326. Any retirant who retired with at least ten years of creditable service shall receive at least one hundred fifty dollars each month as a retirement allowance, plus fifteen dollars for each additional full year of creditable service greater than ten years but less than twenty years (or the actuarial equivalent thereof if the retirant elected any of the options available under section 169.326). Any beneficiary of a deceased retirant who retired with at least ten years of creditable service and elected one of the options available under section 169.326 shall also be entitled to the actuarial equivalent of the minimum benefit provided by this subsection, determined from the option chosen.

2. Except as otherwise provided in sections 169.331, 169.580 and 169.585, payment of a retirant's retirement allowance will be suspended for any month for which such person receives remuneration from the person's employer or from any other employer in the retirement system established by section 169.280 for the performance of services except any such person other than a person receiving a disability retirement allowance under section 169.322 may serve as a nonregular substitute, part-time or temporary employee for not more than six hundred hours in any school year without becoming a member and without having the person's retirement allowance discontinued, provided that through such substitute, part-time, or temporary employment, the person may earn no more than fifty percent of the annual salary or wages the person was last paid by the employer before the person retired and commenced receiving a retirement allowance, adjusted for inflation. If a person exceeds such hours limit or such compensation limit, payment of the person's retirement allowance shall be suspended for the month in which such limit was exceeded and each subsequent month in the school year for which the person receives remuneration from any employer in the retirement system. **In addition to the conditions set forth above, this subsection shall apply to any person retired and currently receiving a retirement allowance under sections 169.270 to 169.400, other than for disability, who is employed by a third party or is performing work as an independent contractor if such person is performing work in a district included in the retirement system as a temporary or long-term substitute teacher or in any other position that would normally require that person to be duly certificated under the laws governing the certification of teachers in Missouri if such person was employed by the district. The retirement system may require the district, the third-party employer, the independent contractor, and the retiree subject to this subsection to provide documentation showing compliance with this subsection. If such documentation is not provided, the retirement system may deem the retiree to have exceeded the limitations provided in this subsection.** If a retirant is reemployed by any employer in any capacity, whether pursuant to this section, or section 169.331, 169.580, or 169.585, or as a regular employee, the amount of such person's retirement allowance attributable to service prior to the person's first retirement date shall not be changed by the reemployment. If the person again becomes an active member and earns additional creditable service, upon the person's second retirement the person's retirement allowance shall be the sum of:

(1) The retirement allowance the person was receiving at the time the person's retirement allowance was suspended, pursuant to the payment option elected as of the first retirement date, plus the amount of any increase in such retirement allowance the person would have received pursuant to subsection 3 of this section had payments not been suspended during the person's reemployment; and

(2) An additional retirement allowance computed using the benefit formula in effect on the person's second retirement date, the person's creditable service following reemployment, and the person's average final annual compensation as of the second retirement date. The sum calculated pursuant to this subsection shall not exceed the greater of sixty percent of the person's average final compensation as of the second retirement date or the amount determined pursuant to subdivision (1) of this subsection. Compensation earned prior to the person's first retirement date shall be considered in determining the person's average final compensation as of the second retirement date if such compensation would otherwise be included in determining the person's average final compensation.

3. The board of trustees shall determine annually whether the investment return on funds of the system can provide for an increase in benefits for retirants eligible for such increase. A retirant shall and will be eligible for an increase awarded pursuant to this section as of the second January following the date the retirant commenced receiving retirement benefits. Any such increase shall also apply to any monthly joint

and survivor retirement allowance payable to such retirant's beneficiaries, regardless of age. The board shall make such determination as follows:

(1) After determination by the actuary of the investment return for the preceding year as of December thirty-first (the "valuation year"), the actuary shall recommend to the board of trustees what portion of the investment return is available to provide such benefits increase, if any, and shall recommend the amount of such benefits increase, if any, to be implemented as of the first day of the thirteenth month following the end of the valuation year, and first payable on or about the first day of the fourteenth month following the end of the valuation year. The actuary shall make such recommendations so as not to affect the financial soundness of the retirement system, recognizing the following safeguards:

(a) The retirement system's funded ratio as of January first of the year preceding the year of a proposed increase shall be at least one hundred percent after adjusting for the effect of the proposed increase. The funded ratio is the ratio of assets to the pension benefit obligation;

(b) The actuarially required contribution rate, after adjusting for the effect of the proposed increase, may not exceed the then applicable employer and member contribution rate as determined under subsection 4 of section 169.350;

(c) The actuary shall certify to the board of trustees that the proposed increase will not impair the actuarial soundness of the retirement system;

(d) A benefit increase, under this section, once awarded, cannot be reduced in succeeding years;

(2) The board of trustees shall review the actuary's recommendation and report and shall, in their discretion, determine if any increase is prudent and, if so, shall determine the amount of increase to be awarded.

4. This section does not guarantee an annual increase to any retirant.

5. If an inactive member becomes an active member after June 30, 2001, and after a break in service, unless the person earns at least four additional years of creditable service without another break in service, upon retirement the person's retirement allowance shall be calculated separately for each separate period of service ending in a break in service. The retirement allowance shall be the sum of the separate retirement allowances computed for each such period of service using the benefit formula in effect, the person's average final compensation as of the last day of such period of service and the creditable service the person earned during such period of service; provided, however, if the person earns at least four additional years of creditable service without another break in service, all of the person's creditable service prior to and including such service shall be aggregated and, upon retirement, the retirement allowance shall be computed using the benefit formula in effect and the person's average final compensation as of the last day of such period of four or more years and all of the creditable service the person earned prior to and during such period.

6. Notwithstanding anything contained in this section to the contrary, the amount of the annual service retirement allowance payable to any retirant pursuant to the provisions of sections 169.270 to 169.400, including any adjustments made pursuant to subsection 3 of this section, shall at all times comply with the provisions and limitations of Section 415 of the Internal Revenue Code of 1986, as amended, and the regulations thereunder, the terms of which are specifically incorporated herein by reference.

7. All retirement systems established by the laws of the state of Missouri shall develop a procurement

action plan for utilization of minority and women money managers, brokers and investment counselors. Such retirement systems shall report their progress annually to the joint committee on public employee retirement and the governor's minority advocacy commission.

169.560. Any person retired and currently receiving a retirement allowance pursuant to sections 169.010 to 169.141, other than for disability, may be employed in any capacity in a district included in the retirement system created by those sections on either a part-time or temporary-substitute basis not to exceed a total of five hundred fifty hours in any one school year, and through such employment may earn up to fifty percent of the annual compensation payable under the [employing] district's salary schedule for the position or positions filled by the retiree, given such person's level of experience and education, without a discontinuance of the person's retirement allowance. If the [employing] school district does not utilize a salary schedule, or if the position in question is not subject to the [employing] district's salary schedule, a retiree employed in accordance with the provisions of this section may earn up to fifty percent of the annual compensation paid to the person or persons who last held such position or positions. If the position or positions did not previously exist, the compensation limit shall be determined in accordance with rules duly adopted by the board of trustees of the retirement system; provided that, it shall not exceed fifty percent of the annual compensation payable for the position in the [employing] school district that is most comparable to the position filled by the retiree. In any case where a retiree fills more than one position during the school year, the fifty-percent limit on permitted earning shall be based solely on the annual compensation of the highest paid position occupied by the retiree for at least one-fifth of the total hours worked during the year. Such a person shall not contribute to the retirement system or to the public education employee retirement system established by sections 169.600 to 169.715 because of earnings during such period of employment. If such a person is employed in any capacity by such a district [on a regular, full-time basis,] **in excess of the limitations set forth in this section**, the person shall not be eligible to receive the person's retirement allowance for any month during which the person is so employed. **In addition, such person [and] shall contribute to the retirement system if the person satisfies the retirement system's membership eligibility requirements. In addition to the conditions set forth above, this section shall apply to any person retired and currently receiving a retirement allowance under sections 169.010 to 169.141, other than for disability, who is employed by a third party or is performing work as an independent contractor if such person is performing work in a district included in the retirement system as a temporary or long-term substitute teacher or in any other position that would normally require that person to be duly certificated under the laws governing the certification of teachers in Missouri if such person was employed by the district. The retirement system may require the district, the third-party employer, the independent contractor, and the retiree subject to this section to provide documentation showing compliance with this section. If such documentation is not provided, the retirement system may deem the retiree to have exceeded the limitations provided in this section.**

169.715. 1. Any person receiving a retirement allowance under sections 169.600 to 169.712, and who elected a reduced retirement allowance under subsection 4 of section 169.670 with his spouse as the nominated beneficiary, may nominate a successor beneficiary under either of the following circumstances:

(1) If the nominated beneficiary precedes the retired person in death, the retired person may, upon remarriage, nominate the new spouse under the same option elected in the application for retirement;

(2) If the marriage of the retired person and the nominated beneficiary is dissolved, and if the dissolution decree provides for sole retention by the retired person of all rights in the retirement allowance, the retired person may, upon remarriage, nominate the new spouse under the same option elected in the application

for retirement.

2. Any nomination of a successor beneficiary under subdivision (1) or (2) of subsection 1 of this section must be made in accordance with procedures established by the board of trustees, and must be filed within ninety days of May 6, 1993, or within [ninety days] **one year** of the remarriage, whichever later occurs. Upon receipt of a successor nomination filed in accordance with those procedures, the board shall adjust the retirement allowance to reflect actuarial considerations of that nomination as well as previous beneficiary and successor beneficiary nominations.

3. Any person receiving a retirement allowance under sections 169.600 to 169.715 who elected a reduced retirement allowance under subsection 4 of section 169.670 with his or her spouse as the nominated beneficiary may have the retirement allowance increased to the amount the retired member would be receiving had the retired member elected option 1 if:

(1) The marriage of the retired person and the nominated spouse is dissolved on or after September 1, 2016;

(2) If the dissolution decree provides for sole retention by the retired person of all rights in the retirement allowance; and

(3) The person receives a retirement allowance under subsection 4 of section 169.670.

Any such increase in the retirement allowance shall be effective upon the receipt of an application for such increase and a certified copy of the decree of dissolution that meets the requirements of this section.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 5

Amend House Amendment No. 5 to House Committee Substitute for Senate Bill No. 639, Page 7 Line 39 to Page 12, Line 38, by deleting all of said lines and inserting in lieu thereof the following:

“86.200. The following words and phrases as used in sections 86.200 to 86.366, unless a different meaning is plainly required by the context, shall have the following meanings:

(1) “Accumulated contributions”, the sum of all mandatory contributions deducted from the compensation of a member and credited to the member’s individual account, together with members’ interest thereon;

(2) “Actuarial equivalent”, a benefit of equal value when computed upon the basis of mortality tables and interest assumptions adopted by the board of trustees;

(3) “Average final compensation”:

(a) With respect to a member who earns no creditable service on or after October 1, 2001, the average earnable compensation of the member during the member’s last three years of creditable service as a police officer, or if the member has had less than three years of creditable service, the average earnable compensation of the member’s entire period of creditable service;

(b) With respect to a member who is not participating in the DROP pursuant to section 86.251 on October 1, 2001, who did not participate in the DROP at any time before such date, and who earns any creditable service on or after October 1, 2001, the average earnable compensation of the member during the

member's last two years of creditable service as a [policeman] **police officer**, or if the member has had less than two years of creditable service, then the average earnable compensation of the member's entire period of creditable service;

(c) With respect to a member who is participating in the DROP pursuant to section 86.251 on October 1, 2001, or whose participation in DROP ended before such date, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer for reasons other than death or disability before earning at least two years of creditable service after such return, the portion of the member's benefit attributable to creditable service earned before DROP entry shall be determined using average final compensation as defined in paragraph (a) of this subdivision; and the portion of the member's benefit attributable to creditable service earned after return to active participation in the system shall be determined using average final compensation as defined in paragraph (b) of this subdivision;

(d) With respect to a member who is participating in the DROP pursuant to section 86.251 on October 1, 2001, or whose participation in the DROP ended before such date, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer after earning at least two years of creditable service after such return, the member's benefit attributable to all of such member's creditable service shall be determined using the member's average final compensation as defined in paragraph (b) of this subdivision;

(e) With respect to a member who is participating in the DROP pursuant to section 86.251 on October 1, 2001, or whose participation in DROP ended before such date, who returns to active participation in the system pursuant to section 86.251, and whose employment as a police officer terminates due to death or disability after such return, the member's benefit attributable to all of such member's creditable service shall be determined using the member's average final compensation as defined in paragraph (b) of this subdivision; and

(f) With respect to the surviving spouse or surviving dependent child of a member who earns any creditable service on or after October 1, 2001, the average earnable compensation of the member during the member's last two years of creditable service as a police officer or, if the member has had less than two years of creditable service, the average earnable compensation of the member's entire period of creditable service;

(4) "Beneficiary", any person in receipt of a retirement allowance or other benefit;

(5) "Board of trustees", the board provided in sections 86.200 to 86.366 to administer the retirement system;

(6) "Creditable service", prior service plus membership service as provided in sections 86.200 to 86.366;

(7) "DROP", the deferred retirement option plan provided for in section 86.251;

(8) "Earnable compensation", the annual salary established under section 84.160 which a member would earn during one year on the basis of the member's rank or position plus any additional compensation for academic work and shift differential that may be provided by any official or board now or hereafter authorized by law to employ and manage a permanent police force in such cities. Such amount shall include the member's deferrals to a deferred compensation plan pursuant to Section 457 of the Internal Revenue Code or to a cafeteria plan pursuant to Section 125 of the Internal Revenue Code or, effective October 1, 2001, to a transportation fringe benefit program pursuant to Section 132(f)(4) of the Internal Revenue Code. Earnable compensation shall not include a member's additional compensation for overtime, standby time,

court time, nonuniform time or unused vacation time. Notwithstanding the foregoing, the earnable compensation taken into account under the plan established pursuant to sections 86.200 to 86.366 with respect to a member who is a noneligible participant, as defined in this subdivision, for any plan year beginning on or after October 1, 1996, shall not exceed the amount of compensation that may be taken into account under Section 401(a)(17) of the Internal Revenue Code, as adjusted for increases in the cost of living, for such plan year. For purposes of this subdivision, a “noneligible participant” is an individual who first becomes a member on or after the first day of the first plan year beginning after the earlier of:

(a) The last day of the plan year that includes August 28, 1995; or

(b) December 31, 1995;

(9) “Internal Revenue Code”, the federal Internal Revenue Code of 1986, as amended;

(10) “Mandatory contributions”, the contributions required to be deducted from the salary of each member who is not participating in DROP in accordance with section 86.320;

(11) “Medical board”, the health care organization appointed by the trustees of the police retirement board and responsible for arranging and passing upon all medical examinations required under the provisions of sections 86.200 to 86.366, which shall investigate all essential statements and certificates made by or on behalf of a member in connection with an application for disability retirement and shall report in writing to the board of trustees its conclusions and recommendations;

(12) “Member”, a member of the retirement system as defined by sections 86.200 to 86.366;

(13) “Members’ interest”, interest on accumulated contributions at such rate as may be set from time to time by the board of trustees;

(14) “Membership service”, service as a [policeman] **police officer** rendered since last becoming a member, except in the case of a member who has served in the Armed Forces of the United States and has subsequently been reinstated as a [policeman] **police officer**, in which case “membership service” means service as a [policeman] **police officer** rendered since last becoming a member prior to entering such armed service;

(15) “Plan year” or “limitation year”, the twelve consecutive-month period beginning each October first and ending each September thirtieth;

(16) [“Policeman” or] “Police officer”, any member of the police force of such cities who holds a rank in such police force;

(17) “Prior service”, all service as a [policeman] **police officer** rendered prior to the date the system becomes operative or prior to membership service which is creditable in accordance with the provisions of sections 86.200 to 86.366;

(18) “Reserve officer”, any member of the police reserve force of such cities, armed or unarmed, who works less than full time, without compensation, and who, by his or her assigned function or as implied by his or her uniform, performs duties associated with those of a police officer and who currently receives a service retirement as provided by sections 86.200 to 86.366;

(19) “Retirement allowance”, annual payments for life as provided by sections 86.200 to 86.366 which shall be payable in equal monthly installments or any benefits in lieu thereof granted to a member upon termination of employment as a police officer and actual retirement;

(20) “Retirement system”, the police retirement system of the cities as defined in sections 86.200 to 86.366;

(21) “Surviving spouse”, the surviving spouse of a member who was the member’s spouse at the time of the member’s death.

86.207. 1. Except as provided herein, all persons who become [policemen] **police officers** and all [policemen] **police officers** who enter or reenter the service of any city not within a county after the first day of October, 1957, become members as a condition of their employment and shall receive no pensions or retirement allowance from any other pension or retirement system supported wholly or in part by the city not within a county or the state of Missouri, nor shall they be required to make contributions under any other pension or retirement system of the city not within a county or the state of Missouri for the same period of service, anything to the contrary notwithstanding. Any employee of a city not within a county who is earning creditable service in a retirement plan established by said city under section 95.540 and subsequently becomes a [policeman] **police officer** may elect to remain a member of said retirement plan and shall not be required to become a member of a police retirement system established under [section] **sections 86.200 to 86.366**. However, an employee of a city not within a county who is earning creditable service in a retirement plan established by said city under section 95.540 and who subsequently becomes a [policeman] **police officer** may elect to transfer membership and creditable service to the police retirement system created under [section] **sections 86.200 to 86.366**. Such transfers are subject to the conditions and requirements contained in section 105.691 and are also subject to any existing agreements between the said retirement plans; provided however, transfers completed [prior to January 1, 2016,] **within one year of becoming a police officer** shall occur without regard to the vesting requirements of the receiving plan contained in section 105.691. As part of the transfer process described herein, the respective retirement plans may require the employee to acknowledge and agree as a condition of transfer that any election made under this section is irrevocable, constitutes a waiver of any right to receive retirement and disability benefits except as provided by the police retirement system, and that plan terms may be modified in the future.

2. If any member ceases to be in service for more than one year unless the member has attained the age of fifty-five or has twenty years or more of creditable service, or if the member withdraws the member’s accumulated contributions or if the member receives benefits under the retirement system or dies, the member thereupon ceases to be a member; except in the case of a member who has served in the Armed Forces of the United States and has subsequently been reinstated as a [policeman] **police officer**. A member who has terminated employment as a police officer, has actually retired and is receiving retirement benefits under the system shall be considered a retired member.

3. A reserve officer shall not be considered a member of the system for the purpose of determining creditable service, nor shall any contributions be due. A reserve officer shall not be entitled to any benefits from the system other than those awarded when the reserve officer originally retired under section 86.250, nor shall service as a reserve officer prohibit distribution of those benefits.

86.210. 1. Under such rules and regulations as the board of trustees shall adopt, each member who was a [policeman] **police officer** on and prior to the date the retirement system becomes operative and who becomes a member within one year from such date and each member who was a [policeman] **police officer** prior to reentering the service of the city as a [policeman] **police officer**, shall file a detailed statement of all service as a [policeman] **police officer** rendered by the member prior to the date the retirement system

becomes operative or prior to the date of last becoming a member, for which the member claims credit. If such member has withdrawn the member's accumulated contributions prior to reentering said service, then the member shall repay all such accumulated contributions plus the applicable members' interest thereon from the date of withdrawal to the date of repayment in order to receive credit for such prior service.

2. The board of trustees shall fix and determine by proper rules and regulations how much service in any year is equivalent to one year of service, but in no case shall more than one year of service be creditable for all service in one calendar year, nor shall the board of trustees allow credit as service for any period of more than one month's duration during which the member was absent without pay.

3. Subject to the above restrictions and to such other rules and regulations as the board of trustees may adopt, the board of trustees shall verify the service claims as soon as practicable after the filing of such statement of service.

4. Upon verification of the statements of service the board of trustees shall issue prior service certificates, certifying to each member the length of prior service with which the member is credited on the basis of such member's statement of service. So long as the holder of such a certificate continues to be a member, a prior service certificate shall be final and conclusive for retirement purposes as to such service; provided, however, that any member may, within one year from the date of issuance or modification of such certificate, request the board of trustees to modify or correct such prior service certificate. When any [policeman] **police officer** ceases to be a member, the former member's prior service certificate shall become void. Should the former member again become a member, the former member shall enter the retirement system as a member not entitled to prior service credit except as provided in sections 86.200 to 86.366.

5. Creditable service at retirement on which the retirement allowance of a member shall be based shall consist of the membership service rendered by the member since last becoming a member and also if the member has a prior service certificate which is in full force and effect, the amount of the service certified on such prior service certificate.

86.253. 1. Upon termination of employment as a police officer and actual retirement for service, a member shall receive a service retirement allowance which shall be an amount equal to two percent of the member's average final compensation multiplied by the number of years of the member's creditable service, up to twenty-five years, plus an amount equal to four percent of the member's average final compensation for each year of creditable service in excess of twenty-five years but not in excess of thirty years; plus an additional five percent of the member's average final compensation for any creditable service in excess of thirty years. Notwithstanding the foregoing, the service retirement allowance of a member who does not earn any creditable service after August 11, 1999, shall not exceed an amount equal to seventy percent of the member's average final compensation, and the service retirement allowance of a member who earns creditable service on or after August 12, 1999, shall not exceed an amount equal to seventy-five percent of the member's average final compensation; provided, however, that the service retirement allowance of a member who is participating in the DROP pursuant to section 86.251 on August 12, 1999, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer and actually retires for reasons other than death or disability before earning at least two years of creditable service after such return shall be the sum of (1) the member's service retirement allowance as of the date the member entered DROP and (2) an additional service retirement allowance based solely on the creditable service earned by the member following the member's return to active participation. The

member's total years of creditable service shall be taken into account for the purpose of determining whether the additional allowance attributable to such additional creditable service is two percent, four percent or five percent of the member's average final compensation.

2. If, at any time since first becoming a member of the retirement system, the member has served in the Armed Forces of the United States, and has subsequently been reinstated as a [policeman] **police officer** within ninety days after the member's discharge, the member shall be granted credit for such service as if the member's service in the police department of such city had not been interrupted by the member's induction into the Armed Forces of the United States. If earnable compensation is needed for such period in computation of benefits it shall be calculated on the basis of the compensation payable to the officers of the member's rank during the period of the member's absence. Notwithstanding any provision of sections 86.200 to 86.366 to the contrary, the retirement system governed by sections 86.200 to 86.366 shall be operated and administered in accordance with the applicable provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

3. The service retirement allowance of each present and future retired member who terminated employment as a police officer and actually retired from service after attaining age fifty-five or after completing twenty years of creditable service shall be increased annually at a rate not to exceed three percent as approved by the board of trustees beginning with the first increase in the second October following the member's retirement and subsequent increases in each October thereafter, provided that each increase is subject to a determination by the board of trustees that the consumer price index (United States City Average Index) as published by the United States Department of Labor shows an increase of not less than the approved rate during the latest twelve-month period for which the index is available at the date of determination; and provided further, that if the increase is in excess of the approved rate for any year, such excess shall be accumulated as to any retired member and increases may be granted in subsequent years subject to a maximum of three percent for each full year from October following the member's retirement but not to exceed a total percentage increase of thirty percent. In no event shall the increase described under this subsection be applied to the amount, if any, paid to a member or surviving spouse of a deceased member for services as a special consultant under subsection 5 of this section [or, if applicable, subsection 6 of this section]. If the board of trustees determines that the index has decreased for any year, the benefits of any retired member that have been increased shall be decreased but not below the member's initial benefit. No annual increase shall be made of less than one percent and no decrease of less than three percent except that any decrease may be limited in amount by the initial benefit.

4. In addition to any other retirement allowance payable under this section and section 86.250, a member, upon termination of employment as police officer and actual service retirement, may request payment of the total amount of the member's mandatory contributions to the retirement system without interest. Upon receipt of such request, the board shall pay the retired member such total amount of the member's mandatory contributions to the retirement system to be paid pursuant to this subsection within sixty days after such retired member's date of termination of employment as a police officer and actual retirement.

5. Any person who is receiving retirement benefits from the retirement system, upon application to the board of trustees, shall be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters, for the remainder of the person's life or, in the case of a deceased member's surviving spouse, until the earlier of the person's death or remarriage, and upon request of the board of trustees shall give opinions and be available to give opinions in writing

or orally, in response to such requests, as may be required. For such services the special consultant shall be compensated monthly, in an amount which, when added to any monthly retirement benefits being received from the retirement system, including any cost-of-living increases under subsection 3 of this section, shall total six hundred fifty dollars a month. This employment shall in no way affect any person's eligibility for retirement benefits under this chapter, or in any way have the effect of reducing retirement benefits, notwithstanding any provisions of law to the contrary.

86.267. 1. Upon termination of employment as a police officer and actual retirement for accidental disability, other than permanent total disability as defined in subsection 2, a member shall receive a retirement allowance of seventy-five percent of the member's average final compensation.

2. Any member who, as the natural and proximate result of an accident occurring at some definite time and place in the actual performance of the member's duty through no negligence on the member's part, is permanently and totally incapacitated from performing any work, occupation or vocation of any kind whatsoever shall receive a retirement allowance as under subsection 1 or, in the discretion of the board of trustees, may receive a larger retirement allowance in an amount not exceeding the member's rate of compensation as a [policeman] **police officer** in effect as of the date the allowance begins.

3. The board of trustees, in its discretion, may, in addition to the allowance granted in accordance with the provisions of subsections 1 and 2, grant an allowance in an amount to be determined by the board of trustees, to provide such member with surgical, medical and hospital care reasonably required after retirement, which are the result and in consequence of the accident causing such disability.

4. Any person who is receiving benefits pursuant to subsection 2 of this section on or after August 28, 1997, and any person who is receiving benefits pursuant to subsection 1 of this section on or after October 1, 2001, and who made mandatory contributions to the retirement system, upon application to the board of trustees, shall be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters, and upon request of the board of trustees shall give opinions and be available to give opinions in writing or orally, in response to such requests, as may be required. For such services the retired member shall be paid a lump sum payment in an amount equal to the total amount of the member's mandatory contributions to the retirement system, without interest, within sixty days after approval of the retired member's application by the board of trustees.

86.290. Should a member cease to be a [policeman] **police officer** except by death or actual retirement, the member may request payment of the amount of the accumulated contributions standing to the credit of the member's individual account, including members' interest, in which event such amount shall be paid to the member not later than one year after the member ceases to be a [policeman] **police officer**. If the former member is reemployed as a [policeman] **police officer** before any portion of such former member's accumulated contributions is distributed, no distribution shall be made. If the former member is reemployed as a [policeman] **police officer** after a portion of the former member's accumulated contributions is distributed, the amount remaining shall also be distributed.

86.360. The board of trustees provided for by section 86.213 is hereby authorized to consolidate, combine and transfer funds provided by sections 86.010 to 86.193 with the funds provided by sections 86.200 to 86.366 in such a manner as will simplify the operations of the two systems. Separate records shall be maintained only to the extent necessary to determine and pay the benefits provided by sections 86.010 to 86.193 for those [policemen] **police officers** electing not to become members of the retirement system provided by sections 86.200 to 86.366. The board of trustees may accept the membership records of the

older system in lieu of the requirements in section 86.210. The board of trustees may authorize the use of the same actuarial assumptions and interest rate in the calculation of the contributions by the cities for both systems and the accrued liability rate may be a combined rate for both systems.”; and

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Bill No. 639, Page 8, Section 56.840, Line 25, by inserting after all of said line the following:

“70.600. The following words and phrases as used in sections 70.600 to 70.755, unless a different meaning is plainly required by the context, shall mean:

(1) “Accumulated contributions”, the total of all amounts deducted from the compensations of a member and standing to the member’s credit in his or her individual account in the members deposit fund, together with investment credits thereon;

(2) “Actuarial equivalent”, a benefit of equal reserve value;

(3) “Allowance”, the total of the annuity and the pension. All allowances shall be paid not later than the tenth day of each calendar month;

(4) “Annuity”, a monthly amount derived from the accumulated contributions of a member and payable by the system throughout the life of a person or for a temporary period;

(5) “Beneficiary”, any person who is receiving or designated to receive a system benefit, except a retiree;

(6) “Benefit program”, a schedule of benefits or benefit formulas from which the amounts of system benefits can be determined;

(7) “Board of trustees” or “board”, the board of trustees of the system;

(8) “Compensation”, the remuneration paid an employee by a political subdivision or by an elected fee official of the political subdivision for personal services rendered by the employee for the political subdivision or for the elected fee official in the employee’s public capacity; provided, that for an elected fee official, “compensation” means that portion of his or her fees which is net after deduction of (a) compensation paid by such elected fee official to his or her office employees, if any, and (b) the ordinary and necessary expenses paid by such elected fee official and attributable to the operation of his or her office. In cases where an employee’s compensation is not all paid in money, the political subdivision shall fix the reasonable value of the employee’s compensation not paid in money. In determining compensation no consideration shall be given to:

(a) Any nonrecurring single sum payment paid by an employer;

(b) Employer contributions to any employee benefit plan or trust;

(c) Any other unusual or nonrecurring remuneration; or

(d) Compensation in excess of the limitations set forth in Internal Revenue Code Section 401(a)(17). The limitation on compensation for eligible employees shall not be less than the amount which was allowed to be taken into account under the system as in effect on July 1, 1993. For purposes of this paragraph, an “eligible employee” is an individual who was a member of the system before the first plan year beginning

after December 31, 1995;

(9) “Credited service”, the total of a member’s prior service and membership service, to the extent such service is standing to the member’s credit as provided in sections 70.600 to 70.755;

(10) “Employee”, any person regularly employed by a political subdivision who receives compensation from the political subdivision for personal services rendered the political subdivision, including any elected official of the political subdivision whose position requires his or her regular personal services and who is compensated wholly or in part on a fee basis, and including the employees of such elected fee officials who may be compensated by such elected fee officials. The term “employee” may include any elected county official. The term “employee” shall not include any person:

(a) Who is not an elected official of the political subdivision and who is included as an active member in any other plan similar in purpose to this system by reason of his or her employment with his or her political subdivision, except the federal Social Security Old Age, Survivors, and Disability Insurance Program, as amended; or

(b) Who acts for the political subdivision under contract; or

(c) Who is paid wholly on a fee basis, except elected officials and their employees; or

(d) Who holds the position of mayor, presiding judge, president or chairman of the political subdivision or is a member of the governing body of the political subdivision; except that, such an official of a political subdivision having ten or more other employees may become a member if the official is covered under the federal Social Security Old Age, Survivors, and Disability Insurance Program, as amended, by reason of such official’s employment with his or her political subdivision, by filing written application for membership with the board after the date the official qualifies for such position or within thirty days after the date his or her political subdivision becomes an employer, whichever date is later;

(11) “Employer”, any political subdivision which has elected to have all its eligible employees covered by the system;

(12) “Final average salary”, the monthly average of the compensations paid an employee during the period of sixty or, if an election has been made in accordance with section 70.656, thirty-six consecutive months of credited service producing the highest monthly average, which period is contained within the period of one hundred twenty consecutive months of credited service immediately preceding his or her termination of membership. Should a member have less than sixty or, if an election has been made in accordance with section 70.656, thirty-six months of credited service, “final average salary” means the monthly average of compensation paid the member during his or her total months of credited service;

(13) “[Fireman] **Firefighter**”, any regular or permanent employee of the fire department of a political subdivision, including a probationary [fireman] **firefighter**. The term “[fireman] **firefighter**” shall not include:

(a) Any volunteer [fireman] **firefighter**; [or]

(b) Any civilian employee of a fire department, **except as provided in section 70.631**; or

(c) Any person temporarily employed as a [fireman] **firefighter** for an emergency;

(14) “Member”, any employee included in the membership of the system;

(15) “Membership service”, employment as an employee with the political subdivision from and after

the date such political subdivision becomes an employer, which employment is creditable as service hereunder;

(16) “Minimum service retirement age”, age sixty for a member who is neither a [policeman] **police officer** nor a [fireman] **firefighter**; “minimum service retirement age”, age fifty-five for a member who is a [policeman] **police officer** or a [fireman] **firefighter**;

(17) “Pension”, a monthly amount derived from contributions of an employer and payable by the system throughout the life of a person or for a temporary period;

(18) “[Policeman] **Police officer**”, any regular or permanent employee of the police department of a political subdivision, including a probationary [policeman] **police officer**. The term “[policeman] **police officer**” shall not include:

- (a) Any civilian employee of a police department, **except as provided in section 70.631**; or
- (b) Any person temporarily employed as a [policeman] **police officer** for an emergency;

(19) “Political subdivision”, any governmental subdivision of this state created pursuant to the laws of this state, and having the power to tax, except public school districts; a board of utilities or a board of public works which is required by charter or ordinance to establish the compensation of employees of the utility separate from the compensation of other employees of the city may be considered a political subdivision for purposes of sections 70.600 to 70.755; a joint municipal utility commission may be considered a political subdivision for purposes of sections 70.600 to 70.755;

(20) “Prior service”, employment as an employee with the political subdivision prior to the date such political subdivision becomes an employer, which employment is creditable as service hereunder;

(21) “Regular interest” or “investment credits”, such reasonable rate or rates per annum, compounded annually, as the board shall adopt annually;

(22) “Reserve”, the present value of all payments to be made on account of any system benefit based upon such tables of experience and regular interest as the board shall adopt from time to time;

(23) “Retirant”, a former member receiving a system allowance by reason of having been a member;

(24) “Retirement system” or “system”, the Missouri local government employees’ retirement system.

70.605. 1. For the purpose of providing for the retirement or pensioning of the officers and employees and the widows and children of deceased officers and employees of any political subdivision of the state, there is hereby created and established a retirement system which shall be a body corporate, which shall be under the management of a board of trustees herein described, and shall be known as the “Missouri Local Government Employees’ Retirement System”. Such system may sue and be sued, transact business, invest funds, and hold cash, securities, and other property. All suits or proceedings directly or indirectly against the system shall be brought in Cole County. The system shall begin operations on the first day of the calendar month next following sixty days after the date the board of trustees has received certification from ten political subdivisions that they have elected to become employers.

2. The general administration and the responsibility for the proper operation of the system is vested in a board of trustees of seven persons: three persons to be elected as trustees by the members of the system; three persons to be elected trustees by the governing bodies of employers; and one person, to be appointed by the governor, who is not a member, retirant, or beneficiary of the system and who is not a member of

the governing body of any political subdivision.

3. Trustees shall be chosen for terms of four years from the first day of January next following their election or appointment, except that of the first board shall all be appointed by the governor by and with the consent of the senate, as follows:

(1) Three persons who are officers or officials of political subdivisions, one for a term of three years, one for a term of two years, and one for a term of one year; and

(2) Three persons who are employees of political subdivisions and who would, if the subdivision by which they are employed becomes an employer, be eligible as members, one for a term of three years, one for a term of two years, and one for a term of one year; and

(3) That person appointed by the governor under the provisions of subsection 2 of this section. All the members of the first board shall take office as soon as appointed by the governor, but their terms shall be computed from the first day of January next following their appointment, and only one member may be from any political subdivision or be a [policeman] **police officer** or [fireman] **firefighter**.

4. Successor trustees elected or appointed as member trustees shall be members of the retirement system; provided, that not more than one member trustee shall be employed by any one employer, and not more than one member trustee shall be a [policeman] **police officer**, and not more than one member trustee shall be a [fireman] **firefighter**.

5. Successor trustees elected as employer trustees shall be elected or appointed officials of employers and shall not be members of the retirement system; provided, that not more than one employer trustee shall be from any one employer.

6. An annual meeting of the retirement system shall be called by the board in the last calendar quarter of each year in Jefferson City, or at such place as the board shall determine, for the purpose of electing trustees and to transact such other business as may be required for the proper operation of the system. Notice of such meeting shall be sent by registered mail to the clerk or secretary of each employer not less than thirty days prior to the date of such meeting. The governing body of each employer shall certify to the board the name of one delegate who shall be an officer of the employer, and the members of the employer shall certify to the board a member of the employer to represent such employer at such meeting. The delegate certified as member delegate shall be elected by secret ballot by the members of such employer, and the clerk or secretary of each employer shall be charged with the duty of conducting such election in a manner which will permit each member to vote in such election. Under such rules and regulations as the board shall adopt, approved by the delegates, the member delegates shall elect a member trustee for each such position on the board to be filled, and the officer delegates shall elect an employer trustee for each such position on the board to be filled.

7. In the event any member trustee ceases to be a member of the retirement system, or any employer trustee ceases to be an appointed or elected official of an employer, or becomes a member of the retirement system, or if the trustee appointed by the governor becomes a member of the retirement system or an elected or appointed official of a political subdivision, or if any trustee fails to attend three consecutive meetings of the board, unless in each case excused for cause by the remaining trustees attending such meeting or meetings, he or she shall be considered as having resigned from the board and the board shall, by resolution, declare his or her office of trustee vacated. If a vacancy occurs in the office of trustee, the vacancy shall be filled for the unexpired term in the same manner as the office was previously filled; provided, however, that

the remaining trustees may fill employer and member trustee vacancies on the board until the next annual meeting.

8. Each trustee shall be commissioned by the governor, and before entering upon the duties of his or her office, shall take and subscribe to an oath or affirmation to support the Constitution of the United States, and of the state of Missouri, and to demean himself **or herself** faithfully in his **or her** office. Such oath as subscribed to shall be filed in the office of the secretary of state of this state.

9. Each trustee shall be entitled to one vote in the board of trustees. Four votes shall be necessary for a decision by the trustees at any meeting of the board of trustees. Four trustees, of whom at least two shall be member trustees and at least two shall be employer trustees, shall constitute a quorum at any meeting of the board. Unless otherwise expressly provided herein, a meeting need not be called or held to make any decision on a matter before the board. Each member must be sent by the executive secretary a copy of the matter to be decided with full information from the files of the board. The concurring decisions of four trustees may decide the issue by signing a document declaring their decision and sending the written instrument to the executive secretary, provided that no other trustee shall send a dissenting decision to the executive secretary within fifteen days after the document and information was mailed to him or her. If any trustee is not in agreement with the four trustees, the matter is to be passed on at a regular board meeting or a special meeting called for that purpose. The board shall hold regular meetings at least once each quarter, the dates of these meetings to be designated in the rules and regulations adopted by the board. Other meetings as deemed necessary may be called by the chairman or by any four trustees acting jointly.

10. The board of trustees shall elect one of their number as chairman, and one of their number as vice chairman, and shall employ an executive secretary, not one of their number, who shall be the executive officer of the board. Other employees of the board shall be chosen only upon the recommendation of the executive secretary.

11. The board shall appoint an actuary or a firm of actuaries as technical advisor to the board on matters regarding the operation of the system on an actuarial basis. The actuary or actuaries shall perform such duties as are required of him or her under sections 70.600 to 70.755, and as are from time to time required by the board.

12. The board may appoint an attorney-at-law or firm of attorneys-at-law to be the legal advisor of the board and to represent the board in all legal proceedings.

13. The board may appoint an investment counselor to be the investment advisor of the board.

14. The board shall from time to time, after receiving the advice of its actuary, adopt such mortality and other tables of experience, and a rate or rates of regular interest, as shall be necessary for the actuarial requirements of the system, and shall require its executive secretary to keep in convenient form such data as shall be necessary for actuarial investigations of the experience of the system, and such data as shall be necessary for the annual actuarial valuations of the system.

15. The board shall keep a record of its proceedings, which shall be open to public inspection. It shall prepare annually and render to each employer a report showing the financial condition of the system as of the preceding June thirtieth. The report shall contain, but shall not be limited to, a financial balance sheet; a statement of income and disbursements; a detailed statement of investments acquired and disposed of during the year, together with a detailed statement of the annual rates of investment income from all assets and from each type of investment; an actuarial balance sheet prepared by means of the last valuation of the

system, and such other data as the board shall deem necessary or desirable for a proper understanding of the condition of the system.

16. The board of trustees shall, after reasonable notice to all interested parties, conduct administrative hearings to hear and decide questions arising from the administration of sections 70.600 to 70.755; except, that such hearings may be conducted by a hearing officer who shall be appointed by the board. The hearing officer shall preside at the hearing and hear all evidence and rule on the admissibility of evidence. The hearing officer shall make recommended findings of fact and may make recommended conclusions of law to the board. All final orders or determinations or other final actions by the board shall be approved in writing by at least four members of the board. Any board member approving in writing any final order, determination or other final action, who did not attend the hearing, shall do so only after certifying that he or she reviewed all exhibits and read the entire transcript of the hearing. Within thirty days after a decision or order or final action of the board, any member, retirant, beneficiary or political subdivision adversely affected by that determination or order or final action may take an appeal under the provisions of chapter 536. Jurisdiction over any dispute regarding the interpretation of sections 70.600 to 70.755 and the determinations required thereunder shall lie in the circuit court of Cole County.

17. The board shall arrange for adequate surety bonds covering the executive secretary and any other custodian of the funds or investments of the board. When approved by the board, said bonds shall be deposited in the office of the secretary of state.

18. The board shall arrange for annual audits of the records and accounts of the system by a certified public accountant or by a firm of certified public accountants.

19. The headquarters of the retirement system shall be in Jefferson City.

20. The board of trustees shall serve as trustees without compensation for their services as such; except that each trustee shall be paid for any necessary expenses incurred in attending meetings of the board or in the performance of other duties authorized by the board.

21. Subject to the limitations of sections 70.600 to 70.755, the board shall formulate and adopt rules and regulations for the government of its own proceedings and for the administration of the retirement system.

70.610. Each political subdivision, by a majority vote of its governing body, may elect to become an employer and cover its employees under the system, as follows:

(1) The clerk or secretary of the political subdivision shall certify the election to be an employer to the board within ten days after the vote of the governing body. The effective date of the political subdivision's coverage is the first day of the calendar month next following receipt by the board of the election to be an employer, or the operative date of the system, whichever is the later.

(2) An employer must cover all its employees who are neither [policemen] **police officers** nor [firemen] **firefighters** and may cover its [policemen] **police officers** or [firemen] **firefighters** or both.

70.615. After October 13, 1967, a political subdivision shall not commence coverage of its employees who are neither [policemen] **police officers** nor [firemen] **firefighters** under another plan similar in purpose to this system, other than under this system, except the federal Social Security Old Age, Survivors, and Disability Insurance Program, as amended; except that, any political corporation or subdivision of this state, now having or which may hereafter have an assessed valuation of one hundred million dollars or more, which does not now have a pension system for its officers and employees adopted pursuant to state law, may

provide by proper legislative action of its governing body for the pensioning of its officers and employees and the widows and minor children of deceased officers and employees under a plan separate and apart from that provided in sections 70.600 to 70.670 and appropriate and utilize its revenues and other available funds for such purposes, and except that the board of hospital trustees of any hospital which is owned by any political corporation or subdivision of this state, may provide for the pensioning of its employees and the widows and minor children of deceased employees under a plan separate and apart from that provided in sections 70.600 to 70.670, and utilize its revenues and other funds for such purposes.”; and

Further amend said bill, Page 9, Section 70.621, Line 24, by inserting after all of said line the following:

“70.630. 1. The membership of the system shall include the following persons:

(1) All employees who are neither [policemen] **police officers** nor [firemen] **firefighters** who are in the employ of a political subdivision the day preceding the date such political subdivision becomes an employer and who continue in such employ on and after such date shall become members of the system.

(2) All persons who become employed by a political subdivision as neither [policemen] **police officers** nor [firemen] **firefighters** on or after the date such political subdivision becomes an employer shall become members of the system.

(3) If his **or her** employing political subdivision has elected to cover present and future [policemen] **police officers**, all [policemen] **police officers** who are in the employ of a political subdivision the day preceding the date such political subdivision covers [policemen] **police officers** hereunder and who continue in such employ as a [policeman] **police officer** on and after such date, and all persons who become employed by a political subdivision as a [policeman] **police officer** on or after the date the political subdivision covers [policemen] **police officers** shall become members of the system.

(4) If his **or her** employing political subdivision has elected to cover only future [policemen] **police officers**, all persons who become employed by a political subdivision as a [policeman] **police officer** on or after the date such political subdivision covers [policemen] **police officers** hereunder shall become members of the system.

(5) If his **or her** employing political subdivision has elected to cover present and future [firemen] **firefighters**, all [firemen] **firefighters** who are in the employ of a political subdivision the day preceding the date such political subdivision covers [firemen] **firefighters** hereunder and who continue in such employ as a [fireman] **firefighter** on and after such date, and all persons who become employed by a political subdivision as a [fireman] **firefighter** on or after the date the political subdivision covers [firemen] **firefighters** hereunder shall become members of the system.

(6) If his **or her** employing political subdivision has elected to cover only future [firemen] **firefighters**, all persons who become employed by a political subdivision as a [fireman] **firefighter** on or after the date such political subdivision covers [firemen] **firefighters** hereunder shall become members of the system.

2. In no event shall an employee become a member if continuous employment to time of retirement will leave the employee with less than minimum number of years of credited service specified in section 70.645.

3. In any case of question as to the system membership status of any person, the board shall decide the question.

70.631. 1. Each political subdivision may, by majority vote of its governing body, elect to cover jailers as police officer members of the system and emergency medical service personnel as firefighter

members of the system. The clerk or secretary of the political subdivision shall certify an election concerning the coverage of jailers as police officer members of the system and emergency medical service personnel as firefighter members of the system to the board within ten days after such vote. The date on which the political subdivision's election becomes effective shall be the first day of the calendar month specified by such governing body, the first day of the calendar month next following receipt by the board of the certification of the election, or the effective date of the political subdivision becoming an employer, whichever is the latest date. Such election shall not be changed after the effective date. If the election is made, the coverage provisions shall be applicable to the past and future employment with the employer by present and future employees.

2. If an employer elects to cover jailers as police officer members of the system and emergency medical service personnel as firefighter members of the system, the employer contributions shall be correspondingly changed effective the same date as the effective date of the political subdivision's election.

3. The limitation on increases in an employer's contributions under subsection 6 of section 70.730 shall not apply to any contribution increase resulting from an employer making an election under the provisions of this section.

70.730. 1. Each employer's contributions to the system shall be the total of the contribution amounts provided for in subsections 2 through 5 of this section; provided, that such contributions shall be subject to the provisions of subsection 6 of this section.

2. An employer's normal cost contributions shall be determined as follows: using the financial assumptions adopted by the board from time to time, the actuary shall annually compute the rate of contributions which, if paid annually by each employer during the total service of its members, will be sufficient to provide the pension reserves required at the time of their retirements to cover the pensions to which they might be entitled or which might be payable on their behalf. The board shall annually certify to the governing body of each employer the amount of membership service contribution so determined, and each employer shall pay such amount to the system during the employer's next fiscal year which begins six months or more after the date of such board certification. Such payments shall be made in such manner and form and in such frequency and shall be accompanied by such supporting data as the board shall from time to time determine. When received, such payments shall be credited to the employer's account in the employer accumulation fund.

3. An employer's accrued service contributions shall be determined as follows: using the financial assumptions adopted by the board from time to time, the actuary shall annually compute for each employer the portions of pension reserves for pensions which will not be provided by future normal cost contributions. The accrued service pension reserves so determined for each employer less the employer's applicable balance in the employer accumulation fund shall be amortized over a period of years, as determined by the board. Such period of years shall not extend beyond the latest of:

- (1) forty years from the date the political subdivision became an employer[, or] ;
- (2) thirty years from the date the employer last elected to increase its optional benefit program[,] ; or
- (3) fifteen years from the date of the annual actuarial computation.

The board shall annually certify to the governing body of each employer the amount of accrued service contribution so determined for the employer, and each employer shall pay such amount to the system during

the employer's next fiscal year which begins six months or more after the date of such board certification. Such payments shall be made in such manner and form and in such frequency and shall be accompanied by such supporting data as the board shall from time to time determine. When received, such payments shall be credited to the employer's account in the employer accumulation fund.

4. The employer's contributions for the portions of disability pensions or pensions that result from a member's death that was the natural and proximate result of a personal injury or disease arising out of and in the course of his or her actual performance of duty as an employee not covered by accrued service pension reserves shall be determined on a one-year term basis. The board may determine different rates of contributions for employers having [policeman] **police officer** members or having [fireman] **firefighter** members or having neither [policeman] **police officer** members nor [fireman] **firefighter** members. The board shall annually certify to the governing body of each employer the amount of contribution so ascertained for the employer, and each employer shall pay such amount to the system during the employer's next fiscal year which begins six months or more after the date of such board certification. Such payments shall be made in such manner and form and in such frequency and shall be accompanied by such supporting data as the board shall from time to time ascertain. When received, such payments shall be credited to the casualty reserve fund.

5. Each employer shall provide its share, as determined by the board, of the administrative expenses of the system and shall pay the same to the system to be credited to the income-expense fund.

6. The employer's total contribution to the system, expressed as a percent of active member compensations, in any employer fiscal year, beginning with the second fiscal year that the political subdivision is an employer, shall not exceed its total contributions for the immediately preceding fiscal year, expressed as a percent of active member compensations, by more than one percent.

86.200. The following words and phrases as used in sections 86.200 to 86.366, unless a different meaning is plainly required by the context, shall have the following meanings:

(1) "Accumulated contributions", the sum of all mandatory contributions deducted from the compensation of a member and credited to the member's individual account, together with members' interest thereon;

(2) "Actuarial equivalent", a benefit of equal value when computed upon the basis of mortality tables and interest assumptions adopted by the board of trustees;

(3) "Average final compensation":

(a) With respect to a member who earns no creditable service on or after October 1, 2001, the average earnable compensation of the member during the member's last three years of creditable service as a police officer, or if the member has had less than three years of creditable service, the average earnable compensation of the member's entire period of creditable service;

(b) With respect to a member who is not participating in the DROP pursuant to section 86.251 on October 1, 2001, who did not participate in the DROP at any time before such date, and who earns any creditable service on or after October 1, 2001, the average earnable compensation of the member during the member's last two years of creditable service as a [policeman] **police officer**, or if the member has had less than two years of creditable service, then the average earnable compensation of the member's entire period of creditable service;

(c) With respect to a member who is participating in the DROP pursuant to section 86.251 on October 1, 2001, or whose participation in DROP ended before such date, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer for reasons other than death or disability before earning at least two years of creditable service after such return, the portion of the member's benefit attributable to creditable service earned before DROP entry shall be determined using average final compensation as defined in paragraph (a) of this subdivision; and the portion of the member's benefit attributable to creditable service earned after return to active participation in the system shall be determined using average final compensation as defined in paragraph (b) of this subdivision;

(d) With respect to a member who is participating in the DROP pursuant to section 86.251 on October 1, 2001, or whose participation in the DROP ended before such date, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer after earning at least two years of creditable service after such return, the member's benefit attributable to all of such member's creditable service shall be determined using the member's average final compensation as defined in paragraph (b) of this subdivision;

(e) With respect to a member who is participating in the DROP pursuant to section 86.251 on October 1, 2001, or whose participation in DROP ended before such date, who returns to active participation in the system pursuant to section 86.251, and whose employment as a police officer terminates due to death or disability after such return, the member's benefit attributable to all of such member's creditable service shall be determined using the member's average final compensation as defined in paragraph (b) of this subdivision; and

(f) With respect to the surviving spouse or surviving dependent child of a member who earns any creditable service on or after October 1, 2001, the average earnable compensation of the member during the member's last two years of creditable service as a police officer or, if the member has had less than two years of creditable service, the average earnable compensation of the member's entire period of creditable service;

(4) "Beneficiary", any person in receipt of a retirement allowance or other benefit;

(5) "Board of trustees", the board provided in sections 86.200 to 86.366 to administer the retirement system;

(6) "Creditable service", prior service plus membership service as provided in sections 86.200 to 86.366;

(7) "DROP", the deferred retirement option plan provided for in section 86.251;

(8) "Earnable compensation", the annual salary established under section 84.160 which a member would earn during one year on the basis of the member's rank or position plus any additional compensation for academic work and shift differential that may be provided by any official or board now or hereafter authorized by law to employ and manage a permanent police force in such cities. Such amount shall include the member's deferrals to a deferred compensation plan pursuant to Section 457 of the Internal Revenue Code or to a cafeteria plan pursuant to Section 125 of the Internal Revenue Code or, effective October 1, 2001, to a transportation fringe benefit program pursuant to Section 132(f)(4) of the Internal Revenue Code. Earnable compensation shall not include a member's additional compensation for overtime, standby time, court time, nonuniform time or unused vacation time. Notwithstanding the foregoing, the earnable compensation taken into account under the plan established pursuant to sections 86.200 to 86.366 with respect to a member who is a noneligible participant, as defined in this subdivision, for any plan year

beginning on or after October 1, 1996, shall not exceed the amount of compensation that may be taken into account under Section 401(a)(17) of the Internal Revenue Code, as adjusted for increases in the cost of living, for such plan year. For purposes of this subdivision, a “noneligible participant” is an individual who first becomes a member on or after the first day of the first plan year beginning after the earlier of:

(a) The last day of the plan year that includes August 28, 1995; or

(b) December 31, 1995;

(9) “Internal Revenue Code”, the federal Internal Revenue Code of 1986, as amended;

(10) “Mandatory contributions”, the contributions required to be deducted from the salary of each member who is not participating in DROP in accordance with section 86.320;

(11) “Medical board”, the health care organization appointed by the trustees of the police retirement board and responsible for arranging and passing upon all medical examinations required under the provisions of sections 86.200 to 86.366, which shall investigate all essential statements and certificates made by or on behalf of a member in connection with an application for disability retirement and shall report in writing to the board of trustees its conclusions and recommendations;

(12) “Member”, a member of the retirement system as defined by sections 86.200 to 86.366;

(13) “Members’ interest”, interest on accumulated contributions at such rate as may be set from time to time by the board of trustees;

(14) “Membership service”, service as a [policeman] **police officer** rendered since last becoming a member, except in the case of a member who has served in the Armed Forces of the United States and has subsequently been reinstated as a [policeman] **police officer**, in which case “membership service” means service as a [policeman] **police officer** rendered since last becoming a member prior to entering such armed service;

(15) “Plan year” or “limitation year”, the twelve consecutive-month period beginning each October first and ending each September thirtieth;

(16) [“Policeman” or] “Police officer”, any member of the police force of such cities who holds a rank in such police force;

(17) “Prior service”, all service as a [policeman] **police officer** rendered prior to the date the system becomes operative or prior to membership service which is creditable in accordance with the provisions of sections 86.200 to 86.366;

(18) “Reserve officer”, any member of the police reserve force of such cities, armed or unarmed, who works less than full time, without compensation, and who, by his or her assigned function or as implied by his or her uniform, performs duties associated with those of a police officer and who currently receives a service retirement as provided by sections 86.200 to 86.366;

(19) “Retirement allowance”, annual payments for life as provided by sections 86.200 to 86.366 which shall be payable in equal monthly installments or any benefits in lieu thereof granted to a member upon termination of employment as a police officer and actual retirement;

(20) “Retirement system”, the police retirement system of the cities as defined in sections 86.200 to 86.366;

(21) “Surviving spouse”, the surviving spouse of a member who was the member’s spouse at the time of the member’s death.

86.207. 1. Except as provided herein, all persons who become [policemen] **police officers** and all [policemen] **police officers** who enter or reenter the service of any city not within a county after the first day of October, 1957, become members as a condition of their employment and shall receive no pensions or retirement allowance from any other pension or retirement system supported wholly or in part by the city not within a county or the state of Missouri, nor shall they be required to make contributions under any other pension or retirement system of the city not within a county or the state of Missouri for the same period of service, anything to the contrary notwithstanding. Any employee of a city not within a county who is earning creditable service in a retirement plan established by said city under section 95.540 and subsequently becomes a [policeman] **police officer** may elect to remain a member of said retirement plan and shall not be required to become a member of a police retirement system established under section 86.200 to **86.366**. However, an employee of a city not within a county who is earning creditable service in a retirement plan established by said city under section 95.540 and who subsequently becomes a [policeman] **police officer** may elect to transfer membership and creditable service to the police retirement system created under section 86.200 to **86.366**. Such transfers are subject to the conditions and requirements contained in section 105.691 and are also subject to any existing agreements between the said retirement plans; provided however, transfers completed prior to January 1, [2016] **2017**, shall occur without regard to the vesting requirements of the receiving plan contained in section 105.691. As part of the transfer process described herein, the respective retirement plans may require the employee to acknowledge and agree as a condition of transfer that any election made under this section is irrevocable, constitutes a waiver of any right to receive retirement and disability benefits except as provided by the police retirement system, and that plan terms may be modified in the future.

2. If any member ceases to be in service for more than one year unless the member has attained the age of fifty-five or has twenty years or more of creditable service, or if the member withdraws the member’s accumulated contributions or if the member receives benefits under the retirement system or dies, the member thereupon ceases to be a member; except in the case of a member who has served in the Armed Forces of the United States and has subsequently been reinstated as a [policeman] **police officer**. A member who has terminated employment as a police officer, has actually retired and is receiving retirement benefits under the system shall be considered a retired member.

3. A reserve officer shall not be considered a member of the system for the purpose of determining creditable service, nor shall any contributions be due. A reserve officer shall not be entitled to any benefits from the system other than those awarded when the reserve officer originally retired under section 86.250, nor shall service as a reserve officer prohibit distribution of those benefits.

86.210. 1. Under such rules and regulations as the board of trustees shall adopt, each member who was a [policeman] **police officer** on and prior to the date the retirement system becomes operative and who becomes a member within one year from such date and each member who was a [policeman] **police officer** prior to reentering the service of the city as a [policeman] **police officer**, shall file a detailed statement of all service as a [policeman] **police officer** rendered by the member prior to the date the retirement system becomes operative or prior to the date of last becoming a member, for which the member claims credit. If such member has withdrawn the member’s accumulated contributions prior to reentering said service, then the member shall repay all such accumulated contributions plus the applicable members’ interest thereon from the date of withdrawal to the date of repayment in order to receive credit for such prior service.

2. The board of trustees shall fix and determine by proper rules and regulations how much service in any year is equivalent to one year of service, but in no case shall more than one year of service be creditable for all service in one calendar year, nor shall the board of trustees allow credit as service for any period of more than one month's duration during which the member was absent without pay.

3. Subject to the above restrictions and to such other rules and regulations as the board of trustees may adopt, the board of trustees shall verify the service claims as soon as practicable after the filing of such statement of service.

4. Upon verification of the statements of service the board of trustees shall issue prior service certificates, certifying to each member the length of prior service with which the member is credited on the basis of such member's statement of service. So long as the holder of such a certificate continues to be a member, a prior service certificate shall be final and conclusive for retirement purposes as to such service; provided, however, that any member may, within one year from the date of issuance or modification of such certificate, request the board of trustees to modify or correct such prior service certificate. When any [policeman] **police officer** ceases to be a member, the former member's prior service certificate shall become void. Should the former member again become a member, the former member shall enter the retirement system as a member not entitled to prior service credit except as provided in sections 86.200 to 86.366.

5. Creditable service at retirement on which the retirement allowance of a member shall be based shall consist of the membership service rendered by the member since last becoming a member and also if the member has a prior service certificate which is in full force and effect, the amount of the service certified on such prior service certificate.

86.253. 1. Upon termination of employment as a police officer and actual retirement for service, a member shall receive a service retirement allowance which shall be an amount equal to two percent of the member's average final compensation multiplied by the number of years of the member's creditable service, up to twenty-five years, plus an amount equal to four percent of the member's average final compensation for each year of creditable service in excess of twenty-five years but not in excess of thirty years; plus an additional five percent of the member's average final compensation for any creditable service in excess of thirty years. Notwithstanding the foregoing, the service retirement allowance of a member who does not earn any creditable service after August 11, 1999, shall not exceed an amount equal to seventy percent of the member's average final compensation, and the service retirement allowance of a member who earns creditable service on or after August 12, 1999, shall not exceed an amount equal to seventy-five percent of the member's average final compensation; provided, however, that the service retirement allowance of a member who is participating in the DROP pursuant to section 86.251 on August 12, 1999, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer and actually retires for reasons other than death or disability before earning at least two years of creditable service after such return shall be the sum of (1) the member's service retirement allowance as of the date the member entered DROP and (2) an additional service retirement allowance based solely on the creditable service earned by the member following the member's return to active participation. The member's total years of creditable service shall be taken into account for the purpose of determining whether the additional allowance attributable to such additional creditable service is two percent, four percent or five percent of the member's average final compensation.

2. If, at any time since first becoming a member of the retirement system, the member has served in the

Armed Forces of the United States, and has subsequently been reinstated as a [policeman] **police officer** within ninety days after the member's discharge, the member shall be granted credit for such service as if the member's service in the police department of such city had not been interrupted by the member's induction into the Armed Forces of the United States. If earnable compensation is needed for such period in computation of benefits it shall be calculated on the basis of the compensation payable to the officers of the member's rank during the period of the member's absence. Notwithstanding any provision of sections 86.200 to 86.366 to the contrary, the retirement system governed by sections 86.200 to 86.366 shall be operated and administered in accordance with the applicable provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

3. The service retirement allowance of each present and future retired member who terminated employment as a police officer and actually retired from service after attaining age fifty-five or after completing twenty years of creditable service shall be increased annually at a rate not to exceed three percent as approved by the board of trustees beginning with the first increase in the second October following the member's retirement and subsequent increases in each October thereafter, provided that each increase is subject to a determination by the board of trustees that the consumer price index (United States City Average Index) as published by the United States Department of Labor shows an increase of not less than the approved rate during the latest twelve-month period for which the index is available at the date of determination; and provided further, that if the increase is in excess of the approved rate for any year, such excess shall be accumulated as to any retired member and increases may be granted in subsequent years subject to a maximum of three percent for each full year from October following the member's retirement but not to exceed a total percentage increase of thirty percent. In no event shall the increase described under this subsection be applied to the amount, if any, paid to a member or surviving spouse of a deceased member for services as a special consultant under subsection 5 of this section [or, if applicable, subsection 6 of this section]. If the board of trustees determines that the index has decreased for any year, the benefits of any retired member that have been increased shall be decreased but not below the member's initial benefit. No annual increase shall be made of less than one percent and no decrease of less than three percent except that any decrease may be limited in amount by the initial benefit.

4. In addition to any other retirement allowance payable under this section and section 86.250, a member, upon termination of employment as police officer and actual service retirement, may request payment of the total amount of the member's mandatory contributions to the retirement system without interest. Upon receipt of such request, the board shall pay the retired member such total amount of the member's mandatory contributions to the retirement system to be paid pursuant to this subsection within sixty days after such retired member's date of termination of employment as a police officer and actual retirement.

5. Any person who is receiving retirement benefits from the retirement system, upon application to the board of trustees, shall be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters, for the remainder of the person's life or, in the case of a deceased member's surviving spouse, until the earlier of the person's death or remarriage, and upon request of the board of trustees shall give opinions and be available to give opinions in writing or orally, in response to such requests, as may be required. For such services the special consultant shall be compensated monthly, in an amount which, when added to any monthly retirement benefits being received from the retirement system, including any cost-of-living increases under subsection 3 of this section, shall total six hundred fifty dollars a month. This employment shall in no way affect any person's eligibility for

retirement benefits under this chapter, or in any way have the effect of reducing retirement benefits, notwithstanding any provisions of law to the contrary.

86.267. 1. Upon termination of employment as a police officer and actual retirement for accidental disability, other than permanent total disability as defined in subsection 2, a member shall receive a retirement allowance of seventy-five percent of the member's average final compensation.

2. Any member who, as the natural and proximate result of an accident occurring at some definite time and place in the actual performance of the member's duty through no negligence on the member's part, is permanently and totally incapacitated from performing any work, occupation or vocation of any kind whatsoever shall receive a retirement allowance as under subsection 1 or, in the discretion of the board of trustees, may receive a larger retirement allowance in an amount not exceeding the member's rate of compensation as a [policeman] **police officer** in effect as of the date the allowance begins.

3. The board of trustees, in its discretion, may, in addition to the allowance granted in accordance with the provisions of subsections 1 and 2, grant an allowance in an amount to be determined by the board of trustees, to provide such member with surgical, medical and hospital care reasonably required after retirement, which are the result and in consequence of the accident causing such disability.

4. Any person who is receiving benefits pursuant to subsection 2 of this section on or after August 28, 1997, and any person who is receiving benefits pursuant to subsection 1 of this section on or after October 1, 2001, and who made mandatory contributions to the retirement system, upon application to the board of trustees, shall be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters, and upon request of the board of trustees shall give opinions and be available to give opinions in writing or orally, in response to such requests, as may be required. For such services the retired member shall be paid a lump sum payment in an amount equal to the total amount of the member's mandatory contributions to the retirement system, without interest, within sixty days after approval of the retired member's application by the board of trustees.

86.290. Should a member cease to be a [policeman] **police officer** except by death or actual retirement, the member may request payment of the amount of the accumulated contributions standing to the credit of the member's individual account, including members' interest, in which event such amount shall be paid to the member not later than one year after the member ceases to be a [policeman] **police officer**. If the former member is reemployed as a [policeman] **police officer** before any portion of such former member's accumulated contributions is distributed, no distribution shall be made. If the former member is reemployed as a [policeman] **police officer** after a portion of the former member's accumulated contributions is distributed, the amount remaining shall also be distributed.

86.360. The board of trustees provided for by section 86.213 is hereby authorized to consolidate, combine and transfer funds provided by sections 86.010 to 86.193 with the funds provided by sections 86.200 to 86.366 in such a manner as will simplify the operations of the two systems. Separate records shall be maintained only to the extent necessary to determine and pay the benefits provided by sections 86.010 to 86.193 for those [policemen] **police officers** electing not to become members of the retirement system provided by sections 86.200 to 86.366. The board of trustees may accept the membership records of the older system in lieu of the requirements in section 86.210. The board of trustees may authorize the use of the same actuarial assumptions and interest rate in the calculation of the contributions by the cities for both systems and the accrued liability rate may be a combined rate for both systems.”; 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.

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 677**, entitled:

An Act to amend chapter 196, RSMo, by adding thereto one new section relating to emergency administration of epinephrine by auto-injector.

With House Amendment Nos. 1, 2, 3, 4, House Amendment No. 1 to House Amendment No. 5, House Amendment No. 5, as amended, House Amendment Nos. 6, 7, 8, 9, 10, 11, 12 and 13.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words, “emergency administration of epinephrine by auto-injector” and insert in lieu thereof the words, “health care”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said line the following:

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

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

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

3. The director of the division of professional registration shall promulgate rules and regulations which designate for each board or commission assigned to the division the renewal date for licenses or certificates. After the initial establishment of renewal dates, no director of the division shall promulgate a rule or regulation which would change the renewal date for licenses or certificates if such change in renewal date would occur prior to the date on which the renewal date in effect at the time such new renewal date is specified next occurs. Each board or commission shall by rule or regulation establish licensing periods of one, two, or three years. Registration fees set by a board or commission shall be effective for the entire licensing period involved, and shall not be increased during any current licensing period. Persons who are required to pay their first registration fees shall be allowed to pay the pro rata share of such fees for the remainder of the period remaining at the time the fees are paid. Each board or commission shall provide the necessary forms for initial registration, and thereafter the director may prescribe standard forms for renewal of licenses and certificates. Each board or commission shall by rule and regulation require each applicant to provide the information which is required to keep the board’s records current. Each board or commission

shall have the authority to collect and analyze information required to support workforce planning and policy development. Such information shall not be publicly disclosed so as to identify a specific health care provider, as defined in section 376.1350. Each board or commission shall issue the original license or certificate.

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

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

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

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

8. All educational transcripts, test scores, complaints, investigatory reports, and information pertaining to any person who is an applicant or licensee of any agency assigned to the division of professional registration by statute or by the department are confidential and may not be disclosed to the public or any member of the public, except with the written consent of the person whose records are involved. The agency

which possesses the records or information shall disclose the records or information if the person whose records or information is involved has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-product privilege to the same extent as any other person. Provided, however, that any board may disclose confidential information without the consent of the person involved in the course of voluntary interstate exchange of information, or in the course of any litigation concerning that person, or pursuant to a lawful request, or to other administrative or law enforcement agencies acting within the scope of their statutory authority. Information regarding identity, including names and addresses, registration, and currency of the license of the persons possessing licenses to engage in a professional occupation and the names and addresses of applicants for such licenses is not confidential information.

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

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

11. (1) The following boards and commissions are assigned by specific type transfers to the division of professional registration: Missouri state board of accountancy, chapter 326; board of cosmetology and barber examiners, chapters 328 and 329; Missouri board for architects, professional engineers, professional land surveyors and landscape architects, chapter 327; Missouri state board of chiropractic examiners, chapter 331; state board of registration for the healing arts, chapter 334; Missouri dental board, chapter 332; state board of embalmers and funeral directors, chapter 333; state board of optometry, chapter 336; Missouri state board of nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric medicine, chapter 330; Missouri real estate appraisers commission, chapter 339; and Missouri veterinary medical board, chapter 340. The governor shall appoint members of these boards by and with the advice and consent of the senate.

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

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

(4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions and responsibilities are in areas not related to the clerical duties involving the issuance and renewal of licenses, to the collecting and

accounting for moneys, or to financial management relating to issuance and renewal of licenses; specifically included are executive secretaries (or comparable positions), consultants, inspectors, investigators, counsel, and secretarial support staff for these positions; and such other positions as are established and authorized by statute for a particular board or commission. Boards and commissions may employ legal counsel, if authorized by law, and temporary personnel if the board is unable to meet its responsibilities with the employees authorized above. Any board or commission which hires temporary employees shall annually provide the division director and the appropriation committees of the general assembly with a complete list of all persons employed in the previous year, the length of their employment, the amount of their remuneration, and a description of their responsibilities.

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

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

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

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

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

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

(4) Data collected under this subsection shall be deemed the property of the state board requesting the data. Data shall be maintained by the state board in accordance with chapter 610, provided that any information deemed closed or confidential under subsection 8 of this section or any other

provision of state law shall not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. Data shall only be released in an aggregate form by geography, profession or professional specialization, or population characteristic in a manner that cannot be used to identify a specific individual or entity. Data suppression standards shall be addressed and established in the contractual agreement.

(5) Contractors shall maintain the security and confidentiality of data received or collected under this subsection and shall not use, disclose, or release any data without approval of the applicable state board. The contractual agreement between the applicable state board and contractor shall establish a data release and research review policy to include legal and institutional review board, or agency equivalent, approval.

(6) Each board may promulgate rules subject to the provisions of this subsection and chapter 536 to effectuate and implement the workforce data collection and analysis authorized by this subsection. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.”; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care procedures”; and

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

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

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

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

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

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the title, Lines 2-3, by deleting the phrase “emergency administration of epinephrine by auto-injector” and insert in lieu thereof the words “medical injections”; and

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

following:

“167.638. The department of health and senior services shall develop an informational brochure relating to meningococcal disease that states that [an immunization] **immunizations** against meningococcal disease [is] **are** available. The department shall make the brochure available on its website and shall notify every public institution of higher education in this state of the availability of the brochure. Each public institution of higher education shall provide a copy of the brochure to all students and if the student is under eighteen years of age, to the student’s parent or guardian. Such information in the brochure shall include:

(1) The risk factors for and symptoms of meningococcal disease, how it may be diagnosed, and its possible consequences if untreated;

(2) How meningococcal disease is transmitted;

(3) The latest scientific information on meningococcal disease immunization and its effectiveness, **including information on all meningococcal vaccines receiving a Category A or B recommendation from the Advisory Committee on Immunization Practices;** [and]

(4) A statement that any questions or concerns regarding immunization against meningococcal disease may be answered by contacting the individuals’s health care provider; **and**

(5) A recommendation that the current student or entering student receive meningococcal vaccines in accordance with current Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention guidelines.

174.335. 1. Beginning with the 2004-05 school year and for each school year thereafter, every public institution of higher education in this state shall require all students who reside in on-campus housing to have received the meningococcal vaccine **not more than five years prior to enrollment and in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention,** unless a signed statement of medical or religious exemption is on file with the institution’s administration. A student shall be exempted from the immunization requirement of this section upon signed certification by a physician licensed under chapter 334 indicating that either the immunization would seriously endanger the student’s health or life or the student has documentation of the disease or laboratory evidence of immunity to the disease. A student shall be exempted from the immunization requirement of this section if he or she objects in writing to the institution’s administration that immunization violates his or her religious beliefs.

2. Each public university or college in this state shall maintain records on the meningococcal vaccination status of every student residing in on-campus housing at the university or college.

3. Nothing in this section shall be construed as requiring any institution of higher education to provide or pay for vaccinations against meningococcal disease.

4. For purposes of this section, the term “on-campus housing” shall include, but not be limited to, any fraternity or sorority residence, regardless of whether such residence is privately owned, on or near the campus of a public institution of higher education.”; and

Further amend said substitute, Page 3, Section 196.990, Line 84, by inserting immediately after said line the following:

“198.054. Each year between October first and March first, all long-term care facilities licensed under this chapter shall assist their health care workers, volunteers, and other employees who have

direct contact with residents in obtaining the vaccination for the influenza virus by either offering the vaccination in the facility or providing information as to how they may independently obtain the vaccination, unless contraindicated, in accordance with the latest recommendations of the Centers for Disease Control and Prevention and subject to availability of the vaccine. Facilities are encouraged to document that each health care worker, volunteer, and employee has been offered assistance in receiving a vaccination against the influenza virus and has either accepted or declined.”; and

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2-3, by removing the phrase “emergency administration of epinephrine by auto-injector” and insert in lieu thereof the phrase “health care”; and

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

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

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

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

(3) “Hospital”:

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

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

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

2. On or before December 1, 2016, the following members shall be appointed to the council:

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

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

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

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

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

consent of the senate;

(6) A patient and family caregiver advocate representative, appointed by the governor with the advice and consent of the senate; and

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

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

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

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

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

7. The council authorized under this section shall automatically expire August 28, 2022.

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

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

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

(1) Continuing education opportunities for health care providers;

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

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

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

5. Each hospital in this state is encouraged to have patient education information about palliative

care available for distribution to patients.

6. The department shall consult with the palliative care and quality of life interdisciplinary council established in section 191.1080 in implementing the section.

7. The department may promulgate rules to implement the provisions of sections 191.1075 to 191.1085. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in sections 191.1075 to 191.1085 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. Sections 191.1075 to 191.1085 and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

8. Notwithstanding the provisions of section 23.253 to the contrary, the program authorized under this section shall automatically expire on August 28, 2022.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 5

Amend House Amendment No. 5 to House Committee Substitute for Senate Bill No. 677, Page 2, Line 10, by inserting after all of said line the following:

“Further amend said bill and page, Section 196.990, Line 18, by inserting after the word “**entity.**” on said line the following:

“**For such prescriptions, the authorized entity shall be designated as the patient and the name of a trained individual employed by such authorized entity shall be required.**”; and”;

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care”;

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

“167.638. The department of health and senior services shall develop an informational brochure relating to meningococcal disease that states that [an immunization] **immunizations** against meningococcal disease [is] **are** available. The department shall make the brochure available on its website and shall notify every public institution of higher education in this state of the availability of the brochure. Each public institution of higher education shall provide a copy of the brochure to all students and if the student is under eighteen years of age, to the student’s parent or guardian. Such information in the brochure shall include:

(1) The risk factors for and symptoms of meningococcal disease, how it may be diagnosed, and its possible consequences if untreated;

(2) How meningococcal disease is transmitted;

(3) The latest scientific information on meningococcal disease immunization and its effectiveness, **including information on all meningococcal vaccines receiving a Category A or B recommendation from the Advisory Committee on Immunization Practices;** [and]

(4) A statement that any questions or concerns regarding immunization against meningococcal disease may be answered by contacting the individuals's health care provider; **and**

(5) A recommendation that the current student or entering student receive meningococcal vaccines in accordance with current Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention guidelines.

174.335. 1. Beginning with the 2004-05 school year and for each school year thereafter, every public institution of higher education in this state shall require all students who reside in on-campus housing to have received the meningococcal vaccine **not more than five years prior to enrollment and in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention,** unless a signed statement of medical or religious exemption is on file with the institution's administration. A student shall be exempted from the immunization requirement of this section upon signed certification by a physician licensed under chapter 334 indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of the disease or laboratory evidence of immunity to the disease. A student shall be exempted from the immunization requirement of this section if he or she objects in writing to the institution's administration that immunization violates his or her religious beliefs.

2. Each public university or college in this state shall maintain records on the meningococcal vaccination status of every student residing in on-campus housing at the university or college.

3. Nothing in this section shall be construed as requiring any institution of higher education to provide or pay for vaccinations against meningococcal disease.

4. For purposes of this section, the term "on-campus housing" shall include, but not be limited to, any fraternity or sorority residence, regardless of whether such residence is privately owned, on or near the campus of a public institution of higher education."; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

"198.054. Each year between October first and March first, all long-term care facilities licensed under this chapter shall assist their health care workers, volunteers, and other employees who have direct contact with residents in obtaining the vaccination for the influenza virus by either offering the vaccination in the facility or providing information as to how they may independently obtain the vaccination, unless contraindicated, in accordance with the latest recommendations of the Centers for Disease Control and Prevention and subject to availability of the vaccine. Facilities are encouraged to document that each health care worker, volunteer, and employee has been offered assistance in receiving a vaccination against the influenza virus and has either accepted or declined.

338.200. 1. In the event a pharmacist is unable to obtain refill authorization from the prescriber due to death, incapacity, or when the pharmacist is unable to obtain refill authorization from the prescriber, a pharmacist may dispense an emergency supply of medication if:

(1) In the pharmacist's professional judgment, interruption of therapy might reasonably produce

undesirable health consequences;

(2) The pharmacy previously dispensed or refilled a prescription from the applicable prescriber for the same patient and medication;

(3) The medication dispensed is not a controlled substance;

(4) The pharmacist informs the patient or the patient's agent either verbally, electronically, or in writing at the time of dispensing that authorization of a prescriber is required for future refills; and

(5) The pharmacist documents the emergency dispensing in the patient's prescription record, as provided by the board by rule.

2. (1) If the pharmacist is unable to obtain refill authorization from the prescriber, the amount dispensed shall be limited to the amount determined by the pharmacist within his or her professional judgment as needed for the emergency period, provided the amount dispensed shall not exceed a seven-day supply.

(2) In the event of prescriber death or incapacity or inability of the prescriber to provide medical services, the amount dispensed shall not exceed a thirty-day supply.

3. Pharmacists or permit holders dispensing an emergency supply pursuant to this section shall promptly notify the prescriber or the prescriber's office of the emergency dispensing, as required by the board by rule.

4. An emergency supply may not be dispensed pursuant to this section if the pharmacist has knowledge that the prescriber has otherwise prohibited or restricted emergency dispensing for the applicable patient.

5. The determination to dispense an emergency supply of medication under this section shall only be made by a pharmacist licensed by the board.

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

338.202. 1. Notwithstanding any other provision of law to the contrary, unless the prescriber has specified on the prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his or her professional judgment to dispense varying quantities of maintenance medication per fill up to the total number of dosage units as authorized by the prescriber on the original prescription, including any refills. Dispensing of the maintenance medication based on refills authorized by the prescriber on the prescription shall be limited to no more than a ninety-day supply of the medication, and the maintenance medication shall have been previously prescribed to the patient for at least a three-month period.

2. For the purposes of this section, "maintenance medication" is a medication prescribed for chronic, long-term conditions and is taken on a regular, recurring basis, except that it shall not include controlled substances as defined in section 195.010.

376.379. 1. A health carrier or managed care plan offering a health benefit plan in this state

that provides prescription drug coverage shall offer, as part of the plan, medication synchronization services developed by the health carrier or managed care plan that allow for the alignment of refill dates for an enrollee's prescription drugs that are covered benefits.

2. Under its medication synchronization services, a health carrier or managed care plan shall:

(1) Not charge an amount in excess of the otherwise applicable co-payment amount under the health benefit plan for dispensing a prescription drug in a quantity that is less than the prescribed amount if:

(a) The pharmacy dispenses the prescription drug in accordance with the medication synchronization services offered under the health benefit plan; and

(b) A participating provider dispenses the prescription drug; and

(2) Provide a full dispensing fee to the pharmacy that dispenses the prescription drug to the covered person.

3. For purposes of this section, the terms "health carrier", "managed care plan", "health benefit plan", "enrollee", and "participating provider" shall have the same meanings given to such terms under section 376.1350.

376.388. 1. As used in this section, unless the context requires otherwise, the following terms shall mean:

(1) "Contracted pharmacy" or "pharmacy", a pharmacy located in Missouri participating in the network of a pharmacy benefits manager through a direct or indirect contract;

(2) "Health carrier", an entity subject to the insurance laws and regulations of this state that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services, except that such plan shall not include any coverage pursuant to a liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

(3) "Maximum allowable cost", the per unit amount that a pharmacy benefits manager reimburses a pharmacist for a prescription drug, excluding a dispensing or professional fee;

(4) "Maximum allowable cost list" or "MAC list", a listing of drug products that meet the standard described in this section;

(5) "Pharmacy", as such term is defined in chapter 338;

(6) "Pharmacy benefits manager", an entity that contracts with pharmacies on behalf of health carriers or any health plan sponsored by the state or a political subdivision of the state.

2. Upon each contract execution or renewal between a pharmacy benefits manager and a pharmacy or between a pharmacy benefits manager and a pharmacy's contracting representative or agent, such as a pharmacy services administrative organization, a pharmacy benefits manager shall, with respect to such contract or renewal:

(1) Include in such contract or renewal the sources utilized to determine maximum allowable cost

and update such pricing information at least every seven days; and

(2) Maintain a procedure to eliminate products from the maximum allowable cost list of drugs subject to such pricing or modify maximum allowable cost pricing at least every seven days, if such drugs do not meet the standards and requirements of this section, in order to remain consistent with pricing changes in the marketplace.

3. A pharmacy benefits manager shall reimburse pharmacies for drugs subject to maximum allowable cost pricing that has been updated to reflect market pricing at least every seven days as set forth under subdivision (1) of subsection 2 of this section.

4. A pharmacy benefits manager shall not place a drug on a maximum allowable cost list unless there are at least two therapeutically equivalent multisource generic drugs, or at least one generic drug available from at least one manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.

5. All contracts between a pharmacy benefits manager and a contracted pharmacy or between a pharmacy benefits manager and a pharmacy's contracting representative or agent, such as a pharmacy services administrative organization, shall include a process to internally appeal, investigate, and resolve disputes regarding maximum allowable cost pricing. The process shall include the following:

(1) The right to appeal shall be limited to fourteen calendar days following the reimbursement of the initial claim; and

(2) A requirement that the pharmacy benefits manager shall respond to an appeal described in this subsection no later than fourteen calendar days after the date the appeal was received by such pharmacy benefits manager.

6. For appeals that are denied, the pharmacy benefits manager shall provide the reason for the denial and identify the national drug code of a drug product that may be purchased by contracted pharmacies at a price at or below the maximum allowable cost and, when applicable, may be substituted lawfully.

7. If the appeal is successful, the pharmacy benefits manager shall:

(1) Adjust the maximum allowable cost price that is the subject of the appeal effective on the day after the date the appeal is decided;

(2) Apply the adjusted maximum allowable cost price to all similarly situated pharmacies as determined by the pharmacy benefits manager; and

(3) Allow the pharmacy that succeeded in the appeal to reverse and rebill the pharmacy benefits claim giving rise to the appeal.

8. Appeals shall be upheld if:

(1) The pharmacy being reimbursed for the drug subject to the maximum allowable cost pricing in question was not reimbursed as required under subsection 3 of this section; or

(2) The drug subject to the maximum allowable cost pricing in question does not meet the requirements set forth under subsection 4 of this section.

376.1237. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, and that provides coverage for prescription eye drops shall provide coverage for the refilling of an eye drop prescription prior to the last day of the prescribed dosage period without regard to a coverage restriction for early refill of prescription renewals as long as the prescribing health care provider authorizes such early refill, and the health carrier or the health benefit plan is notified.

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

3. The coverage required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

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

5. The provisions of this section shall terminate on January 1, [2017] **2020**.”; and

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

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

“334.1200. PURPOSE

The purpose of this compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;

2. Enhance the states’ ability to protect the public’s health and safety;

3. Encourage the cooperation of member states in regulating multistate physical therapy practice;

4. Support spouses of relocating military members;

5. Enhance the exchange of licensure, investigative, and disciplinary information between member states; and

6. Allow a remote state to hold a provider of services with a compact privilege in that state

accountable to that state's practice standards.

334.1203. DEFINITIONS

As used in this compact, and except as otherwise provided, the following definitions shall apply:

1. "Active Duty Military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.

2. "Adverse Action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.

3. "Alternative Program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues.

4. "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient/client is located at the time of the patient/client encounter.

5. "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.

6. "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege, and adverse action.

7. "Encumbered license" means a license that a physical therapy licensing board has limited in any way.

8. "Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

9. "Home state" means the member state that is the licensee's primary state of residence.

10. "Investigative information" means information, records, and documents received or generated by a physical therapy licensing board pursuant to an investigation.

11. "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.

12. "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant.

13. "Member state" means a state that has enacted the compact.

14. "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.

15. "Physical therapist" means an individual who is licensed by a state to practice physical therapy.

16. "Physical therapist assistant" means an individual who is licensed/certified by a state and who

assists the physical therapist in selected components of physical therapy.

17. “Physical therapy”, “physical therapy practice”, and “the practice of physical therapy” mean the care and services provided by or under the direction and supervision of a licensed physical therapist.

18. “Physical therapy compact commission” or “commission” means the national administrative body whose membership consists of all states that have enacted the compact.

19. “Physical therapy licensing board” or “licensing board” means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

20. “Remote state” means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

21. “Rule” means a regulation, principle, or directive promulgated by the commission that has the force of law.

22. “State” means any state, commonwealth, district, or territory of the United States of America that regulates the practice of physical therapy.

334.1206. STATE PARTICIPATION IN THE COMPACT

A. To participate in the compact, a state must:

1. Participate fully in the commission’s data system, including using the commission’s unique identifier as defined in rules;

2. Have a mechanism in place for receiving and investigating complaints about licensees;

3. Notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

4. Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with section 334.1206.B.;

5. Comply with the rules of the commission;

6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

7. Have continuing competence requirements as a condition for license renewal.

B. Upon adoption of sections 334.1200 to 334.1233, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C. Section 534 and 42 U.S.C. Section 14616.

C. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.

D. Member states may charge a fee for granting a compact privilege.

334.1209. COMPACT PRIVILEGE

A. To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

- 1. Hold a license in the home state;**
- 2. Have no encumbrance on any state license;**
- 3. Be eligible for a compact privilege in any member state in accordance with section 334.1209D, G and H;**
- 4. Have not had any adverse action against any license or compact privilege within the previous 2 years;**
- 5. Notify the commission that the licensee is seeking the compact privilege within a remote state(s);**
- 6. Pay any applicable fees, including any state fee, for the compact privilege;**
- 7. Meet any jurisprudence requirements established by the remote state(s) in which the licensee is seeking a compact privilege; and**
- 8. Report to the commission adverse action taken by any nonmember state within thirty days from the date the adverse action is taken.**

B. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of section 334.1209.A. to maintain the compact privilege in the remote state.

C. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

D. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

- 1. The home state license is no longer encumbered; and**
- 2. Two years have elapsed from the date of the adverse action.**

F. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of section 334.1209A to obtain a compact privilege in any remote state.

G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

- 1. The specific period of time for which the compact privilege was removed has ended;**
- 2. All fines have been paid; and**
- 3. Two years have elapsed from the date of the adverse action.**

H. Once the requirements of section 334.1209G have been met, the license must meet the requirements in section 334.1209A to obtain a compact privilege in a remote state.

334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

- A. Home of record;**
- B. Permanent change of station (PCS); or**
- C. State of current residence if it is different than the PCS state or home of record.**

334.1215. ADVERSE ACTIONS

A. A home state shall have exclusive power to impose adverse action against a license issued by the home state.

B. A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

C. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

D. Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in section 334.1209.D. against a licensee's compact privilege in the state;

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. Joint Investigations

1. In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION.

A. The compact member states hereby create and establish a joint public agency known as the physical therapy compact commission:

1. The commission is an instrumentality of the compact states.

2. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each member state shall have and be limited to one delegate selected by that member state's licensing board.

2. The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member, or the board administrator.

3. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

4. The member state board shall fill any vacancy occurring in the commission.

5. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission.

6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

7. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The commission shall have the following powers and duties:

1. Establish the fiscal year of the commission;

2. Establish bylaws;

3. Maintain its financial records in accordance with the bylaws;

4. Meet and take such actions as are consistent with the provisions of this compact and the bylaws;

5. Promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

6. Bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall

not be affected;

7. Purchase and maintain insurance and bonds;

8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety and/or conflict of interest;

11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

13. Establish a budget and make expenditures;

14. Borrow money;

15. Appoint committees, including standing committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

16. Provide and receive information from, and cooperate with, law enforcement agencies;

17. Establish and elect an executive board; and

18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of physical therapy licensure and practice.

D. The Executive Board

The executive board shall have the power to act on behalf of the commission according to the terms of this compact.

1. The executive board shall be comprised of nine members:

a. Seven voting members who are elected by the commission from the current membership of the commission;

b. One ex officio, nonvoting member from the recognized national physical therapy professional association; and

c. One ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.

2. The ex officio members will be selected by their respective organizations.

3. The commission may remove any member of the executive board as provided in bylaws.

4. The executive board shall meet at least annually.

5. The executive board shall have the following duties and responsibilities:

a. Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

b. Ensure compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the commission;

e. Monitor compact compliance of member states and provide compliance reports to the commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in rules or bylaws.

E. Meetings of the Commission

1. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 334.1224.

2. The commission or the executive board or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive board or other committees of the commission must discuss:

a. Noncompliance of a member state with its obligations under the compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

j. Matters specifically exempted from disclosure by federal or member state statute.

3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

4. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

F. Financing of the Commission

1. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

4. The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment,

duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

334.1221. DATA SYSTEM

A. The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Nonconfidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason(s) for such denial; and

6. Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

C. Investigative information pertaining to a licensee in any member state will only be available to other party states.

D. The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

334.1224. RULEMAKING

A. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date

specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

D. Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

1. On the website of the commission or other publicly accessible platform; and

2. On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The notice of proposed rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five persons;

2. A state or federal governmental subdivision or agency; or

3. An association having at least twenty-five members.

H. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings will be recorded. A copy of the recording will be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules

may be grouped for the convenience of the commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

J. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

K. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

L. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the commission.

3. The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process

to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

6. The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

2. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

2. By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices

against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

C. Any member state may withdraw from this compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

E. This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

334.1233. CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.”; and

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

HOUSE AMENDMENT NO. 7

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “public health”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

“205.205. 1. The governing body of any hospital district established under sections 205.160 to 205.379 in any county of the third classification without a township form of government and with more than ten thousand six hundred but fewer than ten thousand seven hundred inhabitants, [or] any county of the third classification without a township form of government and with more than eleven thousand seven hundred fifty but fewer than eleven thousand eight hundred fifty inhabitants, **or any county of the third classification with a township form of government and with more than twelve thousand but fewer than fourteen thousand inhabitants and with a city of the fourth classification with more than four thousand five hundred but fewer than five thousand inhabitants as the county seat** may, by resolution, abolish the property tax authorized in such district under this chapter and impose a sales tax on all retail sales made within the district which are subject to sales tax under chapter 144 and all sales of metered water services, electricity, electrical current and natural, artificial or propane gas, wood, coal, or home heating oil for domestic use only as provided under section 144.032. The tax authorized in this section shall be not more than one percent, and shall be imposed solely for the purpose of funding the hospital district. The tax authorized in this section shall be in addition to all other sales taxes imposed by law, and shall be stated separately from all other charges and taxes.

2. No such resolution adopted under this section shall become effective unless the governing body of the hospital district submits to the voters residing within the district at a state general, primary, or special election a proposal to authorize the governing body of the district to impose a tax under this section. If a majority of the votes cast on the question by the qualified voters voting thereon are in favor of the question, then the tax shall become effective on the first day of the second calendar quarter after the director of revenue receives notification of adoption of the local sales tax. If a majority of the votes cast on the question by the qualified voters voting thereon are opposed to the question, then the tax shall not become effective unless and until the question is resubmitted under this section to the qualified voters and such question is approved by a majority of the qualified voters voting on the question.

3. All revenue collected under this section by the director of the department of revenue on behalf of the hospital district, except for one percent for the cost of collection which shall be deposited in the state’s general revenue fund, shall be deposited in a special trust fund, which is hereby created and shall be known as the “Hospital District Sales Tax Fund”, and shall be used solely for the designated purposes. Moneys in the fund shall not be deemed to be state funds, and shall not be commingled with any funds of the state. The director may make refunds from the amounts in the fund and credited to the district for erroneous payments and overpayments made, and may redeem dishonored checks and drafts deposited to the credit of such district. Any funds in the special fund which are not needed for current expenditures shall be invested in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

4. The governing body of any hospital district that has adopted the sales tax authorized in this section may submit the question of repeal of the tax to the voters on any date available for elections for the district.

If a majority of the votes cast on the question by the qualified voters voting thereon are in favor of the repeal, that repeal shall become effective on December thirty-first of the calendar year in which such repeal was approved. If a majority of the votes cast on the question by the qualified voters voting thereon are opposed to the repeal, then the sales tax authorized in this section shall remain effective until the question is resubmitted under this section to the qualified voters and the repeal is approved by a majority of the qualified voters voting on the question.

5. Whenever the governing body of any hospital district that has adopted the sales tax authorized in this section receives a petition, signed by a number of registered voters of the district equal to at least ten percent of the number of registered voters of the district voting in the last gubernatorial election, calling for an election to repeal the sales tax imposed under this section, the governing body shall submit to the voters of the district a proposal to repeal the tax. If a majority of the votes cast on the question by the qualified voters voting thereon are in favor of the repeal, the repeal shall become effective on December thirty-first of the calendar year in which such repeal was approved. If a majority of the votes cast on the question by the qualified voters voting thereon are opposed to the repeal, then the sales tax authorized in this section shall remain effective until the question is resubmitted under this section to the qualified voters and the repeal is approved by a majority of the qualified voters voting on the question.

6. If the tax is repealed or terminated by any means, all funds remaining in the special trust fund shall continue to be used solely for the designated purposes, and the hospital district shall notify the director of the department of revenue of the action at least ninety days before the effective date of the repeal and the director may order retention in the trust fund, for a period of one year, of two percent of the amount collected after receipt of such notice to cover possible refunds or overpayment of the tax and to redeem dishonored checks and drafts deposited to the credit of such accounts. After one year has elapsed after the effective date of abolition of the tax in such district, the director shall remit the balance in the account to the district and close the account of that district. The director shall notify each district of each instance of any amount refunded or any check redeemed from receipts due the district.”; and

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

HOUSE AMENDMENT NO. 8

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “administration of drugs”; and

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

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

(1) “Emergency opioid antagonist”, naloxone hydrochloride that blocks the effects of an opioid overdose that is administered in a manner approved by the United States Food and Drug Administration or any accepted medical practice method of administering;

(2) “Opioid-related drug overdose”, a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or other substance with which an opioid was combined or a condition that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

2. Notwithstanding any other law or regulation to the contrary, any licensed pharmacist in Missouri may sell and dispense an opioid antagonist under physician protocol.

3. A licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol physician, shall not be subject to any criminal or civil liability or any professional disciplinary action for prescribing or dispensing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist.

4. Notwithstanding any other law or regulation to the contrary, it shall be permissible for any person to possess an opioid antagonist.

5. Any person who administers an opioid antagonist to another person shall, immediately after administering the drug, contact emergency personnel. Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related overdose shall be immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist.”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

“338.205. 1. Notwithstanding any other law or regulation to the contrary, any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the licensing and permitting requirements of this chapter and may dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist.

2. As used in this section, the term “emergency opioid antagonist” means naloxone hydrochloride that blocks the effects of an opioid overdose that is administered in a manner approved by the United States Food and Drug Administration, or any accepted medical practice of administering.”; and

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

HOUSE AMENDMENT NO. 9

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care”; and

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

“191.332. 1. By January 1, 2002, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include potentially treatable or manageable disorders, which may include but are not limited to cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal hyperplasia, maple syrup urine disease (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders, methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric acidemia Type I.

2. By January 1, 2017, the department of health and senior services shall, subject to

appropriations, expand the newborn screening requirements in section 191.331 to include severe combined immunodeficiency (SCID), also known as bubble boy disease. The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection.

3. The department of health and senior services may promulgate rules to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536.”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

“Section B. Because immediate action is necessary to ensure the health of newborn babies in Missouri, the enactment of section 191.332 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 the enactment of section 191.332 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.

HOUSE AMENDMENT NO. 10

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2-3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

“197.065. 1. The department of health and senior services shall promulgate regulations for the construction and renovation of hospitals that include life safety code standards for hospitals that exclusively reflect the life safety code standards imposed by the federal Medicare program under Title XVIII of the Social Security Act and its conditions of participation in the Code of Federal Regulations.

2. The department shall not require a hospital to meet the standards contained in the Facility Guidelines Institute for the Design and Construction of Health Care Facilities but any hospital that complies with the 2010 or later version of such guidelines for the construction and renovation of hospitals shall not be required to comply with any regulation that is inconsistent or conflicts in any way with such guidelines.

3. The department may waive enforcement of the standards for licensed hospitals imposed by this section if the department determines that:

(1) Compliance with those specific standards would result in unreasonable hardship for the facility and if the health and safety of hospital patients would not be compromised by such waiver or waivers;
or

(2) The hospital has used other standards that provide for equivalent design criteria.

4. Regulations promulgated by the department to establish and enforce hospital licensure regulations under this chapter that conflict with the standards established under subsections 1 and 3 of this section shall lapse on and after January 1, 2018.

5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

536.031. 1. There is established a publication to be known as the “Code of State Regulations”, which shall be published in a format and medium as prescribed and in writing upon request by the secretary of state as soon as practicable after ninety days following January 1, 1976, and may be republished from time to time thereafter as determined by the secretary of state.

2. The code of state regulations shall contain the full text of all rules of state agencies in force and effect upon the effective date of the first publication thereof, and effective September 1, 1990, it shall be revised no less frequently than monthly thereafter so as to include all rules of state agencies subsequently made, amended or rescinded. The code may also include citations, references, or annotations, prepared by the state agency adopting the rule or by the secretary of state, to any intraagency ruling, attorney general’s opinion, determination, decisions, order, or other action of the administrative hearing commission, or any determination, decision, order, or other action of a court interpreting, applying, discussing, distinguishing, or otherwise affecting any rule published in the code.

3. The code of state regulations shall be published in looseleaf form in one or more volumes upon request and a format and medium as prescribed by the secretary of state with an appropriate index, and revisions in the text and index may be made by the secretary of state as necessary and provided in written format upon request.

4. An agency may incorporate by reference rules, regulations, standards, and guidelines of an agency of the United States or a nationally or state-recognized organization or association without publishing the material in full. The reference in the agency rules shall fully identify the incorporated material by publisher, address, and date in order to specify how a copy of the material may be obtained, and shall state that the referenced rule, regulation, standard, or guideline does not include any later amendments or additions; **except that, hospital licensure regulations governing life safety code standards promulgated under this chapter and chapter 197 to implement section 197.065 may incorporate, by reference, later additions or amendments to such rules, regulations, standards, or guidelines as needed to consistently apply current standards of safety and practice.** The agency adopting a rule, regulation, standard, or guideline under this section shall maintain a copy of the referenced rule, regulation, standard, or guideline at the headquarters of the agency and shall make it available to the public for inspection and copying at no more than the actual cost of reproduction. The secretary of state may omit from the code of state regulations such material incorporated by reference in any rule the publication of which would be unduly cumbersome or expensive.

5. The courts of this state shall take judicial notice, without proof, of the contents of the code of state regulations.”; and

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

HOUSE AMENDMENT NO. 11

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by

deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

“404.1100. Sections 404.1100 to 404.1110 shall be known and may be cited as the “Designated Health Care Decision-Maker Act”.

404.1101. As used in sections 404.1100 to 404.1110, the following terms mean:

(1) “Artificially supplied nutrition and hydration”, any medical procedure whereby nutrition or hydration is supplied through a tube inserted into a person’s nose, mouth, stomach, or intestines, or nutrients or fluids are administered into a person’s bloodstream or provided subcutaneously;

(2) “Best interests”:

(a) Promoting the incapacitated person’s right to enjoy the highest attainable standard of health for that person;

(b) Advocating that the person who is incapacitated receive the same range, quality, and standard of health care, care, and comfort as is provided to a similarly situated individual who is not incapacitated; and

(c) Advocating against the discriminatory denial of health care, care, or comfort, or food or fluids on the basis that the person who is incapacitated is considered an individual with a disability;

(3) “Designated health care decision-maker”, the person designated to make health care decisions for a patient under section 404.1104, not including a person acting as a guardian or an agent under a durable power of attorney for health care or any other person legally authorized to consent for the patient under any other law to make health care decisions for an incapacitated patient;

(4) “Disability” or “disabled” shall have the same meaning as defined in 42 U.S.C. Section 12102, the Americans with Disabilities Act of 1990, as amended; provided that the term “this chapter” in that definition shall be deemed to refer to the Missouri health care decision-maker act;

(5) “Health care”, a procedure to diagnose or treat a human disease, ailment, defect, abnormality, or complaint, whether of physical or mental origin and includes:

(a) Assisted living services, or intermediate or skilled nursing care provided in a facility licensed under chapter 198;

(b) Services for the rehabilitation or treatment of injured, disabled, or sick persons; or

(c) Making arrangements for placement in or transfer to or from a health care facility or health care provider that provides such forms of care;

(6) “Health care facility”, any hospital, hospice, inpatient facility, nursing facility, skilled nursing facility, residential care facility, intermediate care facility, dialysis treatment facility, assisted living facility, home health or hospice agency; any entity that provides home or community-based health care services; or any other facility that provides or contracts to provide health care, and which is licensed, certified, or otherwise authorized or permitted by law to provide health care;

(7) “Health care provider”, any individual who provides health care to persons and who is licensed, certified, registered, or otherwise authorized or permitted by law to provide health care;

(8) “Incapacitated”, a person who is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that the person lacks capacity to meet essential requirements for food, clothing, shelter, safety, or other care such that serious physical injury, illness, or disease is likely to occur;

(9) “Patient”, any adult person or any person otherwise authorized to make health care decisions for himself or herself under Missouri law;

(10) “Physician”, a treating, attending, or consulting physician licensed to practice medicine under Missouri law;

(11) “Reasonable medical judgment”, a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the health care possibilities with respect to the medical conditions involved.

404.1102. The determination that a patient is incapacitated shall be made as set forth in section 404.825. A health care provider or health care facility may rely in the exercise of good faith and in accordance with reasonable medical judgment upon the health care decisions made for a patient by a designated health care decision-maker selected in accordance with section 404.1104, provided two licensed physicians determine, after reasonable inquiry and in accordance with reasonable medical judgment, that such patient is incapacitated and has neither a guardian with medical decision-making authority appointed in accordance with chapter 475, an attorney in fact appointed in a durable power of attorney for health care in accordance with sections 404.800 to 404.865, is not a child under the jurisdiction of the juvenile court under section 211.031, nor any other known person who has the legal authority to make health care decisions.

404.1103. Upon a determination that a patient is incapacitated, the physician or another health care provider acting at the direction of the physician shall make reasonable efforts to inform potential designated health care decision-makers set forth in section 404.1104 of whom the physician or physician’s designee is aware, of the need to appoint a designated health care decision-maker. Reasonable efforts include, without limitation, identifying potential designated health care decision makers as set forth in subsection 1 of section 404.1104, a guardian with medical decision-making authority appointed in accordance with chapter 475, an attorney in fact appointed in a durable power of attorney for health care in accordance with sections 404.800 to 404.865, the juvenile court under section 211.031, or any other known person who has the legal authority to make health care decisions, by examining the patient’s personal effects and medical records. If a family member, attorney in fact for health care or guardian with health care decision-making authority is identified, a documented attempt to contact that person by telephone, with all known telephone numbers and other contact information used, shall be made within twenty-four hours after a determination of incapacity is made as provided in section 404.1102.

404.1104. 1. If a patient is incapacitated under the circumstances described in section 404.1102 and is unable to provide consent regarding his or her own health care, and does not have a legally appointed guardian, an agent under a health care durable power of attorney, is not under the jurisdiction of the juvenile court, or does not have any other person who has legal authority to consent for the patient, decisions concerning the patient’s health care may be made by the following

competent persons in the following order of priority, with the exception of persons excluded under subsection 4 of section 404.1104:

(1) The spouse of the patient, unless the spouse and patient are separated under one of the following:

(a) A current dissolution of marriage or separation action;

(b) A signed written property or marital settlement agreement;

(c) A permanent order of separate maintenance or support or a permanent order approving a property or marital settlement agreement between the parties;

(2) An adult child of the patient;

(3) A parent of the patient;

(4) An adult sibling of the patient;

(5) A person who is a member of the same community of persons as the patient who is bound by vows to a religious life and who conducts or assists in the conducting of religious services and actually and regularly engages in religious, benevolent, charitable, or educational ministry, or performance of health care services;

(6) An adult who can demonstrate that he or she has a close personal relationship with the patient and is familiar with the patient's personal values; or

(7) Any other person designated by the unanimous mutual agreement of the persons listed above who is involved in the patient's care.

2. If a person who is a member of the classes listed in subsection 1 of this section, regardless of priority, or a health care provider or a health care facility involved in the care of the patient, disagrees on whether certain health care should be provided to or withheld or withdrawn from a patient, any such person, provider, or facility, or any other person interested in the welfare of the patient may petition the probate court for an order for the appointment of a temporary or permanent guardian in accordance with subsection 8 of this section to act in the best interest of the patient.

3. A person who is a member of the classes listed in subsection 1 of this section shall not be denied priority under this section based solely upon that person's support for, or direction to provide, withhold or withdraw health care to the patient, subject to the rights of other classes of potential designated decision-makers, a healthcare provider, or healthcare facility to petition the probate court for an order for the appointment of a temporary or permanent guardian under subsection 8 of this section to act in the best interests of the patient.

4. Priority under this section shall not be given to persons in any of the following circumstances:

(1) If a report of abuse or neglect of the patient has been made under section 192.2475, 198.070, 208.912, 210.115, 565.188, 630.163 or any other mandatory reporting statutes, and if the health care provider knows of such a report of abuse or neglect, then unless the report has been determined to be unsubstantiated or unfounded, or a determination of abuse was finally reversed after administrative or judicial review, the person reported as the alleged perpetrator of the abuse or neglect shall not be given priority or authority to make health care decisions under subsection 1 of this section, provided that such a report shall not be based on the person's support for, or direction

to provide, health care to the patient;

(2) If the patient's physician or the physician's designee reasonably determines, after making a diligent effort to contact the designated health care decision-maker using known telephone numbers and other contact information and receiving no response, that such person is not reasonably available to make medical decisions as needed or is not willing to make health care decisions for the patient; or

(3) If a probate court in a proceeding under subsection 8 of this section finds that the involvement of the person in decisions concerning the patient's health care is contrary to instructions that the patient had unambiguously, and without subsequent contradiction or change, expressed before he or she became incapacitated. Such a statement to the patient's physician or other health care provider contemporaneously recorded in the patient's medical record and signed by the patient's physician or other health care provider shall be deemed such an instruction, subject to the ability of a party to a proceeding under subsection 8 of this section to dispute its accuracy, weight, or interpretation.

5. (1) The designated health care decision-maker shall make reasonable efforts to obtain information regarding the patient's health care preferences from health care providers, family, friends, or others who may have credible information.

(2) The designated health care decision-maker, and the probate court in any proceeding under subsection 8 of this section, shall always make health care decisions in the patient's best interests, and if the patient's religious and moral beliefs and health care preferences are known, in accordance with those beliefs and preferences.

6. This section does not authorize the provision or withholding of health care services that the patient has unambiguously, without subsequent contradiction or change of instruction, expressed that he or she would or would not want at a time when such patient had capacity. Such a statement to the patient's physician or other health care provider, contemporaneously recorded in the patient's medical record and signed by the patient's physician or other health care provider, shall be deemed such evidence, subject to the ability of a party to a proceeding under subsection 8 of this section to dispute its accuracy, weight, or interpretation.

7. A designated health care decision-maker shall be deemed a personal representative for the purposes of access to and disclosure of private medical information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. Section 1320d and 45 CFR 160-164.

8. Nothing in sections 404.1100 to 404.1110 shall preclude any person interested in the welfare of a patient including, but not limited to, a designated health care decision-maker, a member of the classes listed in subsection 1 of this section regardless of priority, or a health care provider or health care facility involved in the care of the patient, from petitioning the probate court for the appointment of a temporary or permanent guardian for the patient including expedited adjudication under chapter 475.

9. Pending the final outcome of proceedings initiated under subsection 8 of this section, the designated health care decision-maker, health care provider, or health care facility shall not withhold or withdraw, or direct the withholding or withdrawal, of health care, nutrition, or hydration whose withholding or withdrawal, in reasonable medical judgment, would result in or hasten the death of the patient, would jeopardize the health or limb of the patient, or would result in disfigurement or

impairment of the patient's faculties. If a health care provider or a health care facility objects to the provision of such health care, nutrition, or hydration on the basis of religious beliefs or sincerely held moral convictions, the provider or facility shall not impede the transfer of the patient to another health care provider or health care facility willing to provide it, and shall provide such health care, nutrition, or hydration to the patient pending the completion of the transfer. For purposes of this section, artificially supplied nutrition and hydration may be withheld or withdrawn during the pendency of the guardianship proceeding only if, based on reasonable medical judgment, the patient's physician and a second licensed physician certify that the patient meets the standard set forth in subdivision (2) of subsection 1 of section 404.1105. If tolerated by the patient and adequate to supply the patient's needs for nutrition or hydration, natural feeding should be the preferred method.

404.1105. 1. No designated health care decision-maker may, with the intent of hastening or causing the death of the patient, authorize the withdrawal or withholding of nutrition or hydration supplied through either natural or artificial means. A designated health care decision-maker may authorize the withdrawal or withholding of artificially supplied nutrition and hydration only when the physician and a second licensed physician certify in the patient's medical record based on reasonable medical judgment that:

(1) Artificially supplied nutrition or hydration are not necessary for comfort care or the relief of pain and would serve only to prolong artificially the dying process and where death will occur within a short period of time whether or not such artificially supplied nutrition or hydration is withheld or withdrawn; or

(2) Artificially supplied nutrition or hydration cannot be physiologically assimilated or tolerated by the patient.

2. When tolerated by the patient and adequate to supply the patient's need for nutrition or hydration, natural feeding should be the preferred method.

3. The provisions of this section shall not apply to subsection 3 of section 459.010.

404.1106. If any of the individuals specified in section 404.1104 or the designated health care decision-maker or physician believes the patient is no longer incapacitated, the patient's physician shall reexamine the patient and determine in accordance with reasonable medical judgment whether the patient is no longer incapacitated, shall certify the decision and the basis therefor in the patient's medical record, and shall notify the patient, the designated health care decision-maker, and the person who initiated the redetermination of capacity. Rights of the designated health care decision-maker shall end upon the physician's certification that the patient is no longer incapacitated.

404.1107. No health care provider or health care facility that makes good faith and reasonable attempts to identify, locate, and communicate with potential designated health care decision-makers in accordance with sections 404.1100 to 404.1110 shall be subject to civil or criminal liability or regulatory sanction for any act or omission related to his or her or its effort to identify, locate, and communicate with or act upon any decision by or for such actual or potential designated health care decision-makers.

404.1108. 1. A health care provider or a health care facility may decline to comply with the health care decision of a patient or a designated health care decision-maker if such decision is contrary to the religious beliefs or sincerely held moral convictions of a health care provider or health care

facility.

2. If at any time, a health care facility or health care provider determines that any known or anticipated health care preferences expressed by the patient to the health care provider or health care facility, or as expressed through the patient's designated health care decision-maker, are contrary to the religious beliefs or sincerely held moral convictions of the health care provider or health care facility, such provider or facility shall promptly inform the patient or the patient's designated health care decision-maker.

3. If a health care provider declines to comply with such health care decision, no health care provider or health care facility shall impede the transfer of the patient to another health care provider or health care facility willing to comply with the health care decision.

4. Nothing in this section shall relieve or exonerate a health care provider or a health care facility from the duty to provide for the health care, care, and comfort of a patient pending transfer under this section. If withholding or withdrawing certain health care would, in reasonable medical judgment, result in or hasten the death of the patient, such health care shall be provided pending completion of the transfer. Notwithstanding any other provision of this section, no such health care shall be denied on the basis of a view that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill, or on the basis of the health care provider's or facility's disagreement with how the patient or individual authorized to act on the patient's behalf values the tradeoff between extending the length of the patient's life and the risk of disability.

404.1109. No health care decision-maker shall withhold or withdraw health care from a pregnant patient, consistent with existing law, as set forth in section 459.025.

404.1110. Nothing in sections 404.1100 to 404.1110 is intended to:

- (1) Be construed as condoning, authorizing, or approving euthanasia or mercy killing; or**
- (2) Be construed as permitting any affirmative or deliberate act to end a person's life, except to permit natural death as provided by sections 404.1100 to 404.1110.”; and**

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

HOUSE AMENDMENT NO. 12

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2-3, by deleting the words “emergency administration of epinephrine by auto-injector” and inserting in lieu thereof the words “health care”; and

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

“58.451. 1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable ground to believe that such person died as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Criminal abortions, including those self-induced;
- (3) Some unforeseen sudden occurrence and the deceased had not been attended by a physician during the thirty-six-hour period preceding the death;

(4) In any unusual or suspicious manner;

(5) Any injury or illness while in the custody of the law or while an inmate in a public institution[;]

the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the coroner or deputy coroner shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death, including whether by the act of man, and the manner of death. The coroner or deputy coroner may take the names and addresses of witnesses to the death and shall file this information in the coroner's office. The coroner or deputy coroner shall take possession of all property of value found on the body, making exact inventory of such property on the report and shall direct the return of such property to the person entitled to its custody or possession. The coroner or deputy coroner shall take possession of any object or article which, in the coroner's or the deputy coroner's opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, **except under the care of a licensed, certified hospice as defined under section 197.250**, the first licensed medical professional or law enforcement official learning of such death shall immediately contact the county coroner. Immediately upon receipt of such notification, the coroner or the coroner's deputy shall make the determination if further investigation is necessary, based on information provided by the individual contacting the coroner, and immediately advise such individual of the coroner's intentions. **When a death occurs outside a licensed health care facility under the care of a licensed, certified hospice, the county coroner shall be notified in writing within twenty-four hours and no investigation shall be conducted if the death is certified by the treating physician of the deceased.**

3. Upon taking charge of the dead body and before moving the body the coroner shall notify the police department of any city in which the dead body is found, or if the dead body is found in the unincorporated area of a county governed by the provisions of sections 58.451 to 58.457, the coroner shall notify the county sheriff or the highway patrol and cause the body to remain unmoved until the police department, sheriff or the highway patrol has inspected the body and the surrounding circumstances and carefully noted the appearance, the condition and position of the body and recorded every fact and circumstance tending to show the cause and manner of death, with the names and addresses of all known witnesses, and shall subscribe the same and make such record a part of the coroner's report.

4. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the coroner, upon being advised of such facts, may at the coroner's own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

5. The coroner may certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death or when a physician is unavailable to sign a certificate of death.

6. When the cause of death is established by the coroner, the coroner shall file a copy of the findings in the coroner's office within thirty days.

7. If on view of the dead body and after personal inquiry into the cause and manner of death, the coroner determines that a further examination is necessary in the public interest, the coroner on the coroner's own authority may make or cause to be made an autopsy on the body. The coroner may on the coroner's own

authority employ the services of a pathologist, chemist, or other expert to aid in the examination of the body or of substances supposed to have caused or contributed to death, and if the pathologist, chemist, or other expert is not already employed by the city or county for the discharge of such services, the pathologist, chemist, or other expert shall, upon written authorization of the coroner, be allowed reasonable compensation, payable by the city or county, in the manner provided in section 58.530. The coroner shall, at the time of the autopsy, record or cause to be recorded each fact and circumstance tending to show the condition of the body and the cause and manner of death.

8. If on view of the dead body and after personal inquiry into the cause and manner of death, the coroner considers a further inquiry and examination necessary in the public interest, the coroner shall make out the coroner's warrant directed to the sheriff of the city or county requiring the sheriff forthwith to summon six good and lawful citizens of the county to appear before the coroner, at the time and place expressed in the warrant, and to inquire how and by whom the deceased died.

9. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.

(2) The coroner or medical examiner in the county in which the person is determined to be dead may with authorization of the coroner or medical examiner from the original transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the original transferring county. The coroner or medical examiner from the original transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

(3) Such coroner or medical examiner of the county where a person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person, and shall make available information and records obtained for investigation of the death.

(4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

10. There shall not be any statute of limitations or time limits on the cause of death when death is the final result or determined to be caused by homicide, suicide, accident, child fatality, criminal abortion including those self-induced, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead. The final investigation of death in determining the cause and matter of death shall revert to the county of origin, and the coroner or medical examiner of such county shall

be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

11. Except as provided in subsection 9 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of the death.

12. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to organ donation.

58.720. 1. When any person dies within a county having a medical examiner as a result of:

(1) Violence by homicide, suicide, or accident;

(2) Thermal, chemical, electrical, or radiation injury;

(3) Criminal abortions, including those self-induced;

(4) Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health; or when any person dies:

(a) Suddenly when in apparent good health;

(b) When unattended by a physician, chiropractor, or an accredited Christian Science practitioner, during the period of thirty-six hours immediately preceding his death;

(c) While in the custody of the law, or while an inmate in a public institution;

(d) In any unusual or suspicious manner[;]

the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the medical examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The medical examiner or his designated assistant shall take possession of all property of value found on the body, making exact inventory thereof on his report and shall direct the return of such property to the person entitled to its custody or possession. The medical examiner or his designated assistant examiner shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, **except under the care of a licensed, certified hospice as defined under section 197.250**, the first licensed medical professional or law enforcement official learning of such death shall contact the county medical examiner. Immediately upon receipt of such notification, the medical examiner or the medical examiner's deputy shall make a determination if further investigation is necessary, based on information provided by the individual contacting the medical examiner, and immediately advise such individual of the medical examiner's intentions. **When a death occurs outside a licensed health care facility under the care of a licensed, certified hospice, the county coroner shall be notified in writing within twenty-four hours and no investigation shall be conducted if the death is certified by the treating physician of the deceased.**

3. In any case of sudden, violent or suspicious death after which the body was buried without any

investigation or autopsy, the medical examiner, upon being advised of such facts, may at his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

4. The medical examiner shall certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death, and may sign a certificate of death in the case of any death.

5. When the cause of death is established by the medical examiner, he shall file a copy of his findings in his office within thirty days after notification of the death.

6. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or the medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.

(2) The coroner or medical examiner in the county in which the person is determined to be dead may, with authorization of the coroner or medical examiner from the transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the transferring county. The coroner or medical examiner from the transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

(3) Such coroner or medical examiner, or the county where a person is determined to be dead, shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person and shall make available information and records obtained for investigation of death.

(4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

7. There shall not be any statute of limitations or time limits on cause of death when death is the final result or determined to be caused by homicide, suicide, accident, criminal abortion including those self-induced, child fatality, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead, but the final investigation of death determining the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

8. Except as provided in subsection 6 of this section, if a person dies in one county and the body is

subsequently transferred to another county, for burial or other reasons, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of the death.

9. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to organ donation.”; and

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

HOUSE AMENDMENT NO. 13

Amend House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3, by deleting the words, “emergency administration of epinephrine by auto-injector” and insert in lieu thereof the words, “health care”; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said line the following:

“338.010. 1. The “practice of pharmacy” means the interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons twelve years of age or older as authorized by rule or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for a specific patient as authorized by rule; the participation in drug selection according to state law and participation in drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records thereof; consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices; **the prescribing and dispensing of self-administered oral hormonal contraceptives under section 338.660**; and the offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy. No person shall engage in the practice of pharmacy unless he is licensed under the provisions of this chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the auxiliary personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the practice of optometry in accordance with and as provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or her own prescriptions.

2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services. The written protocol and the prescription order for a medication therapeutic plan shall come from the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a supervision agreement under section 334.735.

3. Nothing in this section shall be construed as to prevent any person, firm or corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed pharmacist is in charge of such pharmacy.

4. Nothing in this section shall be construed to apply to or interfere with the sale of nonprescription drugs and the ordinary household remedies and such drugs or medicines as are normally sold by those engaged in the sale of general merchandise.

5. No health carrier as defined in chapter 376 shall require any physician with which they contract to enter into a written protocol with a pharmacist for medication therapeutic services.

6. This section shall not be construed to allow a pharmacist to diagnose or independently prescribe pharmaceuticals.

7. The state board of registration for the healing arts, under section 334.125, and the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. Such rules shall require protocols to include provisions allowing for timely communication between the pharmacist and the referring physician, and any other patient protection provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither board shall separately promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. 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, 2007, shall be invalid and void.

8. The state board of pharmacy may grant a certificate of medication therapeutic plan authority to a licensed pharmacist who submits proof of successful completion of a board-approved course of academic clinical study beyond a bachelor of science in pharmacy, including but not limited to clinical assessment skills, from a nationally accredited college or university, or a certification of equivalence issued by a nationally recognized professional organization and approved by the board of pharmacy.

9. Any pharmacist who has received a certificate of medication therapeutic plan authority may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by a prescription order from a physician that is specific to each patient for care by a pharmacist.

10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol or the physician's prescription order.

11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent title means a person who has received a doctor's degree in veterinary medicine from an accredited school of veterinary medicine or holds an Educational Commission for Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

12. In addition to other requirements established by the joint promulgation of rules by the board of

pharmacy and the state board of registration for the healing arts:

(1) A pharmacist shall administer vaccines in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC);

(2) A pharmacist who is administering a vaccine shall request a patient to remain in the pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions. Such pharmacist shall have adopted emergency treatment protocols;

(3) In addition to other requirements by the board, a pharmacist shall receive additional training as required by the board and evidenced by receiving a certificate from the board upon completion, and shall display the certification in his or her pharmacy where vaccines are delivered.

13. A pharmacist shall provide a written report within fourteen days of administration of a vaccine to the patient's primary health care provider, if provided by the patient, containing:

- (1) The identity of the patient;
- (2) The identity of the vaccine or vaccines administered;
- (3) The route of administration;
- (4) The anatomic site of the administration;
- (5) The dose administered; and
- (6) The date of administration.

338.660. 1. For purposes of this chapter, “self-administered oral hormonal contraceptive” shall mean a drug composed of a combination of hormones that is approved by the Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may take orally.

2. A pharmacist may prescribe and dispense self-administered oral hormonal contraceptives to a person who is:

(1) Eighteen years of age or older, regardless of whether the person has evidence of a previous prescription from a primary care practitioner or women's health care practitioner for a self-administered oral hormonal contraceptive; or

(2) Under eighteen years of age, if the person has evidence of a previous prescription from a primary care practitioner or women's health care practitioner for a self-administered oral hormonal contraceptive.

3. The board of pharmacy shall adopt rules, in consultation with the board of registration for the healing arts, board of nursing, and department of health and senior services, and in consideration of guidelines established by the American Congress of Obstetricians and Gynecologists, to establish standard procedures for the prescribing of self-administered oral hormonal contraceptives by pharmacists. The board of pharmacy shall adopt rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to

chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

4. The rules adopted under this section shall require a pharmacist to:

(1) Complete a training program approved by the board of pharmacy that is related to prescribing self-administered oral hormonal contraceptives;

(2) Provide a self-screening risk assessment tool that the patient shall use prior to the pharmacist's prescribing the self-administered oral hormonal contraceptive;

(3) Refer the patient to the patient's primary care practitioner or women's health care practitioner upon prescribing and dispensing the self-administered oral hormonal contraceptive;

(4) Provide the patient with a written record of the self-administered oral hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner; and

(5) Dispense the self-administered oral hormonal contraceptive to the patient as soon as practicable after the pharmacist issues the prescription.

5. The rules adopted under this section shall prohibit a pharmacist from:

(1) Requiring a patient to schedule an appointment with the pharmacist for the prescribing or dispensing of a self-administered oral hormonal contraceptive; and

(2) Prescribing and dispensing a self-administered oral hormonal contraceptive to a patient who does not have evidence of a clinical visit for women's health within the three years immediately following the initial prescription and dispensation of a self-administered oral hormonal contraceptive by a pharmacist to the patient.

6. All state and federal laws governing insurance coverage of contraceptive drugs, devices, products, and services shall apply to self-administered oral hormonal contraceptives prescribed by a pharmacist under this section.

376.1240. 1. For purposes of this section, the terms "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350. The term "prescription contraceptive" shall mean a drug or device that requires a prescription and is approved by the Food and Drug Administration to prevent pregnancy.

2. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2017, and that provides coverage for prescription contraceptives shall provide coverage to reimburse a health care provider or dispensing entity for a dispensing of prescription contraceptives intended to last for a:

(1) Three-month period for the first dispensing of the prescription contraceptive to an insured; and

(2) Twelve-month period for subsequent dispensations of the same contraceptive to the insured regardless of whether the insured was enrolled in the health benefit plan or policy at the time of the first dispensing.

3. The coverage required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

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

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

Emergency clause defeated.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SCS** for **SB 657**, entitled:

An Act to repeal sections 319.114, 414.036, and 414.255, RSMo, and to enact in lieu thereof three new sections relating to liability for the use of incompatible motor fuel.

With House Amendment Nos. 1, 2 and 3.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 657, Page 1, In the Title, Line 3, by deleting the words “liability for the use of incompatible motor fuel” and inserting in lieu thereof the phrase “motor vehicles”; and

Further amend said bill, Page 3, Section 414.036, Line 29, by inserting after all of said section and line the following:

“414.082. 1. The fee for the inspection of gasoline, gasoline-alcohol blends, kerosene, diesel fuel, heating oil, aviation turbine fuel, and other motor fuels under this chapter shall be fixed by the director of revenue at a rate per barrel which will approximately yield revenue equal to the expenses of administering this chapter; except that, until December 31, [1993, the rate shall be one and one-half cents per barrel and beginning January 1, 1994, the fee shall not be less than one and one-half cents per barrel nor exceed two and one-half] **2016, the rate shall not exceed two and one-half cents per barrel, from January 1, 2017, through December 31, 2021, the rate shall not exceed four cents per barrel, and after January 1, 2022, the rate shall not exceed five cents per barrel.**

2. Annually the director of the department of agriculture shall ascertain the total expenses for administering sections 414.012 to 414.152 during the preceding year, and shall forward a copy of such expenses to the director of revenue. The director of revenue shall fix the inspection fee for the ensuing calendar year at such rate per barrel, within the limits established by subsection 1 of this section, as will approximately yield revenue equal to the expenses of administering sections 414.012 to 414.152 during the preceding calendar year and shall collect the fees and deposit them in the state treasury to the credit of the “Petroleum Inspection Fund” which is hereby created. Beginning July 1, 1988, all expenses of administering sections 414.012 to 414.152 shall be paid from appropriations made out of the petroleum inspection fund.

3. The unexpended balance in the fund at the end of each fiscal year shall not be transferred to the general revenue fund of the state, and the provisions of section 33.080 relating to the transfer of funds to the general revenue fund of the state by the state treasurer shall not apply to this fund.

4. The state treasurer shall invest all sums in the petroleum inspection fund not needed for current operating expenses in interest-bearing banking accounts or United States government obligations in the manner provided by law. All yield, increment, gain, interest or income derived from the investment of these sums shall accrue to the benefit of, and be deposited within the state treasury to the credit of, the petroleum inspection fund.”; 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 Substitute for Senate Committee Substitute for Senate Bill No. 657, Page 6, Section 414.255, Line 102, by inserting immediately after the number “**301.580**,” the following:

“and no manufacturer or dealer of internal combustion engines or a product powered by an internal combustion engine”; and

Further amend said substitute, page, and section, Line 108, by inserting immediately after the word **“vehicle”** the words **“or products”**; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 657, Page 1, In the Title, Line 3, by deleting all of said line and inserting in lieu thereof the following words “sections relating to motor vehicles.”; and

Further amend said bill, page, Section A, Line 3, by inserting after all of said section and line the following:

“302.440. In addition to any other provisions of law, a court may require that any person who is found guilty of a first intoxication-related traffic offense, as defined in section 577.001, and a court shall require that any person who is found guilty of a second or subsequent intoxication-related traffic offense, as defined in section 577.001, shall not operate any motor vehicle unless that vehicle is equipped with a functioning, certified ignition interlock device for a period of not less than six months from the date of reinstatement of the person’s driver’s license. In addition, any court authorized to grant a limited driving privilege under section 302.309 to any person who is found guilty of a second or subsequent intoxication-related traffic offense shall require the use of an ignition interlock device on all vehicles operated by the person as a required condition of the limited driving privilege, **except as provided in section 302.441**. These requirements shall be in addition to any other provisions of this chapter or chapter 577 requiring installation and maintenance of an ignition interlock device. Any person required to use an ignition interlock device shall comply with such requirement subject to the penalties provided by section 577.599.

302.441. 1. If a person is required to have an ignition interlock device installed on such person’s vehicle, he or she may apply to the court for an employment exemption variance to allow him or her to drive an employer-owned vehicle not equipped with an ignition interlock device for employment purposes only. Such exemption shall not be granted to a person who is self-employed or who wholly

or partially owns an entity that owns an employer-owned vehicle.

2. A person who is granted an employment exemption variance under subsection 1 of this section shall not drive, operate, or be in physical control of an employer-owned vehicle used for transporting children under eighteen years of age or vulnerable persons, as defined in section 630.005, or an employer-owned vehicle for personal use.”; 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.

MESSAGES FROM THE GOVERNOR

The following messages were received from the Governor, reading of which was waived:

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102
April 26, 2016

To the Senate of the 98th General Assembly of the State of Missouri:

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

Matthew L. Dameron, Democrat, 11518 Wornall Road, Kansas City, Jackson County, Missouri 64114, as a member of the Missouri Development Finance Board, for a term ending September 14, 2019, and until his successor is duly appointed and qualified; vice, Matthew L. Dameron, reappointed.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

Also,

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102
April 26, 2016

To the Senate of the 98th General Assembly of the State of Missouri:

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

Larry D. Hale, Democrat, 1444 Eagle Ridge Road, Glencoe, Saint Louis County, Missouri 63038, as a member of the Missouri Gaming Commission, for a term ending April 29, 2021, and until his successor is duly appointed and qualified; vice, Larry D. Hale, term expires April 29, 2016.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

Also,

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102
April 26, 2016

To the Senate of the 98th General Assembly of the State of Missouri:

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

Brian Jamison, Republican, 5208 Thornbrook Parkway, Columbia, Boone County, Missouri 65203, as a member of the Missouri Gaming Commission, for a term ending April 29, 2021, and until his successor is duly appointed and qualified; vice, Brian Jamison, term expires April 29, 2016.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

Also,

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102

April 26, 2016

To the Senate of the 98th General Assembly of the State of Missouri:

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

John E. Mehner, Republican, 432 Sequoyah Lane, Cape Girardeau, Cape Girardeau County, Missouri 63701, as a member of the Missouri Development Finance Board, for a term ending September 14, 2019, and until his successor is duly appointed and qualified; vice, John E. Mehner, reappointed.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

Also,

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102

April 26, 2016

To the Senate of the 98th General Assembly of the State of Missouri:

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

Martin Rucker, Democrat, 2703 Meadow Ridge Drive, Saint Joseph, Buchanan County, Missouri 64504, as a member of the Board of Probation and Parole, for a term ending April 26, 2022, and until his successor is duly appointed and qualified; vice, Martin Rucker, reappointed.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

Also,

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102

April 26, 2016

To the Senate of the 98th General Assembly of the State of Missouri:

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

Jimmie Lee Wells, Democrat, 12488 Highway Y, Bowling Green, Pike county, Missouri 63334, as a member of the Board of Probation and Parole, for a term ending April 26, 2022, and until his successor is duly appointed and qualified; vice, Jimmie Lee Wells, reappointed.

Respectfully submitted,
Jeremiah W. (Jay) Nixon
Governor

President Pro Tem Richard referred the above appointments and reappointments to the Committee on Gubernatorial Appointments.

RESOLUTIONS

Senator Kehoe offered Senate Resolution No. 2063, regarding Dr. Donald M. Claycomb, Linn, which was adopted.

Senator Pearce offered Senate Resolution No. 2064, regarding Carroll County Memorial Hospital, Carrollton, which was adopted.

Senator Cunningham offered Senate Resolution No. 2065, regarding Chip and Teresa McGeehan, Marshfield, which was adopted.

Senator Cunningham offered Senate Resolution No. 2066, regarding Mike and Laura Vinehout, Marshfield, which was adopted.

Senator Schmitt offered Senate Resolution No. 2067, regarding Strothkamp Brothers, Incorporated, Manchester, which was adopted.

Senator Sifton offered Senate Resolution No. 2068, regarding Sarah Booth Riss, Ed.D., M.S., B.S., Webster Groves, which was adopted.

Senator Sifton offered Senate Resolution No. 2069, regarding Sister Michelle Emmerich, SSND, PhD, St. Louis, which was adopted.

Senator Sifton offered Senate Resolution No. 2070, regarding Innovet, Inc., Saint Louis, which was adopted.

Senator Romine offered Senate Resolution No. 2071, regarding David Christopher Warrent and Twyla Dawn (Johnson) Warren, Bonne Terre, which was adopted.

Senator Riddle offered Senate Resolution No. 2072, regarding Jared Bethel, LPN, Mexico, which was adopted.

INTRODUCTIONS OF GUESTS

Senator Kehoe introduced to the Senate, Chris Jarboe, Holts Summit; and Emma Verslues, Jefferson City.

Senator Riddle introduced to the Senate, law enforcement officers from the Missouri State Highway Patrol; Montgomery County Sheriff's Department; Warren County Sheriff's Department; Gasconade County Sheriff's Department; Montgomery City Police Department; New Florence Police Department; Wellsville Police Department; Jonesburg Police Department; High Hill Police Department; Hermann Police Department; East Central Drug Task Force; Missouri Department of Conservation; Federal Bureau of Investigation; and the Bureau of Alcohol, Tobacco, and Firearms.

Senator Walsh introduced to the Senate, Josh and Elly Schulze, and their children Rebecca and Henry, Florissant.

Senator Kehoe introduced to the Senate, teachers, parents and fourth grade students from St. Peter's School, Jefferson City.

Senator Cunningham introduced to the Senate, Robbie and Shirley Collins and their son Jacob; and members of the 4-H Shooting Sports National Championship Team, Willow Springs.

Senator Parson introduced to the Senate, Leroy and Geniene Brown and their daughter Michaela, 4-H Shooting Sports Team, Polk County.

Senator Emery introduced to the Senate, Hunter Kelley and Noah Descombs, 4-H Shooting Sports Team, Pleasant Hill.

Senator Riddle introduced to the Senate, teacher Kathy Heppermann, parents and fifth grade students from Immaculate Conception School, Old Monroe.

Senator Schaaf introduced to the Senate, Head Coach Brett Goodwin, Assistant Coach Mitch Girres, and members of the Class 4 State Champion Girls Basketball Team, Benton High School, St. Joseph.

Senator Walsh introduced to the Senate, Principal Mary Ann Kauffman, teacher Theresa Kremer, and twenty-two seventh grade students from St. Angela Merici Catholic Elementary School; and Lauren Garrett, Nadia Bazile and Dean Palmer were made honorary pages.

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

SENATE CALENDAR

FIFTY-NINTH DAY—WEDNESDAY, APRIL 27, 2016

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HB 1534-Flanigan
HCS for HB 2496
HCS for HB 1448
HB 2028-Hoskins
HB 1852-Rowland
HB 2065-Berry
HB 2093-Chipman
HCS for HB 1928
HB 2237-Rowden
HCS for HB 2345

HB 1585-Hill
HCS for HB 1955
HB 1969-Anderson
HCS for HB 2057
HCS for HB 1561
HB 1754-Bahr
HB 1867-Fitzpatrick
HCS for HB 1679
HB 1468-Burlison

THIRD READING OF SENATE BILLS

SCS for SBs 588, 603 & 942-Dixon and
Curls (In Fiscal Oversight)
SCS for SB 998-Romine (In Fiscal Oversight)

SCS for SBs 857 & 712-Romine
(In Fiscal Oversight)
SB 884-Munzlinger (In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

SB 1111-Brown
SB 795-Wallingford, with SCS

SB 1076-Parson, with SCS

HOUSE BILLS ON THIRD READING

HB 1855-Allen (Schaaf) (In Fiscal Oversight)
HCS for HBs 1366 & 1878, with SCS
(Schaefer) (In Fiscal Oversight)
HCS for HBs 2234 & 1985 (Pearce)
(In Fiscal Oversight)
HCS for HBs 1646, 2132 & 1621, with
SCS (Riddle) (In Fiscal Oversight)

HB 1565-Engler (Romine)
(In Fiscal Oversight)
HCS for HB 1696, with SCS (Riddle)
(In Fiscal Oversight)
HB 1892-Rehder (Schatz)
(In Fiscal Oversight)

INFORMAL CALENDAR

THIRD READING OF SENATE BILLS

SB 783-Onder

SENATE BILLS FOR PERFECTION

SB 575-Schaefer, with SCS, SS for SCS &
SA 1 (pending)
SB 580-Schaaf, with SCS & SA 2 (pending)
SB 596-Kraus, with SCS
SB 613-Cunningham, et al, with SCS
SB 622-Romine, with SCS
SB 644-Onder, with SCS
SBs 662 & 587-Dixon, with SCS
SB 663-Dixon, with SCS & SA 1 (pending)
SB 680-Emery
SB 686-Wallingford, with SCS
SB 706-Dixon
SB 719-Emery, with SCS
SB 733-Dixon
SB 734-Dixon
SB 771-Onder
SB 772-Onder, with SCS
SB 774-Schmitt
SB 775-Schaefer
SB 785-Schaefer, with SCS, SS for SCS,
SA 1, SSA 1 for SA 1, SA 1 to SSA 1
for SA 1 & point of order (pending)

SB 788-Schatz, with SCS & SS for SCS
(pending)
SBs 789 & 595-Wasson, with SCS
SB 792-Richard
SB 793-Richard
SB 798-Kraus, with SCS
SB 802-Sater
SB 805-Onder, with SCS
SB 806-Onder, with SCS
SB 812-Keaveny
SB 816-Wieland, et al
SB 825-Munzlinger, with SA 1 (pending)
SB 830-Wasson, with SCS
SB 848-Emery, with SCS
SBs 851 & 694-Brown, with SCS
SB 853-Brown
SB 858-Romine, with SCS & SS for SCS
(pending)
SB 868-Wasson
SB 871-Wallingford
SB 883-Riddle
SB 894-Munzlinger, with SS (pending)

SB 896-Hegeman	SB 1026-Schatz, with SCS
SB 898-Cunningham	SB 1028-Silvey, et al, with SCS
SB 908-Sater, with SCS	SB 1033-Pearce
SB 916-Schaefer	SB 1066-Curls
SB 920-Schmitt and Kraus	SB 1074-Schmitt, with SCS
SB 951-Wasson, with SA 1 (pending)	SB 1075-Wallingford
SB 964-Wallingford, with SCS (pending)	SB 1085-Pearce
SB 966-Schaaf	SB 1091-Riddle
SB 972-Silvey	SB 1094-Kehoe, with SCS
SB 980-Keaveny, with SCS, SS for SCS, SA 1 & SA 3 to SA 1 (pending)	SB 1096-Dixon and Keaveny, with SS (pending)
SB 995-Riddle	SB 1117-Wasson, with SCS
SB 1003-Onder	SB 1120-Hegeman, et al
SB 1004-Onder	SB 1131-Sifton
SB 1005-Walsh	SB 1144-Brown
SBs 1010, 958 & 878-Curls, with SCS	SJR 23-Sater, with SS (pending)
SB 1012-Dixon	SJR 35-Kraus, with SCS
SB 1014-Dixon	

HOUSE BILLS ON THIRD READING

HCS for HBs 1434 & 1600, with SCS (Walsh)	HB 1733-Davis (Kraus)
HB 1435-Koenig (Kraus)	HB 1745-Brattin, with SCS (Schatz)
HB 1452-Hoskins, with SCS (Pearce)	HCS for HBs 1780 & 1420 (Pearce)
HB 1472-Dugger (Dixon)	HB 1795-Haefner, with SCS (Sater)
HCS for HB 1477 (Munzlinger)	HCS for HB 1804, with SCS (Emery)
HB 1479-Entlicher (Romine)	HCS for HB 1850 (Wasson)
HB 1530-Brown (57) (Munzlinger)	HCS for HB 1904, with SCS (Wallingford)
HB 1575-Rowden, with SCA 1 (Onder)	HCS for HB 1976, with SCS (Munzlinger)
HB 1582-Kelley, with SCS (Kraus)	HB 2166-Alferman, with SCS, SS#2 for SCS, SA 1 & SSA 1 for SA 1 (pending) (Onder)
HCS for HB 1584, with SCS (Schmitt)	HCS for HB 2187, with SCS (pending) (Cunningham)
HCS for HB 1599, with SCS (Sater)	HB 2226-Barnes (Silvey)
HB 1619-McCaherty (Dixon)	HB 2230-Ross (Schatz)
HB 1631-Alferman, with SCS, SS for SCS & SA 1 (pending) (Kraus)	HB 2257-Jones, with SCS (Wieland)
HCS for HB 1649, with SCS (Parson)	HCS for HB 2332, with SCS (Dixon)
HCS for HB 1658 (Onder)	HCS for HB 2397 (Romine)
HB 1678-Solon, with SCS (Pearce)	HB 2429-Dohrman, with SCS (Parson)
HCS for HB 1717 (Wallingford)	
HCS for HB 1729 (Munzlinger)	

HB 2590-Plocher, with SCS (Keaveny)
HCS for HB 2689 (Silvey)

HJR 53-Dugger (Kraus)

CONSENT CALENDAR

House Bills

Reported 4/14

HB 1681-Haahr (Dixon)

HB 2428-Swan (Pearce)

HB 2195-Hoskins (Pearce)

HB 1539-Vescovo (Wieland)

HB 1538-Vescovo (Wieland)

HB 1559-McCann Beatty (Curls)

HB 2183-Roeber (Curls)

HCS for HB 2453, with SCS (Schaaf)

HB 2480-Justus (Sater)

HB 1473-Dugger, with SCS (Wasson)

HCS for HB 1480 (Hegeman)

HB 1388-Roeber (Dixon)

HB 1593-Crawford (Hegeman)

HB 2591, HB 1958 & HB 2369-Richardson,
with SCS (Libla)

HB 2335-Houghton, with SCS (Riddle)

HB 1851-Alferman, with SCS (Schatz)

SENATE BILLS WITH HOUSE AMENDMENTS

SB 639-Riddle, with HCS, as amended
SS for SCS for SB 657-Munzlinger, with
HCS, as amended

SB 677-Sater, with HCS, as amended

BILLS IN CONFERENCE AND BILLS
CARRYING REQUEST MESSAGES

In Conference

SS for SB 621-Romine, with HCS, as
amended

RESOLUTIONS

Reported from Committee

SCR 42-Curls

SCR 45-Dixon

SCR 50-Nasheed
SCRs 53 & 44-Schaefer, with SCS
SCR 54-Walsh
SCR 55-Holsman
SCR 56-Brown
SCR 59-Emery
SCR 60-Curls

SCR 61-Parson
SCR 63-Curls and Munzlinger
SCR 65-Schaefer
SCR 68-Schupp
HCR 63-Taylor (Wieland)
HCR 69-Miller (Brown)

To be Referred

SR 2062-Pearce

MISCELLANEOUS

CCS for SCS for HCS for HB 2 (Schaefer)
(Section 2.030/Appropriation 9235)

CCS for SCS for HCS for HB 10 (Schaefer)
(Section 10.710/Appropriation 9859)

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