Journal of the Senate

SECOND REGULAR SESSION

SIXTIETH DAY—THURSDAY, APRIL 28, 2016

The Senate met pursuant to adjournment.

President Kinder in the Chair.

Reverend Carl Gauck offered the following prayer:

"The Lord has done great things for us, and we rejoice." (Psalm 126:3)

Lord God, in our world how wonderful it is to focus on the rich legacy that You have provided from Your creative hand. Help us appreciate all we see in our travels this day and give You thanks and praise. Be with us in our drive home and bring us safely home to spend time with those You have given us to love. 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.

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.

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 **SCS SB 591**.

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 **SS** for **SB 732**, entitled:

An Act to repeal sections 43.545, 44.010, 44.032, 84.720, 190.102, 190.103, 190.165, 190.241, 192.737, 192.2400, 192.2405, 311.735, 455.543, 455.545, 590.040, 610.026, and 610.100, RSMo, and section 192.2475 as enacted by house revision bill no. 1299 merged with senate bill no. 491, ninety-seventh general assembly, second regular session, section 192.2475 as enacted by house revision bill no. 1299, ninety-seventh general assembly, second regular session, and section 565.188 as enacted by senate bill nos. 556 & 311, ninety-second general assembly, first regular session, and to enact in lieu thereof twenty-four new sections relating to public safety, with penalty provisions.

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

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 5, Section 44.032, Line 89, by inserting after all of said section and line the following:

"67.145. **1.** No political subdivision of this state shall prohibit any first responder[, as the term first responder is defined in section 192.800,] from engaging in any political activity while off duty and not in uniform, being a candidate for elected or appointed public office, or holding such office unless such political activity or candidacy is otherwise prohibited by state or federal law.

2. As used in this section, "first responder" means any person trained and authorized by law or rule to render emergency medical assistance or treatment. Such persons may include, but shall not be limited to, emergency first responders, police officers, sheriffs, deputy sheriffs, firefighters, ambulance attendants and attendant drivers, emergency medical technicians, mobile emergency medical technicians, emergency medical technician-paramedics, registered nurses, or physicians."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 2

Amend House Amendment No. 2 to House Committee Substitute for Senate Substitute for Senate Bill

No. 732, Page 1, Lines 1-2, by deleting all of said lines and inserting in lieu thereof the following:

"Amend House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 26, Section 192.2475, Line 119, by inserting after all of said section and line the following:

"**287.245. 1. As used in this section, the following terms shall mean:**

(1) "Association", volunteer fire protection associations as defined in section 320.300;

(2) "State fire marshal", the state fire marshal selected under the provisions of sections 320.200 to 320.270;

(3) "Volunteer firefighter", the same meaning as in section 287.243.

2. Any association may apply to the state fire marshal for a grant for the purpose of funding such association's costs related to workers' compensation insurance premiums for volunteer firefighters.

3. Subject to appropriations, the state fire marshal shall disburse grants to each applying volunteer fire protection association according to the following schedule:

(1) Associations which had zero to five volunteer firefighters receive workers' compensation benefits from claims arising out of and in the course of the prevention or control of fire or the underwater recovery of drowning victims in the preceding calendar year shall be eligible for two thousand dollars in grant money;

(2) Associations which had six to ten volunteer firefighters receive workers' compensation benefits from claims arising out of and in the course of the prevention or control of fire or the underwater recovery of drowning victims in the preceding calendar year shall be eligible for one thousand five hundred dollars in grant money;

(3) Associations which had eleven to fifteen volunteer firefighters receive workers' compensation benefits from claims arising out of and in the course of the prevention or control of fire or the underwater recovery of drowning victims in the preceding calendar year shall be eligible for one thousand dollars in grant money;

(4) Associations which had sixteen to twenty volunteer firefighters receive workers' compensation benefits from claims arising out of and in the course of the prevention or control of fire or the underwater recovery of drowning victims in the preceding calendar year shall be eligible for five hundred dollars in grant money.

4. Grant money disbursed under this section shall only be used for the purpose of paying for the workers' compensation insurance premiums of volunteer firefighters."; and

Further amend said bill, Page 28, Section 565.188, Line 27, by inserting after all of said section and line the following:

"575.145. 1. It shall be the duty of the operator or driver of any vehicle or any other conveyance regardless of means of propulsion, or the rider of any animal traveling on the highways of this state to stop on signal of any law enforcement officer **or firefighter** and to obey any other reasonable signal or direction

of such law enforcement officer **or firefighter** given in directing the movement of traffic on the highways or enforcing any offense or infraction.

2. The offense of willfully failing or refusing to obey such signals or directions or willfully resisting or opposing a law enforcement officer **or a firefighter** in the proper discharge of his or her duties is a class A misdemeanor.

575.145. It shall be the duty of the operator or driver of any vehicle or the rider of any animal traveling on the highways of this state to stop on signal of any sheriff **[**or**],** deputy sheriff**, or firefighter** and to obey any other reasonable signal or direction of such sheriff **[**or**],** deputy sheriff**, or firefighter** given in directing the movement of traffic on the highways. Any person who willfully fails or refuses to obey such signals or directions or who willfully resists or opposes a sheriff **[**or**],** deputy sheriff**, or firefighter** in the proper discharge of his or her duties shall be guilty of a class A misdemeanor and on conviction thereof shall be punished as provided by law for such offenses."; and"; 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 Bill No. 732, Page 28, Section 565.188, Line 27, by inserting after all of said section and line the following:

"575.145. 1. It shall be the duty of the operator or driver of any vehicle or any other conveyance regardless of means of propulsion, or the rider of any animal traveling on the highways of this state to stop on signal of any law enforcement officer **or firefighter** and to obey any other reasonable signal or direction of such law enforcement officer **or firefighter** given in directing the movement of traffic on the highways or enforcing any offense or infraction.

2. The offense of willfully failing or refusing to obey such signals or directions or willfully resisting or opposing a law enforcement officer **or a firefighter** in the proper discharge of his or her duties is a class A misdemeanor.

575.145. It shall be the duty of the operator or driver of any vehicle or the rider of any animal traveling on the highways of this state to stop on signal of any sheriff **[**or**],** deputy sheriff**, or firefighter** and to obey any other reasonable signal or direction of such sheriff **[**or**],** deputy sheriff**, or firefighter** given in directing the movement of traffic on the highways. Any person who willfully fails or refuses to obey such signals or directions or who willfully resists or opposes a sheriff **[**or**],** deputy sheriff**, or firefighter** in the proper discharge of his or her duties shall be guilty of a class A misdemeanor and on conviction thereof shall be punished as provided by law for such offenses."; 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 Bill No. 732, Page 28, Section 590.040, Lines 10-11, by deleting all of said lines and inserting in lieu thereof the following:

"**a political subdivision in a county with a charter form of government and with more than nine hundred fifty thousand inhabitants shall have a minimum of one thousand hours of basic training at a**"; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 4

Amend House Amendment No. 4 to House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 2, Line 3, by inserting after all of said line the following:

"Further amend said bill, Page 26, Section 192.2475, Line 119, by inserting after all of said section and line the following:

"**208.1030. 1. An eligible provider, as described in subsection 2 of this section, may, in addition to the rate of payment that the provider would otherwise receive for Medicaid ground emergency medical transportation services, receive MO HealthNet supplemental reimbursement to the extent provided by law.**

2. A provider shall be eligible for Medicaid supplemental reimbursement if the provider meets the following characteristics during the state reporting period:

(1) Provides ground emergency medical transportation services to MO HealthNet participants;

(2) Is enrolled as a MO HealthNet provider for the period being claimed; and

(3) Is owned, operated, or contracted by the state or a political subdivision.

3. An eligible provider's Medicaid supplemental reimbursement under this section shall be calculated and paid as follows:

(1) The supplemental reimbursement to an eligible provider, as described in subsection 2 of this section, shall be equal to the amount of federal financial participation received as a result of the claims submitted under subdivision (2) of subsection 6 of this section;

(2) In no instance shall the amount certified under subdivision (1) of subsection 5 of this section, when combined with the amount received from all other sources of reimbursement from the MO HealthNet program, exceed one hundred percent of actual costs, as determined under the Medicaid state plan for ground emergency medical transportation services; and

(3) The supplemental Medicaid reimbursement provided by this section shall be distributed exclusively to eligible providers under a payment methodology based on ground emergency medical transportation services provided to MO HealthNet participants by eligible providers on a per-transport basis or other federally permissible basis. The department of social services shall obtain approval from the Centers for Medicare and Medicaid Services for the payment methodology to be utilized and shall not make any payment under this section prior to obtaining that approval.

4. An eligible provider, as a condition of receiving supplemental reimbursement under this section, shall enter into and maintain an agreement with the department's designee for the purposes of implementing this section and reimbursing the department of social services for the costs of administering this section. The non-federal share of the supplemental reimbursement submitted to the Centers for Medicare and Medicaid Services for purposes of claiming federal financial participation shall be paid with funds from the governmental entities described in subdivision (3) of subsection 2 of this section and certified to the state as provided in subsection 5 of this section.

5. Participation in the program by an eligible provider described in this section is voluntary. If an applicable governmental entity elects to seek supplemental reimbursement under this section on behalf of an eligible provider owned or operated by the entity, as described in subdivision (3) of subsection 2 of this section, the governmental entity shall do the following:

(1) Certify in conformity with the requirements of 42 CFR 433.51 that the claimed expenditures for the ground emergency medical transportation services are eligible for federal financial participation;

(2) Provide evidence supporting the certification as specified by the department of social services;

(3) Submit data as specified by the department of social services to determine the appropriate amounts to claim as expenditures qualifying for federal financial participation; and

(4) Keep, maintain, and have readily retrievable any records specified by the department of social services to fully disclose reimbursement amounts to which the eligible provider is entitled and any other records required by the Centers for Medicare and Medicaid Services.

6. The department of social services shall be authorized to seek any necessary federal approvals for the implementation of this section. The department may limit the program to those costs that are allowable expenditures under Title XIX of the Social Security Act, 42 U.S.C. Section 1396, et seq.

(1) The department of social services shall submit claims for federal financial participation for the expenditures for the services described in subsection 5 of this section that are allowable expenditures under federal law.

(2) The department of social services shall, on an annual basis, submit any necessary materials to the federal government to provide assurances that claims for federal financial participation shall include only those expenditures that are allowable under federal law.

208.1032. 1. The department of social services shall be authorized to design and implement in consultation and coordination with eligible providers as described in subsection 2 of this section an intergovernmental transfer program relating to ground emergency medical transport services, including those services provided at the emergency medical responder, emergency medical technician (EMT), advanced EMT, EMT intermediate, or paramedic levels in the pre-stabilization and preparation for transport, in order to increase capitation payments for the purpose of increasing reimbursement to eligible providers.

2. A provider shall be eligible for increased reimbursement under this section only if the provider meets the following conditions in an applicable state fiscal year:

(1) Provides ground emergency medical transport services to MO HealthNet managed care participants pursuant to a contract or other arrangement with MO HealthNet or a MO HealthNet managed care plan; and

(2) Is owned, operated, or contracted by the state or a political subdivision.

3. To the extent intergovernmental transfers are voluntarily made by and accepted from an eligible provider described in subsection 2 of this section or a governmental entity affiliated with an eligible provider, the department of social services shall make increased capitation payments to

applicable MO HealthNet eligible providers for covered ground emergency medical transportation services.

(1) The increased capitation payments made under this section shall be in amounts at least actuarially equivalent to the supplemental fee-for-service payments and up to equivalent of commercial reimbursement rates available for eligible providers to the extent permissible under federal law.

(2) Except as provided in subsection 6 of this section, all funds associated with intergovernmental transfers made and accepted under this section shall be used to fund additional payments to eligible providers.

(3) MO HealthNet managed care plans and coordinated care organizations shall pay one hundred percent of any amount of increased capitation payments made under this section to eligible providers for providing and making available ground emergency medical transportation and pre-stabilization services pursuant to a contract or other arrangement with a MO HealthNet managed care plan or coordinated care organization.

4. The intergovernmental transfer program developed under this section shall be implemented on the date federal approval is obtained, and only to the extent intergovernmental transfers from the eligible provider, or the governmental entity with which it is affiliated, are provided for this purpose. The department of social services shall implement the intergovernmental transfer program and increased capitation payments under this section on a retroactive basis as permitted by federal law.

5. Participation in the intergovernmental transfers under this section is voluntary on the part of the transferring entities for purposes of all applicable federal laws.

6. As a condition of participation under this section, each eligible provider as described in subsection 2 of this section or the governmental entity affiliated with an eligible provider shall agree to reimburse the department of social services for any costs associated with implementing this section. Intergovernmental transfers described in this section are subject to an administration fee of up to twenty percent of the nonfederal share paid to the department of social services and shall be allowed to count as a cost of providing the services not to exceed one hundred twenty percent of the total amount.

7. As a condition of participation under this section, MO HealthNet managed care plans, coordinated care organizations, eligible providers as described in subsection 2 of this section, and governmental entities affiliated with eligible providers shall agree to comply with any requests for information or similar data requirements imposed by the department of social services for purposes of obtaining supporting documentation necessary to claim federal funds or to obtain federal approvals.

8. This section shall be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized, and any necessary federal approvals have been obtained.

9. To the extent that the director of the department of social services determines that the payments made under this section do not comply with federal Medicaid requirements, the director retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments under this section as necessary to comply with federal Medicaid requirements."; and"; 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 Substitute for Senate Bill No. 732, Page 8, Section 190.103, Line 30, by inserting after all of said section and line the following:

"190.142. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as it deems necessary to be made of the applicant for an emergency medical technician's license. The director may authorize investigations into criminal records in other states for any applicant.

2. The department shall issue a license to all levels of emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to 190.245. The department may promulgate rules relating to the requirements for an emergency medical technician including but not limited to:

(1) Age requirements;

(2) Education and training requirements based on respective national curricula of the United States Department of Transportation and any modification to such curricula specified by the department through rules adopted pursuant to sections 190.001 to 190.245;

(3) Initial licensure testing requirements**. Initial EMT-P licensure testing shall be through the national registry of EMTs or examinations developed and administered by the department of health and senior services**;

(4) Continuing education and relicensure requirements; and

(5) Ability to speak, read and write the English language.

3. Application for all levels of emergency medical technician license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical technician meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

4. All levels of emergency medical technicians may perform only that patient care which is:

(1) Consistent with the training, education and experience of the particular emergency medical technician; and

(2) Ordered by a physician or set forth in protocols approved by the medical director.

5. No person shall hold themselves out as an emergency medical technician or provide the services of an emergency medical technician unless such person is licensed by the department.

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

rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void."; 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 Substitute for Senate Bill No. 732, Page 3, Section 44.010, Line 43, by inserting after all of said section and line the following:

"44.023. 1. The Missouri state emergency management agency shall establish and administer an emergency volunteer program to be activated in the event of a disaster whereby volunteer architects**,** [and professional] engineers [registered] **licensed** under chapter 327**, any individual including, but not limited to, building officials and building inspectors employed by local governments, qualified by training and experience, who has been certified by the state emergency management agency, and who performs his or her duties under the direction of an architect or engineer licensed under chapter 327,** and construction contractors, equipment dealers and other owners and operators of construction equipment may volunteer the use of their services and equipment, either manned or unmanned, for up to [three] **five consecutive** days **for in-state deployments** as requested and needed by the state emergency management agency.

2. In the event of a disaster, the enrolled volunteers shall, where needed, assist local jurisdictions and local building inspectors to provide essential demolition, cleanup or other related services and to determine whether [buildings] **structures** affected by a disaster:

(1) Have not sustained serious damage and may be occupied;

(2) Must be [vacated temporarily] **restricted in their use** pending repairs; or

(3) [Must be demolished in order to avoid hazards to occupants or other persons] **Are unsafe and shall not be occupied pending repair or demolition**.

3. Any person when utilized as a volunteer under the emergency volunteer program shall have his **or her** incidental expenses paid by the local jurisdiction for which the volunteer service is provided. **Enrolled volunteers under the emergency volunteer program shall be provided workers' compensation insurance by the state emergency management agency during their official duties as authorized by the state emergency management agency.**

4. **Emergency volunteers who are certified by the state emergency management agency shall be considered employees of the state for purposes of the emergency mutual aid compact under section 44.415 and shall be eligible for out-of-state deployments in accordance with such section.**

5. Architects**,** [and professional] engineers, **individuals including, but not limited to, building officials and building inspectors employed by local governments, qualified by training and experience, who have been certified by the state emergency management agency, and who perform their duties under the direction of an architect or engineer licensed under chapter 327,** construction contractors, equipment dealers and other owners and operators of construction equipment and the companies with which they are employed, working under the emergency volunteer program, shall not be personally liable either jointly or separately for any act or acts committed in the performance of their official duties as emergency volunteers except in the case of willful misconduct or gross negligence.

[5.] **6.** Any individuals, employers, partnerships, corporations or proprietorships, that are working under the emergency volunteer program providing demolition, cleanup, removal or other related services, shall not be liable for any acts committed in the performance of their official duties as emergency volunteers except in the case of willful misconduct or gross negligence."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 1, Line 2, by inserting immediately after said line the following:

"Further amend said bill, Page 34, Section 610.100, Line 140, by inserting immediately after said line the following:

"**610.205. 1. Crime scene photographs and video recordings, including photographs and video recordings created or produced by a state or local agency or by a perpetrator or suspect at a crime scene, which depict or describe a deceased person in a state of dismemberment, decapitation, or similar mutilation including, without limitation, where the deceased person's genitalia are exposed, shall be considered closed records and shall not be subject to disclosure under the provisions of this chapter; provided, however, that this section shall not prohibit disclosure of such material to the deceased's next of kin or to an individual who has secured a written release from the next of kin. It shall be the responsibility of the next of kin to show proof of the familial relationship. For purposes of such access, the deceased's next of kin shall be:**

(1) The spouse of the deceased if living;

(2) If there is no living spouse of the deceased, an adult child of the deceased; or

(3) If there is no living spouse or adult child, a parent of the deceased.

2. Subject to the provisions of subsection 3 of this section, in the case of closed criminal investigations a circuit court judge may order the disclosure of such photographs or video recordings upon findings in writing that disclosure is in the public interest and outweighs any privacy interest that may be asserted by the deceased person's next of kin. In making such determination, the court shall consider whether such disclosure is necessary for public evaluation of governmental performance, the seriousness of the intrusion into the family's right to privacy, and whether such disclosure is the least intrusive means available considering the availability of similar information in other public records. In any such action, the court shall review the photographs or video recordings in question in camera with the custodian of the crime scene materials present and may condition any disclosure on such condition as the court may deem necessary to accommodate the interests of the parties.

3. Prior to releasing any crime scene material described in subsection 1 of this section, the custodian of such material shall give the deceased person's next of kin at least two weeks' notice. No court shall order a disclosure under subsection 2 of this section which would disregard or shorten the duration of such notice requirement.

4. The provisions of this section shall apply to all undisclosed material which is in the custody of

a state or local agency on the effective date of this section and to any such material which comes into the custody of a state or local agency after such date.

5. The provisions of this section shall not apply to disclosure of crime scene material to counsel representing a convicted defendant in a habeas corpus action, on a motion for new trial, or in a federal habeas corpus action under 28 U.S.C. Section 2254 or 2255 for the purpose of preparing to file or litigating such proceedings. Counsel may disclose such materials to his or her client and any expert or investigator assisting counsel but shall not otherwise disseminate such materials, except to the extent they may be necessary exhibits in court proceedings. A request under this subsection shall clearly state that such request is being made for the purpose of preparing to file and litigate proceedings enumerated in this subsection.

6. The director of the department of public safety shall promulgate rules and regulations governing the viewing of materials described in subsection 1 of this section by bona fide credentialed members of the press."; and"; 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 Substitute for Senate Bill No. 732, Pages 29-30, Section 610.026, Lines 1-46, by deleting all of said section and lines from the bill; 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 Substitute for Senate Bill No. 732, Page 16, Section 190.260, Line 30, 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. 8

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 5, Section 44.032, Line 89, by inserting immediately after all of said section and line the following:

"70.210. As used in sections 70.210 to 70.320, the following terms mean:

(1) "Governing body", the board, body or persons in which the powers of a municipality or political subdivision are vested;

(2) "Municipality", municipal corporations, political corporations, and other public corporations and

agencies authorized to exercise governmental functions;

(3) "Political subdivision", counties, townships, cities, towns, villages, school, county library, city library, city-county library, road, drainage, sewer, levee and fire districts, soil and water conservation districts, watershed subdistricts, county hospitals, **[**and**]** any board of control of an art museum, **the board created under sections 205.968 to 205.973,** and any other public subdivision or public corporation having the power to tax."; 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 Substitute for Senate Bill No. 732, Page 6, Section 84.720, Line 16, by inserting after all of said section and line the following:

"94.902. 1. The governing **[**body**] bodies** of **the following cities may impose a tax as provided in this section:**

(1) Any city of the third classification with more than twenty-six thousand three hundred but less than twenty-six thousand seven hundred inhabitants**[**, or**] ;**

(2) Any city of the fourth classification with more than thirty thousand three hundred but fewer than thirty thousand seven hundred inhabitants**[**, or**] ;**

(3) Any city of the fourth classification with more than twenty-four thousand eight hundred but fewer than twenty-five thousand inhabitants**[**,**] ;**

(4) Any special charter city with more than twenty-nine thousand but fewer than thirty-two thousand inhabitants; or

(5) Any city of the third classification with more than four thousand but fewer than four thousand five hundred inhabitants and located in any county of the first classification with more than two hundred thousand but fewer than two hundred sixty thousand inhabitants.

2. The governing body of any city listed in subsection 1 of this section may impose, by order or ordinance, a sales tax on all retail sales made in the city which are subject to taxation under chapter 144. The tax authorized in this section may be imposed in an amount of up to one-half of one percent, and shall be imposed solely for the purpose of improving the public safety for such city, including but not limited to expenditures on equipment, city employee salaries and benefits, and facilities for police, fire and emergency medical providers. 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. The order or ordinance imposing a sales tax under this section shall not become effective unless the governing body of the city submits to the voters residing within the city, at a county or state general, primary, or special election, a proposal to authorize the governing body of the city to impose a tax under this section.

[2.**] 3.** The ballot of submission for the tax authorized in this section shall be in substantially the following form:

Shall the city of ..... (city's name) impose a citywide sales tax at a rate of ..... (insert rate of percent) percent for the purpose of improving the public safety of the city?

[ ] YES [ ] NO

If you are in favor of the question, place an "X" in the box opposite "YES". If you are opposed to the question, place an "X" in the box opposite "NO".

If a majority of the votes cast on the proposal by the qualified voters voting thereon are in favor of the proposal, then the ordinance or order and any amendments to the order or ordinance shall become effective on the first day of the second calendar quarter after the director of revenue receives notice of the adoption of the sales tax. If a majority of the votes cast on the proposal by the qualified voters voting thereon are opposed to the proposal, then the tax shall not become effective unless the proposal is resubmitted under this section to the qualified voters and such proposal is approved by a majority of the qualified voters voting on the proposal. However, in no event shall a proposal under this section be submitted to the voters sooner than twelve months from the date of the last proposal under this section.

[3.**]** **4.** Any sales tax imposed under this section shall be administered, collected, enforced, and operated as required in section 32.087. All sales taxes collected by the director of the department of revenue under this section on behalf of any city, less one percent for cost of collection which shall be deposited in the state's general revenue fund after payment of premiums for surety bonds as provided in section 32.087, shall be deposited in a special trust fund, which is hereby created in the state treasury, to be known as the "City Public Safety Sales Tax Trust Fund". The moneys in the trust fund shall not be deemed to be state funds and shall not be commingled with any funds of the state. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of the general revenue fund. The director shall keep accurate records of the amount of money in the trust fund and which was collected in each city imposing a sales tax under this section, and the records shall be open to the inspection of officers of the city and the public. Not later than the tenth day of each month the director shall distribute all moneys deposited in the trust fund during the preceding month to the city which levied the tax. Such funds shall be deposited with the city treasurer of each such city, and all expenditures of funds arising from the trust fund shall be by an appropriation act to be enacted by the governing body of each such city. Expenditures may be made from the fund for any functions authorized in the ordinance or order adopted by the governing body submitting the tax to the voters. If the tax is repealed, all funds remaining in the special trust fund shall continue to be used solely for the designated purposes. Any funds in the special trust 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.**]** **5.** The director of the department of revenue may authorize the state treasurer to make refunds from the amounts in the trust fund and credited to any city for erroneous payments and overpayments made, and may redeem dishonored checks and drafts deposited to the credit of such cities. If any city abolishes the tax, the city shall notify the director 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 city, the director shall remit the balance in the account to the city and close the account of that city. The director shall notify each city of each instance of any amount refunded or any check redeemed from receipts due the city.

[5.**]** **6.** The governing body of any city 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 city. The

ballot of submission shall be in substantially the following form:

Shall ..... (insert the name of the city) repeal the sales tax imposed at a rate of ..... (insert rate of percent) percent for the purpose of improving the public safety of the city?

[ ] YES [ ] NO

If a majority of the votes cast on the proposal are in favor of 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.

[6.**] 7.** Whenever the governing body of any city that has adopted the sales tax authorized in this section receives a petition, signed by ten percent of the registered voters of the city 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 city 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, 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 tax 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.

[7.**] 8.** Except as modified in this section, all provisions of sections 32.085 and 32.087 shall apply to the tax imposed under this section."; 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 Substitute for Senate Bill No. 732, Page 1, In the Title, Line 9, by inserting immediately after the word "provisions" the words "and an emergency clause for a certain section"; and

Further amend said bill, Page 15, Section 190.241, Line 118, by inserting after the number "**8.**" the following:

"**The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.**

9."; and

Further amend said bill, page, and section, Line 120, by deleting the number "**9.**" and inserting in lieu thereof the number "**10.**"; and

Further amend said bill and section, Page 5, Line 123, by deleting the number "**10.**" and inserting in lieu thereof the number "**11.**"; and

Further amend said bill, Page 16, Section 190.260, Line 30, by inserting after all of said section and line the following:

"**190.265. 1. In order to ensure that the skids of a helicopter do not get caught in a fence or other barriers and cause a potentially catastrophic outcome, any rules and regulations promulgated by the department of health and senior services pursuant to sections 190.185, 190.214, and 192.006, chapter 197, or any other provision of Missouri law shall not require hospitals to have a fence, or other barriers, around such hospital's helipad. Any regulation requiring fencing, or other barriers, or any interpretation of such regulation shall be null and void.**

2. In addition to the prohibition in subsection 1 of this section, the department shall not promulgate any rules and regulations with respect to the operation or construction of a helipad located at a hospital.

3. Hospitals shall ensure that helipads are free of obstruction and safe for use by a helicopter while on the ground, during approach, and takeoff.

4. As used in this section, the term "hospital" shall have the same meaning as in section 197.020."; and

Further amend said bill, Page 34, Section 610.100, Line 140, by inserting after all of said section and line the following:

"Section B. Because immediate action may prevent a tragic occurrence from happening, section 190.265 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 190.265 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. 1 TO
HOUSE AMENDMENT NO. 11

Amend House Amendment No. 11 to House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 3, Line 6, by inserting after all of said 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.

HOUSE AMENDMENT NO. 11

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 5, Section 44.032, Line 89, by inserting immediately after said line the following:

"67.281. 1. A builder of one- or two-family dwellings or townhouses shall offer to any purchaser on or before the time of entering into the purchase contract the option, at the purchaser's cost, to install or equip fire sprinklers in the dwelling or townhouse. Notwithstanding any other provision of law to the contrary, no purchaser of such a one- or two-family dwelling or townhouse shall be denied the right to choose or decline to install a fire sprinkler system in such dwelling or townhouse being purchased by any code, ordinance, rule, regulation, order, or resolution by any county or other political subdivision. Any county or other political subdivision shall provide in any such code, ordinance, rule, regulation, order, or resolution the mandatory option for purchasers to have the right to choose and the requirement that builders offer to purchasers the option to purchase fire sprinklers in connection with the purchase of any one- or two-family dwelling or townhouse. [The provisions of this section shall expire on December 31, 2024.]

2. Any governing body of any political subdivision that adopts the 2009 International Residential Code for One- and Two-Family Dwellings or a subsequent edition of such code without mandated automatic fire sprinkler systems in Section R313 of such code shall retain the language in section R317 of the 2006 International Residential Code for two-family dwellings (R317.1) and townhouses (R317.2). "; and

Further amend said bill, Page 26, Section 192.2475, Line 119, by inserting immediately after said line the following:

"304.022. 1. Upon the immediate approach of an emergency vehicle giving audible signal by siren or while having at least one lighted lamp exhibiting red light visible under normal atmospheric conditions from a distance of five hundred feet to the front of such vehicle or a flashing blue light authorized by section 307.175, the driver of every other vehicle shall yield the right-of-way and shall immediately drive to a position parallel to, and as far as possible to the right of, the traveled portion of the highway and thereupon stop and remain in such position until such emergency vehicle has passed, except when otherwise directed by a police or traffic officer.

2. Upon approaching a stationary emergency vehicle displaying lighted red or red and blue lights, or a stationary vehicle owned by the state highways and transportation commission and operated by an authorized employee of the department of transportation **or a stationary vehicle owned by a contractor or subcontractor performing work for the department of transportation** displaying lighted amber **[**or**] ,** amber and white lights, **or red and blue lights,** the driver of every motor vehicle shall:

(1) Proceed with caution and yield the right-of-way, if possible with due regard to safety and traffic conditions, by making a lane change into a lane not adjacent to that of the stationary vehicle, if on a roadway having at least four lanes with not less than two lanes proceeding in the same direction as the approaching vehicle; or

(2) Proceed with due caution and reduce the speed of the vehicle, maintaining a safe speed for road conditions, if changing lanes would be unsafe or impossible.

3. The motorman of every streetcar shall immediately stop such car clear of any intersection and keep it in such position until the emergency vehicle has passed, except as otherwise directed by a police or traffic officer.

4. An "emergency vehicle" is a vehicle of any of the following types:

(1) A vehicle operated by the state highway patrol, the state water patrol, the Missouri capitol police, a conservation agent, or a state park ranger, those vehicles operated by enforcement personnel of the state highways and transportation commission, police or fire department, sheriff, constable or deputy sheriff, federal law enforcement officer authorized to carry firearms and to make arrests for violations of the laws of the United States, traffic officer or coroner or by a privately owned emergency vehicle company;

(2) A vehicle operated as an ambulance or operated commercially for the purpose of transporting emergency medical supplies or organs;

(3) Any vehicle qualifying as an emergency vehicle pursuant to section 307.175;

(4) Any wrecker, or tow truck or a vehicle owned and operated by a public utility or public service corporation while performing emergency service;

(5) Any vehicle transporting equipment designed to extricate human beings from the wreckage of a motor vehicle;

(6) Any vehicle designated to perform emergency functions for a civil defense or emergency management agency established pursuant to the provisions of chapter 44;

(7) Any vehicle operated by an authorized employee of the department of corrections who, as part of the employee's official duties, is responding to a riot, disturbance, hostage incident, escape or other critical situation where there is the threat of serious physical injury or death, responding to mutual aid call from another criminal justice agency, or in accompanying an ambulance which is transporting an offender to a medical facility;

(8) Any vehicle designated to perform hazardous substance emergency functions established pursuant to the provisions of sections 260.500 to 260.550; or

(9) Any vehicle owned by the state highways and transportation commission and operated by an authorized employee of the department of transportation that is marked as a department of transportation emergency response or motorist assistance vehicle.

5. (1) The driver of any vehicle referred to in subsection 4 of this section shall not sound the siren thereon or have the front red lights or blue lights on except when such vehicle is responding to an emergency call or when in pursuit of an actual or suspected law violator, or when responding to, but not upon returning from, a fire.

(2) The driver of an emergency vehicle may:

(a) Park or stand irrespective of the provisions of sections 304.014 to 304.025;

(b) Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;

(c) Exceed the prima facie speed limit so long as the driver does not endanger life or property;

(d) Disregard regulations governing direction of movement or turning in specified directions.

(3) The exemptions granted to an emergency vehicle pursuant to subdivision (2) of this subsection shall apply only when the driver of any such vehicle while in motion sounds audible signal by bell, siren, or exhaust whistle as may be reasonably necessary, and when the vehicle is equipped with at least one lighted lamp displaying a red light or blue light visible under normal atmospheric conditions from a distance of five hundred feet to the front of such vehicle.

6. No person shall purchase an emergency light as described in this section without furnishing the seller of such light an affidavit stating that the light will be used exclusively for emergency vehicle purposes.

7. Violation of this section shall be deemed a class A misdemeanor.

307.175. **1.** Motor vehicles and equipment which are operated by any member of an organized fire department, ambulance association, or rescue squad, whether paid or volunteer, may be operated on streets and highways in this state as an emergency vehicle under the provisions of section 304.022 while responding to a fire call or ambulance call or at the scene of a fire call or ambulance call and while using or sounding a warning siren and using or displaying thereon fixed, flashing or rotating blue lights, but sirens and blue lights shall be used only in bona fide emergencies.

2. Motor vehicles and equipment owned by the state highways and transportation commission or contractor or subcontractor performing work for the department of transportation may use or display thereon fixed, flashing, or rotating red or blue lights, but red of blue lights shall be used only while such vehicle is stationary in a work zone, as defined in section 304.580, when highway workers, as defined in section 304.580, are present.

3. Permits for the operation of such vehicles equipped with sirens or blue lights shall be in writing and shall be issued and may be revoked by the chief of an organized fire department, organized ambulance association, **[**or**]** rescue squad**, or the state highways and transportation commission** and no person shall use or display a siren or blue lights on a motor vehicle, fire, ambulance, or rescue equipment without a valid permit authorizing the use. A permit to use a siren or lights as heretofore set out does not relieve the operator of the vehicle so equipped with complying with all other traffic laws and regulations. Violation of this section constitutes a class A misdemeanor. "; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 12

Amend House Amendment No. 12 to House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 1, Line 20, by inserting immediately after all of said line the following:

"Further amend said bill, Page 26, Section 192.2475, Line 119, by inserting immediately after all of said line the following:

"**321.315. 1. Notwithstanding any other provision of this chapter, any owner of real property that is alleged to be subject to the levy of taxes and the jurisdiction of two fire protection districts, or alleged to be subject to the levy of taxes and the jurisdiction of one fire protection district and one fire department, may petition the circuit court in the county in which the real property is located requesting a declaratory judgment under sections 527.010 to 527.130 as to which one fire protection district or fire department has jurisdiction over the property regarding the provision of fire protection and emergency services and the levy of taxes. Two or more owners of real property that is alleged to be subject to the levy of taxes and the jurisdiction of two fire protection districts, or alleged to be subject to the levy of taxes and the jurisdiction of one fire protection district and one fire department, may jointly petition the circuit court.**

2. The fire protection district or fire department that is found not to have jurisdiction over the real property that is the subject of the declaratory judgment shall be liable for the costs of the action, including reasonable attorney fees, to the other parties to the action.

3. Any person as defined in section 527.130 that is aggrieved by the judgment and decree of the circuit court may appeal in like manner as appeals are taken in other civil cases.

4. This section shall not apply to any fire protection district to which section 72.418 applies."; and

Further amend said bill, Page 27, Section 455.545, Line 4, by inserting immediately after all of said line the following:

"527.130. The word "person", wherever used in sections 527.010 to 527.130, shall be construed to mean any person, including a minor represented by next friend or guardian ad litem and any other person under disability lawfully represented, partnership, joint-stock company, corporation, unincorporated association or society**, fire protection district,** or municipal or other corporation of any character whatsoever."; and

Further amend said bill, Page 34, Section 610.100, Line 140, by inserting immediately after all of said line the following:

"Section B. Because immediate action is necessary to prevent citizens of this state from double taxation for fire protection services, the enactment of section 321.315 and the repeal and reenactment of section 527.130 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 321.315 and the repeal and reenactment of section 527.130 of section A of this act shall be in full force and effect upon its passage and approval."; and"; 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 Substitute for Senate Bill No. 732, Page 16, Section 190.260, Line 30, by inserting after all of said section and line the following:

"190.335. 1. In lieu of the tax levy authorized under section 190.305 for emergency telephone services, the county commission of any county may impose a county sales tax for the provision of central dispatching

of fire protection, including law enforcement agencies, emergency ambulance service or any other emergency services, including emergency telephone services, which shall be collectively referred to herein as "emergency services", and which may also include the purchase and maintenance of communications and emergency equipment, including the operational costs associated therein, in accordance with the provisions of this section.

2. Such county commission may, by a majority vote of its members, submit to the voters of the county, at a public election, a proposal to authorize the county commission to impose a tax under the provisions of this section. If the residents of the county present a petition signed by a number of residents equal to ten percent of those in the county who voted in the most recent gubernatorial election, then the commission shall submit such a proposal to the voters of the county.

3. The ballot of submission shall be in substantially the following form:

Shall the county of ..... (insert name of county) impose a county sales tax of ..... (insert rate of percent) percent for the purpose of providing central dispatching of fire protection, emergency ambulance service, including emergency telephone services, and other emergency services?

[ ] YES [ ] NO

If a majority of the votes cast on the proposal by the qualified voters voting thereon are in favor of the proposal, then the ordinance shall be in effect as provided herein. If a majority of the votes cast by the qualified voters voting are opposed to the proposal, then the county commission shall have no power to impose the tax authorized by this section unless and until the county commission shall again have submitted another proposal to authorize the county commission to impose the tax under the provisions of this section, and such proposal is approved by a majority of the qualified voters voting thereon.

4. The sales tax may be imposed at a rate not to exceed one percent on the receipts from the sale at retail of all tangible personal property or taxable services at retail within any county adopting such tax, if such property and services are subject to taxation by the state of Missouri under the provisions of sections 144.010 to 144.525. The sales tax shall not be collected prior to thirty-six months before operation of the central dispatching of emergency services.

5. Except as modified in this section, all provisions of sections 32.085 and 32.087 shall apply to the tax imposed under this section.

6. Any tax imposed pursuant to section 190.305 shall terminate at the end of the tax year in which the tax imposed pursuant to this section for emergency services is certified by the board to be fully operational. Any revenues collected from the tax authorized under section 190.305 shall be credited for the purposes for which they were intended.

7. At least once each calendar year, the board shall establish a tax rate, not to exceed the amount authorized, that together with any surplus revenues carried forward will produce sufficient revenues to fund the expenditures authorized by this act. Amounts collected in excess of that necessary within a given year shall be carried forward to subsequent years. The board shall make its determination of such tax rate each year no later than September first and shall fix the new rate which shall be collected as provided in this act. Immediately upon making its determination and fixing the rate, the board shall publish in its minutes the new rate, and it shall notify every retailer by mail of the new rate.

8. Immediately upon the affirmative vote of voters of such a county on the ballot proposal to establish a county sales tax pursuant to the provisions of this section, the county commission shall appoint the initial members of a board to administer the funds and oversee the provision of emergency services in the county. Beginning with the general election in 1994, all board members shall be elected according to this section and other applicable laws of this state. At the time of the appointment of the initial members of the board, the commission shall relinquish and no longer exercise the duties prescribed in this chapter with regard to the provision of emergency services and such duties shall be exercised by the board.

9. The initial board shall consist of seven members appointed without regard to political affiliation, who shall be selected from, and who shall represent, the fire protection districts, ambulance districts, sheriff's department, municipalities, any other emergency services and the general public. This initial board shall serve until its successor board is duly elected and installed in office. The commission shall ensure geographic representation of the county by appointing no more than four members from each district of the county commission.

10. Beginning in 1994, three members shall be elected from each district of the county commission and one member shall be elected at large, such member to be the chairman of the board. Of those first elected, four members from districts of the county commission shall be elected for terms of two years and two members from districts of the county commission and the member at large shall be elected for terms of four years. In 1996, and thereafter, all terms of office shall be four years. Notwithstanding any other provision of law, if there is no candidate for an open position on the board, then no election shall be held for that position and it shall be considered vacant, to be filled pursuant to the provisions of section 190.339, and, if there is only one candidate for each open position, no election shall be held and the candidate or candidates shall assume office at the same time and in the same manner as if elected.

11. Notwithstanding the provisions of subsections 8 to 10 of this section to the contrary, in any county of the first classification with more than two hundred forty thousand three hundred but fewer than two hundred forty thousand four hundred inhabitants **or in any county of the third classification with a township form of government and with more than twenty-eight thousand but fewer than thirty-one thousand inhabitants**, any emergency telephone service 911 board appointed by the county under section 190.309 which is in existence on the date the voters approve a sales tax under this section shall continue to exist and shall have the powers set forth under section 190.339. Such boards which existed prior to August 25, 2010, shall not be considered a body corporate and a political subdivision of the state for any purpose, unless and until an order is entered upon an unanimous vote of the commissioners of the county in which such board is established reclassifying such board as a corporate body and political subdivision of the state. The order shall approve the transfer of the assets and liabilities related to the operation of the emergency service 911 system to the new entity created by the reclassification of the board.

12. (1) Notwithstanding the provisions of subsections 8 to 10 of this section to the contrary, in any county of the second classification with more than fifty-four thousand two hundred but fewer than fifty-four thousand three hundred inhabitants or any county of the first classification with more than fifty thousand but fewer than seventy thousand inhabitants that has approved a sales tax under this section, the county commission shall appoint the members of the board to administer the funds and oversee the provision of emergency services in the county.

(2) The board shall consist of seven members appointed without regard to political affiliation. Except as provided in subdivision (4) of this subsection, each member shall be one of the following:

(a) The head of any of the county's fire protection districts, or a designee;

(b) The head of any of the county's ambulance districts, or a designee;

(c) The county sheriff, or a designee;

(d) The head of any of the police departments in the county, or a designee; and

(e) The head of any of the county's emergency management organizations, or a designee. (3) Upon the appointment of the board under this subsection, the board shall have the power provided in section 190.339 and shall exercise all powers and duties exercised by the county commission under this chapter, and the commission shall relinquish all powers and duties relating to the provision of emergency services under this chapter to the board.

(4) In any county of the first classification with more than fifty thousand but fewer than seventy thousand inhabitants, each of the entities listed in subdivision (2) of this subsection shall be represented on the board by at least one member."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 13

Amend House Amendment No. 13 to House Committee Substitute for Senate Substitute for Senate Bill No. 732, Page 2, Line 14, by inserting after all of said line the following:

"321.130. **[**1.**]** A person, to be qualified to serve as a director, shall be a **resident and** voter of the district **for** at least one year before the election or appointment and be over the age of [twenty-five] **twenty-four** years**[**; except as provided in subsections 2 and 3 of this section. The person shall also be a resident of such fire protection district**]**. In the event the person is no longer a resident of the district, the person's office shall be vacated, and the vacancy shall be filled as provided in section 321.200. Nominations and declarations of candidacy shall be filed at the headquarters of the fire protection district by paying a **[**ten dollar**]** filing fee **equal to the amount of a candidate for county office as set forth under section 115.357,** and filing a statement under oath that such person possesses the required qualifications.

[2. In any fire protection district located in more than one county one of which is a first class county without a charter form of government having a population of more than one hundred ninety-eight thousand and not adjoining any other first class county or located wholly within a first class county as described herein, a resident shall have been a resident of the district for more than one year to be qualified to serve as a director.

3. In any fire protection district located in a county of the third or fourth classification, a person to be qualified to serve as a director shall be over the age of twenty-five years and shall be a voter of the district for more than one year before the election or appointment, except that for the first board of directors in such district, a person need only be a voter of the district for one year before the election or appointment.

4. A person desiring to become a candidate for the first board of directors of the proposed district shall pay the sum of five dollars as a filing fee to the treasurer of the county and shall file with the election authority a statement under oath that such person possesses all of the qualifications set out in this chapter for a director of a fire protection district.**]** Thereafter, such candidate shall have the candidate's name placed

on the ballot as a candidate for director.

321.210. On the first Tuesday in April after the expiration of at least two full calendar years from the date of the election of the first board of directors, and on the first Tuesday in April every two years thereafter, an election for members of the board of directors shall be held in the district. Nominations shall be filed at the headquarters of the fire protection district in which a majority of the district is located by paying a filing fee **[**up**] equal** to the amount of a candidate for **[**state representative**] county office** as set forth under section 115.357 and filing a statement under oath that **[**he**] the candidate** possesses the required qualifications. The candidate receiving the most votes shall be elected. Any new member of the board shall qualify in the same manner as the members of the first board qualify."; 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 Substitute for Senate Bill No. 732, Page 6, Section 173.2050, Line 22, by inserting after all of said section and line the following:

"190.055. 1. The board of directors of a district shall possess and exercise all of its legislative and executive powers. Within thirty days after the election of the initial directors, the board shall meet. The time and place of the first meeting of the board shall be designated by the county commission. At its first meeting and after each election of new board members the board shall elect a chairman from its members and select a secretary, treasurer and such officers or employees as it deems expedient or necessary for the accomplishment of its corporate objectives. The secretary and treasurer need not be members of the board. At the meeting the board, by ordinance, shall define the first and subsequent fiscal years of the district, and shall adopt a corporate seal and bylaws, which shall determine the times for the annual election of officers and of other regular and special meetings of the board and shall contain the rules for the transaction of other business of the district and for amending the bylaws.

2. Each board member of any district shall devote such time to the duties of the office as the faithful discharge thereof may require, including educational programs provided by the state and each board member may be reimbursed for actual expenditures in the performance of his or her duties on behalf of the district.

3. The secretary and treasurer, if members of the board of directors, may each receive additional compensation for the performance of their duties as secretary or treasurer as the board shall deem reasonable and necessary; provided that, such additional compensation shall not exceed one thousand dollars per year.

4. Each board member may receive an attendance fee not to exceed one hundred dollars for attending each regularly or specially called board meeting. Such member shall not be paid for attending more than two meetings in any calendar month, except that in a county of the first classification having a charter form of government, such member shall not be paid for attending more than four such meetings in any calendar month. In addition, the chairman of the board may receive fifty dollars for attending each regularly or specially called board meeting, but such chairman shall not be paid the additional fee for attending more than two meetings in any calendar month.

5. The compensation authorized by subsections 3 and 4 of this section shall only apply:

(1) If such compensation is approved by the board of such district; and

(2) To any elected term of any board member beginning after August 28, 2000.

6. Notwithstanding any other provision of law to the contrary, individual board members shall not be eligible for employment by the board within twelve months of termination of service as a member of the board unless such employment is on a volunteer basis or without compensation."; and

Further amend said bill, Page 26, Section 311.735, Line 14, by inserting after all of said section and line the following:

"321.017. **1.** Notwithstanding the provisions of section 321.015, no employee of any fire protection district or ambulance district shall serve as a member of any fire district or ambulance district board while such person is employed by any fire district or ambulance district, except that an employee of a fire protection district or an ambulance district may serve as a member of a voluntary fire protection district board or a voluntary ambulance district board.

2. Notwithstanding any other provision of law to the contrary, individual board members shall not be eligible for employment by the board within twelve months of termination of service as a member of the board unless such employment is on a volunteer basis or without compensation."; 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 refuses to recede from its position on **HCS** for **SB 639**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SB 607**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SB 677**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to concur in **SA 1**, **SA 3**, **SA 4**, and **SA 5** to **HB 1870** and request the Senate to recede from its position and failing to do so grant the House 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 **SB 607**, as amended. Representatives: Haefner, Franklin, Wood, McCreery, Butler.

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 **SB 639**, as amended. Representatives: Walker, Leara, Fitzwater (144), Colona, Anders.

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 **SB 677**, as amended. Representatives: Franklin, Entlicher, Lynch, Kirkton, Arthur.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 624**.

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 **SS** for **SB 608**, entitled:

An Act to amend chapters 197 and 208, RSMo, by adding thereto four new sections relating to health care.

With House Amendment Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, House Amendment No. 1 to House Amendment No. 13, House Amendment No. 13, as amended, House Amendment Nos. 14 and 15.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 4, Section 208.800, Line 3, by inserting immediately after said line the following:

"376.1235. 1. No health carrier or health benefit plan, as defined in section 376.1350, shall impose a co-payment or coinsurance percentage charged to the insured for services rendered for each date of service by a physical therapist licensed under chapter 334 **or an occupational therapist licensed under chapter 324**, for services that require a prescription, that is greater than the co-payment or coinsurance percentage charged to the insured for the services of a primary care physician licensed under chapter 334 for an office visit.

2. A health carrier or health benefit plan shall clearly state the availability of physical therapy **and occupational therapy** coverage under its plan and all related limitations, conditions, and exclusions.

3. Beginning September 1, **[**2013**] 2016**, the oversight division of the joint committee on legislative research shall perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if the provisions of this section **regarding occupational therapy coverage** were enacted. By December 31, **[**2013,**] 2016,** the director of the oversight division of the joint committee on legislative research shall submit a report of the actuarial findings prescribed by this section to the speaker, the president pro tem, and the chairpersons of both the house of representatives and senate standing committees having jurisdiction over health insurance matters. If the fiscal note cost

estimation is less than the cost of an actuarial analysis, the actuarial analysis requirement shall be waived."; 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 Bill No. 608, Page 1, Section A, Line 2, 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."; and

Further amend said bill, Page 4, Section 208.800, Line 3, by inserting after all of said section and line the following:

"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. 3

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

"192.2490. 1. After an investigation and a determination has been made to place a person's name on the employee disqualification list, that person shall be notified in writing mailed to his or her last known address that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) Any mitigating circumstances;

(6) Any aggravating circumstances; and

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

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

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

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

(2) Provides in-home services under contract with the department of social services or its divisions;

(3) Employs **[**nurses and nursing assistants**]** **health care providers as defined in section 376.1350** for temporary or intermittent placement in health care facilities;

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

(5) Is an entity licensed under chapter 197;

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

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

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

12. No person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section shall knowingly employ any person who is on the employee disqualification list. Any person, corporation, organization, or association who received the

employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section, or any person responsible for providing health care service, who declines to employ or terminates a person whose name is listed in this section shall be immune from suit by that person or anyone else acting for or in behalf of that person for the failure to employ or for the termination of the person whose name is listed on the employee disqualification list.

13. Any employer or vendor as defined in sections 197.250, 197.400, 198.006, 208.900, or 192.2400 required to deny employment to an applicant or to discharge an employee, provisional or otherwise, as a result of information obtained through any portion of the background screening and employment eligibility determination process under section 210.903, or subsequent, periodic screenings, shall not be liable in any action brought by the applicant or employee relating to discharge where the employer is required by law to terminate the employee, provisional or otherwise, and shall not be charged for unemployment insurance benefits based on wages paid to the employee for work prior to the date of discharge, pursuant to section 288.100, if the employer terminated the employee because the employee:

(1) Has been found guilty, pled guilty or nolo contendere in this state or any other state of a crime as listed in subsection 6 of section 192.2495;

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

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

(4) Has a disqualifying finding under this section, section 192.2495, or is on any of the background check lists in the family care safety registry under sections 210.900 to 210.936; or

(5) Was denied a good cause waiver as provided for in subsection 10 of section 192.2495.

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

192.2495. 1. For the purposes of this section, the term "provider" means any person, corporation or association who:

(1) Is licensed as an operator pursuant to chapter 198;

(2) Provides in-home services under contract with the department of social services or its divisions;

(3) Employs **[**nurses or nursing assistants**]** **health care providers as defined in section 376.1350** for temporary or intermittent placement in health care facilities;

(4) Is an entity licensed pursuant to chapter 197;

(5) Is a public or private facility, day program, residential facility or specialized service operated, funded

or licensed by the department of mental health; or

(6) Is a licensed adult day care provider.

2. For the purpose of this section "patient or resident" has the same meaning as such term is defined in section 43.540.

3. Prior to allowing any person who has been hired as a full-time, part-time or temporary position to have contact with any patient or resident the provider shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(1) Request a criminal background check as provided in section 43.540. Completion of an inquiry to the highway patrol for criminal records that are available for disclosure to a provider for the purpose of conducting an employee criminal records background check shall be deemed to fulfill the provider's duty to conduct employee criminal background checks pursuant to this section; except that, completing the inquiries pursuant to this subsection shall not be construed to exempt a provider from further inquiry pursuant to common law requirements governing due diligence. If an applicant has not resided in this state for five consecutive years prior to the date of his or her application for employment, the provider shall request a nationwide check for the purpose of determining if the applicant has a prior criminal history in other states. The fingerprint cards and any required fees shall be sent to the highway patrol's central repository. The first set of fingerprints shall be used for searching the state repository of criminal history information. If no identification is made, the second set of fingerprints shall be forwarded to the Federal Bureau of Investigation, Identification Division, for the searching of the federal criminal history files. The patrol shall notify the submitting state agency of any criminal history information or lack of criminal history information discovered on the individual. The provisions relating to applicants for employment who have not resided in this state for five consecutive years shall apply only to persons who have no employment history with a licensed Missouri facility during that five-year period. Notwithstanding the provisions of section 610.120, all records related to any criminal history information discovered shall be accessible and available to the provider making the record request; and

(2) Make an inquiry to the department of health and senior services whether the person is listed on the employee disqualification list as provided in section 192.2490.

4. When the provider requests a criminal background check pursuant to section 43.540, the requesting entity may require that the applicant reimburse the provider for the cost of such record check. When a provider requests a nationwide criminal background check pursuant to subdivision (1) of subsection 3 of this section, the total cost to the provider of any background check required pursuant to this section shall not exceed five dollars which shall be paid to the state. State funding and the obligation of a provider to obtain a nationwide criminal background check shall be subject to the availability of appropriations.

5. An applicant for a position to have contact with patients or residents of a provider shall:

(1) Sign a consent form as required by section 43.540 so the provider may request a criminal records review;

(2) Disclose the applicant's criminal history. For the purposes of this subdivision "criminal history" includes any conviction or a plea of guilty to a misdemeanor or felony charge and shall include any suspended imposition of sentence, any suspended execution of sentence or any period of probation or

parole; **[**and**]**

(3) Disclose if the applicant is listed on the employee disqualification list as provided in section 192.2490**; and**

(4) Disclose if the applicant is listed on any of the background checks in the family care safety registry established under section 210.903. A provider not otherwise prohibited from employing an individual listed on such background checks may deny employment to an individual listed on any of the background checks in such registry.

6. An applicant who knowingly fails to disclose his or her criminal history as required in subsection 5 of this section is guilty of a class A misdemeanor. A provider is guilty of a class A misdemeanor if the provider knowingly hires or retains a person to have contact with patients or residents and the person has been found guilty in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of chapter 565, 566 or 569, or any violation of subsection 3 of section 198.070 or section 568.020.

7. Any in-home services provider agency or home health agency shall be guilty of a class A misdemeanor if such agency knowingly employs a person to provide in-home services or home health services to any in-home services client or home health patient and such person either refuses to register with the family care safety registry or is listed on any of the background check lists in the family care safety registry pursuant to sections 210.900 to 210.937.

8. The highway patrol shall examine whether protocols can be developed to allow a provider to request a statewide fingerprint criminal records review check through local law enforcement agencies.

9. A provider may use a private investigatory agency rather than the highway patrol to do a criminal history records review check, and alternatively, the applicant pays the private investigatory agency such fees as the provider and such agency shall agree.

10. Except for the hiring restriction based on the department of health and senior services employee disqualification list established pursuant to section 192.2490, the department of health and senior services shall promulgate rules and regulations to waive the hiring restrictions pursuant to this section for good cause. For purposes of this section, "good cause" means the department has made a determination by examining the employee's prior work history and other relevant factors that such employee does not present a risk to the health or safety of residents.

195.430. 1. There is hereby established in the state treasury the "Controlled Substance Abuse Prevention Fund", which shall consist of all fees collected by the department of health and senior services for the issuance of registrations to manufacture, distribute, or dispense controlled substances. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and moneys in the fund shall be used solely for the operation, regulation, enforcement, and educational activities of the bureau of narcotics and dangerous drugs. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

2. All fees authorized to be charged by the department shall be transmitted to the department of revenue for deposit in the state treasury for credit to the fund, to be disbursed solely for the payment of operating expenses of the bureau of narcotics and dangerous drugs to conduct inspections, enforce controlled substances laws and regulations, provide education to health care professionals and the public, and to prevent abuse of controlled substances.

3. Any moneys appropriated or made available by gift, grant, bequest, contribution, or otherwise to carry out the purposes of this section shall be paid to and deposited in the controlled substances abuse prevention fund.

195.435. The bureau of narcotics and dangerous drugs shall employ no less than one investigator for every two thousand five hundred controlled substance registrants."; and

Further amend said bill, Page 4, Section 208.800, Line 3, by inserting immediately after all of said section and line the following:

"**335.360. 1. The party states find that:**

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states; and

(6) Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

2. The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;

(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;

(6) Decrease redundancies in the consideration and issuance of nurse licenses; and

(7) Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

335.365. As used in this compact, the following terms shall mean:

(1) "Adverse action", any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action;

(2) "Alternative program", a nondisciplinary monitoring program approved by a licensing board;

(3) "Coordinated licensure information system", an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards;

(4) "Current significant investigative information":

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and had an opportunity to respond;

(5) "Encumbrance", a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board;

(6) "Home state", the party state which is the nurse's primary state of residence;

(7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;

(8) "Multistate license", a license to practice as a registered nurse, "RN", or a licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege;

(9) "Multistate licensure privilege", a legal authorization associated with a multistate license permitting the practice of nursing as either an RN, LPN, or VN in a remote state;

(10) "Nurse", an RN, LPN, or VN, as those terms are defined by each party state's practice laws;

(11) "Party state", any state that has adopted this compact;

(12) "Remote state", a party state, other than the home state;

(13) "Single-state license", a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state;

(14) "State", a state, territory, or possession of the United States and the District of Columbia;

(15) "State practice laws", a party state's laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

335.370. 1. A multistate license to practice registered or licensed practical or vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a nurse to practice as a registered nurse, "RN", or as a licensed practical or vocational nurse, "LPN" or "VN", under a multistate licensure privilege, in each party state.

2. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

3. Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

(1) Meets the home state's qualifications for licensure or renewal of licensure as well as all other applicable state laws;

(2) (a) Has graduated or is eligible to graduate from a licensing board-approved RN or LPN or VN prelicensure education program; or

(b) Has graduated from a foreign RN or LPN or VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;

(4) Has successfully passed an NCLEX-RN or NCLEX-PN examination or recognized predecessor, as applicable;

(5) Is eligible for or holds an active, unencumbered license;

(6) Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;

(7) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;

(8) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;

(9) Is not currently enrolled in an alternative program;

(10) Is subject to self-disclosure requirements regarding current participation in an alternative program; and

(11) Has a valid United States Social Security number.

4. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

5. A nurse practicing in a party state shall comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

6. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single-state license.

7. Any nurse holding a home state multistate license on the effective date of this compact may retain and renew the multistate license issued by the nurse's then current home state, provided that:

(1) A nurse who changes primary state of residence after this compact's effective date shall meet all applicable requirements as provided in subsection 3 of this section to obtain a multistate license from a new home state;

(2) A nurse who fails to satisfy the multistate licensure requirements in subsection 3 of this section due to a disqualifying event occurring after this compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators, commission.

335.375. 1. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

2. A nurse shall hold a multistate license, issued by the home state, in only one party state at a time.

3. If a nurse changes primary state of residence by moving between two party states, the nurse

shall apply for licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the commission.

(1) The nurse may apply for licensure in advance of a change in primary state of residence.

(2) A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

4. If a nurse changes primary state of residence by moving from a party state to a non-party state, the multistate license issued by the prior home state shall convert to a single-state license, valid only in the former home state.

335.380. 1. In addition to the other powers conferred by state law, a licensing board shall have the authority to:

(1) Take adverse action against a nurse's multistate licensure privilege to practice within that party state;

(a) Only the home state shall have the power to take adverse action against a nurse's license issued by the home state;

(b) For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action;

(2) Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state;

(3) Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;

(4) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses 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 in which the witnesses or evidence are located;

(5) Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions;

(6) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse; and

(7) Take adverse action based on the factual findings of the remote state; provided that, the licensing board follows its own procedures for taking such adverse action.

2. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

3. Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

335.385. 1. All party states shall participate in a coordinated licensure information system of all licensed registered nurses, "RNs", and licensed practical or vocational nurses, "LPNs" or "VNs". This system shall include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. The commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

3. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications with the reasons for such denials, and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

4. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

5. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that shall not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

6. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

7. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

8. The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum:

(1) Identifying information;

(2) Licensure data;

(3) Information related to alternative program participation; and

(4) Other information that may facilitate the administration of this compact, as determined by commission rules.

9. The compact administrator of a party state shall provide all investigative documents and information requested by another party state.

335.390. 1. The party states hereby create and establish a joint public entity known as the "Interstate Commission of Nurse Licensure Compact Administrators".

(1) The commission is an instrumentality of the party 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.

2. (1) Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

(2) Each administrator 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. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

(3) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

(4) 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 335.395.

(5) The commission may convene in a closed, nonpublic meeting if the commission must discuss:

(a) Noncompliance of a party state with its obligations under this compact;

(b) The employment, compensation, discipline, or other personnel 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 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 investigatory records compiled for law enforcement purposes;

(i) Disclosure of information related to any reports prepared by or on behalf of the commission for the purpose of investigation of compliance with this compact; or

(j) Matters specifically exempted from disclosure by federal or state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of this subsection, the commission's legal counsel or designee shall certify that the meeting shall be closed and shall reference each relevant exempting provision. 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 therefor, 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.

3. The commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this compact including, but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(a) For the establishment and meetings of other committees; and

(b) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

(4) Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission; and

(6) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.

4. The commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the commission.

5. The commission shall maintain its financial records in accordance with the bylaws.

6. The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

7. The commission shall have the following powers:

(1) To 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 party states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission; provided that, the standing of any licensing board to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept, or contract for services of personnel including, but not limited to, employees of a party state or nonprofit organizations;

(5) To cooperate with other organizations that administer state compacts related to the regulation of nursing including, but not limited to, sharing administrative or staff expenses, office space, or other resources;

(6) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(7) To accept any and all appropriate donations, grants and gifts 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 or conflict of interest;

(8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real, personal, or mixed; provided that, at all times the commission shall avoid any appearance of impropriety;

(9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal, or mixed;

(10) To establish a budget and make expenditures;

(11) To borrow money;

(12) To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, consumer representatives, and other such interested persons;

(13) To provide and receive information from, and to cooperate with, law enforcement agencies;

(14) To adopt and use an official seal; and

(15) To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of nurse licensure and practice.

8. (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 also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule that is binding upon all party states.

(3) 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 party states, except by and with the authority of such party state.

(4) 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.

9. (1) The administrators, 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, 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 or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

(2) The commission shall defend any administrator, 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, willful, or wanton misconduct.

(3) The commission shall indemnify and hold harmless any administrator, 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, willful, or wanton misconduct of that person.

335.395. 1. 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 and shall have the same force and effect as provisions of this compact.

2. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

3. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule shall be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

4. The notice of proposed rulemaking shall include:

(1) The proposed time, date, and location of the meeting in which the rule shall 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;

(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.

5. 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.

6. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

7. The commission shall publish the place, time, and date of the scheduled public hearing.

(1) 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. All hearings shall be recorded, and a copy shall be made available upon request.

(2) 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.

8. If no one appears at the public hearing, the commission may proceed with promulgation of the proposed rule.

9. 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.

10. The commission shall, by majority vote of all administrators, 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.

11. 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 this 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 shall be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of commission or party state funds; or

(3) Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

12. 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 shall 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 commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision shall not take effect without the approval of the commission.

335.400. 1. (1) Each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.

(2) The commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

2. (1) If the commission determines that a party 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 party states of the nature of the default, the proposed means of curing the default, 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's membership in this compact shall be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this compact shall 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 this 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 of the defaulting state, to the executive officer of the defaulting state's licensing board, and each of the party states.

(4) A state whose membership in this compact 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 whose membership in this compact has been terminated 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 in which the commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. (1) Upon request by a party state, the commission shall attempt to resolve disputes related to the compact that arise among party states and between party and non-party states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

(3) In the event the commission cannot resolve disputes among party states arising under this compact:

(a) The party states shall submit the issues in dispute to an arbitration panel, which shall be comprised of individuals appointed by the compact administrator in each of the affected party states and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.

(b) The decision of a majority of the arbitrators shall be final and binding.

4. (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 in which the commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this 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 party shall be awarded all costs of such litigation, including reasonable attorneys' 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.

335.405. 1. This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact into law by no less than twenty-six states or December 31, 2018. All party states to this compact that also were parties to the prior Nurse Licensure Compact superseded by this compact "prior compact" shall be deemed to have withdrawn from said prior compact within six months after the effective date of this compact.

2. Each party state to this compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the prior compact until such party state has withdrawn from the prior compact.

3. Any party state may withdraw from this compact by enacting a statute repealing the same. A

party state's withdrawal shall not take effect until six months after enactment of the repealing statute.

4. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

5. Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

6. This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

7. Representatives of non-party states to this compact shall be invited to participate in the activities of the commission on a nonvoting basis prior to the adoption of this compact by all states.

335.410. 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, this 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.

335.415. 1. The term "head of the nurse licensing board" as referred to in section 335.390 of this compact shall mean the executive director of the Missouri state board of nursing.

2. This compact is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.

3. This compact does not supersede existing state labor laws."; and

"**[**335.300. 1. The party states find that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

2. The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;

(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.**]**

[335.305. As used in this compact, the following terms shall mean:

(1) "Adverse action", a home or remote state action;

(2) "Alternative program", a voluntary, nondisciplinary monitoring program approved by a nurse licensing board;

(3) "Coordinated licensure information system", an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards;

(4) "Current significant investigative information":

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond;

(5) "Home state", the party state that is the nurse's primary state of residence;

(6) "Home state action", any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation, or any other action affecting a nurse's authorization to practice;

(7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;

(8) "Multistate licensing privilege", current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation, or any other action that affects a nurse's authorization to practice;

(9) "Nurse", a registered nurse or licensed/vocational nurse, as those terms are defined by each state's practice laws;

(10) "Party state", any state that has adopted this compact;

(11) "Remote state", a party state, other than the home state:

(a) Where a patient is located at the time nursing care is provided; or

(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located;

(12) "Remote state action":

(a) Any administrative, civil, equitable, or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and

(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof;

(13) "State", a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

(14) "State practice laws", those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.**]**

[335.310. 1. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

2. Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

3. Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

5. Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state.

However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.**]**

[335.315. 1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

2. A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

3. A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

4. When a nurse changes primary state of residence by:

(1) Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

(2) Moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state;

(3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.**]**

[335.320. In addition to the general provisions described in article III of this compact, the following provisions apply:

(1) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports;

(2) The licensing board of a party state shall have the authority to complete any pending

investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate actions, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;

(3) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state;

(4) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state, in so doing, it shall apply its own state laws to determine appropriate action;

(5) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action;

(6) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.**]**

[335.325. Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(1) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

(2) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse 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 evidence are located;

(3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;

(4) Promulgate uniform rules and regulations as provided for in subsection 3 of section 335.335.**]**

[335.330. 1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant

investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.

3. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

4. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

5. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

7. The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.**]**

[335.335. 1. The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this compact for his/her state.

2. The compact administrator of each party shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.

3. Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under subsection 4 of section 335.325.**]**

[335.340. No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.**]**

[335.345. 1. This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

3. Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

4. This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.**]**

[335.350. 1. 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 state party thereto, 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.

2. In the event party states find a need for settling disputes arising under this compact:

(1) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in the remote states involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute;

(2) The decision of a majority of the arbitrators shall be final and binding.**]**

[335.355. 1. The term "head of the nurse licensing board" as referred to in article VIII of this compact shall mean the executive director of the Missouri state board of nursing.

2. A person who is extended the privilege to practice in this state pursuant to the nurse licensure compact is subject to discipline by the board, as set forth in this chapter, for violation of this chapter or the rules and regulations promulgated herein. A person extended the privilege to practice in this state pursuant to the nurse licensure compact shall be subject to adhere to all requirements of this chapter, as if such person were originally licensed in this state.

3. Sections 335.300 to 335.355 are applicable only to nurses whose home states are determined by the Missouri state board of nursing to have licensure requirements that are substantially equivalent or more stringent than those of Missouri.

4. This compact is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.

5. This compact does not supercede existing state labor laws.**]**"; and

Section B. The repeal of sections 335.300 to 335.355 and the enactment of sections 335.360 to 335.415 of this act shall become effective on December 31, 2018, or upon the enactment of sections 335.360 to 335.415 of this act by no less than twenty-six states and notification of such enactment to the revisor of statutes by the Interstate Commission of Nurse Licensure Compact Administrators, whichever occurs first."; 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 Substitute for Senate Bill No. 608, Page 4, Section 208.800, Lines 1-3, by deleting all of said section and lines from the bill; 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 Substitute for Senate Bill No. 608, Page 4, Section 208.800, Line 3, 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. 6

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 1, Section A, Line 2, by inserting after all of 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. 7

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 4, Section 208.800, Line 3, by inserting after all of said section and line the following:

"208.952. 1. There is hereby established **[**the**] a permanent** "Joint Committee on **[**MO HealthNet**] Public Assistance**". The committee shall have **[**as its purpose the study of**]** the **following purposes:**

(1) Studying, monitoring, and reviewing the efficacy of the public assistance programs within the state;

(2) Determining the level and adequacy of resources needed **[**to continue and improve the MO HealthNet program over time**] for the public assistance programs within the state; and**

(3) Developing recommendations to the general assembly on the public assistance programs within the state and on promoting independence from safety net programs among participants as may be appropriate.

The committee shall receive and obtain information from the departments of social services, mental health, health and senior services, and elementary and secondary education, and any other department as applicable, regarding the public assistance programs within the state including, but not limited to, MO HealthNet, the supplemental nutrition assistance program (SNAP), and temporary assistance for needy families (TANF). Such information shall include projected enrollment growth, budgetary matters, trends in childhood poverty and hunger, and any other information deemed to be relevant to the committee's purpose.

2. The directors of the department of social services, mental health, and health and senior services shall each submit an annual written report to the committee providing data and statistical information regarding the caseloads of the department's employees involved in the administration of public assistance programs.

3. The committee shall consist of ten members:

(1) The chair and the ranking minority member of the house **of representatives** committee on the budget;

(2) The chair and the ranking minority member of the senate committee on appropriations **[**committee**]**;

(3) The chair and the ranking minority member of the **standing** house **of representatives** committee **[**on appropriations for health, mental health, and social services**] designated to consider public assistance**

legislation and matters;

(4) The chair and the ranking minority member of the **standing** senate committee **[**on health and mental health**] designated to consider public assistance legislation and matters**;

(5) A representative chosen by the speaker of the house of representatives; and

(6) A senator chosen by the president pro **[**tem**] tempore** of the senate.

No more than **[**three**] four** members from each **[**house**] chamber** shall be of the same political party.

[2.**] 4.** A chair of the committee shall be selected by the members of the committee.

[3.**] 5.** The committee shall meet **[**as necessary**] at least twice a year. A portion of the meeting shall be set aside for the purpose of receiving public testimony. The committee shall seek recommendations from social, economic, and public assistance experts on ways to improve the effectiveness of public assistance programs, to improve program efficiency and reduce costs, and to promote self-sufficiency among public assistance recipients as may be appropriate**.

[4. Nothing in this section shall be construed as authorizing the committee to hire employees or enter into any employment contracts.

5. The committee shall receive and study the five-year rolling MO HealthNet budget forecast issued annually by the legislative budget office.**]**

6. **The committee is authorized to hire staff and enter into employment contracts including, but not limited to, an executive director to conduct special reviews or investigations of the public assistance programs within the state in order to assist the committee with its duties. Staff appointments shall be approved by the president pro tempore of the senate and the speaker of the house of representatives. The compensation of committee staff and the expenses of the committee shall be paid from the joint contingent fund or jointly from the senate and house of representatives contingent funds until an appropriation is made therefor.**

7. The committee shall **annually conduct a rolling five-year forecast of the public assistance programs within the state and** make recommendations in a report to the general assembly by January first each year, beginning in **[**2008**] 2018**, on anticipated growth **[**in the MO HealthNet program**] of the public assistance programs within the state**, needed improvements, anticipated needed appropriations, and suggested strategies on ways to structure the state budget in order to satisfy the future needs of **[**the program**] such programs**.

[208.985. 1. Pursuant to section 33.803, by January 1, 2008, and each January first thereafter, the legislative budget office shall annually conduct a rolling five-year MO HealthNet forecast. The forecast shall be issued to the general assembly, the governor, the joint committee on MO HealthNet, and the oversight committee established in section 208.955. The forecast shall include, but not be limited to, the following, with additional items as determined by the legislative budget office:

(1) The projected budget of the entire MO HealthNet program;

(2) The projected budgets of selected programs within MO HealthNet;

(3) Projected MO HealthNet enrollment growth, categorized by population and geographic area;

(4) Projected required reimbursement rates for MO HealthNet providers; and

(5) Projected financial need going forward.

2. In preparing the forecast required in subsection 1 of this section, where the MO HealthNet program overlaps more than one department or agency, the legislative budget office may provide for review and investigation of the program or service level on an interagency or interdepartmental basis in an effort to review all aspects of the program.**]**"; 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 Substitute for Senate Bill No. 608, Page 2, Section 197.170, Lines 50-53, by deleting all of said lines and inserting in lieu thereof the following:

"**comply with the provisions of this section.**"; and

Further amend said bill, Page 4, Section 208.800, Lines 1-3, by deleting all of said section and lines from the bill and inserting in lieu thereof the following:

"**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.

376.1475. 1. This section shall be known and may be cited as the "Predetermination of Health Care Benefits Act".

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

(1) "Administrative simplification provision", transaction and code standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, and 45 CFR 160 and 162;

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

(3) "Health benefit plan" and "health care provider", the same meanings as those terms are defined in section 376.1350;

(4) "Health care clearinghouse", the same meaning as the term is defined in 45 CFR 160.103;

(5) "Payment", a deductible or coinsurance payment and shall not include a co-payment;

(6) "Standard electronic transactions", electronic claim and remittance advice transactions created by the Accredited Standards Committee (ASC) X12 in the format of ASC X12 837I, ASC X12 837P, or ASC X12 835, or any of their respective successors.

3. Health benefit plans that receive an electronic health care predetermination request from a health care provider consistent with the requirements set forth in subsection 6 of this section shall provide the requesting health care provider with information on the amount of expected benefits coverage on the procedures specified in the request that is accurate at the time of the health benefit plan's response.

4. Any predetermination response provided by a health benefit plan under this section in good faith shall be deemed to be an estimate only and shall not be binding upon the health benefit plan with regard to the final amount of benefits actually provided by the health benefit plan.

5. The amounts for the referenced services under subsection 3 of this section shall include:

(1) The amount the patient will be expected to pay, clearly identifying any deductible amount, coinsurance, and co-payment;

(2) The amount the health care provider will be paid;

(3) The amount the institution will be paid; and

(4) Whether any payments will be reduced, but not to zero dollars, or increased from the agreed fee schedule amounts, and if so, the health care policy that identifies why the payments will be reduced or increased.

6. The health care predetermination request and predetermination response shall be conducted in accordance with administrative simplification provisions using the currently applicable standard electronic transactions, without regard to whether the transaction is mandated by HIPAA. It shall also comply with any rules promulgated by the director, without regard to whether such rules are mandated by HIPAA. To the extent HIPAA-mandated electronic claim and remittance transactions are modified to include predetermination, the provisions of this section shall not apply to health benefit plans which provide this information under HIPAA.

7. The health benefit plan's predetermination response to the health care predetermination request shall be returned using the same transmission method as that of the request. This shall include a real time response for a real time request.

8. A health care clearinghouse that contracts with a health care provider shall be required to conduct a transaction as described in subsections 5, 6, and 7 of this section if requested by the health care provider.

9. Nothing in this act precludes the collection of payment prior to receiving health benefit services once a health benefit plan has fulfilled any predetermination request.

10. 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 policy of six months or less duration, or any other supplemental policy.

11. The director shall adopt rules and regulations necessary to carry out the provisions of this section.

12. 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.

Section B. Section 376.1475 of Section A of this act shall become effective July 1, 2018."; 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 Substitute for Senate Bill No. 608, Page 4, Section 208.800, Line 3, by inserting after all of said section and line the following:

"**376.2029. The legislature declares it a matter of public interest:**

(1) That patients be exempt from step therapy protocols if inappropriate or otherwise not in the best interest of the patient;

(2) That patients, through their health care providers, have access to a fair, transparent, and independent process for requesting an exception to a step therapy protocol if the patient's health care provider deems such exception appropriate; and

(3) That patients and health care providers receive a timely determination from health carriers and health benefit plans on requests for an exception to a step therapy protocol.

376.2030. As used in sections 376.2030 to 376.2036, the following terms mean:

(1) "Emergency medical condition", the same meaning as such term is defined in section 376.1350;

(2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(3) "Health care provider", the same meaning as such term is defined in section 376.1350;

(4) "Health carrier", the same meaning as such term is defined in section 376.1350;

(5) "Step therapy override exception determination", a determination as to whether a step therapy protocol should apply in a particular situation, or whether the step therapy protocol should be overridden in favor of immediate coverage of the health care provider's preferred prescription drug. Such determination shall be based on a review of the patient's or health care provider's request for an override, along with supporting rationale and documentation;

(6) "Step therapy override exception request", a written or electronic request from a patient's

health care provider for the step therapy protocol to be overridden in favor of immediate coverage of the health care provider's preferred prescription drug. The manner and form of the request shall be disclosed to the patient and health care provider as provided under section 376.2034;

(7) "Step therapy protocol", a protocol or program that establishes a specific sequence in which prescription drugs for a specified medical condition and medically appropriate for a particular patient are to be prescribed and covered by a health carrier or health benefit plan;

(8) "Utilization review organization", an entity that conducts utilization review other than an insurer or health carrier performing utilization review for its own health benefit plans.

376.2034. 1. If coverage of a prescription drug for the treatment of any medical condition is restricted for use by a health carrier, health benefit plan, or utilization review organization via a step therapy protocol, a patient and his or her health care provider shall have access to a readily accessible process to request a step therapy override exception determination. A health carrier, health benefit plan, or utilization review organization may use its existing medical exceptions process to satisfy this requirement. The process shall be disclosed to the patient and health care provider, which shall include the necessary documentation needed to process such request and be made available on the health carrier plan or health benefit plan website.

2. A step therapy override exception request shall be expeditiously granted if:

(1) The required prescription drug is contraindicated or will likely cause an adverse reaction by or physical or mental harm to the patient;

(2) The required prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen;

(3) The patient has tried the step therapy required prescription drug while under his or her current or previous health insurance or health benefit plan, and the use of such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;

(4) The patient has tried a prescription drug in the same therapeutic class as the step therapy required prescription drug or with a similar mechanism of action that would generally possess a comparable potency. Pharmacy drug samples shall not be considered trial and failure of a preferred prescription drug in lieu of trying the step therapy required prescription drug; or

(5) The step therapy required prescription drug is not in the best interest of the patient based on medical necessity.

3. The health carrier, health benefit plan, or utilization review organization may request relevant documentation from the health care provider to support the override exception request, including the results of any clinical evaluation or evidence that the patient has tried the step therapy required prescription drug and the use of such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

4. Upon granting a step therapy override exception request, the health carrier, health benefit plan, or utilization review organization shall authorize dispensation of and coverage for the prescription drug prescribed by the patient's treating health care provider, provided such drug is a covered drug under such policy or plan.

5. (1) The health carrier, health benefit plan, or utilization review organization shall:

(a) Acknowledge receipt of a step therapy override exception request and indicate if relevant supporting documentation is needed within one business day of receipt of the request;

(b) If supporting documentation is not needed, grant or deny the step therapy override exception request within three business days of receipt of the request; and

(c) If supporting documentation is needed, grant or deny the step therapy override exception request within three business days of receipt of the supporting documentation.

(2) If an emergency medical condition exists, a health carrier, health benefit plan, or utilization review organization shall:

(a) Acknowledge receipt of a step therapy override exception request and indicate if relevant supporting documentation is needed within one business day of receipt of the request;

(b) If supporting documentation is not needed, grant or deny the step therapy override exception request within one business day of receipt of the request; and

(c) If supporting documentation is needed, grant or deny the step therapy override exception request within one business day of receipt of the supporting documentation.

(3) If an insurer, health plan, or utilization review organization does not grant or deny the step therapy override exception request within the time allotted under this subsection, the step therapy override exception request shall be deemed granted.

(4) If an insurer, health plan, or utilization review organization denies a step therapy override exception request, the insurer, health benefit plan, or utilization review organization shall provide notification of the denial and a detailed explanation of the reason for the denial to the patient and health care provider. Such detailed explanation shall include the clinical rationale that supports the denial of the step therapy override exception request, if applicable. Upon denial of a step therapy override exception request, the requesting health care provider, on behalf of the patient, shall be given an opportunity to request a reconsideration of the denial as provided under section 376.1365.

6. This section shall not be construed to prevent:

(1) A health carrier, health benefit plan, or utilization review organization from requiring a patient to try an A/B rated generic equivalent or other branded prescription drug prior to providing coverage for the requested branded prescription drug; or

(2) A health care provider from prescribing a prescription drug he or she determines is medically appropriate.

376.2036. 1. The director of the department of insurance, financial institutions and professional registration shall grant a health carrier, health benefit plan, or utilization review organization a waiver from the provisions of sections 376.2030 to 376.2036 if the health carrier, health benefit plan, or utilization review organization demonstrates to the director by actual experience, which is certified by an independent member of the American Academy of Actuaries, over any consecutive twenty-four-month period that compliance with sections 376.2030 to 376.2036 has independently increased the cost of its health insurance policies or health benefit plans by an amount that results in an increase in

premium costs to the health carrier, health benefit plan, or utilization review organization greater than the medical inflation rate for such twenty-four-month period. The data provided in support of the waiver and certified by the independent actuary shall demonstrate that the increased costs are attributable to the provisions of sections 376.2030 to 376.2036.

2. The provisions of sections 376.2030 to 376.2036 shall apply only to health insurance policies and health benefit plans delivered, issued for delivery, or renewed on or after January 1, 2018.

3.Notwithstanding any law to the contrary, the department of insurance, financial institutions and professional registration shall promulgate any regulations necessary to enforce sections 376.2030 to 376.2036. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void."; and

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

HOUSE AMENDMENT NO. 10

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 4, Section 208.800, Line 3, 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 Substitute for Senate Bill No. 608, Page 4, Section 208.148, Line 27, by inserting after all of said section and line the following:

"208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as [defined] **described** in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through

its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six consecutive months, during which the participant is on a temporary leave of absence from the hospital or nursing home, provided that no such participant shall be allowed a temporary leave of absence unless it is specifically provided for in his plan of care. As used in this subdivision, the term "temporary leave of absence" shall include all periods of time during which a participant is away from the hospital or nursing home overnight because he is visiting a friend or relative;

(6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or elsewhere;

(7) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an advanced practice registered nurse; except that no payment for drugs and medicines prescribed on and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice registered nurse may be made on behalf of any person who qualifies for prescription drug coverage under the provisions of P.L. 108-173;

(8) Emergency ambulance services and, effective January 1, 1990, medically necessary transportation to scheduled, physician-prescribed nonelective treatments;

(9) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal regulations promulgated thereunder;

(10) Home health care services;

(11) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term;

(12) Inpatient psychiatric hospital services for individuals under age twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

(13) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(14) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care

facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

(15) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

(a) Outpatient mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(b) Clinic mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices

of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

(16) Such additional services as defined by the MO HealthNet division to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

(17) The services of an advanced practice registered nurse with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder;

(18) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection to reserve a bed for the participant in the nursing home during the time that the participant is absent due to admission to a hospital for services which cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

(a) The provisions of this subdivision shall apply only if:

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health and senior services which was taken prior to when the participant is admitted to the hospital; and

b. The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

(b) The payment to be made under this subdivision shall be provided for a maximum of three days per hospital stay;

(c) For each day that nursing home costs are paid on behalf of a participant under this subdivision during any period of six consecutive months such participant shall, during the same period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise available temporary leave of absence days provided under subdivision (5) of this subsection; and

(d) The provisions of this subdivision shall not apply unless the nursing home receives notice from the participant or the participant's responsible party that the participant intends to return to the nursing home following the hospital stay. If the nursing home receives such notification and all other provisions of this subsection have been satisfied, the nursing home shall provide notice to the participant or the participant's responsible party prior to release of the reserved bed;

(19) Prescribed medically necessary durable medical equipment. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(20) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(21) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(22) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(23) Blood clotting products-related services. For persons diagnosed with a bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section 338.400, such services include:

(a) Home delivery of blood clotting products and ancillary infusion equipment and supplies, including the emergency deliveries of the product when medically necessary;

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and

(c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant's treating physician;

(24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision.

2. Additional benefit payments for medical assistance shall be made on behalf of those eligible needy children, pregnant women and blind persons with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Dental services;

(2) Services of podiatrists as defined in section 330.010;

(3) Optometric services as [defined] **described** in section 336.010;

(4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;

(5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. 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 subdivision 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, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a

participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated thereunder.

6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated thereunder.

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

10. The MO HealthNet division[,] may enroll qualified residential care facilities and assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

11. Any income earned by individuals eligible for certified extended employment at a sheltered workshop under chapter 178 shall not be considered as income for purposes of determining eligibility under this section.

12. If the Missouri Medicaid audit and compliance unit changes any interpretation or application of the

requirements for reimbursement for MO HealthNet services from the interpretation or application that has been applied previously by the state in any audit of a MO HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO HealthNet providers five business days before such change shall take effect. Failure of the Missouri Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to continue to receive and retain reimbursement until such notification is provided and shall waive any liability of such provider for recoupment or other loss of any payments previously made prior to the five business days after such notice has been sent. Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall agree to receive communications electronically. The notification required under this section shall be delivered in writing by the United States Postal Service or electronic mail to each provider.

13. Nothing in this section shall be construed to abrogate or limit the department's statutory requirement to promulgate rules under chapter 536.

14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists."; and

Further amend said bill and page, Section 208.800, Line 3, by inserting after all of said section and line the following:

"Section B. Because immediate action is necessary to ensure the provision of vital health care services for MO HealthNet recipients, the repeal and reenactment of section 208.152 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 repeal and reenactment of section 208.152 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. 1 TO
HOUSE AMENDMENT NO. 13

Amend House Amendment No. 13 to House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 3, Line 47, by deleting all of said line and inserting in lieu thereof the following:

"**declined.**

205.165. 1. The board of trustees of any hospital authorized under subsection 1 of this section and organized under the provisions of sections 205.160 to 205.340 may invest up to fifteen percent of their funds not required for immediate disbursement in obligations or for the operation of the hospital into any mutual fund, in the form of an investment company, in which shareholders combine money to invest in a variety of stocks, bonds, and money-market investments.

2. The provisions of this section shall only apply if the hospital:

(1) Is located within a county of the first classification with more than one hundred fifty thousand but fewer than two hundred thousand inhabitants; and

(2) Receives less than one percent of its annual revenues from county or state taxes."; and"; 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 Substitute for Senate Bill No. 608, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"**96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this section, and established and organized under the provisions of sections 96.150 to 96.229, may invest up to twenty-five percent of the hospital's funds not required for immediate disbursement in obligations or for the operation of the hospital in any United States investment grade fixed income funds or any diversified stock funds, or both.**

2. The provisions of this section shall only apply if the hospital:

(1) Receives less than one percent of its annual revenues from municipal, county, or state taxes; and

(2) Receives less than one percent of its annual revenue from appropriated funds from the municipality in which such hospital is located.

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 2, Section 197.170, Line 53, by inserting after all of said section and line the following:

"197.315. 1. Any person who proposes to develop or offer a new institutional health service within the state must obtain a certificate of need from the committee prior to the time such services are offered.

2. Only those new institutional health services which are found by the committee to be needed shall be granted a certificate of need. Only those new institutional health services which are granted certificates of need shall be offered or developed within the state. No expenditures for new institutional health services in excess of the applicable expenditure minimum shall be made by any person unless a certificate of need has been granted.

3. After October 1, 1980, no state agency charged by statute to license or certify health care facilities shall issue a license to or certify any such facility, or distinct part of such facility, that is developed without obtaining a certificate of need.

4. If any person proposes to develop any new institutional health care service without a certificate of need as required by sections 197.300 to 197.366, the committee shall notify the attorney general, and he shall apply for an injunction or other appropriate legal action in any court of this state against that person.

5. After October 1, 1980, no agency of state government may appropriate or grant funds to or make payment of any funds to any person or health care facility which has not first obtained every certificate of need required pursuant to sections 197.300 to 197.366.

6. A certificate of need shall be issued only for the premises and persons named in the application and is not transferable except by consent of the committee.

7. Project cost increases, due to changes in the project application as approved or due to project change orders, exceeding the initial estimate by more than ten percent shall not be incurred without consent of the committee.

8. Periodic reports to the committee shall be required of any applicant who has been granted a certificate of need until the project has been completed. The committee may order the forfeiture of the certificate of

need upon failure of the applicant to file any such report.

9. A certificate of need shall be subject to forfeiture for failure to incur a capital expenditure on any approved project within six months after the date of the order. The applicant may request an extension from the committee of not more than six additional months based upon substantial expenditure made.

10. Each application for a certificate of need must be accompanied by an application fee. The time of filing commences with the receipt of the application and the application fee. The application fee is one thousand dollars, or one-tenth of one percent of the total cost of the proposed project, whichever is greater. All application fees shall be deposited in the state treasury. Because of the loss of federal funds, the general assembly will appropriate funds to the Missouri health facilities review committee.

11. In determining whether a certificate of need should be granted, no consideration shall be given to the facilities or equipment of any other health care facility located more than a fifteen-mile radius from the applying facility.

12. When a nursing facility shifts from a skilled to an intermediate level of nursing care, it may return to the higher level of care if it meets the licensure requirements, without obtaining a certificate of need.

13. In no event shall a certificate of need be denied because the applicant refuses to provide abortion services or information.

14. A certificate of need shall not be required for the transfer of ownership of an existing and operational health facility in its entirety.

15. A certificate of need may be granted to a facility for an expansion, an addition of services, a new institutional service, or for a new hospital facility which provides for something less than that which was sought in the application.

16. The provisions of this section shall not apply to facilities operated by the state, and appropriation of funds to such facilities by the general assembly shall be deemed in compliance with this section, and such facilities shall be deemed to have received an appropriate certificate of need without payment of any fee or charge. **The provisions of this subsection shall not apply to hospitals operated by the state and licensed under chapter 197, except for department of mental health state-operated psychiatric hospitals.**

17. Notwithstanding other provisions of this section, a certificate of need may be issued after July 1, 1983, for an intermediate care facility operated exclusively for the intellectually disabled.

18. To assure the safe, appropriate, and cost-effective transfer of new medical technology throughout the state, a certificate of need shall not be required for the purchase and operation of**:**

(1) Research equipment that is to be used in a clinical trial that has received written approval from a duly constituted institutional review board of an accredited school of medicine or osteopathy located in Missouri to establish its safety and efficacy and does not increase the bed complement of the institution in which the equipment is to be located. After the clinical trial has been completed, a certificate of need must be obtained for continued use in such facility**; or**

(2) Equipment that is to be used by an academic health center operated by the state in furtherance of its research or teaching missions.

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, Page 4, Section 208.800, Line 3, by inserting after all of said section and line the following:

"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**.

Section B. Because immediate action is necessary to preserve access to quality health care facilities for the citizens of Missouri, the repeal and reenactment of section 197.315 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 repeal and reenactment of section 197.315 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. 14

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 4, Section

208.800, Line 3, by inserting after all of said line the following:

"**376.525 The highest rate that a health care provider shall accept as payment in full for health care services from an uninsured individual or an individual not utilizing insurance to pay for such services shall be no greater than the lowest rate that the provider accepts from a health carrier or Medicare as payment in full for the same or similar health care services.**"; and

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

HOUSE AMENDMENT NO. 15

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 2, Section 197.170, Line 53, 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.

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 **SB 635**, entitled:

An Act to repeal section 376.1235, RSMo, and to enact in lieu thereof sixteen new sections relating to health care.

With House Amendment Nos. 1, 2, 3, 5, 6, House Amendment No. 1 to House Amendment No. 7, House Amendment Nos. 8, 9, 10, 11, 12, 13, House Amendment No. 1 to House Amendment No. 14, and

House Amendment No. 14, as amended.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 635, Page 3, Section 191.1085, Line 35, by inserting after all of said section and 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. 635, Page 19, Section 376.1235, Line 18, by inserting after all of said section and line the following:

"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. 3

Amend House Committee Substitute for Senate Bill No. 635, Page 3, Section 191.1085, Line 35, by inserting after all of said section and line the following:

"197.258. 1. In addition to any survey pursuant to sections 197.250 to 197.280, the department may make such surveys as it deems necessary during normal business hours. The department shall survey every hospice not less than [once annually] **every three years**. The hospice shall permit the department's representatives to enter upon any of its business premises during normal business hours for the purpose of a survey.

2. As a part of its survey of a hospice, the department may visit the home of any client of such hospice with such client's consent.

3. In lieu of any survey required by sections 197.250 to 197.280, the department may accept in whole or in part the survey of any state or federal agency, or of any professional accrediting agency, if such survey:

(1) Is comparable in scope and method to the department's surveys; and

(2) Is conducted within one year of initial application for or renewal of the hospice's certificate.

4. The department shall not be required to survey any hospice providing service to Missouri residents through an office located in a state bordering Missouri if such bordering state has a reciprocal agreement with Missouri on hospice certification and the area served in Missouri by the agency is contiguous to the area served in the bordering state.

5. Any hospice which has its parent office in a state which does not have a reciprocal agreement with Missouri on hospice certification shall maintain a branch office in Missouri. Such branch office shall maintain all records required by the department for survey and shall be certificated as a hospice."; 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. 635, Page 1, Section A, Line 4, by inserting after all of said section and line the following:

"**96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this section, and established and organized under the provisions of sections 96.150 to 96.229, may invest up to twenty-five percent of the hospital's funds not required for immediate disbursement in obligations or for the operation of the hospital in any United States investment grade fixed income funds or any diversified stock funds, or both.**

2. The provisions of this section shall only apply if the hospital:

(1) Receives less than one percent of its annual revenues from municipal, county, or state taxes; and

(2) Receives less than one percent of its annual revenue from appropriated funds from the municipality in which such hospital is located.

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 191.1085, Line 35, by inserting after all of said section and line the following:

"197.315. 1. Any person who proposes to develop or offer a new institutional health service within the state must obtain a certificate of need from the committee prior to the time such services are offered.

2. Only those new institutional health services which are found by the committee to be needed shall be granted a certificate of need. Only those new institutional health services which are granted certificates of need shall be offered or developed within the state. No expenditures for new institutional health services in excess of the applicable expenditure minimum shall be made by any person unless a certificate of need has been granted.

3. After October 1, 1980, no state agency charged by statute to license or certify health care facilities shall issue a license to or certify any such facility, or distinct part of such facility, that is developed without obtaining a certificate of need.

4. If any person proposes to develop any new institutional health care service without a certificate of need as required by sections 197.300 to 197.366, the committee shall notify the attorney general, and he shall apply for an injunction or other appropriate legal action in any court of this state against that person.

5. After October 1, 1980, no agency of state government may appropriate or grant funds to or make

payment of any funds to any person or health care facility which has not first obtained every certificate of need required pursuant to sections 197.300 to 197.366.

6. A certificate of need shall be issued only for the premises and persons named in the application and is not transferable except by consent of the committee.

7. Project cost increases, due to changes in the project application as approved or due to project change orders, exceeding the initial estimate by more than ten percent shall not be incurred without consent of the committee.

8. Periodic reports to the committee shall be required of any applicant who has been granted a certificate of need until the project has been completed. The committee may order the forfeiture of the certificate of need upon failure of the applicant to file any such report.

9. A certificate of need shall be subject to forfeiture for failure to incur a capital expenditure on any approved project within six months after the date of the order. The applicant may request an extension from the committee of not more than six additional months based upon substantial expenditure made.

10. Each application for a certificate of need must be accompanied by an application fee. The time of filing commences with the receipt of the application and the application fee. The application fee is one thousand dollars, or one-tenth of one percent of the total cost of the proposed project, whichever is greater. All application fees shall be deposited in the state treasury. Because of the loss of federal funds, the general assembly will appropriate funds to the Missouri health facilities review committee.

11. In determining whether a certificate of need should be granted, no consideration shall be given to the facilities or equipment of any other health care facility located more than a fifteen-mile radius from the applying facility.

12. When a nursing facility shifts from a skilled to an intermediate level of nursing care, it may return to the higher level of care if it meets the licensure requirements, without obtaining a certificate of need.

13. In no event shall a certificate of need be denied because the applicant refuses to provide abortion services or information.

14. A certificate of need shall not be required for the transfer of ownership of an existing and operational health facility in its entirety.

15. A certificate of need may be granted to a facility for an expansion, an addition of services, a new institutional service, or for a new hospital facility which provides for something less than that which was sought in the application.

16. The provisions of this section shall not apply to facilities operated by the state, and appropriation of funds to such facilities by the general assembly shall be deemed in compliance with this section, and such facilities shall be deemed to have received an appropriate certificate of need without payment of any fee or charge. **The provisions of this subsection shall not apply to hospitals operated by the state and licensed under chapter 197, except for department of mental health state-operated psychiatric hospitals.**

17. Notwithstanding other provisions of this section, a certificate of need may be issued after July 1, 1983, for an intermediate care facility operated exclusively for the intellectually disabled.

18. To assure the safe, appropriate, and cost-effective transfer of new medical technology throughout

the state, a certificate of need shall not be required for the purchase and operation of**:**

(1) Research equipment that is to be used in a clinical trial that has received written approval from a duly constituted institutional review board of an accredited school of medicine or osteopathy located in Missouri to establish its safety and efficacy and does not increase the bed complement of the institution in which the equipment is to be located. After the clinical trial has been completed, a certificate of need must be obtained for continued use in such facility**; or**

(2) Equipment that is to be used by an academic health center operated by the state in furtherance of its research or teaching missions.

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, Page 19, Section 334.1233, Line 10, by inserting after all of said section and line the following:

"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."; and

Further amend said bill and page, Section 376.1235, Line 18, by inserting after all of said section and line the following:

"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**.

Section B. Because immediate action is necessary to preserve access to quality health care facilities for the citizens of Missouri, the repeal and reenactment of section 197.315 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 repeal and reenactment of section 197.315 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. 6

Amend House Committee Substitute for Senate Bill No. 635, Page 19, Section 334.1233, Line 10, by inserting after all of said section and 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."; and

Further amend said bill and page, Section 376.1235, Lines 18, by inserting after all of said section and line the following:

"**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.

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 7

Amend House Amendment No. 7 to House Committee Substitute for Senate Bill No. 635, Page 2, Lines 16-48, Page 3, Lines 1-48, Page 4, Lines 1-5, by deleting all of said lines and inserting in lieu thereof the following:

""**633.420. 1. For the purposes of this section, the term "dyslexia" means a disorder that is neurological in origin, characterized by difficulties with accurate and fluent word recognition, and poor spelling and decoding abilities that typically result from a deficit in the phonological component of language, often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction, and of which secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. Nothing in this section shall prohibit a district from assessing students for dyslexia and offering students specialized reading instruction if a determination is made that a student suffers from dyslexia. Unless required by federal law, nothing in this definition shall require a student with dyslexia to be automatically determined eligible as a student with a disability.**

2. There is hereby created the "Legislative Task Force on Dyslexia". The joint committee on education shall provide technical and administrative support as required by the task force to fulfill its duties; any such support involving monetary expenses shall first be approved by the chairman of the joint committee on education. The task force shall meet at least quarterly and may hold meetings by telephone or video conference. The task force shall advise and make recommendations to the governor, joint committee on education, and relevant state agencies regarding matters concerning individuals with dyslexia, including education and other adult and adolescent services.

3. The task force shall be comprised of twenty members consisting of the following:

(1) Two members of the senate appointed by the president pro tempore of the senate, with one member appointed from the minority party and one member appointed from the majority party;

(2) Two members of the house of representatives appointed by the speaker of the house of representatives, with one member appointed from the minority party and one member appointed from the majority party;

(3) The commissioner of education, or his or her designee;

(4) One representative from an institution of higher education located in this state with specialized expertise in dyslexia and reading instruction;

(5) A representative from a state teachers association or the Missouri National Education Association;

(6) A representative from the International Dyslexia Association of Missouri;

(7) A representative from Decoding Dyslexia of Missouri;

(8) A representative from the Missouri Association of Elementary School Principals;

(9) A representative from the Missouri Council of Administrators of Special Education;

(10) A professional licensed in the state of Missouri with experience diagnosing dyslexia including, but not limited to, a licensed psychologist, school psychologist, or neuropsychologist;

(11) A speech-language pathologist with training and experience in early literacy development and effective research-based intervention techniques for dyslexia, including an Orton-Gillingham remediation program recommended by the Missouri Speech-Language Hearing Association;

(12) A certified academic language therapist recommended by the Academic Language Therapists Association who is a resident of this state;

(13) A representative from an independent private provider or nonprofit organization serving individuals with dyslexia;

(14) An assistive technology specialist with expertise in accessible print materials and assistive technology used by individuals with dyslexia recommended by the Missouri assistive technology council;

(15) One private citizen who has a child who has been diagnosed with dyslexia;

(16) One private citizen who has been diagnosed with dyslexia;

(17) A representative of the Missouri State Council of the International Reading Association; and

(18) A pediatrician with knowledge of dyslexia.

4. The members of the task force, other than the members from the general assembly and ex officio members, shall be appointed by the president pro tempore of the senate or the speaker of the house of representatives by September 1, 2016, by alternating appointments beginning with the president pro tempore of the senate. A chairperson shall be selected by the members of the task force. Any vacancy on the task force shall be filled in the same manner as the original appointment. Members shall serve on the task force without compensation.

5. The task force shall make recommendations for a statewide system for identification, intervention, and delivery of supports for students with dyslexia, including the development of

resource materials and professional development activities. These recommendations shall be included in a report to the governor and joint committee on education and shall include findings and proposed legislation and shall be made available no longer than twelve months from the task force's first meeting.

6. The recommendations and resource materials developed by the task force shall:

(1) Identify valid and reliable screening and evaluation assessments and protocols that can be used and the appropriate personnel to administer such assessments in order to identify children with dyslexia or the characteristics of dyslexia as part of an ongoing reading progress monitoring system, multi-tiered system of supports, and special education eligibility determinations in schools;

(2) Recommend an evidence-based reading instruction, with consideration of the National Reading Panel Report and Orton-Gillingham methodology principles for use in all Missouri schools, and intervention system, including a list of effective dyslexia intervention programs, to address dyslexia or characteristics of dyslexia for use by schools in multi-tiered systems of support and for services as appropriate for special education eligible students;

(3) Develop and implement preservice and inservice professional development activities to address dyslexia identification and intervention, including utilization of accessible print materials and assistive technology, within degree programs such as education, reading, special education, speech-language pathology, and psychology;

(4) Review teacher certification and professional development requirements as they relate to the needs of students with dyslexia;

(5) Examine the barriers to accurate information on the prevalence of students with dyslexia across the state and recommend a process for accurate reporting of demographic data; and

(6) Study and evaluate current practices for diagnosing, treating, and educating children in this state and examine how current laws and regulations affect students with dyslexia in order to present recommendations to the governor and joint committee on education.

7. The task force shall hire or contract for hire specialist services to support the work of the task force as necessary with appropriations made by the general assembly for that purpose or from other available funding.

8. The task force authorized under this section shall expire on August 31, 2018."; and"; 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. 635, Page 1, Section A, Line 4, by inserting immediately after said line the following:

"**167.950. 1. (1) By December 31, 2017, the department of elementary and secondary education shall develop guidelines for the appropriate screening of students for dyslexia and related disorders and the necessary classroom support for students with dyslexia and related disorders. Such guidelines shall be consistent with the findings and recommendations of the task force created under section 633.420.**

(2) In the 2018-19 school year and subsequent years, each public school, including each charter school, shall conduct dyslexia screenings for students in the appropriate year consistent with the findings and recommendations of the task force created under section 633.420.

(3) In the 2018-19 school year and subsequent years, the school board of each district and the governing board of each charter school shall provide reasonable classroom support consistent with the findings and recommendations of the task force created under section 633.420.

2. In the 2018-19 school year and subsequent years, the practicing teacher assistance programs established under section 168.400 shall include two hours of in-service training provided by each local school district for all practicing teachers in such district regarding dyslexia and related disorders. Each charter school shall also offer all of its teachers two hours of training on dyslexia and related disorders. Districts and charter schools may seek assistance from the department of elementary and secondary education in developing and providing such training. Completion of such training shall count as two contact hours of professional development under section 168.021.

3. For purposes of this section, the following terms mean:

(1) "Dyslexia", a disorder that is neurological in origin, characterized by difficulties with accurate and fluent word recognition and poor spelling and decoding abilities that typically result from a deficit in the phonological component of language, often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction, and of which secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. Nothing in this definition shall require a student with dyslexia to obtain an individualized education program (IEP) unless the student has otherwise met the federal conditions necessary;

(2) "Dyslexia screening", a short test conducted by a teacher or school counselor to determine whether a student likely has dyslexia or a related disorder in which a positive result does not represent a medical diagnosis but indicates that the student could benefit from approved support;

(3) "Related disorders", disorders similar to or related to dyslexia, such as developmental auditory imperception, dysphasia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability;

(4) "Support", low-cost and effective best practices, such as oral examinations and extended test-taking periods, used to support students who have dyslexia or any related disorder.

4. The state board of education shall promulgate rules and regulations for each public school to screen students for dyslexia and related disorders. 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.

5. Nothing in this section shall require the MO HealthNet program to expand the services that it provides."; and

Further amend said bill, Page 19, Section 376.1235, Line 18, by inserting immediately after said line the following:

"**633.420. 1. For the purposes of this section, the term "dyslexia" means a disorder that is neurological in origin, characterized by difficulties with accurate and fluent word recognition, and poor spelling and decoding abilities that typically result from a deficit in the phonological component of language, often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction, and of which secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge. Nothing in this section shall prohibit a district from assessing students for dyslexia and offering students specialized reading instruction if a determination is made that a student suffers from dyslexia. Nothing in this definition shall require a student with dyslexia to obtain an individualized education program (IEP) unless the student has otherwise met the federal conditions necessary.**

2. There is hereby created the "Legislative Task Force on Dyslexia". The task force shall meet at least quarterly and may hold meetings by telephone or video conference. The task force shall advise and make recommendations to the governor, general assembly, and relevant state agencies regarding matters concerning individuals with dyslexia, including education and other adult and adolescent services.

3. The task force shall be comprised of twenty members consisting of the following:

(1) Two members of the senate appointed by the president pro tempore of the senate, with one member appointed from the minority party and one member appointed from the majority party;

(2) Two members of the house of representatives appointed by the speaker of the house of representatives, with one member appointed from the minority party and one member appointed from the majority party;

(3) The commissioner of education, or his or her designee;

(4) One representative from an institution of higher education located in this state with specialized expertise in dyslexia and reading instruction;

(5) A representative from a state teachers association or the Missouri National Education Association;

(6) A representative from the International Dyslexia Association of Missouri;

(7) A representative from Decoding Dyslexia of Missouri;

(8) A representative from the Missouri Association of Elementary School Principals;

(9) A representative from the Missouri Council of Administrators of Special Education;

(10) A professional licensed in the state of Missouri with experience diagnosing dyslexia including, but not limited to, a licensed psychologist, school psychologist, or neuropsychologist;

(11) A speech-language pathologist with training and experience in early literacy development and effective research-based intervention techniques for dyslexia, including an Orton-Gillingham

remediation program recommended by the Missouri Speech-Language Hearing Association;

(12) A certified academic language therapist recommended by the Academic Language Therapists Association who is a resident of this state;

(13) A representative from an independent private provider or nonprofit organization serving individuals with dyslexia;

(14) An assistive technology specialist with expertise in accessible print materials and assistive technology used by individuals with dyslexia recommended by the Missouri assistive technology council;

(15) One private citizen who has a child who has been diagnosed with dyslexia;

(16) One private citizen who has been diagnosed with dyslexia;

(17) A representative of the Missouri State Council of the International Reading Association; and

(18) A pediatrician with knowledge of dyslexia.

4. The members of the task force, other than the members from the general assembly and ex officio members, shall be appointed by the president pro tempore of the senate or the speaker of the house of representatives by September 1, 2016, by alternating appointments beginning with the president pro tempore of the senate. A chairperson shall be selected by the members of the task force. Any vacancy on the task force shall be filled in the same manner as the original appointment. Members shall serve on the task force without compensation.

5. The task force shall make recommendations for a statewide system for identification, intervention, and delivery of supports for students with dyslexia, including the development of resource materials and professional development activities. These recommendations shall be included in a report to the governor and joint committee on education and shall include findings and proposed legislation and shall be made available no longer than twelve months from the task force's first meeting. The task force shall hold its first meeting before October 1, 2016.

6. The recommendations and resource materials developed by the task force shall:

(1) Identify valid and reliable screening and evaluation assessments and protocols that can be used and the appropriate personnel to administer such assessments in order to identify children with dyslexia or the characteristics of dyslexia as part of an ongoing reading progress monitoring system, multi-tiered system of supports, and special education eligibility determinations in schools;

(2) Recommend an evidence-based reading instruction, with consideration of the National Reading Panel Report and Orton-Gillingham methodology principles for use in all Missouri schools, and intervention system, including a list of effective dyslexia intervention programs, to address dyslexia or characteristics of dyslexia for use by schools in multi-tiered systems of support and for services as appropriate for special education eligible students;

(3) Develop and implement preservice and inservice professional development activities to address dyslexia identification and intervention, including utilization of accessible print materials and assistive technology, within degree programs such as education, reading, special education, speech-language pathology, and psychology;

(4) Review teacher certification and professional development requirements as they relate to the needs of students with dyslexia;

(5) Examine the barriers to accurate information on the prevalence of students with dyslexia across the state and recommend a process for accurate reporting of demographic data; and

(6) Study and evaluate current practices for diagnosing, treating, and educating children in this state and examine how current laws and regulations affect students with dyslexia in order to present recommendations to the governor and general assembly.

7. The task force shall hire or contract for hire specialist services to support the work of the task force as necessary with appropriations made by the general assembly for that purpose or from other available funding.

8. The task force authorized under this section shall expire on August 31, 2018."; 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. 635, Page 1, Section A, Line 4, by inserting after all of said section and line the following:

"191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient's health care records to the patient, the patient's authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) (a) Search and retrieval, in an amount not more than **[**twenty-two**] twenty-four** dollars and **[**eighty-two**] fifty-seven** cents plus copying in the amount of **[**fifty-three**] fifty-six** cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed **[**twenty-one dollars and thirty-six cents,**] twenty-three dollars** as adjusted annually pursuant to subsection 5 of this section; or

(b) The records shall be furnished electronically upon payment of the search, retrieval, and copying fees set under this section at the time of the request or one hundred **seven** dollars **and sixty-seven cents** total, whichever is less, if such person:

a. Requests health records to be delivered electronically in a format of the health care provider's choice;

b. The health care provider stores such records completely in an electronic health record; and

c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost; and

(3) Notary fee, not to exceed two dollars, if requested.

3. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

4. The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.

5. Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department's internet website by February first of each year.

6. A health care provider may disclose a deceased patient's health care records or payment records to the executor or administrator of the deceased person's estate, or pursuant to a valid, unrevoked power of attorney for health care that specifically directs that the deceased person's health care records be released to the agent after death. If an executor, administrator, or agent has not been appointed, the deceased prior to death did not specifically object to disclosure of his or her records in writing, and such disclosure is not inconsistent with any prior expressed preference of the deceased that is known to the health care provider, a deceased patient's health care records shall be released upon written request of a person who is deemed as the personal representative of the deceased person under this subsection. Priority shall be given to the deceased patient's spouse and the records shall be released on the affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving spouse, the health care records shall be released to the following persons:

(1) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse;

(2) An adult child of the deceased patient on the affidavit of the adult child that he or she is the adult child of the deceased;

(3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent of the deceased;

(4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or sister that he or she is the adult brother or sister of the deceased;

(5) A guardian or conservator of the deceased patient at the time of the patient's death on the affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased; or

(6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian that he or she is the guardian ad litem of the minor child of the deceased."; 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. 635, Page 3, Section 191.1085, Line 35, 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."; and

Further amend said bill, Page 19, Section 376.1235, Line 18, by inserting after all of said section and line the following:

"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. 10

Amend House Committee Substitute for Senate Bill No. 635, Page 1, Section A, Line 4, by inserting after all of said section and line the following:

"170.310. 1. **For school year 2017-18 and each school year thereafter, upon graduation from high school, pupils in public schools and charter schools shall have received thirty minutes of cardiopulmonary resuscitation instruction and training in the proper performance of the Heimlich maneuver or other first aid for choking given any time during a pupil's four years of high school.**

2. Beginning in school year 2017-18, any public school or charter school serving grades nine through twelve **[**may**] shall** provide enrolled students instruction in cardiopulmonary resuscitation. Students with disabilities may participate to the extent appropriate as determined by the provisions of the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. **[**Instruction may be embedded in any health education course**] Instruction shall be included in the district's existing health or physical**

education curriculum. Instruction shall be based on a program established by the American Heart Association or the American Red Cross, or through a nationally recognized program based on the most current national evidence-based emergency cardiovascular care guidelines, and psychomotor skills development shall be incorporated into the instruction. For purposes of this section, "psychomotor skills" means the use of hands-on practicing and skills testing to support cognitive learning.

[2.**] 3.** The teacher of the cardiopulmonary resuscitation course or unit shall not be required to be a certified trainer of cardiopulmonary resuscitation if the instruction is not designed to result in certification of students. Instruction that is designed to result in certification being earned shall be required to be taught by an authorized cardiopulmonary instructor. Schools may develop agreements with any local chapter of a voluntary organization of first responders to provide the required hands-on practice and skills testing.

[3.**] 4.** The department of elementary and secondary education may promulgate rules to implement 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, 2012, shall be invalid and void."; 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. 635, Page 3, Section 191.1085, Line 35, 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. 12

Amend House Committee Substitute for Senate Bill No. 635, Page 19, Section 376.1235, Line 18, 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. 13

Amend House Committee Substitute for Senate Bill No. 635, Page 3, Section 191.1085, Line 35, by inserting immediately after all of said section and line the following:

"192.2490. 1. After an investigation and a determination has been made to place a person's name on the employee disqualification list, that person shall be notified in writing mailed to his or her last known address that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) Any mitigating circumstances;

(6) Any aggravating circumstances; and

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

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

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

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

(2) Provides in-home services under contract with the department of social services or its divisions;

(3) Employs **[**nurses and nursing assistants**] health care providers as defined in section 376.1350** for temporary or intermittent placement in health care facilities;

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

(5) Is an entity licensed under chapter 197;

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

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

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

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

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

13. Any employer or vendor as defined in sections 197.250, 197.400, 198.006, 208.900, or 192.2400 required to deny employment to an applicant or to discharge an employee, provisional or otherwise, as a result of information obtained through any portion of the background screening and employment eligibility determination process under section 210.903, or subsequent, periodic screenings, shall not be liable in any action brought by the applicant or employee relating to discharge where the employer is required by law to terminate the employee, provisional or otherwise, and shall not be charged for unemployment insurance benefits based on wages paid to the employee for work prior to the date of discharge, pursuant to section 288.100, if the employer terminated the employee because the employee:

(1) Has been found guilty, pled guilty or nolo contendere in this state or any other state of a crime as listed in subsection 6 of section 192.2495;

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

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

(4) Has a disqualifying finding under this section, section 192.2495, or is on any of the background check lists in the family care safety registry under sections 210.900 to 210.936; or

(5) Was denied a good cause waiver as provided for in subsection 10 of section 192.2495. 14. Any person who has been listed on the employee disqualification list may request that the director remove his or her name from the employee disqualification list. The request shall be written and may not be made more than once every twelve months. The request will be granted by the director upon a clear showing, by written submission only, that the person will not commit additional acts of abuse, neglect, misappropriation of the property or funds, or the falsification of any documents of service delivery to an in-home services client. The director may make conditional the removal of a person's name from the list on any terms that the director deems appropriate, and failure to comply with such terms may result in the person's name being relisted. The director's determination of whether to remove the person's name from the list is not subject to appeal.

192.2495. 1. For the purposes of this section, the term "provider" means any person, corporation or association who:

(1) Is licensed as an operator pursuant to chapter 198;

(2) Provides in-home services under contract with the department of social services or its divisions;

(3) Employs **[**nurses or nursing assistants**] health care providers as defined in section 376.1350** for temporary or intermittent placement in health care facilities;

(4) Is an entity licensed pursuant to chapter 197;

(5) Is a public or private facility, day program, residential facility or specialized service operated, funded or licensed by the department of mental health; or

(6) Is a licensed adult day care provider.

2. For the purpose of this section "patient or resident" has the same meaning as such term is defined in section 43.540.

3. Prior to allowing any person who has been hired as a full-time, part-time or temporary position to have contact with any patient or resident the provider shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(1) Request a criminal background check as provided in section 43.540. Completion of an inquiry to the highway patrol for criminal records that are available for disclosure to a provider for the purpose of conducting an employee criminal records background check shall be deemed to fulfill the provider's duty to conduct employee criminal background checks pursuant to this section; except that, completing the inquiries pursuant to this subsection shall not be construed to exempt a provider from further inquiry pursuant to common law requirements governing due diligence. If an applicant has not resided in this state for five consecutive years prior to the date of his or her application for employment, the provider shall request a nationwide check for the purpose of determining if the applicant has a prior criminal history in other states. The fingerprint cards and any required fees shall be sent to the highway patrol's central repository. The first set of fingerprints shall be used for searching the state repository of criminal history information. If no identification is made, the second set of fingerprints shall be forwarded to the Federal Bureau of Investigation, Identification Division, for the searching of the federal criminal history files. The patrol shall notify the submitting state agency of any criminal history information or lack of criminal history information discovered on the individual. The provisions relating to applicants for employment who have not resided in this state for five consecutive years shall apply only to persons who have no employment history with a licensed Missouri facility during that five-year period. Notwithstanding the provisions of section 610.120, all records related to any criminal history information discovered shall be accessible and available to the provider making the record request; and

(2) Make an inquiry to the department of health and senior services whether the person is listed on the employee disqualification list as provided in section 192.2490.

4. When the provider requests a criminal background check pursuant to section 43.540, the requesting entity may require that the applicant reimburse the provider for the cost of such record check. When a provider requests a nationwide criminal background check pursuant to subdivision (1) of subsection 3 of this section, the total cost to the provider of any background check required pursuant to this section shall not exceed five dollars which shall be paid to the state. State funding and the obligation of a provider to obtain a nationwide criminal background check shall be subject to the availability of appropriations.

5. An applicant for a position to have contact with patients or residents of a provider shall:

(1) Sign a consent form as required by section 43.540 so the provider may request a criminal records review;

(2) Disclose the applicant's criminal history. For the purposes of this subdivision "criminal history" includes any conviction or a plea of guilty to a misdemeanor or felony charge and shall include any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole; **[**and**]**

(3) Disclose if the applicant is listed on the employee disqualification list as provided in section 192.2490**; and**

(4) Disclose if the applicant is listed on any of the background checks in the family care safety registry established under section 210.903. A provider not otherwise prohibited from employing an individual listed on such background checks may deny employment to an individual listed on any of the background checks in such registry.

6. An applicant who knowingly fails to disclose his or her criminal history as required in subsection 5 of this section is guilty of a class A misdemeanor. A provider is guilty of a class A misdemeanor if the provider knowingly hires or retains a person to have contact with patients or residents and the person has been found guilty in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of chapter 565, 566 or 569, or any violation of subsection 3 of section 198.070 or section 568.020.

7. Any in-home services provider agency or home health agency shall be guilty of a class A misdemeanor if such agency knowingly employs a person to provide in-home services or home health services to any in-home services client or home health patient and such person either refuses to register with the family care safety registry or is listed on any of the background check lists in the family care safety registry pursuant to sections 210.900 to 210.937.

8. The highway patrol shall examine whether protocols can be developed to allow a provider to request a statewide fingerprint criminal records review check through local law enforcement agencies.

9. A provider may use a private investigatory agency rather than the highway patrol to do a criminal history records review check, and alternatively, the applicant pays the private investigatory agency such fees as the provider and such agency shall agree.

10. Except for the hiring restriction based on the department of health and senior services employee disqualification list established pursuant to section 192.2490, the department of health and senior services shall promulgate rules and regulations to waive the hiring restrictions pursuant to this section for good cause. For purposes of this section, "good cause" means the department has made a determination by examining the employee's prior work history and other relevant factors that such employee does not present a risk to the health or safety of residents."; and

Further amend said bill, Page 19, Section 334.1233, Line 10, by inserting immediately after all of said section and line the following:

"**335.360. 1. The party states find that:**

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states; and

(6) Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

2. The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;

(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;

(6) Decrease redundancies in the consideration and issuance of nurse licenses; and

(7) Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

335.365. As used in this compact, the following terms shall mean:

(1) "Adverse action", any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action;

(2) "Alternative program", a nondisciplinary monitoring program approved by a licensing board;

(3) "Coordinated licensure information system", an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that

is administered by a nonprofit organization composed of and controlled by licensing boards;

(4) "Current significant investigative information":

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and had an opportunity to respond;

(5) "Encumbrance", a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board;

(6) "Home state", the party state which is the nurse's primary state of residence;

(7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;

(8) "Multistate license", a license to practice as a registered nurse, "RN", or a licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege;

(9) "Multistate licensure privilege", a legal authorization associated with a multistate license permitting the practice of nursing as either an RN, LPN, or VN in a remote state;

(10) "Nurse", an RN, LPN, or VN, as those terms are defined by each party state's practice laws;

(11) "Party state", any state that has adopted this compact;

(12) "Remote state", a party state, other than the home state;

(13) "Single-state license", a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state;

(14) "State", a state, territory, or possession of the United States and the District of Columbia;

(15) "State practice laws", a party state's laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

335.370. 1. A multistate license to practice registered or licensed practical or vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a nurse to practice as a registered nurse, "RN", or as a licensed practical or vocational nurse, "LPN" or "VN", under a multistate licensure privilege, in each party state.

2. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of

Investigation and the agency responsible for retaining that state's criminal records.

3. Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

(1) Meets the home state's qualifications for licensure or renewal of licensure as well as all other applicable state laws;

(2) (a) Has graduated or is eligible to graduate from a licensing board-approved RN or LPN or VN prelicensure education program; or

(b) Has graduated from a foreign RN or LPN or VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;

(4) Has successfully passed an NCLEX-RN or NCLEX-PN examination or recognized predecessor, as applicable;

(5) Is eligible for or holds an active, unencumbered license;

(6) Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;

(7) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;

(8) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;

(9) Is not currently enrolled in an alternative program;

(10) Is subject to self-disclosure requirements regarding current participation in an alternative program; and

(11) Has a valid United States Social Security number.

4. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

5. A nurse practicing in a party state shall comply with the state practice laws of the state in which

the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

6. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single-state license.

7. Any nurse holding a home state multistate license on the effective date of this compact may retain and renew the multistate license issued by the nurse's then current home state, provided that:

(1) A nurse who changes primary state of residence after this compact's effective date shall meet all applicable requirements as provided in subsection 3 of this section to obtain a multistate license from a new home state;

(2) A nurse who fails to satisfy the multistate licensure requirements in subsection 3 of this section due to a disqualifying event occurring after this compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators, commission.

335.375. 1. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

2. A nurse shall hold a multistate license, issued by the home state, in only one party state at a time.

3. If a nurse changes primary state of residence by moving between two party states, the nurse shall apply for licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the commission.

(1) The nurse may apply for licensure in advance of a change in primary state of residence.

(2) A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

4. If a nurse changes primary state of residence by moving from a party state to a non-party state, the multistate license issued by the prior home state shall convert to a single-state license, valid only in the former home state.

335.380. 1. In addition to the other powers conferred by state law, a licensing board shall have the

authority to:

(1) Take adverse action against a nurse's multistate licensure privilege to practice within that party state;

(a) Only the home state shall have the power to take adverse action against a nurse's license issued by the home state;

(b) For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action;

(2) Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state;

(3) Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;

(4) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses 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 in which the witnesses or evidence are located;

(5) Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions;

(6) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse; and

(7) Take adverse action based on the factual findings of the remote state; provided that, the licensing board follows its own procedures for taking such adverse action.

2. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

3. Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration

of the nurse's participation in an alternative program.

335.385. 1. All party states shall participate in a coordinated licensure information system of all licensed registered nurses, "RNs", and licensed practical or vocational nurses, "LPNs" or "VNs". This system shall include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. The commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

3. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications with the reasons for such denials, and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

4. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

5. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that shall not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

6. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

7. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

8. The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum:

(1) Identifying information;

(2) Licensure data;

(3) Information related to alternative program participation; and

(4) Other information that may facilitate the administration of this compact, as determined by commission rules.

9. The compact administrator of a party state shall provide all investigative documents and information requested by another party state.

335.390. 1. The party states hereby create and establish a joint public entity known as the "Interstate Commission of Nurse Licensure Compact Administrators".

(1) The commission is an instrumentality of the party 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.

2. (1) Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

(2) Each administrator 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. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

(3) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

(4) 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 335.395.

(5) The commission may convene in a closed, nonpublic meeting if the commission must discuss:

(a) Noncompliance of a party state with its obligations under this compact;

(b) The employment, compensation, discipline, or other personnel 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 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 investigatory records compiled for law enforcement purposes;

(i) Disclosure of information related to any reports prepared by or on behalf of the commission for the purpose of investigation of compliance with this compact; or

(j) Matters specifically exempted from disclosure by federal or state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of this subsection, the commission's legal counsel or designee shall certify that the meeting shall be closed and shall reference each relevant exempting provision. 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 therefor, 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.

3. The commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this compact including, but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(a) For the establishment and meetings of other committees; and

(b) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

(4) Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission; and

(6) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.

4. The commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the commission.

5. The commission shall maintain its financial records in accordance with the bylaws.

6. The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

7. The commission shall have the following powers:

(1) To 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 party states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission; provided that, the standing of any licensing board to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept, or contract for services of personnel including, but not limited to, employees of a party state or nonprofit organizations;

(5) To cooperate with other organizations that administer state compacts related to the regulation of nursing including, but not limited to, sharing administrative or staff expenses, office space, or other resources;

(6) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(7) To accept any and all appropriate donations, grants and gifts 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 or conflict of interest;

(8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real, personal, or mixed; provided that, at all times the commission shall avoid any appearance of impropriety;

(9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal, or mixed;

(10) To establish a budget and make expenditures;

(11) To borrow money;

(12) To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, consumer representatives, and other such interested persons;

(13) To provide and receive information from, and to cooperate with, law enforcement agencies;

(14) To adopt and use an official seal; and

(15) To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of nurse licensure and practice.

8. (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 also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined

by the commission, which shall promulgate a rule that is binding upon all party states.

(3) 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 party states, except by and with the authority of such party state.

(4) 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.

9. (1) The administrators, 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, 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 or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

(2) The commission shall defend any administrator, 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, willful, or wanton misconduct.

(3) The commission shall indemnify and hold harmless any administrator, 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, willful, or wanton misconduct of that person.

335.395. 1. 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 and shall have the same force and effect as provisions of this compact.

2. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

3. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule shall be considered and voted upon, the commission

shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

4. The notice of proposed rulemaking shall include:

(1) The proposed time, date, and location of the meeting in which the rule shall 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;

(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.

5. 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.

6. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

7. The commission shall publish the place, time, and date of the scheduled public hearing.

(1) 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. All hearings shall be recorded, and a copy shall be made available upon request.

(2) 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.

8. If no one appears at the public hearing, the commission may proceed with promulgation of the proposed rule.

9. 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.

10. The commission shall, by majority vote of all administrators, 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.

11. 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 this 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 shall be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of commission or party state funds; or

(3) Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

12. 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 shall 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 commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision shall not take effect without the approval of the commission.

335.400. 1. (1) Each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.

(2) The commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

2. (1) If the commission determines that a party 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 party states of the nature of the default, the proposed means of curing the default, 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's membership in this compact shall be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this compact shall 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 this 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 of the defaulting state, to the executive officer of the defaulting state's licensing board, and each of the party states.

(4) A state whose membership in this compact 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 whose membership in this compact has been terminated 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 in which the commission has its

principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. (1) Upon request by a party state, the commission shall attempt to resolve disputes related to the compact that arise among party states and between party and non-party states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

(3) In the event the commission cannot resolve disputes among party states arising under this compact:

(a) The party states shall submit the issues in dispute to an arbitration panel, which shall be comprised of individuals appointed by the compact administrator in each of the affected party states and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.

(b) The decision of a majority of the arbitrators shall be final and binding.

4. (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 in which the commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this 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 party shall be awarded all costs of such litigation, including reasonable attorneys' 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.

335.405. 1. This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact into law by no less than twenty-six states or December 31, 2018. All party states to this compact that also were parties to the prior Nurse Licensure Compact superseded by this compact "prior compact" shall be deemed to have withdrawn from said prior compact within six months after the effective date of this compact.

2. Each party state to this compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the prior compact until such party state has withdrawn from the prior compact.

3. Any party state may withdraw from this compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six months after enactment of the repealing statute.

4. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

5. Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state

that is made in accordance with the other provisions of this compact.

6. This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

7. Representatives of non-party states to this compact shall be invited to participate in the activities of the commission on a nonvoting basis prior to the adoption of this compact by all states.

335.410. 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, this 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.

335.415. 1. The term "head of the nurse licensing board" as referred to in section 335.390 of this compact shall mean the executive director of the Missouri state board of nursing.

2. This compact is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.

3. This compact does not supersede existing state labor laws."; and

Further amend said bill, Page 19, Section 376.1235, Line 18, by inserting immediately after all of said section and line the following:

"**[**335.300. 1. The party states find that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

2. The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and

regulation;

(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;

(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.**]**

[335.305. As used in this compact, the following terms shall mean:

(1) "Adverse action", a home or remote state action;

(2) "Alternative program", a voluntary, nondisciplinary monitoring program approved by a nurse licensing board;

(3) "Coordinated licensure information system", an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards;

(4) "Current significant investigative information":

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond;

(5) "Home state", the party state that is the nurse's primary state of residence;

(6) "Home state action", any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation, or any other action affecting a nurse's authorization to practice;

(7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;

(8) "Multistate licensing privilege", current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation, or any other action that affects a nurse's authorization to practice;

(9) "Nurse", a registered nurse or licensed/vocational nurse, as those terms are defined by each state's practice laws;

(10) "Party state", any state that has adopted this compact;

(11) "Remote state", a party state, other than the home state:

(a) Where a patient is located at the time nursing care is provided; or

(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located;

(12) "Remote state action":

(a) Any administrative, civil, equitable, or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and

(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof;

(13) "State", a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

(14) "State practice laws", those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.**]**

[335.310. 1. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

2. Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

3. Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse

authorization.

5. Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state.

However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.**]**

[335.315. 1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

2. A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

3. A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

4. When a nurse changes primary state of residence by:

(1) Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

(2) Moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state;

(3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.**]**

[335.320. In addition to the general provisions described in article III of this compact, the following provisions apply:

(1) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports;

(2) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate actions, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the

new home state of any such actions;

(3) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state;

(4) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state, in so doing, it shall apply its own state laws to determine appropriate action;

(5) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action;

(6) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.**]**

[335.325. Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(1) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

(2) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse 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 evidence are located;

(3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;

(4) Promulgate uniform rules and regulations as provided for in subsection 3 of section 335.335.**]**

[335.330. 1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.

3. Current significant investigative information shall be transmitted through the coordinated

licensure information system only to party state licensing boards.

4. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

5. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

7. The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.**]**

[335.335. 1. The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this compact for his/her state.

2. The compact administrator of each party shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.

3. Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under subsection 4 of section 335.325.**]**

[335.340. No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.**]**

[335.345. 1. This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

3. Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

4. This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all

party states.**]**

[335.350. 1. 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 state party thereto, 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.

2. In the event party states find a need for settling disputes arising under this compact:

(1) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in the remote states involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute;

(2) The decision of a majority of the arbitrators shall be final and binding.**]**

[335.355. 1. The term "head of the nurse licensing board" as referred to in article VIII of this compact shall mean the executive director of the Missouri state board of nursing.

2. A person who is extended the privilege to practice in this state pursuant to the nurse licensure compact is subject to discipline by the board, as set forth in this chapter, for violation of this chapter or the rules and regulations promulgated herein. A person extended the privilege to practice in this state pursuant to the nurse licensure compact shall be subject to adhere to all requirements of this chapter, as if such person were originally licensed in this state.

3. Sections 335.300 to 335.355 are applicable only to nurses whose home states are determined by the Missouri state board of nursing to have licensure requirements that are substantially equivalent or more stringent than those of Missouri.

4. This compact is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.

5. This compact does not supercede existing state labor laws.**]**"; and

Section B. The repeal of sections 335.300 to 335.355 and the enactment of sections 335.360 to 335.415 of this act shall become effective on December 31, 2018, or upon the enactment of sections 335.360 to 335.415 of this act by no less than twenty-six states and notification of such enactment to the revisor of statutes by the Interstate Commission of Nurse Licensure Compact Administrators, whichever occurs first."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 14

Amend House Amendment No.14 to House Committee Substitute for Senate Bill No. 635, Page 1, Line 4, by deleting said line and inserting in lieu thereof the following:

"190.142. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as it deems necessary to be made of the applicant for an emergency medical technician's license. The director may authorize investigations into criminal records in other states for any applicant.

2. The department shall issue a license to all levels of emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to 190.245. The department may promulgate rules relating to the requirements for an emergency medical technician including but not limited to:

(1) Age requirements;

(2) Education and training requirements based on respective national curricula of the United States Department of Transportation and any modification to such curricula specified by the department through rules adopted pursuant to sections 190.001 to 190.245;

(3) Initial licensure testing requirements**. Initial EMT-P licensure testing shall be through the national registry of EMTs or examinations developed and administered by the department of health and senior services**;

(4) Continuing education and relicensure requirements; and

(5) Ability to speak, read and write the English language.

3. Application for all levels of emergency medical technician license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical technician meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

4. All levels of emergency medical technicians may perform only that patient care which is:

(1) Consistent with the training, education and experience of the particular emergency medical technician; and

(2) Ordered by a physician or set forth in protocols approved by the medical director.

5. No person shall hold themselves out as an emergency medical technician or provide the services of an emergency medical technician unless such person is licensed by the department.

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and"; and

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

HOUSE AMENDMENT NO. 14

Amend House Committee Substitute for Senate Bill No. 635, Page 1, Section A, Line 4, by inserting

after all of said section and line the following:

"190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185.

2. **Except as provided in subsection 4 of this section,** the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, appropriate peer-reviewed or evidence-based research on such topics including, but not limited to, the most recent guidelines of the American College of Cardiology and American Heart Association for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by the American Stroke Association.

3. The department of health and senior services shall, not less than once every five years, conduct an on-site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor**, with the exception of stroke centers designated under subsection 4 of this section; however, this provision shall not limit the department's ability to conduct a complaint investigation under subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center**. On-site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. If the department of health and senior services has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

4. **Instead of applying for stroke center designation under the provisions of subsection 2 of this section, a hospital may apply for stroke center designation under the provisions of this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:**

(1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines;

(2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association

guidelines; or

(3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines.

Except as provided under subsection 5 of this section, the department shall not require compliance with any additional standards for establishing or renewing stroke designations. The designation shall continue if such hospital remains certified. The department may remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. Because the department may not have access to the records of the certifying organization, any decision made by the department to withdraw its designation of a stroke center under this subsection that is based on the revocation or suspension of a certification by a certifying organization shall not be subject to judicial review. The department shall report to the certifying organization any complaint it receives related to the certification of a stroke center designated under this subsection. The department shall also advise the complainant of which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization.

5. Any hospital receiving designation as a stroke center under subsection 4 of this section shall:

(1) Annually and within thirty days of any changes submit to the department proof of stroke certification and the names and contact information of the medical director and the program manager of the stroke center;

(2) Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;

(3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;

(4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in 19 CSR 30-40.302; and

(5) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.

Any hospital receiving designation as a level III stroke center under subsection 4 of this section shall have a formal agreement with a level I or level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy.

6. Hospitals designated as a STEMI or stroke center by the department, including those designated under subsection 4 of this section, shall submit data to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done by the following methods:

(1) Entering hospital data directly into a state registry by direct data entry;

(2) Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or

(3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department to facility-specific data held by the registry or data bank.

A hospital submitting data under subdivision (2) or (3) of this subsection shall not be required to collect and submit any additional STEMI or stroke center data elements.

7. When collecting and analyzing data under the provisions of this section, the department shall comply with the following requirements:

(1) The names of any health care professionals as defined in section 376.1350 shall not be subject to disclosure;

(2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;

(3) The data shall be used for the evaluation and improvement of hospital and emergency medical services trauma, stroke, and STEMI care;

(4) The data collection system shall be capable of accepting file transfers of data entered into any nationally recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements;

(5) STEMI and stroke center data elements shall conform to nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines, and include published, detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity; and

(6) Generate from the trauma, stroke, and STEMI registries quarterly regional and state outcome data reports for trauma, stroke, and STEMI designated centers for the state advisory council on emergency medical services and regional emergency medical services committees to review for performance improvement and patient safety.

8. The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.

9. The department of health and senior services may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

[5.**] 10.** No hospital shall hold itself out to the public as a STEMI center, stroke center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is designated as such by the department of health and senior services.

[6.**] 11.** Any person aggrieved by an action of the department of health and senior services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination

thereon by the administrative hearing commission under chapter 621. It shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.

190.265. 1. In order to ensure that the skids of a helicopter do not get caught in a fence or other barriers and cause a potentially catastrophic outcome, any rules and regulations promulgated by the department of health and senior services pursuant to sections 190.185, 190.214, and 192.006, chapter 197, or any other provision of Missouri law shall not require hospitals to have a fence, or other barriers, around such hospital's helipad. Any regulation requiring fencing, or other barriers, or any interpretation of such regulation shall be null and void.

2. In addition to the prohibition in subsection 1 of this section, the department shall not promulgate any rules and regulations with respect to the operation or construction of a helipad located at a hospital.

3. Hospitals shall ensure that helipads are free of obstruction and safe for use by a helicopter while on the ground, during approach, and takeoff.

4. As used in this section, the term "hospital" shall have the same meaning as in section 197.020."; and

Further amend said bill, Page 3, Section 191.1085, Line 35, by inserting after all of said section and line the following:

"192.737. **[**1.**]** The department of health and senior services shall **[**establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of brain and spinal cord injured persons in this state**] use patient abstract data under section 192.667, the department's trauma registry, motor vehicle crash and outcome data, and other publicly available data sources to provide information and create reports for the purpose of data analysis and needs assessment of traumatic brain and spinal cord injured persons**.

[2. Reports of traumatic brain and spinal cord injuries shall be filed with the department by a treating physician or his designee within seven days of identification. The attending physician of any patient with traumatic brain or spinal cord injury who is in the hospital shall provide in writing to the chief administrative officer the information required to be reported by this section. The chief administrative officer of the hospital shall then have the duty to submit the required reports.

3. Reporting forms and the manner in which the information is to be reported shall be provided by the department. Such reports shall include, but shall not be limited to, the following information: name, age, and residence of the injured person, the date and cause of the injury, the initial diagnosis and such other information as required by the department.**]**"; 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 **SCS** for **SB 578**, entitled:

An Act to repeal sections 513.430, 515.240, 515.250, and 515.260, RSMo, and to enact in lieu thereof thirty-five new sections relating to insolvency.

With House Amendment Nos. 1 and 2.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 578, Page 1, In the Title, Line 3, by deleting the word "insolvency" on said line and inserting in lieu thereof the phrase "judicial proceedings"; and

Further amend said bill and page, Section A, Lines 6, by inserting after all of said section and line the following:

"478.705. 1. There shall be **[**two**] three** circuit judges in the twenty-sixth judicial circuit consisting of the counties of Camden, Laclede, Miller, Moniteau and Morgan. These judges shall sit in divisions numbered one **[**and**],** two**, and three**.

2. The circuit judge in division two shall be elected in 1980. The circuit judge in division one shall be elected in 1982. **The governor shall appoint a judge for division three and notwithstanding the provisions of section 105.030, that judge shall serve until January 1, 2021. A judge for division three shall be elected in 2020.**"; 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 Committee Substitute for Senate Bill No. 578, Page 1, In the Title, Line 3, by deleting the word "insolvency" and inserting in lieu thereof the phrase "judicial proceedings"; and

Further amend said bill and page, Section A, Line 6, by inserting after all of said section and line the following:

"476.083. 1. In addition to any appointments made pursuant to section 485.010, the presiding judge of each circuit containing one or more facilities operated by the department of corrections with an average total inmate population in all such facilities in the circuit over the previous two years of more than two thousand five hundred inmates **or containing, as of January 1, 2016, a diagnostic and reception center operated by the department of corrections and a mental health facility operated by the department of mental health which houses persons found not guilty of a crime by reason of mental disease or defect under chapter 552 and provides sex offender rehabilitation and treatment services (SORTS)** may appoint a circuit court marshal to aid the presiding judge in the administration of the judicial business of the circuit by overseeing the physical security of the courthouse, serving court-generated papers and orders, and assisting the judges of the circuit as the presiding judge determines appropriate. Such circuit court marshal appointed pursuant to the provisions of this section shall serve at the pleasure of the presiding judge. The circuit court marshal authorized by this section is in addition to staff support from the circuit clerks, deputy circuit clerks, division clerks, municipal clerks, and any other staff personnel which may otherwise be provided by law.

2. The salary of a circuit court marshal shall be established by the presiding judge of the circuit within funds made available for that purpose, but such salary shall not exceed ninety percent of the salary of the highest paid sheriff serving a county wholly or partially within that circuit. Personnel authorized by this section shall be paid from state funds or federal grant moneys which are available for that purpose and not from county funds.

3. Any person appointed as a circuit court marshal pursuant to this section shall have at least five years' prior experience as a law enforcement officer. In addition, any such person shall within one year after appointment, or as soon as practicable, attend a court security school or training program operated by the United States Marshal Service. In addition to all other powers and duties prescribed in this section, a circuit court marshal may:

(1) Serve process;

(2) Wear a concealable firearm; and

(3) Make an arrest based upon local court rules and state law, and as directed by the presiding judge of the circuit. "; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 1465**, entitled:

An Act to repeal sections 324.001, 334.037, 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355, and 376.1235, RSMo, and to enact in lieu thereof thirty-three new sections relating to licensed professionals, with a contingent effective date for certain sections.

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 **HCS** for **HB 2327**, entitled:

An Act to repeal section 174.125, RSMo, and to enact in lieu thereof two new sections relating to the establishment of the urban education institute.

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 **HCS** for **HB 1765**, entitled:

An Act to repeal sections 192.2260, 192.2405, 217.360, 217.670, 217.690, 301.559, 339.100, 400.9-501,

513.430, 562.014, 570.135, 571.020, 571.030, 571.060, 571.063, 571.070, 571.072, 578.005, 578.007, 578.011, 578.022, and 632.520 RSMo, sections 192.2410 and 192.2475 as enacted by house revision bill no. 1299 merged with senate bill no. 491, ninety-seventh general assembly, second regular session, section 192.2475 as enacted by house revision bill no. 1299, ninety-seventh general assembly, second regular session, sections 198.070, 221.111, 557.021, 565.188, 568.040, 569.090, 569.140, 570.030, and 577.060 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, sections 198.070 and 565.188 as enacted by senate bills nos. 556 & 311, ninety-second general assembly, first regular session, section 570.010 as enacted by house bill no. 1888, ninety-first general assembly, second regular session, section 570.030 as enacted by senate bill no. 9, ninety-seventh general assembly, first regular session, and section 577.001 as enacted by senate bill no. 254, ninety-eighth general assembly, first regular session, and to enact in lieu thereof thirty-five new sections relating to judicial proceedings, with penalty provisions.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Senator Pearce assumed the Chair.

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 **SS** for **HB 1733** and **SCS** for **SB 613**, begs leave to report that it has considered the same and recommends that the bills do pass.

THIRD READING OF SENATE BILLS

SB 884, introduced by Senator Munzlinger, entitled:

An Act to repeal section 414.082, RSMo, and to enact in lieu thereof one new section relating to the per barrel fee for the inspection of certain motor fuels.

Was taken up.

On motion of Senator Munzlinger, **SB 884** was read the 3rd time and passed by the following vote:

YEAS—Senators

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

NAYS—Senators

Kraus	Schaaf	Sifton—3

Absent—Senators—None

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.

SCS for **SB 613**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 613

An Act to repeal sections 287.957 and 287.975, RSMo, and to enact in lieu thereof three new sections relating to worker's compensation.

Was taken up by Senator Cunningham.

On motion of Senator Cunningham, **SCS** for **SB 613** 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 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.

HOUSE BILLS ON THIRD READING

Senator Kraus moved that **SS** for **HB 1733** be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **HB 1733** 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 Kraus, title to the bill was agreed to.

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

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

PRIVILEGED MOTIONS

Senator Sater moved that the Senate refuse to concur in **HCS** for **SS** for **SB 608**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Munzlinger moved that the Senate refuse to concur in **SS** for **SB 732**, with **HCS**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Schatz moved that the Senate refuse to concur in **HA 1**, as amended and **HA 2** to **SB 700**, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

President Pro Tem Richard assumed the Chair.

REPORTS OF STANDING COMMITTEES

Senator Schmitt, Chairman of the Committee on Jobs, Economic Development and Local Government, submitted the following report:

Mr. President: Your Committee on Jobs, Economic Development and Local Government, to which was referred **HCS** for **HB 1684**, begs leave to report that it has considered the same and recommends that the bill do pass.

Senator Keaveny, Chairman of the Committee on Progress and Development, submitted the following reports:

Mr. President: Your Committee on Progress and Development, to which was referred **HCS** for **HB 1941**, begs leave to report that it has considered the same and recommends that the Senate Committee

Substitute, hereto attached, do pass.

Also,

Mr. President: Your Committee on Progress and Development, to which was referred **HCS** for **HB 1776**, begs leave to report that it has considered the same and recommends that the bill do pass.

Also,

Mr. President: Your Committee on Progress and Development, to which was referred **HJR 58**, begs leave to report that it has considered the same and recommends that the joint resolution do pass.

Senator Munzlinger, Chairman of the Committee on Agriculture, Food Production and Outdoor Resources, submitted the following reports:

Mr. President: Your Committee on Agriculture, Food Production and Outdoor Resources, to which was referred **HCS** for **HB 2038**, begs leave to report that it has considered the same and recommends that the bill do pass.

Also,

Mr. President: Your Committee on Agriculture, Food Production and Outdoor Resources, to which was referred **HB 1588**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Senator Dixon, Chairman of the Committee on the Judiciary and Civil and Criminal Jurisprudence, submitted the following reports:

Mr. President: Your Committee on the Judiciary and Civil and Criminal Jurisprudence, to which was referred **HCS** for **HB 1759**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Also,

Mr. President: Your Committee on the Judiciary and Civil and Criminal Jurisprudence, to which was referred **HCS** for **HB 1862**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Also,

Mr. President: Your Committee on the Judiciary and Civil and Criminal Jurisprudence, to which was referred **HCS** for **HB 1432**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Senator Kraus, Chairman of the Committee on Ways and Means, submitted the following report:

Mr. President: Your Committee on Ways and Means, to which was referred **HCS** for **HB 1463**, begs leave to report that it has considered the same and recommends that the bill do pass.

Senator Brown, Chairman of the Committee on Veterans' Affairs and Health, submitted the following report:

Mr. President: Your Committee on Veterans' Affairs and Health, to which was referred **HCS** for **HB 2029**, begs leave to report that it has considered the same and recommends that the bill do pass.

Senator Wasson, Chairman of the Committee on Financial and Governmental Organizations and

Elections, submitted the following reports:

Mr. President: Your Committee on Financial and Governmental Organizations and Elections, to which was referred **HB 1478**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Also,

Mr. President: Your Committee on Financial and Governmental Organizations and Elections, to which was referred **HB 2111**, begs leave to report that it has considered the same and recommends that the bill do pass.

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

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **SS** for **SCS** for **SB 663**, begs leave to report that it has examined the same and finds that the bill has been truly perfected and that the printed copies furnished the Senators are correct.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Richard appointed the following conference committee to act with a like committee from the House on **HCS** for **HB 607**, as amended: Senators Sater, Romine, Hegeman, Schupp and Sifton.

President Pro Tem Richard appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 639**, as amended: Senators Riddle, Wieland, Onder, Keaveny and Schupp.

President Pro Tem Richard appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 677**, as amended: Senators Sater, Wasson, Riddle, Chappelle-Nadal and Schupp.

HOUSE BILLS ON SECOND READING

The following Bills were read the 2nd time and referred to the Committees indicated:

HB 1534—Ways and Means.

HCS for **HB 2496**—Ways and Means.

HCS for **HB 1448**—Ways and Means.

HB 2028—Transportation, Infrastructure and Public Safety.

HB 1852—Veterans' Affairs and Health.

HB 2065—Ways and Means.

HB 2093—Transportation, Infrastructure and Public Safety.

HCS for **HB 1928**—Education.

HB 2237—Education.

HCS for **HB 2345**—Transportation, Infrastructure and Public Safety.

HB 1585—Judiciary and Civil and Criminal Jurisprudence.

HCS for **HB 1955**—Small Business, Insurance and Industry.

HB 1969—Agriculture, Food Production and Outdoor Resources.

HCS for **HB 2057**—Transportation, Infrastructure and Public Safety.

HCS for **HB 1561**—Jobs, Economic Development and Local Government.

HCS for **HB 1679**—Veterans' Affairs and Health.

HB 1468—Transportation, Infrastructure and Public Safety.

HB 1754—General Laws and Pensions.

HB 1867—Small Business, Insurance and Industry.

SIGNING OF BILLS

The President Pro Tem announced that all other business would be suspended and **CCS No. 2** for **SS** for **SCS** for **HB 2203**, having passed both branches of the General Assembly, would be read at length by the Secretary, and if no objections be made, the bill would be signed by the President Pro Tem to the end that it may become law. No objections being made, the bill was so read by the Secretary and signed by the President Pro Tem.

OBJECTIONS

Senator Emery submitted the following:

April 25, 2016

Adriane Crouse
Secretary of the Senate
State Capitol, Room 325
Jefferson City, MO 65101

Dear Madam Secretary:

Pursuant to Article III, section 30 I hereby submit a constitutional objection to HB 1979. Based on the following:

This act establishes a six month cooling-off period before certain elected or appointed public officials may act, serve, or register as a lobbyist. This proposed legislation violates the fundamental law of the land by restricting the liberty of Missourians to seek employment in the profession of their choice, in violation of the due process clause of the Fourteenth Amendment of the United States Constitution and Article I, Section 10 of the Missouri Constitution. When states place unnecessary burdens on fundamental rights, such as the proposed legislation, it must further demonstrate a compelling government interest. There is no government interest compelling enough to justify the infringement on the inviolable right of an individual to seek employment in the profession of their choice. Such a right is implicit in the liberty and due process guaranteed by the United States Constitution and cannot, nor should it, be infringed upon.

Furthermore, such restrictions as the ones in this proposed legislation construct a significant barrier to the exercise of core First Amendment rights which are fundamental to the American system of government: political speech and the right of free association. When the state restricts the activities of Missourians in such a way that their right to speak and associate with entities in the pursuit of varying political and social ends, it treads into substantially unwise and unconstitutional territory.

Because the proposed legislation creating a cooling-off period is unconstitutional and a violation of the fundamental and inviolable rights guaranteed to Missourians under the First and Fourteenth Amendments of the United States Constitution and Article I, Section 10 of the Missouri Constitution, I ask the Governor to act for the good of the people of Missouri and veto CCS/SS/SCS/HB 1979.

Sincerely,

Ed Emery

Ed Emery

SIGNING OF BILLS

The President Pro Tem announced that all other business would be suspended and **CCS** for **SS** for **SCS** for **HCS** for **HB 1979**, having passed both branches of the General Assembly, would be read at length by

the Secretary, and the objection notwithstanding, the bill would be signed by the President Pro Tem to the end that it may become law. The bill was so read by the Secretary and signed by the President Pro Tem.

REFERRALS

President Pro Tem Richard referred **SS** for **SCS** for **SB 663** to the Committee on Governmental Accountability and Fiscal Oversight.

INTRODUCTIONS OF GUESTS

Senator Riddle introduced to the Senate, Clifford and Evelyn Case, Holts Summit.

Senator Kraus introduced to the Senate, Jeffrey, Darl and Tucker Williams, Raymore.

Senator Riddle introduced to the Senate, representatives of Leadership Mexico.

Senator Riddle introduced to the Senate, Emily Humphrey, Tipton.

Senator Wallingford introduced to the Senate, teacher Dana Driskell and fourteen fourth grade students from Cape Christian School, Cape Girardeau.

Senator Emery introduced to the Senate, teacher Mrs. Testerman and seventy-five fourth grade students from Timbercreek Elementary School, Raymore.

Senator Kehoe introduced to the Senate, President Dr. Donald Claycomb, State Technical College of Missouri, Linn.

Senator Riddle introduced to the Senate, the Physician of the Day, Dr. Joseph A. Corrado, Mexico.

Senator Sifton introduced to the Senate, Colin Darnell, Truman State University, Rolla.

Senator Keaveny introduced to the Senate, Roger Ruff, Webster Groves; and Dr. and Mrs. Malchow, Greenfield, Wisconsin.

On motion of Senator Kehoe, the Senate adjourned until 4:00 p.m., Monday, May 2, 2016.

SENATE CALENDAR

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SIXTY-FIRST DAY–MONDAY, MAY 2, 2016

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FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HCS for HB 1465

HCS for HB 1765

HCS for HB 2327

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)
SS for SCS for SB 663-Dixon (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

1. HB 1855-Allen (Schaaf) (In Fiscal Oversight)
2. HCS for HBs 1366 & 1878, with SCS (Schaefer) (In Fiscal Oversight)
3. HB 1565-Engler (Romine) (In Fiscal Oversight)
4. HCS for HB 1696, with SCS (Riddle) (In Fiscal Oversight)
5. HB 1892-Rehder (Schatz) (In Fiscal Oversight)
6. HB 1643-Hicks (Brown)
7. HB 2104-Alferman, with SCS (Schmitt)
8. HCS for HB 1675, with SCS (Munzlinger)
9. HCS for HB 2381 (Munzlinger)
10. HB 1577-Higdon, with SCS (Riddle)
11. HCS for HB 1433, with SCS (Sater)
12. HCS for HB 1930 (Riddle)
13. HCS for HB 2202, with SCS (Dixon)
14. HCS for HB 2376, with SCS (Wasson)
15. HCS for HB 1713, with SCS (Emery) (In Fiscal Oversight)
16. HCS for HB 1898 (Emery)
17. HCS for HB 2380, with SCS (Schatz) (In Fiscal Oversight)
18. HCS for HB 1684 (Riddle)
19. HCS for HB 1941, with SCS (Schaefer)
20. HCS for HB 1776 (Romine)
21. HJR 58-Brown (57) (Romine)
22. HCS for HB 2038 (Munzlinger)
23. HB 1588-Franklin, with SCS
24. HCS for HB 1759, with SCS (Dixon)
25. HCS for HB 1862, with SCS (Schaefer)
26. HCS for HB 1432, with SCS (Wieland)
27. HCS for HB 1463 (Kraus)
28. HCS for HB 2029 (Sater)
29. HB 1478-Entlicher, with SCS (Pearce)
30. HB 2111-Eggleston (Sater)

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 622-Romine, with SCS
SB 644-Onder, with SCS
SBs 662 & 587-Dixon, with SCS
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 898-Cunningham
SB 908-Sater, with SCS
SB 916-Schaefer
SB 920-Schmitt and Kraus
SB 951-Wasson, with SA 1 (pending)
SB 964-Wallingford, with SCS (pending)
SB 966-Schaaf
SB 972-Silvey
SB 980-Keaveny, with SCS, SS for SCS, SA 1 & SA 3 to SA 1 (pending)
SB 995-Riddle
SB 1003-Onder
SB 1004-Onder
SB 1005-Walsh
SBs 1010, 958 & 878-Curls, with SCS
SB 1012-Dixon
SB 1014-Dixon
SB 1026-Schatz, with SCS
SB 1028-Silvey, et al, with SCS
SB 1033-Pearce
SB 1066-Curls
SB 1074-Schmitt, with SCS
SB 1075-Wallingford
SB 1085-Pearce
SB 1091-Riddle
SB 1094-Kehoe, with SCS
SB 1096-Dixon and Keaveny, with SS (pending)
SB 1117-Wasson, with SCS
SB 1120-Hegeman, et al
SB 1131-Sifton
SB 1144-Brown
SJR 23-Sater, with SS (pending)
SJR 35-Kraus, with SCS

HOUSE BILLS ON THIRD READING

HCS for HBs 1434 & 1600, with SCS (Walsh)
HB 1435-Koenig (Kraus)
HB 1452-Hoskins, with SCS (Pearce)
HB 1472-Dugger (Dixon)
HB 1479-Entlicher (Romine)
HB 1530-Brown (57) (Munzlinger)
HB 1575-Rowden, with SCA 1 (Onder)
HB 1582-Kelley, with SCS (Kraus)
HCS for HB 1599, with SCS (Sater)
HB 1619-McCaherty (Dixon)
HB 1631-Alferman, with SCS, SS for SCS & SA 2 (pending) (Kraus)
HCS for HB 1649, with SCS (Parson)
HCS for HB 1658 (Onder)
HB 1678-Solon, with SCS (Pearce)
HCS for HB 1717 (Wallingford)
HCS for HB 1729 (Munzlinger)
HB 1745-Brattin, with SCS (Schatz)
HCS for HBs 1780 & 1420 (Pearce)
HB 1795-Haefner, with SCS (Sater)
HCS for HB 1804, with SCS (Emery)
HCS for HB 1850 (Wasson)
HCS for HB 1904, with SCS (Wallingford)
HB 2166-Alferman, with SCS, SS#2 for SCS, SA 1 & SSA 1 for SA 1 (pending) (Onder)
HCS for HB 2187, with SCS (pending) (Cunningham)
HB 2226-Barnes (Silvey)
HB 2230-Ross (Schatz)
HCS for HBs 2234 & 1985 (Pearce)
HB 2257-Jones, with SCS (Wieland)
HCS for HB 2332, with SCS (Dixon)
HCS for HB 2397 (Romine)
HB 2429-Dohrman, with SCS (Parson)
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

SCS for SB 578-Keaveny, with HCS, as amended
SB 635-Hegeman, with HCS, as amended
SS for SCS for SB 657-Munzlinger, with HCS, as amended
SCS for SB 814-Wallingford, et al, with HCS

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SB 607-Sater, with HCS, as amended
SS for SB 621-Romine, with HCS, as amended
SB 639-Riddle, with HCS, as amended
SB 677-Sater, with HCS, as amended

Requests to Recede or Grant Conference

SS for SB 608-Sater, with HCS, as amended (Senate requests House recede or grant conference)
SB 700-Schatz, with HA 1, as amended & HA 2 (Senate requests House recede or grant conference)
SS for SB 732-Munzlinger, with HCS, as amended (Senate requests House recede or grant conference)
HB 1870-Hoskins, with SAs 1, 3, 4 & 5 (Pearce) (House requests Senate recede or grant conference)

RESOLUTIONS

Reported from Committee

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 68-Schupp
HCR 63-Taylor (Wieland)
HCR 69-Miller (Brown)

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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