

Journal of the Senate

FIRST REGULAR SESSION

SIXTY-FOURTH DAY—WEDNESDAY, MAY 3, 2017

The Senate met pursuant to adjournment.

President Parson in the Chair.

Reverend Carl Gauck offered the following prayer:

“Do not fear the reproach of others, and do not be dismayed when they revile you.” (Isaiah 51:7)

Dear Lord: We often encounter so many who think they know better than we do and when we don't agree with them they can be difficult and nasty to deal with, but we pray, that drawing from Your strength and wisdom, we will do and say the things that must be done and said. So encourage us in our serving and help us be faithful and unafraid as we go about what we have been called by You to do. 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	Eigel	Emery
Hegeman	Holsman	Hoskins	Hummel	Kehoe	Koenig	Kraus
Libla	Munzlinger	Nasheed	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schaaf	Schatz	Schupp	Sifton
Silvey	Wallingford	Walsh	Wasson	Wieland—33		

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The Lieutenant Governor was present.

RESOLUTIONS

Senator Romine offered Senate Resolution No. 898, regarding Mark D. Foster, Festus, which was adopted.

Senator Romine offered Senate Resolution No. 899, regarding Gail Heckenberg, Pevely, which was adopted.

Senator Romine offered Senate Resolution No. 900, regarding Tina Howe, Bloomsdale, which was adopted.

Senator Walsh offered Senate Resolution No. 901, regarding Colonel James J. Groark, O'Fallon, which was adopted.

Senator Nasheed offered Senate Resolution No. 902, regarding Janice Watlington, which was adopted.

Senator Sifton offered Senate Resolution No. 903, regarding Kenneth F. "Ken" Hanneken, Saint Louis, which was adopted.

Senator Munzlinger offered Senate Resolution No. 904, regarding Kayla Ann Noyes, Macon, which was adopted.

Senator Walsh offered Senate Resolution No. 905, regarding Jacob S. Brooke, St. Joseph, which was adopted.

Senator Walsh offered Senate Resolution No. 906, regarding Samantha L. Groark, O'Fallon, which was adopted.

Senator Kehoe offered Senate Resolution No. 907, regarding Dana J. Bolin, M.Ed, LPC, NCC, Cole County, which was adopted.

Senator Kehoe offered Senate Resolution No. 908, regarding Jennifer Czarlinsky Milne, Jefferson City, which was adopted.

Senator Kehoe offered Senate Resolution No. 909, regarding the Missouri Academy of Family Physicians, which was adopted.

Senator Kehoe offered Senate Resolution No. 910, regarding Eagle Scout Samuel James Gooch, Jefferson City, which was adopted.

Senator Kehoe offered Senate Resolution No. 911, regarding William A. "Bill" Gamble, Jefferson City, which was adopted.

Senator Kehoe offered Senate Resolution No. 912, regarding Corrections Officer I James Durham, Versailles, which was adopted.

Senator Kehoe offered Senate Resolution No. 913, regarding Visitation of the Blessed Virgin Mary Catholic Church, Vienna, which was adopted.

Senator Schupp offered Senate Resolution No. 914, regarding Robert Jerome "Bob" Bodine, St. Louis, which was adopted.

Senator Schupp offered Senate Resolution No. 915, regarding Richard Craig "Dick" Klohr, Manchester, which was adopted.

Senator Wallingford offered Senate Resolution No. 916, regarding Ethan G. Scherer, Sikeston, which was adopted.

Senator Silvey offered the following resolution:

SENATE RESOLUTION NO. 917

Notice of Proposed Rule Change

Notice is hereby given by the Senator from the Seventeenth District of the one day notice required by rule of intent to put a motion to adopt the following rule change:

BE IT RESOLVED by the Senate of the Ninety-ninth General Assembly, First Regular Session, that Senate Rule 10 be amended to read as follows:

“Rule 10. The [president pro tem] lieutenant governor shall be parliamentarian of the senate and may decide all points of order, and in his absence such points of order may be decided by the chairman of the Committee on the Judiciary and Civil and Criminal Jurisprudence, except in either case, the point of order may be referred by the then acting parliamentarian, to the Committee on Parliamentary Procedure for consideration and determination. All rulings on points of order shall be subject to an appeal to the senate and all questions and points of order shall be noted by the secretary with the decision thereon. (See also Rule 27.)”

Senator Riddle offered Senate Resolution No. 918, regarding Corrections Supervisor I Rickie Painter, Laddonia, which was adopted.

Senator Riddle offered Senate Resolution No. 919, regarding Register Nurse Pamela Brundage, Jonesburg, which was adopted.

Senator Riddle offered Senate Resolution No. 920, regarding Corrections Officer I Donald Lindsey, Troy, which was adopted.

Senator Riddle offered Senate Resolution No. 921, regarding Corrections Officer II Loren Bateman, Troy, which was adopted.

CONCURRENT RESOLUTIONS

Senator Wallingford moved that HCR 35 be taken up for adoption, which motion prevailed.

On motion of Senator Wallingford, HCR 35 was adopted by the following vote:

YEAS—Senators

Chappelle-Nadal	Cunningham	Curls	Dixon	Eigel	Emery	Hegeman
Holsman	Hoskins	Hummel	Kehoe	Koenig	Kraus	Libla
Munzlinger	Nasheed	Onder	Riddle	Rizzo	Romine	Rowden
Sater	Schaaf	Schatz	Schupp	Sifton	Silvey	Wallingford
Walsh	Wasson	Wieland—31				

NAYS—Senators—None

Absent—Senators

Brown	Richard—2
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Absent with leave—Senators—None

Vacancies—1

Senator Kehoe requested unanimous consent of the Senate to go to the Order of Business of Messages

from the House.

Senator Silvey raised the point of order that pursuant to Senate Rule 3, orders of business must be taken up in order.

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

At the request of Senator Kehoe, the motion to go to the order of business of Messages from the House was withdrawn, rendering the point of order moot.

Senator Kehoe requested unanimous consent of the Senate to go the Order of Business of Senate Bills for Perfection.

Senator Silvey rose to object.

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

RECESS

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

MESSAGES FROM THE HOUSE

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

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SCS** for **HCS** for **HB 17**, as amended. Representatives: Fitzpatrick, Alferman, Bahr, Kendrick, 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 **SCS** for **HCS** for **HB 19**. Representatives: Fitzpatrick, Alferman, Bahr, Butler, McGee.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 486**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 380**, entitled:

An Act to repeal sections 479.020, 479.353, and 488.2250, RSMo, and to enact in lieu thereof six new sections relating to judicial proceedings.

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 **SB 50**.

With House Amendment No. 1, House Amendment No. 2, House Amendment No. 3, House Amendment No. 4, House Amendment No. 1 to House Amendment No. 5, House Amendment No. 5, as amended, House Amendment No. 1 to House Amendment No. 6, House Amendment No. 6, as amended, House Amendment No. 1 to House Amendment No. 7, House Amendment No. 7, as amended, House Amendment No. 8, House Amendment No. 9, House Amendment No. 1 to House Amendment No. 10, House Amendment No. 10, as amended, House Amendment No. 11, House Amendment No. 1 to House Amendment No. 12, House Amendment No. 12, as amended, House Amendment No. 13, House Amendment No. 14 and House Amendment No. 15.

HOUSE AMENDMENT NO. 1

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

“191.1100. 1. Sections 191.1100 to [191.1112] **191.1116** shall be known and may be cited as the “Volunteer Health Services Act”.

2. As used in [sections 191.1100 to 191.1112] **the volunteer health services act**, the following terms shall mean:

(1) “Gross deviation”, a conscious disregard of the safety of others;

(2) “Health care provider”, any physician, surgeon, dentist, nurse, optometrist, mental health professional licensed under chapter 337, veterinarian, or other practitioner of a health care discipline, the professional practice of which requires licensure or certification under state law or under comparable laws of another state, territory, district, or possession of the United States;

(3) “Licensed health care provider”, any health care provider holding a current license or certificate issued under:

(a) Missouri state law;

(b) Comparable laws of another state, territory, district, or possession of the United States;

(4) “Regularly practice”, to practice more than sixty days within any ninety-day period;

(5) “Sponsoring organization”, any organization that organizes or arranges for the voluntary provision of health care services and registers with the department of health and senior services as a sponsoring organization in accordance with section 191.1106;

(6) “Voluntary provision of health care services”, the providing of professional health care services by a health care provider without charge to a recipient of the services or a third party. The provision of such health care services under sections 191.1100 to 191.1112 shall be the provider’s professional practice area in which the provider is licensed or certified.

191.1110. 1. (1) No licensed health care provider **working on behalf of a sponsoring organization or registered with the appropriate licensing body pursuant to section 191.1114** who engages in the voluntary provision of health care services within the limits of the person’s license, certificate, or authorization to [any] a patient [of a sponsoring organization] shall be liable for any civil damages for any act or omission resulting from the rendering of such services, unless the act or omission was the result of such person’s gross deviation from the ordinary standard of care or willful misconduct.

(2) The volunteer licensee who is providing free care shall not receive compensation of any type,

directly or indirectly, or any benefits of any type whatsoever, or any consideration of any nature, from any person for the free care. Nor shall such service be a part of the provider's training or assignment.

(3) The volunteer licensee shall be acting within the scope of such license, certification, or authority.

(4) A health care licensee providing free health care shall not engage in activities at a clinic, or at the health care licensee's office, if the activities are performed on behalf of the sponsoring organization, unless such activities are authorized by the appropriate authorities to be performed at the clinic or office and the clinic or office is in compliance with all applicable regulations.

2. For purposes of this section, any commissioned or contract medical officer or dentist serving on active duty in the United States Armed Forces and assigned to duty as a practicing, commissioned, or contract medical officer or dentist at any military hospital or medical facility owned and operated by the United States government shall be deemed to be licensed.

191.1114. 1. To qualify for liability protection under subdivision (1) of subsection 1 of section 191.1110, a health care provider who provides volunteer health care services without working on behalf of a sponsoring organization shall register with the appropriate licensing body before providing such services by submitting a registration fee of fifty dollars and filing a registration form. The registration and fee shall be submitted annually to the appropriate licensing body with the fee to be used for the administration of sections 191.1100 to 191.1116. Such registration form shall contain:

(1) The name of the health care provider;

(2) The address, including street, city, zip code, and county, of the health care provider's principal office address;

(3) Telephone numbers for the principal office listed under subdivision (2) of this subsection; and

(4) Such additional information as the appropriate licensing body shall require.

Upon any change in the information required under this subsection, the health care provider shall notify the appropriate licensing body in writing of such change within thirty days of its occurrence.

2. The health care provider shall maintain on file for five years following the date of service the date, place, and type of services provided and shall furnish such records upon request to any regulatory board of any healing arts profession established under state law.

3. Adverse incidents and information on treatment outcomes shall be reported by any provider to the appropriate licensing body if the incidents and information pertain to a patient treated under the volunteer health services act. The appropriate licensing body shall review the incident to determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities or licensing bodies under this subsection are confidential.

4. The appropriate licensing body may revoke the registration of any health care provider that fails to comply with the requirements of this section.

5. Nothing in the volunteer health services act shall prohibit a health care provider from providing health care services without charge or shall require a health care provider to register with an

appropriate licensing body. However, a health care provider who does not register or who does not work on behalf of a sponsoring organization shall not be entitled to liability protection under subdivision (1) subsection 1 of section 191.1110 or to continuing education credits under section 191.1116.

191.1116. For every hour of volunteer service performed by a health care provider, the appropriate licensing body shall credit such health care professional one hour of continuing education credit, up to a maximum of eight credit hours per licensure period. The health care provider shall submit to the appropriate licensing body a voluntary services report that lists the dates of voluntary service provided, the type of service provided, and the amount of time spent with each patient.”; and

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

HOUSE AMENDMENT NO. 2

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting after all of said section and line the following:

“404.1100. 1. Sections 404.1100 to 404.1110 shall be known and may be cited as the “Designated Health Care Decision-Maker Act”.

2. The provisions of sections 404.1100 to 404.1110 shall not be applicable to situations in which a patient has capacity to make health care decisions, a guardian with medical decision-making authority is appointed under chapter 475, an attorney-in-fact is appointed in a durable power of attorney for health care in accordance with sections 404.800 to 404.865, or if the patient is under jurisdiction of the juvenile court.

404.1101. As used in sections 404.1100 to 404.1110, the following terms mean:

(1) **“Adult”**, a person eighteen years of age or older;

(2) **“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;

(3) **“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;**

(4) **“Designated health care decision-maker”**, the person designated to make health care decisions for a patient under section 404.1104;

(5) **“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;

(6) **“Health care”**, services to diagnose or treat a human disease, ailment, defect, abnormality, or

complaint, whether of physical or mental origin, and includes making arrangements for placement in or transfer to or from a health care facility or health care provider that provides such forms of care;

(7) “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;

(8) “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;

(9) “Incapacitated”, as such term is defined and determined by sections 404.800 to 404.865;

(10) “Patient”, any adult who:

(a) Is authorized to make health care decisions for himself or herself under Missouri law but is incapacitated; and

(b) Does not have anyone with legal authority to make health care decisions for such person including, but not limited to, a guardian with medical decision-making authority appointed under chapter 475, or an attorney-in-fact appointed in a durable power of attorney for health care in accordance with sections 404.800 to 404.865, or persons under the jurisdiction of the juvenile court;

(11) “Patient with capacity”, a patient who is determined to no longer be incapacitated under section 404.1106;

(12) “Physician”, a treating, attending, or consulting physician licensed to practice medicine under Missouri law;

(13) “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.

404.1103. 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 under section 404.1104 of whom the physician or physician’s designee is aware of the need to appoint a designated health care decision-maker for the patient.

404.1104. 1. Decisions concerning the patient’s health care may be made by the following persons with capacity in the following order of priority, with the exception of persons excluded under subsection 5 of this section:

(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; or

(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) Grandparent or adult grandchild of the patient;

(6) Any other adult relative or nonrelative who can demonstrate that he or she has a close personal relationship with the patient and is familiar with the patient's personal values;

(7) 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; or

(8) Any other person designated by the unanimous mutual agreement of the persons listed above who is involved in the patient's care.

2. Reasonable efforts include, without limitation, identifying potential designated health care decision-makers as set forth under this section by examining the patient's personal effects and medical records. If a person with potential health care decision-making authority is identified, attempts to contact that person shall be made within a reasonable time consistent with the patient's medical needs after a determination of incapacity. Contact attempts, including name of the person and known telephone numbers and other contact information, shall be documented in the patient's medical record. The health care facility or health care provider shall look to the health care decision-maker highest in priority who is available and willing to act at the time a health care decision shall be made for the patient.

3. Any person or entity interested in the welfare of the patient, including a health care provider or health care facility, who disagrees on whether certain health care should be provided to or withheld or withdrawn from a patient may petition the probate court for an order for the appointment of a temporary or permanent guardian in accordance with chapter 475 to act in the best interests of the patient.

4. A person who is a member of the classes listed under 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 health care provider, or health care facility to petition the probate court for an order for the appointment of a temporary or permanent guardian under chapter 475 to act in the best interests of the patient.

5. Notwithstanding the provisions of subsection 1 of this section, priority under this section shall not be given to persons in any of the following circumstances:

(1) If a health care provider knows the person has been reported under any mandatory reporting statute for abuse or neglect of the patient including, but not limited to, section 192.2475, 198.070, 208.912, 210.115, 565.188, 630.162, or 630.165 or any other mandatory reporting statute and a finding of abuse or neglect has been substantiated. If the health care provider is aware of a report where a finding has not yet been made, such person shall not be given priority until the investigating agency either makes a finding that the allegations are unsubstantiated or, after investigation, closes the case without making a finding; 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 health care provider determines, after making a reasonable 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 unable to be found, not reasonably available, or is unwilling to make health care decisions as needed for the patient;

(3) If a probate court in a proceeding under chapter 475 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 chapter 475 to dispute its accuracy, weight, or interpretation; or

(4) If the person is the subject of a protective order or other court order that directs that person to avoid contact with the patient or if such person has been found guilty of abuse under section 565.180, 565.182, or 565.184.

6. (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 shall make health care decisions in the patient's best interests, taking into consideration evidence of the patient's known health care preferences and religious and moral beliefs.

7. This section does not authorize the provision or withholding of health care services that the patient has unambiguously at a time when the patient had capacity, without subsequent contradiction or change of instruction of what he or she would or would not want, expressed either in a valid living will created under sections 459.010 to 459.055 or to the patient's physician or other health care provider. 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 chapter 475 to dispute its accuracy, weight, or interpretation.

8. 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.

9. Nothing under 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 under 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.

10. Pending the final outcome of proceedings initiated under chapter 475, 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 if 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 under 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 if 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 is not necessary for comfort care or the relief of pain and would serve only to prolong artificially the dying process and when death will occur within a short period of time regardless of whether 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.

404.1106. If any of the individuals specified under 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 with capacity, 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. 1. No health care provider or health care facility that in good faith makes reasonable efforts 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 the effort to identify, locate, and communicate with such potential designated health care decision-makers.

2. No health care provider or health care facility or employee thereof that makes good faith efforts to comply with the provisions in sections 404.1101 to 404.1110 and acts upon decisions, which are not otherwise unlawful, made by a health care decision-maker shall, as a result thereof, be subject to criminal or civil liability or regulatory sanction.

3. No health care decision-maker acting in accordance with sections 404.1101 to 404.1110 who in good faith makes decisions that are not otherwise unlawful shall not, as a result thereof, be subject to criminal or civil liability.

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 the 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 under section 459.025.

404.1110. Nothing under 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. 3

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting after all of said section and line the following:

“197.005. 1. As used in this section, the term “Medicare conditions of participation” shall mean federal regulatory standards established under Title XVIII of the Social Security Act and defined in 42 CFR Part 482, as amended, for hospitals and 42 CFR Part 485, as amended, for hospitals designated as critical access hospitals under 42 U.S.C. Section 1395i-4.

2. To minimize the administrative cost of enforcing and complying with duplicative regulatory standards, on and after July 1, 2018, compliance with Medicare conditions of participation shall be deemed to constitute compliance with the standards for hospital licensure under sections 197.010 to 197.120 and regulations promulgated thereunder.

3. Nothing in this section shall preclude the department from promulgating regulations effective on or after July 1, 2018, to define separate regulatory standards that do not duplicate or contradict the Medicare conditions of participation, with specific state statutory authorization to create separate regulatory standards.

4. Regulations promulgated by the department to establish and enforce hospital licensure regulations under this chapter that duplicate or conflict with the Medicare conditions of participation shall lapse and expire on and after July 1, 2018.

197.040. After ninety days from the date this law becomes effective, no person or governmental unit, acting severally or jointly with any other person or governmental unit, shall establish, conduct or maintain a hospital in this state without a license under this law **and section 197.005** issued by the department of health and senior services.

197.050. Application for a license shall be made to the department of health and senior services upon forms provided by it and shall contain such information as the department of health and senior services requires, which may include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as are lawfully prescribed hereunder **in compliance with section 197.005**. Until June 30, 1989, each application for a license, except applications from governmental units, shall be accompanied by an annual license fee of two hundred dollars plus two dollars per bed for the first one hundred beds and one dollar per bed for each additional bed. Beginning July 1, 1989, each application for a license, except applications from governmental units, shall be accompanied by an annual license fee of two hundred fifty dollars plus three dollars per bed for the first four hundred beds and two dollars per bed for each additional bed. All license fees shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund.

197.070. The department of health and senior services may deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this law **and section 197.005**.

197.071. Any person aggrieved by an official action of the department of health and senior services affecting the licensed status of a person under the provisions of sections [197.010] **197.005** to 197.120, including the refusal to grant, the grant, the revocation, the suspension, or the failure to renew a license, may seek a determination thereon by the administrative hearing commission pursuant to the provisions of section 621.045, and 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 of health and senior services.

197.080. 1. The department of health and senior services, with the advice of the state advisory council and pursuant to the provisions of this section, **section 197.005**, and chapter 536, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to all hospitals or different types of hospitals to be licensed hereunder as may be designed to further the accomplishment of the purposes of this law in promoting safe and adequate treatment of individuals in hospitals in the interest of public health, safety and welfare. No rule or portion of a rule promulgated under the authority of sections 197.010 to

197.280 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

2. The department shall review and revise regulations governing hospital licensure and enforcement to promote hospital and regulatory efficiencies [and]. **The department shall eliminate all** duplicative regulations and inspections by or on behalf of state agencies and the Centers for Medicare and Medicaid Services (CMS). The hospital licensure regulations adopted under this [section] **chapter** shall incorporate standards which shall include, but not be limited to, the following:

(1) Each citation or finding of a regulatory deficiency shall refer to the specific written regulation, any state associated written interpretive guidance developed by the department and any publicly available, professionally recognized standards of care that are the basis of the citation or finding;

(2) Subject to appropriations, the department shall ensure that its hospital licensure regulatory standards are consistent with and do not contradict the CMS Conditions of Participation (COP) and associated interpretive guidance. However, this shall not preclude the department from enforcing standards produced by the department which exceed the federal CMS' COP and associated interpretive guidance, so long as such standards produced by the department promote a higher degree of patient safety and do not contradict the federal CMS' COP and associated interpretive guidance;

(3) The department shall establish and publish guidelines for complaint investigation, including but not limited to:

(a) The department's process for reviewing and determining which complaints warrant an on-site investigation based on a preliminary review of available information from the complainant, other appropriate sources, and when not prohibited by CMS, the hospital. For purposes of providing hospitals with information necessary to improve processes and patient care, the number and nature of complaints filed and the recommended actions by the department and, as appropriate CMS, shall be disclosed upon request to hospitals so long as the otherwise confidential identity of the complainant or the patient for whom the complaint was filed is not disclosed;

(b) A departmental investigation of a complaint shall be focused on the specific regulatory standard and departmental written interpretive guidance and publicly available professionally recognized standard of care related to the complaint. During the course of any complaint investigation, the department shall cite any serious and immediate threat discovered that may potentially jeopardize the health and safety of patients;

(c) A hospital shall be provided with a report of all complaints made against the hospital. Such report shall include the nature of the complaint, the date of the complaint, the department conclusions regarding the complaint, the number of investigators and days of investigation resulting from each complaint;

(4) Hospitals and hospital personnel shall have the opportunity to participate in annual continuing training sessions when such training is provided to state licensure surveyors with prior approval from the department director and CMS when appropriate. Hospitals and hospital personnel shall assume all costs associated with facilitating the training sessions and use of curriculum materials, including but not limited to the location for training, food, and printing costs;

(5) Time lines for the department to provide responses to hospitals regarding the status and outcome of pending investigations and regulatory actions and questions about interpretations of regulations shall be identical to, to the extent practicable, the time lines established for the federal hospital certification and enforcement system in the CMS State Operations Manual, as amended. These time lines shall be the guide

for the department to follow. Every reasonable attempt shall be made to meet the time lines. However, failure to meet the established time lines shall in no way prevent the department from performing any necessary inspections to ensure the health and safety of patients.

3. 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.

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary notwithstanding, the department of health and senior services shall have sole authority, and responsibility for inspection and licensure of hospitals in this state including, but not limited to, all parts, services, functions, support functions and activities which contribute directly or indirectly to patient care of any kind whatsoever. The department of health and senior services shall annually inspect each licensed hospital and shall make any other inspections and investigations as it deems necessary for good cause shown. The department of health and senior services shall accept reports of hospital inspections from **or on behalf of** governmental agencies, the joint commission, and the American Osteopathic Association Healthcare Facilities Accreditation Program, provided the accreditation inspection was conducted within one year of the date of license renewal. Prior to granting acceptance of any other accrediting organization reports in lieu of the required licensure survey, the accrediting organization's survey process must be deemed appropriate and found to be comparable to the department's licensure survey. It shall be the accrediting organization's responsibility to provide the department any and all information necessary to determine if the accrediting organization's survey process is comparable and fully meets the intent of the licensure regulations. The department of health and senior services shall attempt to schedule inspections and evaluations required by this section so as not to cause a hospital to be subject to more than one inspection in any twelve-month period from the department of health and senior services or any agency or accreditation organization the reports of which are accepted for licensure purposes pursuant to this section, except for good cause shown.

2. Other provisions of law to the contrary notwithstanding, the department of health and senior services shall be the only state agency to determine life safety and building codes for hospitals defined or licensed pursuant to the provisions of this chapter, including but not limited to sprinkler systems, smoke detection devices and other fire safety-related matters so long as any new standards shall apply only to new construction.

Section B. The enactment of section 197.005 and the repeal and reenactment of sections 197.040, 197.050, 197.070, 197.071, 197.080, and 197.100 of section A of this act shall become effective on July 1, 2018.”; and

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

HOUSE AMENDMENT NO. 4

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting after all of said section and line the following:

“633.060. No individual receiving services from the division of developmental disabilities shall have limitations imposed on rights as established under section 630.110 without due process. Due

process is the legal right to be informed, heard, and assisted through external advocacy. Due process shall include the right to be informed of actions the individual may take and a time line for restoration of rights.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 5

Amend House Amendment No. 5 to Senate Bill No. 50, Page 6, Line 44, by inserting immediately after all of said line the following:

“Further amend said bill, Page 3, Section 194.600, Line 60, by inserting after all of said section and line the following:

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

(1) “Assistant physician”, any medical school graduate who:

(a) Is a resident and citizen of the United States or is a legal resident alien;

(b) Has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination or the equivalent of such steps of any other board-approved medical licensing examination within the two-year period immediately preceding application for licensure as an assistant physician, but in no event more than three years after graduation from a medical college or osteopathic medical college;

(c) Has not completed an approved postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the immediately preceding two-year period unless when such two-year anniversary occurred he or she was serving as a resident physician in an accredited residency in the United States and continued to do so within thirty days prior to application for licensure as an assistant physician; and

(d) Has proficiency in the English language[;].

Any medical school graduate who could have applied for licensure and complied with the provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

(2) “Assistant physician collaborative practice arrangement”, an agreement between a physician and an assistant physician that meets the requirements of this section and section 334.037;

(3) “Medical school graduate”, any person who has graduated from a medical college or osteopathic medical college described in section 334.031.

2. (1) An assistant physician collaborative practice arrangement shall limit the assistant physician to providing only primary care services and only in medically underserved rural or urban areas of this state or in any pilot project areas established in which assistant physicians may practice.

(2) For a physician-assistant physician team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

(a) An assistant physician shall be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS); and

(b) No supervision requirements in addition to the minimum federal law shall be required.

3. (1) For purposes of this section, the licensure of assistant physicians shall take place within processes established by rules of the state board of registration for the healing arts. The board of healing arts is authorized to establish rules under chapter 536 establishing licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensure may be denied or the licensure of an assistant physician may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule.

(2) 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, 2014, shall be invalid and void.

4. An assistant physician shall clearly identify himself or herself as an assistant physician and shall be permitted to use the terms “doctor”, “Dr.”, or “doc”. No assistant physician shall practice or attempt to practice without an assistant physician collaborative practice arrangement, except as otherwise provided in this section and in an emergency situation.

5. The collaborating physician is responsible at all times for the oversight of the activities of and accepts responsibility for primary care services rendered by the assistant physician.

6. The provisions of section 334.037 shall apply to all assistant physician collaborative practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant physician shall enter into an assistant physician collaborative practice arrangement within six months of his or her initial licensure and shall not have more than a six-month time period between collaborative practice arrangements during his or her licensure period. Any renewal of licensure under this section shall include verification of actual practice under a collaborative practice arrangement in accordance with this subsection during the immediately preceding licensure period.

Section B. Because immediate action is necessary to allow qualified individuals to act as assistant physicians and provide medical care, the repeal and reenactment of section 334.036 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 334.036 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. 5

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

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

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

(2) “Hemp extract”, as such term is defined in section 195.207;

(3) “Hemp extract registration card”, a card issued by the department under this section;

(4) [“Intractable epilepsy”, epilepsy that as determined by a neurologist does not respond to three or more treatment options overseen by the neurologist;

(5)] “Neurologist”, a physician who is licensed under chapter 334 and board certified in neurology;

[(6)] (5) “Parent”, a parent or legal guardian of a minor who is responsible for the minor’s medical care;

(6) “Physician”, a person who is a physician licensed by the state board of registration for the healing arts and practicing within this state and, by training or experience, is qualified to diagnose and treat a serious condition;

(7) “Registrant”, an individual to whom the department issues a hemp extract registration card under this section;

(8) “Seizure disorders”, epilepsy or nonepileptic seizures that are triggered by other physical or psychological disorders and conditions;

(9) “Serious condition”:

(a) Cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington’s disease, post-traumatic stress disorder, rheumatoid arthritis; or

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

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

(1) Is eighteen years of age or older;

(2) Is a Missouri resident;

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

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

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

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

(d) States that the individual is under the neurologist’s or physician’s continuing care for the serious condition or seizure disorder;

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

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

- (a) The individual's name and address;
- (b) A copy of the individual's valid photo identification; and
- (c) Any other information the department considers necessary to implement the provisions of this section.

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

- (1) Is eighteen years of age or older;
- (2) Is a Missouri resident;
- (3) Provides the department with a [statement] **recommendation** signed by a neurologist **or physician** that:

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

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

- (c) **The neurologist or physician, by training or experience, is qualified to treat the serious condition or seizure disorder; and**

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

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

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

- (a) The parent's name and address;
- (b) The minor's name;
- (c) A copy of the parent's valid photo identification; and

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

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

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

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

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

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

6. The department shall establish fees that are no greater than the amount necessary to cover the cost

the department incurs to implement the provisions of this section.

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

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

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

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

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

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

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

[10.] **11.** The department may share the records described in subsection 9 of this section with a higher education institution for the purpose of studying hemp extract.

[11.] **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 July 14, 2014, shall be invalid and void.

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

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

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

and

Further amend said bill, Page 3, Section 194.600, Line 60, by inserting immediately after all of said line the following:

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

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

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

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

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

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

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

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

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

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

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

3. Notwithstanding any other provision of this chapter **or chapter 579**, an individual who possesses hemp extract lawfully under subsection [2] **1** of this section and administers hemp extract to a minor suffering from [intractable epilepsy] **a serious condition or seizure disorder** is not subject to the penalties described in this chapter **or chapter 579** for administering the hemp extract to the minor if:

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

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

4. An individual who has [been issued] a valid hemp extract registration card under section 192.945, or is a minor under a registrant’s care, may possess up to twenty ounces of hemp extract pursuant to this section. Subject to any rules or regulations promulgated by the department of health and senior services,

an individual may apply for a waiver if a **neurologist or** physician provides a substantial medical basis in a signed, written statement asserting that, based on the patient’s medical history, in the physician’s professional judgment, twenty ounces is an insufficient amount to properly alleviate the patient’s medical condition or symptoms associated with such medical condition.

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

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

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

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

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

(5) “**Entity**”, a **person, corporation, nonprofit corporation, limited liability corporation, general or limited partnership, or other legal entity**;

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

[(6)] (7) “Hemp”:

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

a. [Three-tenths] **Nine-tenths** of one percent on a dry weight basis; or

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

(b) Any *cannabis sativa* seed that is:

a. Part of a growing crop;

b. Retained by a grower for future planting; or

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

This term shall not include industrial hemp commodities or products;

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

2. The department shall issue a cultivation and production facility license to [a nonprofit] **an** entity to grow or cultivate the cannabis plant used to make hemp extract as defined in subsection 1 of section 195.207 or hemp on the entity’s property if the entity **has been a resident of the state for at least five years, has**

completed a state and federal fingerprint-based criminal record check in accordance with section 43.543 and has paid all applicable criminal background check fees in accordance with section 43.530, has submitted to the department an application as required by the department under subsection 7 of this section, the entity meets all requirements of this section and the department's rules, and there are fewer than [two] ten licensed cultivation and production facilities operating in the state. Any cultivation and production facility license issued before August 28, 2017, shall continue to be valid even if the licensed entity does not meet the residency requirement under this subsection, and the licensed entity may implement the new provisions defined in this section upon its enactment.

3. A grower may produce and manufacture hemp and hemp extract, and distribute hemp extract as defined in section 195.207 for the treatment of persons suffering from [intractable epilepsy as defined in section 192.945] **a serious condition or seizure disorder**, consistent with any and all state [or federal] regulations regarding the production, manufacture, or distribution of such product. The department shall not issue more than [two] **five** cultivation and production facility licenses for the operation of such facilities at any one time **in 2018, and not more than ten cultivation and production facility licenses for the operation of such facilities at any one time in 2019.**

4. The department shall maintain a list of growers.

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

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

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

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

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

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

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

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

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

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

(5) Requirements that any hemp extract received from a legal source be submitted to a testing facility designated by the department to ensure that such hemp extract complies with the provisions of section 195.207 and to ensure that the hemp extract does not contain any pesticides. Any hemp extract that is not

submitted for testing or which after testing is found not to comply with the provisions of section 195.207 shall not be distributed or used and shall be submitted to the department for destruction; and

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

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

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

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

11. The department shall establish fees that are no greater than the amount necessary to cover the cost the department incurs to implement the provisions of this section.”; 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 Senate Bill No. 50, Page 1, Line 25, by deleting said line and inserting in lieu thereof the following:

“210.233. 1. All licensed child care facilities shall report annually to the department whether the child care facility has liability insurance coverage and if so, shall provide the department with proof of such insurance coverage.

2. The department shall publish and update annually on its website whether each licensed child care facility has liability insurance coverage. Upon request, the department shall provide insurance coverage information regarding a child care facility, including the name, address, and telephone number of the facility’s liability insurance carrier.

3. The department may promulgate 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, 2017, shall be invalid and void.

332.081. 1. Notwithstanding any other provision of law, hospitals licensed under chapter”; and

Further amend said amendment, Page 4, Line 39, by inserting after the word “board” the words “, **but shall be no less than three years**”; and

Further amend said amendment, Page 5, Line 7, by inserting immediately after the words “limited to,” the words “**up to thirty hours triennially of**”; and

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

HOUSE AMENDMENT NO. 6

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting immediately after 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 that cannot produce radiation intensity greater than thirty milligrays shall not be required to be inspected more frequently than every three years.

3. Cone beam computed tomography systems that can produce radiation intensity of greater than thirty milligrays shall be inspected annually.

4. In addition to the requirements of subsections 2 and 3 of this section, all cone beam computed tomography systems and panoramic x-ray systems shall be inspected within thirty days of installation and whenever moved within an office.

5. Notwithstanding any law to the contrary, inspections of conventional x-ray equipment used exclusively on animals by a licensed veterinarian or veterinary facility under chapter 340 shall not be required to be inspected more frequently than every four years.”; and

Further amend said bill, Page 3, Section 194.600, Line 60, by inserting immediately after said section and line the following:

“332.081. 1. Notwithstanding any other provision of law, hospitals licensed under chapter 197 shall be authorized to employ any or all of the following oral health providers:

(1) A dentist licensed under this chapter for the purpose of treating on hospital premises those patients who present with a dental condition and such treatment is necessary to ameliorate the condition for which they presented such as severe pain or tooth abscesses;

(2) An oral and maxillofacial surgeon licensed under this chapter for the purpose of treating oral conditions that need to be ameliorated as part of treating the underlying cause of the patient’s medical needs including, but not limited to, head and neck cancer, HIV or AIDS, severe trauma resulting in admission to the hospital, organ transplant, diabetes, or seizure disorders. It shall be a condition of treatment that such patients are admitted to the hospital on either an in- or out-patient basis;

(3) A maxillofacial prosthodontist licensed under this chapter for the purpose of treating and supporting patients of a head and neck cancer team or other complex care or surgical team for the

fabrication of appliances following ablative surgery, surgery to correct birth anomalies, extensive radiation treatment of the head or neck, or trauma-related surgery.

2. No person or other entity shall practice dentistry in Missouri or provide dental services as defined in section 332.071 unless and until the board has issued to the person a certificate certifying that the person has been duly registered as a dentist in Missouri or to an entity that has been duly registered to provide dental services by licensed dentists and dental hygienists and unless and until the board has issued to the person a license, to be renewed each period, as provided in this chapter, to practice dentistry or as a dental hygienist, or has issued to the person or entity a permit, to be renewed each period, to provide dental services in Missouri. Nothing in this chapter shall be so construed as to make it unlawful for:

(1) A legally qualified physician or surgeon, who does not practice dentistry as a specialty, from extracting teeth;

(2) A dentist licensed in a state other than Missouri from making a clinical demonstration before a meeting of dentists in Missouri;

(3) Dental students in any accredited dental school to practice dentistry under the personal direction of instructors;

(4) Dental hygiene students in any accredited dental hygiene school to practice dental hygiene under the personal direction of instructors;

(5) A duly registered and licensed dental hygienist in Missouri to practice dental hygiene as defined in section 332.091;

(6) A dental assistant, certified dental assistant, or expanded functions dental assistant to be delegated duties as defined in section 332.093;

(7) A duly registered dentist or dental hygienist to teach in an accredited dental or dental hygiene school;

(8) A duly qualified anesthesiologist or nurse anesthetist to administer an anesthetic in connection with dental services or dental surgery; or

(9) A person to practice dentistry in or for:

(a) The United States Armed Forces;

(b) The United States Public Health Service;

(c) Migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b));

(d) Federally qualified health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act;

(e) Governmental entities, including county health departments; or

(f) The United States Veterans Bureau; or

(10) A dentist licensed in a state other than Missouri to evaluate a patient or render an oral, written, or otherwise documented dental opinion when providing testimony or records for the purpose of a civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state.

[2]3. No corporation shall practice dentistry as defined in section 332.071 unless that corporation is

organized under the provisions of chapter 355 or 356 provided that a corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3) may only employ dentists and dental hygienists licensed in this state to render dental services to Medicaid recipients, low-income individuals who have available income below two hundred percent of the federal poverty level, and all participants in the SCHIP program, unless such limitation is contrary to or inconsistent with federal or state law or regulation. This subsection shall not apply to:

(1) A hospital licensed under chapter 197 that provides care and treatment only to children under the age of eighteen at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(2) A federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396(d)(1)), or a migrant, community, or health care for the homeless health center provided for in Section 330 of the Public Health Services Act (42 U.S.C. 254(b)) at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(3) A city or county health department organized under chapter 192 or chapter 205 at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(4) A social welfare board organized under section 205.770, a city health department operating under a city charter, or a city-county health department at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(5) Any entity that has received a permit from the dental board and does not receive compensation from the patient or from any third party on the patient's behalf at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(6) Any hospital nonprofit corporation exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, as amended, that engages in its operations and provides dental services at facilities owned by a city, county, or other political subdivision of the state at which a person regulated under this chapter provides dental care within the scope of his or her license or registration.

If any of the entities exempted from the requirements of this subsection are unable to provide services to a patient due to the lack of a qualified provider and a referral to another entity is made, the exemption shall extend to the person or entity that subsequently provides services to the patient.

[3]4. No unincorporated organization shall practice dentistry as defined in section 332.071 unless such organization is exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and provides dental treatment without compensation from the patient or any third party on their behalf as a part of a broader program of social services including food distribution. Nothing in this chapter shall prohibit organizations under this subsection from employing any person regulated by this chapter.

[4]5. A dentist shall not enter into a contract that allows a person who is not a dentist to influence or interfere with the exercise of the dentist's independent professional judgment.

[5]6. A not-for-profit corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), an unincorporated organization operating pursuant to subsection 3 of this section, or any other person should not direct or interfere or attempt to direct or interfere with a licensed dentist's professional judgment and competent practice of dentistry. Nothing in this subsection shall be so construed as to make it unlawful for not-for-profit organizations to enforce

employment contracts, corporate policy and procedure manuals, or quality improvement or assurance requirements.

[6]7. All entities defined in subsection 2 of this section and those exempted under subsection 3 of this section shall apply for a permit to employ dentists and dental hygienists licensed in this state to render dental services, and the entity shall apply for the permit in writing on forms provided by the Missouri dental board. The board shall not charge a fee of any kind for the issuance or renewal of such permit. The provisions of this subsection shall not apply to a federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)).

[7]8. Any entity that obtains a permit to render dental services in this state is subject to discipline pursuant to section 332.321. If the board concludes that the person or entity has committed an act or is engaging in a course of conduct that would be grounds for disciplinary action, the board may file a complaint before the administrative hearing commission. The board may refuse to issue or renew the permit of any entity for one or any combination of causes stated in subsection 2 of section 332.321. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

[8]9. A federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)) shall register with the board. The information provided to the board as part of the registration shall include the name of the health center, the nonprofit status of the health center, sites where dental services will be provided, and the names of all persons employed by, or contracting with, the health center who are required to hold a license pursuant to this chapter. The registration shall be renewed every twenty-four months. The board shall not charge a fee of any kind for the issuance or renewal of the registration. The registration of the health center shall not be subject to discipline pursuant to section 332.321. Nothing in this subsection shall prohibit disciplinary action against a licensee of this chapter who is employed by, or contracts with, such health center for the actions of the licensee in connection with such employment or contract. All licensed persons employed by, or contracting with, the health center shall certify in writing to the board at the time of issuance and renewal of the registration that the facility of the health center meets the same operating standards regarding cleanliness, sanitation, and professionalism as would the facility of a dentist licensed by this chapter. The board shall promulgate rules regarding such standards.

[9]10. The board may promulgate rules and regulations to ensure not-for-profit corporations are rendering care to the patient populations as set forth herein, including requirements for covered not-for-profit corporations to report patient census data to the board. The provisions of this subsection shall not apply to a federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)).

[10]11. All not-for-profit corporations organized or operated pursuant to the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the requirements relating to migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b)) and federally qualified health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act, that employ persons who practice dentistry or dental hygiene in this state shall do so in accordance with the relevant laws of this state except to the extent that such laws are contrary to, or inconsistent with, federal statute or regulation.

345.051. 1. Every person licensed or registered pursuant to the provisions of sections 345.010 to

345.080 shall renew the license or registration on or before the renewal date. Such renewal date shall be determined by the board. The application shall be made on a form furnished by the board. The application shall include, but not be limited to, disclosure of the applicant's full name and the applicant's office and residence addresses and the date and number of the applicant's license or registration, all final disciplinary actions taken against the applicant by any speech-language-hearing association or society, state, territory or federal agency or country and information concerning the applicant's current physical and mental fitness to practice.

2. A blank form for application for license or registration renewal shall be mailed to each person licensed or registered in this state at the person's last known office or residence address. The failure to mail the form of application or the failure to receive it does not, however, relieve any person of the duty to renew the license or registration and pay the fee required by sections 345.010 to 345.080 for failure to renew the license or registration.

3. An applicant for renewal of a license or registration under this section shall:

(1) Submit an amount established by the board; and

(2) Meet any other requirements the board establishes as conditions for license or registration renewal, including the demonstration of continued competence to practice the profession for which the license or registration is issued. A requirement of continued competence may include, but is not limited to, continuing education, examination, self-evaluation, peer review, performance appraisal or practical simulation.

4. If a license or registration is suspended pursuant to section 345.065, the license or registration expires on the expiration date as established by the board for all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may be renewed but does not entitle the licensee to engage in the licensed or registered activity or in any other conduct or activity which violates the order of judgment by which the license or registration was suspended until such license or registration has been reinstated.

5. If a license or registration is revoked on disciplinary grounds pursuant to section 345.065, the license or registration expires on the expiration date as established by the board for all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may not be renewed. If a license or registration is reinstated after its expiration, the licensee, as a condition of reinstatement, shall pay a reinstatement fee that is equal to the renewal fee in effect on the last regular renewal date immediately preceding the date of reinstatement plus any late fee established by the board.”; 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 Senate Bill No. 50, Page 3, Line 26, by deleting said line and inserting in lieu thereof the following:

“section shall become effective unless it has been promulgated pursuant to chapter 536.

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

(1) **“Birthing facility”, any hospital as defined under section 197.020 with more than one licensed obstetric bed or a neonatal intensive care unit, a hospital operated by a state university, or a birthing center licensed under sections 197.200 to 197.240;**

(2) “Department”, the department of health and senior services.

2. After holding multiple public hearings in diverse geographic regions of the state and seeking broad public and stakeholder input, the department shall establish criteria for levels of maternal care designations and levels of neonatal care designations for birthing facilities. The levels developed under this section shall be based upon:

(1) The most current published version of the “Levels of Neonatal Care” developed by the American Academy of Pediatrics;

(2) The most current published version of the “Levels of Maternal Care” developed by the American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine; and

(3) Necessary variance when considering the geographic and varied needs of citizens of this state.

3. Nothing in this section shall be construed in any way to modify or expand the licensure of any health care professional.

4. Nothing in this section shall be construed in any way to require a patient be transferred to a different facility.

5. The department shall promulgate rules to implement the provisions of this section no later than January 1, 2018. Such rules shall be limited to those necessary for the establishment of levels of neonatal care designations and levels of maternal care designations for birthing facilities under subsection 2 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, 2017, shall be invalid and void.

6. Beginning January 1, 2019, any hospital with a birthing facility shall report to the department its appropriate level of maternal care designation and neonatal care designation as determined by the criteria outlined under subsection 2 of this section.

7. Beginning January 1, 2019, any hospital with a birthing facility operated by a state university shall report to the department its appropriate level of maternal care designation and neonatal care designation as determined by the criteria outlined under subsection 2 of this section.

8. The department may partner with appropriate nationally recognized professional organizations with demonstrated expertise in maternal and neonatal standards of care to administer the provisions of this section.

9. The criteria for levels of maternal and neonatal care developed under subsection 2 of this section shall not include pregnancy termination or counseling or referral for pregnancy termination.”; and” ; and

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

HOUSE AMENDMENT NO. 7

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting after said section and line the following:

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

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

3. By January 1, 2019, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include spinal muscular atrophy (SMA) and Hunter syndrome (MPS II). The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection. To help fund initial costs incurred by the state, the department shall apply for available newborn screening grant funding specific to screening for spinal muscular atrophy and Hunter syndrome. The department shall have discretion in accepting the terms of such grants.

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

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

HOUSE AMENDMENT NO. 8

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting immediately after said section and line the following:

“211.021. [1.] As used in this chapter, unless the context clearly requires otherwise:

(1) “Adult” means a person [seventeen] **eighteen** years of age or older [except for seventeen-year-old children as defined in this section];

(2) “Child” means any person under [seventeen] **eighteen** years of age [and shall mean, in addition, any person over seventeen but not yet eighteen years of age alleged to have committed a status offense];

(3) “Juvenile court” means the juvenile division or divisions of the circuit court of the county, or judges while hearing juvenile cases assigned to them;

(4) “Legal custody” means the right to the care, custody and control of a child and the duty to provide

food, clothing, shelter, ordinary medical care, education, treatment and discipline of a child. Legal custody may be taken from a parent only by court action and if the legal custody is taken from a parent without termination of parental rights, the parent's duty to provide support continues even though the person having legal custody may provide the necessities of daily living;

(5) "Parent" means either a natural parent or a parent by adoption and if the child is illegitimate, "parent" means the mother;

(6) "Shelter care" means the temporary care of juveniles in physically unrestricting facilities pending final court disposition. These facilities may include:

(a) "Foster home", the private home of foster parents providing twenty-four-hour care to one to three children unrelated to the foster parents by blood, marriage or adoption;

(b) "Group foster home", the private home of foster parents providing twenty-four-hour care to no more than six children unrelated to the foster parents by blood, marriage or adoption;

(c) "Group home", a child care facility which approximates a family setting, provides access to community activities and resources, and provides care to no more than twelve children;

(7) "Status offense", any offense as described in subdivision (2) of subsection 1 of section 211.031.

[2. The amendments to subsection 1 of this section, as provided for in this act, shall not take effect until such time as appropriations by the general assembly for additional juvenile officer full-time equivalents and deputy juvenile officer full-time equivalents shall exceed by one million nine hundred thousand dollars the amount spent by the state for such officers in fiscal year 2007 and appropriations by the general assembly to single first class counties for juvenile court personnel costs shall exceed by one million nine hundred thousand dollars the amount spent by the state for such juvenile court personnel costs in fiscal year 2007 and notice of such appropriations has been given to the revisor of statutes].

211.031. 1. Except as otherwise provided in this chapter, the juvenile court or the family court in circuits that have a family court as provided in sections 487.010 to 487.190 shall have exclusive original jurisdiction in proceedings:

(1) Involving any child [or person seventeen years of age] who may be a resident of or found within the county and who is alleged to be in need of care and treatment because:

(a) The parents, or other persons legally responsible for the care and support of the child [or person seventeen years of age], neglect or refuse to provide proper support, education which is required by law, medical, surgical or other care necessary for his or her well-being; except that reliance by a parent, guardian or custodian upon remedial treatment other than medical or surgical treatment for a child [or person seventeen years of age] shall not be construed as neglect when the treatment is recognized or permitted pursuant to the laws of this state;

(b) The child [or person seventeen years of age] is otherwise without proper care, custody or support;
or

(c) The child [or person seventeen years of age] was living in a room, building or other structure at the time such dwelling was found by a court of competent jurisdiction to be a public nuisance pursuant to section 195.130;

(d) The child [or person seventeen years of age is a child] is in need of mental health services and the

parent, guardian or custodian is unable to afford or access appropriate mental health treatment or care for the child;

(2) Involving any child who may be a resident of or found within the county and who is alleged to be in need of care and treatment because:

(a) The child while subject to compulsory school attendance is repeatedly and without justification absent from school; or

(b) The child disobeys the reasonable and lawful directions of his or her parents or other custodian and is beyond their control; or

(c) The child is habitually absent from his or her home without sufficient cause, permission, or justification; or

(d) The behavior or associations of the child are otherwise injurious to his or her welfare or to the welfare of others; or

(e) The child is charged with an offense not classified as criminal, or with an offense applicable only to children; except that, the juvenile court shall not have jurisdiction over any child fifteen years of age who is alleged to have violated a state or municipal traffic ordinance or regulation, the violation of which does not constitute a felony, or any child who is alleged to have violated a state or municipal ordinance or regulation prohibiting possession or use of any tobacco product;

(3) Involving any child who is alleged to have violated a state law or municipal ordinance, or any person who is alleged to have violated a state law or municipal ordinance prior to attaining the age of [seventeen] **eighteen** years, in which cases jurisdiction may be taken by the court of the circuit in which the child or person resides or may be found or in which the violation is alleged to have occurred; except that, the juvenile court shall not have jurisdiction over any child fifteen years of age who is alleged to have violated a state or municipal traffic ordinance or regulation, the violation of which does not constitute a felony, and except that the juvenile court shall have concurrent jurisdiction with the municipal court over any child who is alleged to have violated a municipal curfew ordinance, and except that the juvenile court shall have concurrent jurisdiction with the circuit court on any child who is alleged to have violated a state or municipal ordinance or regulation prohibiting possession or use of any tobacco product;

(4) For the adoption of a person;

(5) For the commitment of a child [or person seventeen years of age] to the guardianship of the department of social services as provided by law; and

(6) Involving an order of protection pursuant to chapter 455 when the respondent is less than [seventeen] **eighteen** years of age.

2. Transfer of a matter, proceeding, jurisdiction or supervision for a child [or person seventeen years of age] who resides in a county of this state shall be made as follows:

(1) Prior to the filing of a petition and upon request of any party or at the discretion of the juvenile officer, the matter in the interest of a child [or person seventeen years of age] may be transferred by the juvenile officer, with the prior consent of the juvenile officer of the receiving court, to the county of the child's residence or the residence of the person [seventeen] **eighteen** years of age for future action;

(2) Upon the motion of any party or on its own motion prior to final disposition on the pending matter,

the court in which a proceeding is commenced may transfer the proceeding of a child [or person seventeen years of age] to the court located in the county of the child's residence [or the residence of the person seventeen years of age], or the county in which the offense pursuant to subdivision (3) of subsection 1 of this section is alleged to have occurred for further action;

(3) Upon motion of any party or on its own motion, the court in which jurisdiction has been taken pursuant to subsection 1 of this section may at any time thereafter transfer jurisdiction of a child [or person seventeen years of age] to the court located in the county of the child's residence [or the residence of the person seventeen years of age] for further action with the prior consent of the receiving court;

(4) Upon motion of any party or upon its own motion at any time following a judgment of disposition or treatment pursuant to section 211.181, the court having jurisdiction of the cause may place the child [or person seventeen years of age] under the supervision of another juvenile court within or without the state pursuant to section 210.570 with the consent of the receiving court;

(5) Upon motion of any child [or person seventeen years of age] or his or her parent, the court having jurisdiction shall grant one change of judge pursuant to Missouri supreme court rules;

(6) Upon the transfer of any matter, proceeding, jurisdiction or supervision of a child [or person seventeen years of age], certified copies of all legal and social documents and records pertaining to the case on file with the clerk of the transferring juvenile court shall accompany the transfer.

3. In any proceeding involving any child [or person seventeen years of age] taken into custody in a county other than the county of the child's residence [or the residence of a person seventeen years of age], the juvenile court of the county of the child's residence [or the residence of a person seventeen years of age] shall be notified of such taking into custody within seventy-two hours.

4. When an investigation by a juvenile officer pursuant to this section reveals that the only basis for action involves an alleged violation of section 167.031 involving a child who alleges to be home schooled, the juvenile officer shall contact a parent or parents of such child to verify that the child is being home schooled and not in violation of section 167.031 before making a report of such a violation. Any report of a violation of section 167.031 made by a juvenile officer regarding a child who is being home schooled shall be made to the prosecuting attorney of the county where the child legally resides.

5. The disability or disease of a parent shall not constitute a basis for a determination that a child is a child in need of care or for the removal of custody of a child from the parent without a specific showing that there is a causal relation between the disability or disease and harm to the child.

211.032. 1. Except as otherwise provided in a circuit participating in a pilot project established by the Missouri supreme court, when a child [or person seventeen years of age], alleged to be in need of care and treatment pursuant to subdivision (1) of subsection 1 of section 211.031, is taken into custody, the juvenile or family court shall notify the parties of the right to have a protective custody hearing. Such notification shall be in writing.

2. Upon request from any party, the court shall hold a protective custody hearing. Such hearing shall be held within three days of the request for a hearing, excluding Saturdays, Sundays and legal holidays. For circuits participating in a pilot project established by the Missouri supreme court, the parties shall be notified at the status conference of their right to request a protective custody hearing.

3. No later than February 1, 2005, the Missouri supreme court shall require a mandatory court

proceeding to be held within three days, excluding Saturdays, Sundays, and legal holidays, in all cases under subdivision (1) of subsection 1 of section 211.031. The Missouri supreme court shall promulgate rules for the implementation of such mandatory court proceedings and may consider recommendations from any pilot projects established by the Missouri supreme court regarding such proceedings. Nothing in this subsection shall prevent the Missouri supreme court from expanding pilot projects prior to the implementation of this subsection.

4. The court shall hold an adjudication hearing no later than sixty days after the child has been taken into custody. The court shall notify the parties in writing of the specific date, time, and place of such hearing. If at such hearing the court determines that sufficient cause exists for the child to remain in the custody of the state, the court shall conduct a dispositional hearing no later than ninety days after the child has been taken into custody and shall conduct review hearings regarding the reunification efforts made by the division every ninety to one hundred twenty days for the first year the child is in the custody of the division. After the first year, review hearings shall be held as necessary, but in no event less than once every six months for as long as the child is in the custody of the division.

5. At all hearings held pursuant to this section the court may receive testimony and other evidence relevant to the necessity of detaining the child out of the custody of the parents, guardian or custodian.

6. By January 1, 2005, the supreme court shall develop rules regarding the effect of untimely hearings.

7. If the placement of any child in the custody of the children's division will result in the child attending a school other than the school the child was attending when taken into custody:

(1) The child's records from such school shall automatically be forwarded to the school that the child is transferring to upon notification within two business days by the division; or

(2) Upon request of the foster family, the guardian ad litem, or the volunteer advocate and whenever possible, the child shall be permitted to continue to attend the same school that the child was enrolled in and attending at the time the child was taken into custody by the division. The division, in consultation with the department of elementary and secondary education, shall establish the necessary procedures to implement the provisions of this subsection.

211.033. 1. No person under the age of [seventeen] **eighteen** years, except those transferred to the court of general jurisdiction under the provisions of section 211.071 shall be detained in a jail or other adult detention facility as that term is defined in section 211.151. A traffic court judge may request the juvenile court to order the commitment of a person under the age of [seventeen] **eighteen** to a juvenile detention facility.

2. Nothing in this section shall be construed as creating any civil or criminal liability for any law enforcement officer, juvenile officer, school personnel, or court personnel for any action taken or failure to take any action involving a minor child who remains under the jurisdiction of the juvenile court under this section if such action or failure to take action is based on a good faith belief by such officer or personnel that the minor child is not under the jurisdiction of the juvenile court.

[3. The amendments to subsection 2 of this section, as provided for in this act, shall not take effect until such time as the provisions of section 211.021 shall take effect in accordance with subsection 2 of section 211.021.]

211.041. When jurisdiction over the person of a child has been acquired by the juvenile court under the

provisions of this chapter in proceedings coming within the applicable provisions of section 211.031, the jurisdiction of the child may be retained for the purpose of this chapter until he or she has attained the age of twenty-one years, except in cases where he or she is committed to and received by the division of youth services, unless jurisdiction has been returned to the committing court by provisions of chapter 219 through requests of the court to the division of youth services and except in any case where he or she has not paid an assessment imposed in accordance with section 211.181 or in cases where the judgment for restitution entered in accordance with section 211.185 has not been satisfied. Every child over whose person the juvenile court retains jurisdiction shall be prosecuted under the general law for any violation of a state law or of a municipal ordinance which he or she commits after he or she becomes [seventeen] **eighteen** years of age. The juvenile court shall have no jurisdiction with respect to any such violation and, so long as it retains jurisdiction of the child, shall not exercise its jurisdiction in such a manner as to conflict with any other court's jurisdiction as to any such violation.

211.061. 1. When a child is taken into custody with or without warrant for an offense, the child, together with any information concerning the child and the personal property found in the child's possession, shall be taken immediately and directly before the juvenile court or delivered to the juvenile officer or person acting for [him] **the child**.

2. If any person is taken before a circuit or associate circuit judge not assigned to juvenile court or a municipal judge, and it is then, or at any time thereafter, ascertained that he or she was under the age of [seventeen] **eighteen** years at the time he or she is alleged to have committed the offense, or that he or she is subject to the jurisdiction of the juvenile court as provided by this chapter, it is the duty of the judge forthwith to transfer the case or refer the matter to the juvenile court, and direct the delivery of such person, together with information concerning him or her and the personal property found in his or her possession, to the juvenile officer or person acting as such.

3. When the juvenile court is informed that a child is in detention it shall examine the reasons therefor and shall immediately:

(1) Order the child released; or

(2) Order the child continued in detention until a detention hearing is held. An order to continue the child in detention shall only be entered upon the filing of a petition or motion to modify and a determination by the court that probable cause exists to believe that the child has committed acts specified in the petition or motion that bring the child within the jurisdiction of the court under subdivision (2) or (3) of subsection 1 of section 211.031.

4. A juvenile shall not remain in detention for a period greater than twenty-four hours unless the court orders a detention hearing. If such hearing is not held within three days, excluding Saturdays, Sundays and legal holidays, the juvenile shall be released from detention unless the court for good cause orders the hearing continued. The detention hearing shall be held within the judicial circuit at a date, time and place convenient to the court. Notice of the date, time and place of a detention hearing, and of the right to counsel, shall be given to the juvenile and his or her custodian in person, by telephone, or by such other expeditious method as is available.

211.071. 1. If a petition alleges that a child between the ages of twelve and [seventeen] **eighteen** has committed an offense which would be considered a felony if committed by an adult, the court may, upon its own motion or upon motion by the juvenile officer, the child or the child's custodian, order a hearing and may, in its discretion, dismiss the petition and such child may be transferred to the court of general

jurisdiction and prosecuted under the general law; except that if a petition alleges that any child has committed an offense which would be considered first degree murder under section 565.020, second degree murder under section 565.021, first degree assault under section 565.050, forcible rape under section 566.030 as it existed prior to August 28, 2013, rape in the first degree under section 566.030, forcible sodomy under section 566.060 as it existed prior to August 28, 2013, sodomy in the first degree under section 566.060, first degree robbery under section 569.020 **as it existed prior to January 1, 2017, or first degree robbery under section 570.023**, [or] distribution of drugs under section 195.211 **as it existed prior to January 1, 2017, or the manufacturing of a controlled substance under section 579.055**, or has committed two or more prior unrelated offenses which would be felonies if committed by an adult, the court shall order a hearing, and may in its discretion, dismiss the petition and transfer the child to a court of general jurisdiction for prosecution under the general law.

2. Upon apprehension and arrest, jurisdiction over the criminal offense allegedly committed by any person between [seventeen] **eighteen** and twenty-one years of age over whom the juvenile court has retained continuing jurisdiction shall automatically terminate and that offense shall be dealt with in the court of general jurisdiction as provided in section 211.041.

3. Knowing and willful age misrepresentation by a juvenile subject shall not affect any action or proceeding which occurs based upon the misrepresentation. Any evidence obtained during the period of time in which a child misrepresents his or her age may be used against the child and will be subject only to rules of evidence applicable in adult proceedings.

4. Written notification of a transfer hearing shall be given to the juvenile and his or her custodian in the same manner as provided in sections 211.101 and 211.111. Notice of the hearing may be waived by the custodian. Notice shall contain a statement that the purpose of the hearing is to determine whether the child is a proper subject to be dealt with under the provisions of this chapter, and that if the court finds that the child is not a proper subject to be dealt with under the provisions of this chapter, the petition will be dismissed to allow for prosecution of the child under the general law.

5. The juvenile officer may consult with the office of prosecuting attorney concerning any offense for which the child could be certified as an adult under this section. The prosecuting or circuit attorney shall have access to police reports, reports of the juvenile or deputy juvenile officer, statements of witnesses and all other records or reports relating to the offense alleged to have been committed by the child. The prosecuting or circuit attorney shall have access to the disposition records of the child when the child has been adjudicated pursuant to subdivision (3) of subsection 1 of section 211.031. The prosecuting attorney shall not divulge any information regarding the child and the offense until the juvenile court at a judicial hearing has determined that the child is not a proper subject to be dealt with under the provisions of this chapter.

6. A written report shall be prepared in accordance with this chapter developing fully all available information relevant to the criteria which shall be considered by the court in determining whether the child is a proper subject to be dealt with under the provisions of this chapter and whether there are reasonable prospects of rehabilitation within the juvenile justice system. These criteria shall include but not be limited to:

(1) The seriousness of the offense alleged and whether the protection of the community requires transfer to the court of general jurisdiction;

(2) Whether the offense alleged involved viciousness, force and violence;

(3) Whether the offense alleged was against persons or property with greater weight being given to the offense against persons, especially if personal injury resulted;

(4) Whether the offense alleged is a part of a repetitive pattern of offenses which indicates that the child may be beyond rehabilitation under the juvenile code;

(5) The record and history of the child, including experience with the juvenile justice system, other courts, supervision, commitments to juvenile institutions and other placements;

(6) The sophistication and maturity of the child as determined by consideration of his home and environmental situation, emotional condition and pattern of living;

(7) The age of the child;

(8) The program and facilities available to the juvenile court in considering disposition;

(9) Whether or not the child can benefit from the treatment or rehabilitative programs available to the juvenile court; and

(10) Racial disparity in certification.

7. If the court dismisses the petition to permit the child to be prosecuted under the general law, the court shall enter a dismissal order containing:

(1) Findings showing that the court had jurisdiction of the cause and of the parties;

(2) Findings showing that the child was represented by counsel;

(3) Findings showing that the hearing was held in the presence of the child and his counsel; and

(4) Findings showing the reasons underlying the court's decision to transfer jurisdiction.

8. A copy of the petition and order of the dismissal shall be sent to the prosecuting attorney.

9. When a petition has been dismissed thereby permitting a child to be prosecuted under the general law and the prosecution of the child results in a conviction, the jurisdiction of the juvenile court over that child is forever terminated, except as provided in subsection 10 of this section, for an act that would be a violation of a state law or municipal ordinance.

10. If a petition has been dismissed thereby permitting a child to be prosecuted under the general law and the child is found not guilty by a court of general jurisdiction, the juvenile court shall have jurisdiction over any later offense committed by that child which would be considered a misdemeanor or felony if committed by an adult, subject to the certification provisions of this section.

11. If the court does not dismiss the petition to permit the child to be prosecuted under the general law, it shall set a date for the hearing upon the petition as provided in section 211.171.

211.073. 1. The court shall, in a case when the offender is under [seventeen] **eighteen** years [and six months] of age and has been transferred to a court of general jurisdiction pursuant to section 211.071, and whose prosecution results in a conviction or a plea of guilty, consider dual jurisdiction of both the criminal and juvenile codes, as set forth in this section. The court is authorized to impose a juvenile disposition under this chapter and simultaneously impose an adult criminal sentence, the execution of which shall be suspended pursuant to the provisions of this section. Successful completion of the juvenile disposition ordered shall be a condition of the suspended adult criminal sentence. The court may order an offender into the custody of the division of youth services pursuant to this section:

(1) Upon agreement of the division of youth services; and

(2) If the division of youth services determines that there is space available in a facility designed to serve offenders sentenced under this section. If the division of youth services agrees to accept a youth and the court does not impose a juvenile disposition, the court shall make findings on the record as to why the division of youth services was not appropriate for the offender prior to imposing the adult criminal sentence.

2. If there is probable cause to believe that the offender has violated a condition of the suspended sentence or committed a new offense, the court shall conduct a hearing on the violation charged, unless the offender waives such hearing. If the violation is established and found the court may continue or revoke the juvenile disposition, impose the adult criminal sentence, or enter such other order as it may see fit.

3. When an offender has received a suspended sentence pursuant to this section and the division determines the child is beyond the scope of its treatment programs, the division of youth services may petition the court for a transfer of custody of the offender. The court shall hold a hearing and shall:

(1) Revoke the suspension and direct that the offender be taken into immediate custody of the department of corrections; or

(2) Direct that the offender be placed on probation.

4. When an offender who has received a suspended sentence reaches the age of [seventeen] **eighteen**, the court shall hold a hearing. The court shall:

(1) Revoke the suspension and direct that the offender be taken into immediate custody of the department of corrections;

(2) Direct that the offender be placed on probation; or

(3) Direct that the offender remain in the custody of the division of youth services if the division agrees to such placement.

5. The division of youth services shall petition the court for a hearing before it releases an offender who comes within subsection 1 of this section at any time before the offender reaches the age of twenty-one years. The court shall:

(1) Revoke the suspension and direct that the offender be taken into immediate custody of the department of corrections; or

(2) Direct that the offender be placed on probation.

6. If the suspension of the adult criminal sentence is revoked, all time served by the offender under the juvenile disposition shall be credited toward the adult criminal sentence imposed.

211.081. 1. Whenever any person informs the court in person and in writing that a child appears to be within the purview of applicable provisions of section 211.031 [or that a person seventeen years of age appears to be within the purview of the provisions of subdivision (1) of subsection 1 of section 211.031], the court shall make or cause to be made a preliminary inquiry to determine the facts and to determine whether or not the interests of the public or of the child [or person seventeen years of age] require that further action be taken. On the basis of this inquiry, the juvenile court may make such informal adjustment as is practicable without a petition or may authorize the filing of a petition by the juvenile officer. Any other provision of this chapter to the contrary notwithstanding, the juvenile court shall not make any order for disposition of a child [or person seventeen years of age] which would place or commit the child [or person

seventeen years of age] to any location outside the state of Missouri without first receiving the approval of the children's division.

2. Placement in any institutional setting shall represent the least restrictive appropriate placement for the child [or person seventeen years of age] and shall be recommended based upon a psychological or psychiatric evaluation or both. Prior to entering any order for disposition of a child [or person seventeen years of age] which would order residential treatment or other services inside the state of Missouri, the juvenile court shall enter findings which include the recommendation of the psychological or psychiatric evaluation or both; and certification from the division director or designee as to whether a provider or funds or both are available, including a projection of their future availability. If the children's division indicates that funding is not available, the division shall recommend and make available for placement by the court an alternative placement for the child [or person seventeen years of age]. The division shall have the burden of demonstrating that they have exercised due diligence in utilizing all available services to carry out the recommendation of the evaluation team and serve the best interest of the child [or person seventeen years of age]. The judge shall not order placement or an alternative placement with a specific provider but may reasonably designate the scope and type of the services which shall be provided by the department to the child [or person seventeen years of age].

3. Obligations of the state incurred under the provisions of section 211.181 shall not exceed, in any fiscal year, the amount appropriated for this purpose.

211.091. 1. The petition shall be entitled "In the interest of, a child under [seventeen] **eighteen** years of age" [or "In the interest of, a child seventeen years of age" or "In the interest of, a person seventeen years of age" as appropriate to the subsection of section 211.031 that provides the basis for the filing of the petition].

2. The petition shall set forth plainly:

(1) The facts which bring the child [or person seventeen years of age] within the jurisdiction of the court;

(2) The full name, birth date, and residence of the child [or person seventeen years of age];

(3) The names and residence of his or her parents, if living;

(4) The name and residence of his or her legal guardian if there be one, of the person having custody of the child [or person seventeen years of age] or of the nearest known relative if no parent or guardian can be found; and

(5) Any other pertinent data or information.

3. If any facts required in subsection 2 of this section are not known by the petitioner, the petition shall so state.

4. Prior to the voluntary dismissal of a petition filed under this section, the juvenile officer shall assess the impact of such dismissal on the best interests of the child, and shall take all actions practicable to minimize any negative impact.

211.101. 1. After a petition has been filed, unless the parties appear voluntarily, the juvenile court shall issue a summons in the name of the state of Missouri requiring the person who has custody of the child [or person seventeen years of age] to appear personally and, unless the court orders otherwise, to bring the child [or person seventeen years of age] before the court, at the time and place stated.

2. If the person so summoned is other than a parent or guardian of the child [or person seventeen years of age], then the parent or guardian or both shall also be notified of the pendency of the case and of the time and place appointed.

3. If it appears that the child [or person seventeen years of age] is in such condition or surroundings that his or her welfare requires that his or her custody be immediately assumed by the court, the judge may order, by endorsement upon the summons, the officer serving it to take the child [or person seventeen years of age] into custody at once.

4. Subpoena may be issued requiring the appearance of any other person whose presence, in the opinion of the judge, is necessary.

211.161. 1. The court may cause any child [or person seventeen years of age] within its jurisdiction to be examined by a physician, psychiatrist or psychologist appointed by the court in order that the condition of the child [or person seventeen years of age] may be given consideration in the disposition of his case. The expenses of the examination when approved by the court shall be paid by the county, except that the county shall not be liable for the costs of examinations conducted by the department of mental health either directly or through contract.

2. The services of a state, county or municipally maintained hospital, institution, or psychiatric or health clinic may be used for the purpose of this examination and treatment.

3. A county may establish medical, psychiatric and other facilities, upon request of the juvenile court, to provide proper services for the court in the diagnosis and treatment of children [or persons seventeen years of age] coming before it and these facilities shall be under the administration and control of the juvenile court. The juvenile court may appoint and fix the compensation of such professional and other personnel as it deems necessary to provide the court proper diagnostic, clinical and treatment services for children [or persons seventeen years of age] under its jurisdiction.

211.181. 1. When a child [or person seventeen years of age] is found by the court to come within the applicable provisions of subdivision (1) of subsection 1 of section 211.031, the court shall so decree and make a finding of fact upon which it exercises its jurisdiction over the child [or person seventeen years of age], and the court may, by order duly entered, proceed as follows:

(1) Place the child [or person seventeen years of age] under supervision in his own home or in the custody of a relative or other suitable person after the court or a public agency or institution designated by the court conducts an investigation of the home, relative or person and finds such home, relative or person to be suitable and upon such conditions as the court may require;

(2) Commit the child [or person seventeen years of age] to the custody of:

(a) A public agency or institution authorized by law to care for children or to place them in family homes; except that, such child [or person seventeen years of age] may not be committed to the department of social services, division of youth services;

(b) Any other institution or agency which is authorized or licensed by law to care for children or to place them in family homes;

(c) An association, school or institution willing to receive the child [or person seventeen years of age] in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured; or

(d) The juvenile officer;

(3) Place the child [or person seventeen years of age] in a family home;

(4) Cause the child [or person seventeen years of age] to be examined and treated by a physician, psychiatrist or psychologist and when the health or condition of the child [or person seventeen years of age] requires it, cause the child [or person seventeen years of age] to be placed in a public or private hospital, clinic or institution for treatment and care; except that, nothing contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment of a child [or person seventeen years of age] whose parents or guardian in good faith are providing other remedial treatment recognized or permitted under the laws of this state;

(5) The court may order, pursuant to subsection 2 of section 211.081, that the child receive the necessary services in the least restrictive appropriate environment including home and community-based services, treatment and support, based on a coordinated, individualized treatment plan. The individualized treatment plan shall be approved by the court and developed by the applicable state agencies responsible for providing or paying for any and all appropriate and necessary services, subject to appropriation, and shall include which agencies are going to pay for and provide such services. Such plan must be submitted to the court within thirty days and the child's family shall actively participate in designing the service plan for the child [or person seventeen years of age];

(6) The department of social services, in conjunction with the department of mental health, shall apply to the United States Department of Health and Human Services for such federal waivers as required to provide services for such children, including the acquisition of community-based services waivers.

2. When a child is found by the court to come within the provisions of subdivision (2) of subsection 1 of section 211.031, the court shall so decree and upon making a finding of fact upon which it exercises its jurisdiction over the child, the court may, by order duly entered, proceed as follows:

(1) Place the child under supervision in his **or her** own home or in custody of a relative or other suitable person after the court or a public agency or institution designated by the court conducts an investigation of the home, relative or person and finds such home, relative or person to be suitable and upon such conditions as the court may require;

(2) Commit the child to the custody of:

(a) A public agency or institution authorized by law to care for children or place them in family homes; except that, a child may be committed to the department of social services, division of youth services, only if he **or she** is presently under the court's supervision after an adjudication under the provisions of subdivision (2) or (3) of subsection 1 of section 211.031;

(b) Any other institution or agency which is authorized or licensed by law to care for children or to place them in family homes;

(c) An association, school or institution willing to receive it in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured;
or

(d) The juvenile officer;

(3) Place the child in a family home;

(4) Cause the child to be examined and treated by a physician, psychiatrist or psychologist and when the health or condition of the child requires it, cause the child to be placed in a public or private hospital, clinic or institution for treatment and care; except that, nothing contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment of a child whose parents or guardian in good faith are providing other remedial treatment recognized or permitted under the laws of this state;

(5) Assess an amount of up to ten dollars to be paid by the child to the clerk of the court.

Execution of any order entered by the court pursuant to this subsection, including a commitment to any state agency, may be suspended and the child placed on probation subject to such conditions as the court deems reasonable. After a hearing, probation may be revoked and the suspended order executed.

3. When a child is found by the court to come within the provisions of subdivision (3) of subsection 1 of section 211.031, the court shall so decree and make a finding of fact upon which it exercises its jurisdiction over the child, and the court may, by order duly entered, proceed as follows:

(1) Place the child under supervision in his or her own home or in custody of a relative or other suitable person after the court or a public agency or institution designated by the court conducts an investigation of the home, relative or person and finds such home, relative or person to be suitable and upon such conditions as the court may require; provided that, no child who has been adjudicated a delinquent by a juvenile court for committing or attempting to commit a sex-related offense which if committed by an adult would be considered a felony offense pursuant to chapter 566, RSMo, including but not limited to rape, forcible sodomy, child molestation, and sexual abuse, and in which the victim was a child, shall be placed in any residence within one thousand feet of the residence of the abused child of that offense until the abused child reaches the age of eighteen, and provided further that the provisions of this subdivision regarding placement within one thousand feet of the abused child shall not apply when the abusing child and the abused child are siblings or children living in the same home;

(2) Commit the child to the custody of:

(a) A public agency or institution authorized by law to care for children or to place them in family homes;

(b) Any other institution or agency which is authorized or licensed by law to care for children or to place them in family homes;

(c) An association, school or institution willing to receive it in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured; or

(d) The juvenile officer;

(3) Beginning January 1, 1996, the court may make further directions as to placement with the division of youth services concerning the child's length of stay. The length of stay order may set forth a minimum review date;

(4) Place the child in a family home;

(5) Cause the child to be examined and treated by a physician, psychiatrist or psychologist and when the health or condition of the child requires it, cause the child to be placed in a public or private hospital, clinic or institution for treatment and care; except that, nothing contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment of a child whose parents or guardian in good faith

are providing other remedial treatment recognized or permitted under the laws of this state;

(6) Suspend or revoke a state or local license or authority of a child to operate a motor vehicle;

(7) Order the child to make restitution or reparation for the damage or loss caused by his **or her** offense. In determining the amount or extent of the damage, the court may order the juvenile officer to prepare a report and may receive other evidence necessary for such determination. The child and his **or her** attorney shall have access to any reports which may be prepared, and shall have the right to present evidence at any hearing held to ascertain the amount of damages. Any restitution or reparation ordered shall be reasonable in view of the child's ability to make payment or to perform the reparation. The court may require the clerk of the circuit court to act as receiving and disbursing agent for any payment ordered;

(8) Order the child to a term of community service under the supervision of the court or of an organization selected by the court. Every person, organization, and agency, and each employee thereof, charged with the supervision of a child under this subdivision, or who benefits from any services performed as a result of an order issued under this subdivision, shall be immune from any suit by the child ordered to perform services under this subdivision, or any person deriving a cause of action from such child, if such cause of action arises from the supervision of the child's performance of services under this subdivision and if such cause of action does not arise from an intentional tort. A child ordered to perform services under this subdivision shall not be deemed an employee within the meaning of the provisions of chapter 287, RSMo, nor shall the services of such child be deemed employment within the meaning of the provisions of chapter 288, RSMo. Execution of any order entered by the court, including a commitment to any state agency, may be suspended and the child placed on probation subject to such conditions as the court deems reasonable. After a hearing, probation may be revoked and the suspended order executed;

(9) When a child has been adjudicated to have violated a municipal ordinance or to have committed an act that would be a misdemeanor if committed by an adult, assess an amount of up to twenty-five dollars to be paid by the child to the clerk of the court; when a child has been adjudicated to have committed an act that would be a felony if committed by an adult, assess an amount of up to fifty dollars to be paid by the child to the clerk of the court.

4. Beginning January 1, 1996, the court may set forth in the order of commitment the minimum period during which the child shall remain in the custody of the division of youth services. No court order shall require a child to remain in the custody of the division of youth services for a period which exceeds the child's eighteenth birth date except upon petition filed by the division of youth services pursuant to subsection 1 of section 219.021, RSMo. In any order of commitment of a child to the custody of the division of youth services, the division shall determine the appropriate program or placement pursuant to subsection 3 of section 219.021, RSMo. Beginning January 1, 1996, the department shall not discharge a child from the custody of the division of youth services before the child completes the length of stay determined by the court in the commitment order unless the committing court orders otherwise. The director of the division of youth services may at any time petition the court for a review of a child's length of stay commitment order, and the court may, upon a showing of good cause, order the early discharge of the child from the custody of the division of youth services. The division may discharge the child from the division of youth services without a further court order after the child completes the length of stay determined by the court or may retain the child for any period after the completion of the length of stay in accordance with the law.

5. When an assessment has been imposed under the provisions of subsection 2 or 3 of this section, the assessment shall be paid to the clerk of the court in the circuit where the assessment is imposed by court

order, to be deposited in a fund established for the sole purpose of payment of judgments entered against children in accordance with section 211.185.

211.321. 1. Records of juvenile court proceedings as well as all information obtained and social records prepared in the discharge of official duty for the court shall not be open to inspection or their contents disclosed, except by order of the court to persons having a legitimate interest therein, unless a petition or motion to modify is sustained which charges the child with an offense which, if committed by an adult, would be a class A felony under the criminal code of Missouri, or capital murder, first degree murder, or second degree murder or except as provided in subsection 2 of this section. In addition, whenever a report is required under section 557.026, there shall also be included a complete list of certain violations of the juvenile code for which the defendant had been adjudicated a delinquent while a juvenile. This list shall be made available to the probation officer and shall be included in the presentence report. The violations to be included in the report are limited to the following: rape, sodomy, murder, kidnapping, robbery, arson, burglary or any acts involving the rendering or threat of serious bodily harm. The supreme court may promulgate rules to be followed by the juvenile courts in separating the records.

2. In all proceedings under subdivision (2) of subsection 1 of section 211.031, the records of the juvenile court as well as all information obtained and social records prepared in the discharge of official duty for the court shall be kept confidential and shall be open to inspection only by order of the judge of the juvenile court or as otherwise provided by statute. In all proceedings under subdivision (3) of subsection 1 of section 211.031 the records of the juvenile court as well as all information obtained and social records prepared in the discharge of official duty for the court shall be kept confidential and may be open to inspection without court order only as follows:

(1) The juvenile officer is authorized at any time:

(a) To provide information to or discuss matters concerning the child, the violation of law or the case with the victim, witnesses, officials at the child's school, law enforcement officials, prosecuting attorneys, any person or agency having or proposed to have legal or actual care, custody or control of the child, or any person or agency providing or proposed to provide treatment of the child. Information received pursuant to this paragraph shall not be released to the general public, but shall be released only to the persons or agencies listed in this paragraph;

(b) To make public information concerning the offense, the substance of the petition, the status of proceedings in the juvenile court and any other information which does not specifically identify the child or the child's family;

(2) After a child has been adjudicated delinquent pursuant to subdivision (3) of subsection 1 of section 211.031, for an offense which would be a felony if committed by an adult, the records of the dispositional hearing and proceedings related thereto shall be open to the public to the same extent that records of criminal proceedings are open to the public. However, the social summaries, investigations or updates in the nature of presentence investigations, and status reports submitted to the court by any treating agency or individual after the dispositional order is entered shall be kept confidential and shall be opened to inspection only by order of the judge of the juvenile court;

(3) As otherwise provided by statute;

(4) In all other instances, only by order of the judge of the juvenile court.

3. Peace officers' records, if any are kept, of children shall be kept separate from the records of persons

[seventeen] **eighteen** years of age or over and shall not be open to inspection or their contents disclosed, except by order of the court. This subsection does not apply to children who are transferred to courts of general jurisdiction as provided by section 211.071 or to juveniles convicted under the provisions of sections 578.421 to 578.437. This subsection does not apply to the inspection or disclosure of the contents of the records of peace officers for the purpose of pursuing a civil forfeiture action pursuant to the provisions of section 195.140.

4. Nothing in this section shall be construed to prevent the release of information and data to persons or organizations authorized by law to compile statistics relating to juveniles. The court shall adopt procedures to protect the confidentiality of children's names and identities.

5. The court may, either on its own motion or upon application by the child or his **or her** representative, or upon application by the juvenile officer, enter an order to destroy all social histories, records, and information, other than the official court file, and may enter an order to seal the official court file, as well as all peace officers' records, at any time after the child has reached his [seventeenth] **or her eighteenth** birthday if the court finds that it is in the best interest of the child that such action or any part thereof be taken, unless the jurisdiction of the court is continued beyond the child's [seventeenth] **eighteenth** birthday, in which event such action or any part thereof may be taken by the court at any time after the closing of the child's case.

6. Nothing in this section shall be construed to prevent the release of general information regarding the informal adjustment or formal adjudication of the disposition of a child's case to a victim or a member of the immediate family of a victim of any offense committed by the child. Such general information shall not be specific as to location and duration of treatment or detention or as to any terms of supervision.

7. Records of juvenile court proceedings as well as all information obtained and social records prepared in the discharge of official duty for the court shall be disclosed to the child fatality review panel reviewing the child's death pursuant to section 210.192 unless the juvenile court on its own motion, or upon application by the juvenile officer, enters an order to seal the records of the victim child.

211.421. 1. After any child has come under the care or control of the juvenile court as provided in this chapter, any person who thereafter encourages, aids, or causes the child to commit any act or engage in any conduct which would be injurious to the child's morals or health or who knowingly or negligently disobeys, violates or interferes with a lawful order of the court with relation to the child, is guilty of contempt of court, and shall be proceeded against as now provided by law and punished by imprisonment in the county jail for a term not exceeding six months or by a fine not exceeding five hundred dollars or by both such fine and imprisonment.

2. If it appears at a juvenile court hearing that any person [seventeen] **eighteen** years of age or over has violated section 568.045 or 568.050, RSMo, by endangering the welfare of a child, the judge of the juvenile court shall refer the information to the prosecuting or circuit attorney, as the case may be, for appropriate proceedings.

211.425. 1. Any person who has been adjudicated a delinquent by a juvenile court for committing or attempting to commit a sex-related offense which if committed by an adult would be considered a felony offense pursuant to chapter 566 including, but not limited to, rape, forcible sodomy, child molestation and sexual abuse, shall be considered a juvenile sex offender and shall be required to register as a juvenile sex offender by complying with the registration requirements provided for in this section, unless such juvenile adjudicated as a delinquent is fourteen years of age or older at the time of the offense and the offense

adjudicated would be considered a felony under chapter 566 if committed by an adult, which is equal to or more severe than aggravated sexual abuse under 18 U.S.C. Section 2241, including any attempt or conspiracy to commit such offense, in which case, the juvenile shall be required to register as an adult sexual offender under sections 589.400 to 589.425. This requirement shall also apply to any person who is or has been adjudicated a juvenile delinquent in any other state or federal jurisdiction for committing, attempting to commit, or conspiring to commit offenses which would be proscribed herein.

2. Any state agency having supervision over a juvenile required to register as a juvenile sex offender or any court having jurisdiction over a juvenile required to register as a juvenile sex offender, or any person required to register as a juvenile sex offender, shall, within ten days of the juvenile offender moving into any county of this state, register with the juvenile office of the county. If such juvenile offender changes residence or address, the state agency, court or person shall inform the juvenile office within ten days of the new residence or address and shall also be required to register with the juvenile office of any new county of residence. Registration shall be accomplished by completing a registration form similar to the form provided for in section 589.407. Such form shall include, but is not limited to, the following:

(1) A statement in writing signed by the juvenile, giving the juvenile's name, address, Social Security number, phone number, school in which enrolled, place of employment, offense which requires registration, including the date, place, and a brief description of such offense, date and place of adjudication regarding such offense, and age and gender of the victim at the time of the offense; and

(2) The fingerprints and a photograph of the juvenile.

3. Juvenile offices shall maintain the registration forms of those juvenile offenders in their jurisdictions who register as required by this section. Information contained on the registration forms shall be kept confidential and may be released by juvenile offices to only those persons and agencies who are authorized to receive information from juvenile court records as provided by law, including, but not limited to, those specified in section 211.321. State agencies having custody of juveniles who fall within the registration requirements of this section shall notify the appropriate juvenile offices when such juvenile offenders are being transferred to a location falling within the jurisdiction of such juvenile offices.

4. Any juvenile who is required to register pursuant to this section but fails to do so or who provides false information on the registration form is subject to disposition pursuant to this chapter. Any person [seventeen] **eighteen** years of age or over who commits such violation is guilty of a class A misdemeanor as provided for in section 211.431.

5. Any juvenile to whom the registration requirement of this section applies shall be informed by the official in charge of the juvenile's custody, upon the juvenile's discharge or release from such custody, of the requirement to register pursuant to this section. Such official shall obtain the address where such juvenile expects to register upon being discharged or released and shall report the juvenile's name and address to the juvenile office where the juvenile [will] **shall** be required to register. This requirement to register upon discharge or release from custody does not apply in situations where the juvenile is temporarily released under guard or direct supervision from a detention facility or similar custodial facility.

6. The requirement to register as a juvenile sex offender shall terminate upon the juvenile offender reaching age twenty-one, unless such juvenile offender is required to register as an adult offender pursuant to section 589.400.

211.431. Any person [seventeen] **eighteen** years of age or over who willfully violates, neglects or

refuses to obey or perform any lawful order of the court, or who violates any provision of this chapter is guilty of a class A misdemeanor.

221.044. No person under the age of [seventeen] **eighteen** years, except those transferred to the court of general jurisdiction under the provisions of section 211.071, shall be detained in a jail or other adult detention facility as that term is defined in section 211.151. A traffic court judge may request the juvenile court to order the commitment of a person under the age of [seventeen] **eighteen** to a juvenile detention facility.

Section B. The repeal and reenactment of sections 211.021, 211.031, 211.032, 211.033, 211.041, 211.061, 211.071, 211.073, 211.081, 211.091, 211.101, 211.161, 211.181, 211.321, 211.421, 211.425, 211.431, and 221.044 of this act shall become effective on January 1, 2020.”; and

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

HOUSE AMENDMENT NO. 9

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

“190.142. 1. (1) For applications submitted before the recognition of EMS personnel licensure interstate compact under sections 334.1500 to 334.1539 takes effect, 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; and

(2) For applications submitted after the recognition of EMS personnel licensure interstate compact under sections 334.1500 to 334.1539 takes effect, an applicant for initial licensure as an emergency medical technician in this state shall submit to a background check by the Missouri state highway patrol and the Federal Bureau of Investigation through a process approved by the department of health and senior services. Such processes may include the use of vendors or systems administered by the Missouri state highway patrol. The department may share the results of such a criminal background check with any emergency services licensing agency in any member state, as that term is defined under section 334.1500, of the recognition of EMS personnel licensure interstate compact. The department shall not issue a license until the department receives the results of an applicant’s criminal background check from the Missouri state highway patrol and the Federal Bureau of Investigation, but, notwithstanding this subsection, the department may issue a temporary license as provided under section 190.143. Any fees due for a criminal background check shall be paid by the applicant.

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, Page 3, Section 194.600, Line 60, by inserting immediately after said section and line the following:

“334.1500. 1. The “Recognition of EMS Personnel Licensure Interstate Compact” (REPLICA) is hereby enacted into law and entered into with all other jurisdictions legally joining therein, in the form substantially as follows in sections 334.1500 to 334.1539.

2. As used in sections 334.1500 to 334.1539, the following terms mean: (1) “Advanced emergency medical technician” or “AEMT”, an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;

(2) “Adverse action”, any administrative, civil, equitable, or criminal action permitted by a state’s laws that may be imposed against licensed EMS personnel by a state EMS authority or state court including, but not limited to, actions against an individual’s license such as revocation, suspension, probation, consent agreement, monitoring or other limitation, or encumbrance on the individual’s practice, letters of reprimand or admonition, fines, criminal convictions, and state court judgments enforcing adverse actions by the state EMS authority;

- (3) **“Certification”, the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination;**
- (4) **“Commission”, the national administrative body of which all states that have enacted the compact are members;**
- (5) **“Emergency medical technician” or “EMT”, an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;**
- (6) **“EMS”, emergency medical services;**
- (7) **“Home state”, a member state where an individual is licensed to practice emergency medical services;**
- (8) **“License”, the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic;**
- (9) **“Medical director”, a physician licensed in a member state who is accountable for the care delivered by EMS personnel;**
- (10) **“Member state”, a state that has enacted this compact;**
- (11) **“Paramedic”, an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;**
- (12) **“Privilege to practice”, an individual’s authority to deliver emergency medical services in remote states as authorized under this compact;**
- (13) **“Remote state”, a member state in which an individual is not licensed;**
- (14) **“Restricted”, the outcome of an adverse action that limits a license or the privilege to practice;**
- (15) **“Rule”, a written statement by the interstate commission promulgated under section 334.1530 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule;**
- (16) **“Scope of practice”, defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform;**
- (17) **“Significant investigatory information”:**
 - (a) **Investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would result in the imposition of an adverse action on a license or privilege to practice; or**
 - (b) **Investigative information that indicates that the individual represents an immediate threat to public health and safety, regardless of whether the individual has been notified and had an opportunity to respond;**

(18) “State”, any state, commonwealth, district, or territory of the United States;

(19) “State EMS authority”, the board, office, or other agency with the legislative mandate to license EMS personnel.

334.1503. 1. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

2. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

3. A home state’s license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

(1) Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;

(2) Has a mechanism in place for receiving and investigating complaints about individuals;

(3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

(4) No later than five years after activation of the compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 731 CFR 202 and submit documentation of such as promulgated in the rules of the commission; and

(5) Complies with the rules of the commission.

334.1506. 1. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with section 334.1503.

2. To exercise the privilege to practice under the terms and provisions of this compact, an individual shall:

(1) Be at least eighteen years of age;

(2) Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state-recognized and licensed level with a scope of practice and authority between EMT and paramedic; and

(3) Practice under the supervision of a medical director.

3. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state, as may be defined in the rules of the commission.

4. Except as provided in subsection 3 of this section, an individual practicing in a remote state shall be subject to the remote state’s authority and laws. A remote state may, in accordance with due process and that state’s laws, restrict, suspend, or revoke an individual’s privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action, it shall promptly notify the home state and the commission.

5. If an individual's license in any home state is restricted, suspended, or revoked, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

6. If an individual's privilege to practice in any remote state is restricted, suspended, or revoked, the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

334.1509. An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the commission, and under the following circumstances:

(1) The individual originates a patient transport in a home state and transports the patient to a remote state;

(2) The individual originates in the home state and enters a remote state to pick up a patient and provides care and transport of the patient to the home state;

(3) The individual enters a remote state to provide patient care or transport within that remote state;

(4) The individual enters a remote state to pick up a patient and provides care and transport to a third member state; or

(5) Other conditions as determined by rules promulgated by the commission.

334.1512. Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply, and to the extent any terms or provisions of this compact conflict with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

334.1515. 1. Member states shall consider a veteran, active military service member, or member of the National Guard and Reserves separating from an active duty tour, or a spouse thereof, who holds a current, valid, and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

2. Member states shall expedite the process of licensure applications submitted by veterans, active military service members, or members of the National Guard and Reserves separating from an active duty tour, or their spouses.

3. All individuals functioning with a privilege to practice under this section remain subject to the adverse action provisions of section 334.1518.

334.1518. 1. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

2. If an individual's license in any home state is restricted, suspended, or revoked, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

(1) All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior

written authorization from both the home state and the remote state's EMS authority.

(2) An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

3. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the commission in accordance with the rules of the commission.

4. A remote state may take adverse action on an individual's privilege to practice within that state.

5. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

6. A home state's EMS authority shall coordinate investigative activities, share information via the coordinated database, and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

7. 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 shall require individuals who enter any alternative programs 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.

334.1521. A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

(1) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the remote state by any court of competent jurisdiction according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state's EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence is located; and

(2) Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

334.1524. 1. The compact states hereby create and establish a joint public agency known as the "Interstate Commission for EMS Personnel Practice".

(1) The commission is a body politic and 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.

2. Each member state shall have and be limited to one delegate. The responsible official of the state EMS authority or his or her designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the governor of the state will determine which entity will be responsible for assigning the delegate.

(1) 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. 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.

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

(3) 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 334.1530.

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

(a) Noncompliance of a member state with its obligations under the 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 if 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 investigatory 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.

(5) If a meeting or portion of a meeting is closed under this section, the commission's legal counsel or designee shall certify that the meeting may 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 delegates, prescribe bylaws and rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the 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 membership votes to close a meeting in whole or in part. As soon as practicable, the commission shall make public a copy of the vote to close the meeting revealing the vote of each member 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 member state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) 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 the compact after the payment or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

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

4. 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 on all member states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission; provided

that, the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure 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 member state;

(5) To 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;

(6) To 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 strive to avoid any appearance of impropriety and conflict of interest;

(7) To 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 strive to avoid any appearance of impropriety;

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

(9) To establish a budget and make expenditures;

(10) To borrow money;

(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

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

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

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

5. (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 shall 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.

6. (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, 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 subdivision 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 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, 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, willful, or wanton misconduct of the person.

334.1527. 1. The commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

2. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database 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) Significant investigatory information;
- (4) Adverse actions against an individual's license;
- (5) An indicator that an individual's privilege to practice is restricted, suspended, or revoked;

(6) Nonconfidential information related to alternative program participation;

(7) Any denial of application for licensure and the reasons for such denial; and

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

3. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

4. Member states contributing information to the coordinated database may designate information that shall not be shared with the public without the express permission of the contributing state.

5. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

334.1530. 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.

2. 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, then such rule shall have no further force and effect in any member state.

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

4. 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 or rules will 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 member state's EMS authority or the publication in which each state would otherwise publish proposed rules.

5. The notice of proposed rulemaking shall include:

(1) The proposed time, date, and location of the meeting at 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 parties may submit notice to the commission of their intention to attend the public hearing and any written comments.

6. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments that shall be made available to the public.

7. 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 governmental subdivision or agency; or

(3) An association having at least twenty-five members.

8. 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.

(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) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subdivision shall not preclude the commission from making a transcript or recording of the hearing if it so chooses.

(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.

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 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.

11. 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.

12. 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 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 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.

13. 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.

334.1533. 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 proceedings 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.

4. 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:

(1) Provide written notice to the defaulting state and other member 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

(2) Provide remedial training and specific technical assistance regarding the default.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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.

10. Upon a 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.

11. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

12. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

13. 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.

14. 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.

334.1536. 1. 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.

2. 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.

3. 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 EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

4. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

5. 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.

334.1539. This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any member state thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 10

Amend House Amendment No. 10 to Senate Bill No. 50, Page 1, Line 4, by deleting all of said line and inserting in lieu thereof the following:

“”190.053. 1. All members of the board of directors of an ambulance district first elected on or after January 1, 2008, shall attend and complete an educational seminar or conference or other suitable training on the role and duties of a board member of an ambulance district. The training required under this section shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services. Such training shall include, at a minimum:

- (1) Information relating to the roles and duties of an ambulance district director;
- (2) A review of all state statutes and regulations relevant to ambulance districts;
- (3) State ethics laws;
- (4) State sunshine laws, chapter 610;
- (5) Financial and fiduciary responsibility;
- (6) State laws relating to the setting of tax rates; and
- (7) State laws relating to revenue limitations.

2. If any ambulance district board member fails to attend a training session within twelve months after taking office, the board member shall not be compensated for attendance at meetings thereafter until the board member has completed such training session. **If any ambulance district board member fails to attend a training session within twenty-four months after taking office, the board member shall forfeit his or her position as a board member and the remaining board members shall appoint an interim board member to hold the position for the remainder of the term of the forfeited member.**

190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and”; and

Further amend said amendment, Page 4, Line 26, by inserting after all of said line the following:

“Further amend said bill, Page 3, Section 194.600, Line 60, by inserting immediately after said section and line the following:

“320.097. 1. As used in this section, “fire department” means any agency or organization that provides fire suppression and related activities, including but not limited to fire prevention, rescue, emergency medical services, hazardous material response, dispatching, or special operations to a population within a fixed and legally recorded geographical area.

2. No employee of a fire department who has worked for seven years for such department shall, as a condition of employment, be required to reside within a fixed and legally recorded geographical area of the fire department if the only public school district available to the employee within such fire department’s geographical area is a public school district that is or has been unaccredited or provisionally accredited in the last five years of such employee’s employment. Employees who have satisfied the seven-year requirement in this subsection and who choose to reside outside the geographical boundaries of the department shall reside within a one-hour response time. No charter school shall be deemed a public school

for purposes of this section.

3. No employee of a fire department who has not resided in such fire department's fixed and legally recorded geographical area, or who has changed such employee's residency because of conditions described in subsection 2 of this section, shall as a condition of employment be required to reside within the fixed and legally recorded geographical area of the fire department if such school district subsequently becomes fully accredited.

4. No employee of a fire department who does not receive a salary shall be required to live in a fire department's fixed and legally recorded geographical area.

320.098. No county shall require attendance at a specific training academy by any candidate for a firefighter position.

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.

3. Notwithstanding any provision of law to the contrary, no fire protection district or ambulance district shall require an employee who does not receive a salary to live within the district.

321.162. 1. All members of the board of directors of a fire protection district first elected on or after January 1, 2008, shall attend and complete an educational seminar or conference or other suitable training on the role and duties of a board member of a fire protection district. The training required under this section shall be conducted by an entity approved by the office of the state fire marshal. The office of the state fire marshal shall determine the content of the training to fulfill the requirements of this section. Such training shall include, at a minimum:

- (1) Information relating to the roles and duties of a fire protection district director;
- (2) A review of all state statutes and regulations relevant to fire protection districts;
- (3) State ethics laws;
- (4) State sunshine laws, chapter 610;
- (5) Financial and fiduciary responsibility;
- (6) State laws relating to the setting of tax rates; and
- (7) State laws relating to revenue limitations.

2. If any fire protection district board member fails to attend a training session within twelve months after taking office, the board member shall not be compensated for attendance at meetings thereafter until the board member has completed such training session. **If any fire protection district board member fails to attend a training session within twenty-four months after taking office, the board member shall forfeit his or her position as a board member and the remaining board members shall appoint an interim board member to hold the position for the remainder of the term of the forfeited member.**

321.200. 1. Except as otherwise provided in subsection 3 **of this section**, the board shall meet regularly, not less than once each month, at a time and at some building in the district to be designated by the board. Notice of the time and place of future regular meetings shall be posted continuously at the firehouse or firehouses of the district. Additional meetings may be held, when the needs of the district so require, at a place regular meetings are held, and notice of the time and place shall be given to each member of the board. Meetings of the board shall be held and conducted in the manner required by the provisions of chapter 610. All minutes of meetings of the board and all other records of the fire protection district shall be available for public inspection at the main firehouse within the district by appointment with the secretary of the board within one week after a written request is made between the hours of 8:00 a.m. and 5:00 p.m. every day except Sunday. A majority of the members of the board shall constitute a quorum at any meeting and no business shall be transacted unless a quorum is present. The board, acting as a board, shall exercise all powers of the board, without delegation thereof to any other governmental or other body or entity or association, and without delegation thereof to less than a quorum of the board. Agents, employees, engineers, auditors, attorneys, firemen and any other member of the staff of the district may be employed or discharged only by a board which includes at least two directors; but any board of directors may suspend from duty any such person or staff member who willfully and deliberately neglects or refuses to perform his or her regular functions.

2. Any vacancy on the board shall be filled by the remaining elected members of the board, except when less than two elected members remain on the board any vacancy shall be filled by the circuit court of the county in which all or a majority of the district lies. The appointee or appointees shall act until the next biennial election at which a director or directors are elected to serve the remainder of the unexpired term.

3. Notwithstanding any provision of sections 610.015 and 610.020 to the contrary, when Missouri Task Force One or any Urban Search and Rescue Task Force is activated for deployment by the federal emergency management agency, state emergency management agency, or statewide mutual aid, a quorum of the board of directors of the affiliated fire protection district may meet in person, via telephone, facsimile, internet, or any other voice or electronic means, without public notice, in order to authorize by roll call vote the disbursement of funds necessary for the deployment.

4. In the event action is necessary under subsection 3 of this section, the board of directors of the affiliated fire protection district shall keep minutes of the emergency meeting and disclose during the next regularly scheduled meeting of the board that the emergency meeting was held, the action that precipitated calling the emergency meeting without notice, and that the minutes of the emergency meeting are available as a public record of the board.

5. Members of a fire district or ambulance district board of directors shall only receive compensation for meetings the member attended. If multiple meetings occur on the same day, members shall not receive compensation for more than one meeting.

590.025. No law enforcement agency shall require an employee who does not receive a salary to live within a jurisdiction more specific than this state.”; and”; and

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

HOUSE AMENDMENT NO. 10

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting immediately after 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. **Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule.**

2. Except as provided for in subsection [4] 5 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. **Such rules shall include designation as a STEMI center without site review if such hospital is certified by a national body.**

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 pursuant to subsection [4] 5 of this section; however, this provision is not intended to limit the department’s ability to conduct a complaint investigation pursuant to 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 STEMI center designation under subsection 2 of this section, a hospital may apply for STEMI center designation under 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 STEMI center if such hospital has been certified as a Joint Commission Comprehensive Cardiac Center or another department-approved nationally-recognized organization that provides comparable STEMI center accreditation; or

(2) A level II STEMI center if such hospital has been accredited as a Mission: Lifeline STEMI receiving center by the American Heart Association accreditation process or another department-

approved nationally-recognized organization that provides STEMI receiving center accreditation.

5. Instead of applying for stroke center designation pursuant to the provisions of subsection 2 of this section, a hospital may apply for stroke center designation pursuant to 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 when such certification is in accordance with the American Heart Association/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 when such certification is in accordance with the American Heart Association/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 when such certification is in accordance with the American Heart Association/American Stroke Association guidelines.

Except as provided by subsection [5] 6 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. Any decision made by the department to withdraw its designation of a stroke center pursuant to 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 stroke center certification of a stroke center designated pursuant to this subsection. The department shall also advise the complainant 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.] 6. Any hospital receiving designation as a stroke center pursuant to subsection [4] 5 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 rules promulgated by the department;

(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 pursuant to subsection [4] 5 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.] **7.** Hospitals designated as a STEMI or stroke center by the department, including those designated pursuant to subsection [4] **5** 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 facility-specific data held by the registry or data bank.

A hospital submitting data pursuant to subdivision (2) or (3) of this subsection shall not be required to collect and submit any additional STEMI or stroke center data elements.

[7.] **8.** When collecting and analyzing data pursuant to the provisions of this section, the department shall comply with the following requirements:

(1) 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 national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; **and**

(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, the state advisory council on EMS, and regional EMS committees to review for performance improvement and patient safety].

[8.] **9.** 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.] **10.** The department of health and senior services may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

[10.] **11.** 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.

[11.] **12.** 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.

190.242. 1. In order to ensure that hospitals can be free from excessive regulation that increases health care costs without increasing patient safety, any rules and regulations promulgated by the department of health and senior services under sections 190.185, 190.241, and 192.006, chapter 197, or any other provision of Missouri law shall not require hospitals, as a condition of designation under section 190.241, to obtain emergency medical services data under section 190.241, unless such data may be obtained from the state database for emergency medical services. The provisions of this subsection shall not be construed to limit in any way the requirements of any person or entity to submit emergency medical services data to any person or entity.

2. A hospital shall not be required to comply with an interpretation of a specific provision in any regulation concerning trauma, STEMI, or stroke centers if such hospital can demonstrate that the specific provision in the regulation has been interpreted differently for a similarly-situated hospital. The department may require compliance if the specific provision in the regulation has been subsequently interpreted consistently for similarly-situated hospitals.

3. The department shall attend meetings with trauma, STEMI, and stroke centers for the benefit of improved communication, best-practice identification, and facilitation of improvements to the designation process.

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

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

HOUSE AMENDMENT NO. 11

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting the following after all of said section and line:

“335.099. Any licensed practical nurse, as defined in section 335.016:

(1) Who is an approved instructor for the level 1 medication aid program shall be qualified to teach the insulin administration course under chapter 198;

(2) Shall be qualified to perform diabetic nail care and monthly onsite reviews of basic personal care recipients, as required by the department of social services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198;

(3) Shall be qualified to perform dietary oversight, as required by the department of health and senior services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198.

2. A licensed practical nurse, as defined in section 335.016, may perform the monthly on-site visits

of basic personal care recipients required by MO HealthNet division regulations without the supervision of a registered nurse and may provide nail care for a diabetic or person with other medically contraindicating conditions without the direction of a registered nurse, pursuant to the Mo HealthNet Personal Care Program, and the lack of supervision or direction by a registered nurse of such tasks shall not, directly or indirectly, affect the eligibility of a residential care facility or assisted living facility to participate in such program as a provider or to receive reimbursement for services.”; 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 Senate Bill No. 50, Page 2, Line 23, by deleting said line and inserting lieu thereof the following:

“child, and a person who is an adult and who has been trained to handle the service dog.

337.010. As used in sections 337.010 to 337.090 the following terms mean:

- (1) “Committee”, the state committee of psychologists;
- (2) “Department”, the department of insurance, financial institutions and professional registration;
- (3) “Division”, the division of professional registration;

(4) “Internship”, any supervised hours that occur during a formal internship of twelve to twenty-four months after all academic course work toward a doctorate has been completed but prior to completion of the full degree. Internship is part of successful completion of a doctorate in psychology, and a person cannot earn his or her doctorate without completion of an internship;

(5) “Licensed psychologist”, any person who offers to render psychological services to individuals, groups, organizations, institutions, corporations, schools, government agencies or the general public for a fee, monetary or otherwise, implying that such person is trained, experienced and licensed to practice psychology and who holds a current and valid, whether temporary, provisional or permanent, license in this state to practice psychology;

(6) “Postdoctoral experiences”, experiences that follow the completion of a person’s doctoral degree. Such person shall not be licensed until he or she satisfies additional supervised hours. Postdoctoral experiences shall include any supervised clinical activities following the completion of the doctoral degree;

(7) “Predoctoral postinternship”, any supervised hours that occur following completion of the internship but prior to completing the degree. Such person may continue to provide supervised clinical services even after his or her internship is completed and while still completing his or her doctoral degree requirements;

(8) “Preinternship”, any supervised hours acquired as a student or in the course of seeking a doctorate in psychology but before the internship, which includes supervised practicum;

[(5)] **(9) “Provisional licensed psychologist”, any person who is a graduate of a recognized educational institution with a doctoral degree in psychology as defined in section 337.025, and who otherwise meets**

all requirements to become a licensed psychologist except for passage of the licensing exams, oral examination and completion of the required period of postdegree supervised experience as specified in subsection 2 of section 337.025;

[(6)] **(10)** “Recognized educational institution”:

(a) A school, college, university or other institution of higher learning in the United States, which, at the time the applicant was enrolled and graduated, had a graduate program in psychology and was accredited by one of the regional accrediting associations approved by the Council on Postsecondary Accreditation; or

(b) A school, college, university or other institution of higher learning outside the United States, which, at the time the applicant was enrolled and graduated, had a graduate program in psychology and maintained a standard of training substantially equivalent to the standards of training of those programs accredited by one of the regional accrediting associations approved by the Council of Postsecondary Accreditation;

[(7)] **(11)** “Temporary license”, a license which is issued to a person licensed as a psychologist in another jurisdiction, who has applied for licensure in this state either by reciprocity or endorsement of the score from the Examination for Professional Practice in Psychology, and who is awaiting either a final determination by the committee relative to such person’s eligibility for licensure or who is awaiting the results of the jurisprudence examination or oral examination.

337.025. 1. The provisions of this section shall govern the education and experience requirements for initial licensure as a psychologist for the following persons:

(1) A person who has not matriculated in a graduate degree program which is primarily psychological in nature on or before August 28, 1990; and

(2) A person who is matriculated after August 28, 1990, in a graduate degree program designed to train professional psychologists.

2. Each applicant shall submit satisfactory evidence to the committee that the applicant has received a doctoral degree in psychology from a recognized educational institution, and has had at least one year of satisfactory supervised professional experience in the field of psychology. 3. A doctoral degree in psychology is defined as:

(1) A program accredited, or provisionally accredited, by the American Psychological Association **or the Canadian Psychological Association**; or

(2) A program designated or approved, including provisional approval, by the [American] Association of State **and Provincial** Psychology Boards or the Council for the National Register of Health Service Providers in Psychology, or both; or

(3) A graduate program that meets all of the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) The psychology program shall stand as a recognizable, coherent organizational entity within the institution of higher education;

(c) There shall be a clear authority and primary responsibility for the core and specialty areas whether

or not the program cuts across administrative lines;

(d) The program shall be an integrated, organized, sequence of study;

(e) There shall be an identifiable psychology faculty and a psychologist responsible for the program;

(f) The program shall have an identifiable body of students who are matriculated in that program for a degree;

(g) The program shall include a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology;

(h) The curriculum shall encompass a minimum of three academic years of full-time graduate study, with a minimum of one year's residency at the educational institution granting the doctoral degree; and

(i) Require the completion by the applicant of a core program in psychology which shall be met by the completion and award of at least one three-semester-hour graduate credit course or a combination of graduate credit courses totaling three semester hours or five quarter hours in each of the following areas:

a. The biological bases of behavior such as courses in: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

b. The cognitive-affective bases of behavior such as courses in: learning, thinking, motivation, emotion, and cognitive psychology;

c. The social bases of behavior such as courses in: social psychology, group processes/dynamics, interpersonal relationships, and organizational and systems theory;

d. Individual differences such as courses in: personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, and theories of personality;

e. The scientific methods and procedures of understanding, predicting and influencing human behavior such as courses in: statistics, experimental design, psychometrics, individual testing, group testing, and research design and methodology.

4. Acceptable supervised professional experience **may be accrued through preinternship, internship, predoctoral postinternship, or postdoctoral experiences. The academic training director or the postdoctoral training supervisor shall attest to the hours accrued to meet the requirements of this section. Such hours** shall consist of:

(1) A minimum of fifteen hundred hours of [professional] experience [obtained] in a successfully completed internship to be completed in not less than twelve nor more than twenty-four [consecutive calendar] months; **and**

(2) A minimum of two thousand hours of experience consisting of any combination of the following:

(a) Preinternship and predoctoral postinternship professional experience that occurs following the completion of the first year of the doctoral program or at any time while in a doctoral program after completion of a master's degree in psychology or equivalent as defined by rule by the committee;

(b) Up to seven hundred fifty hours obtained while on the internship under subdivision (1) of this subsection but beyond the fifteen hundred hours identified in subdivision (1) of this subsection; or

(c) Postdoctoral professional experience obtained in no more than twenty-four consecutive calendar months. In no case shall this experience be accumulated at a rate of [less than twenty hours per week nor] more than fifty hours per week. Postdoctoral supervised professional experience for prospective health service providers **and other applicants** shall involve and relate to the delivery of psychological [health] services[. Postdoctoral supervised professional experience for other applicants shall be] in accordance with professional requirements and relevant to the applicant’s intended area of practice.

5. [Postdoctoral] Experience for those applicants who intend to seek health service provider certification and who have completed a program in one or more of the American Psychological Association designated health service provider delivery areas shall be obtained under the primary supervision of a licensed psychologist who is also a health service provider or who otherwise meets the requirements for health service provider certification. [Postdoctoral] Experience for those applicants who do not intend to seek health service provider certification shall be obtained under the primary supervision of a licensed psychologist or such other qualified mental health professional approved by the committee.

6. **For postinternship and postdoctoral hours,** the psychological activities of the applicant shall be performed pursuant to the primary supervisor’s order, control, and full professional responsibility. The primary supervisor shall maintain a continuing relationship with the applicant and shall meet with the applicant a minimum of one hour per month in face-to-face individual supervision. Clinical supervision may be delegated by the primary supervisor to one or more secondary supervisors who are qualified psychologists. The secondary supervisors shall retain order, control, and full professional responsibility for the applicant’s clinical work under their supervision and shall meet with the applicant a minimum of one hour per week in face-to-face individual supervision. If the primary supervisor is also the clinical supervisor, meetings shall be a minimum of one hour per week. Group supervision shall not be acceptable for supervised professional experience. The primary supervisor shall certify to the committee that the applicant has complied with these requirements and that the applicant has demonstrated ethical and competent practice of psychology. The changing by an agency of the primary supervisor during the course of the supervised experience shall not invalidate the supervised experience.

7. The committee by rule shall provide procedures for exceptions and variances from the requirements for once a week face-to-face supervision due to vacations, illness, pregnancy, and other good causes.”; and”;

and

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

HOUSE AMENDMENT NO. 12

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting after all of said section and line the following:

“209.150. 1. Every person with a visual, aural or other disability including diabetes, as **disability is** defined in section 213.010, shall have the same rights afforded to a person with no such disability to the full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities, and other public places.

2. Every person with a visual, aural or other disability including diabetes, as **disability is** defined in section 213.010, is entitled to full and equal accommodations, advantages, facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor buses, taxis, streetcars, boats or any other public conveyances or modes of transportation, hotels, lodging places, places of public

accommodation, amusement or resort, and other places to which the general public is invited, subject only to the conditions and limitations established by law and applicable alike to all persons.

3. Every person with a visual, aural or other disability including diabetes, as **disability is** defined in section 213.010, shall have the right to be accompanied by a guide dog, hearing dog, or service dog, **as defined in section 209.200**, which is especially trained for the purpose, in any of the places listed in subsection 2 of this section without being required to pay an extra charge for the guide dog, hearing dog or service dog; provided that such person shall be liable for any damage done to the premises or facilities by such dog.

4. As used in sections 209.150 to 209.190, the term “service dog” [means any dog specifically trained to assist a person with a physical or mental disability by performing necessary tasks or doing work which the person cannot perform. Such tasks shall include, but not be limited to, pulling a wheelchair, retrieving items, carrying supplies, and search and rescue of an individual with a disability] **shall be as defined in section 209.200.**

209.200. As used in sections [209.200] **209.150** to 209.204, not to exceed the provisions of the Americans With Disabilities Act, the following terms shall mean:

(1) “Disability”, as defined in section 213.010 including diabetes;

(2) “Service dog”, a dog that is being or has been specially trained to do work or perform tasks which benefit a particular person with a disability. Service dog includes but is not limited to:

(a) “Guide dog”, a dog that is being or has been specially trained to assist a particular blind or visually impaired person;

(b) “Hearing dog”, a dog that is being or has been specially trained to assist a particular deaf or hearing-impaired person;

(c) “Medical alert or [respond] **response dog**”, a dog that is being or has been trained to alert a person with a disability that a particular medical event is about to occur or to respond to a medical event that has occurred;

(d) **“Mental health service dog” or “psychiatric service dog”, a dog individually trained for its owner who is diagnosed with a psychiatric disability, medical condition, or developmental disability recognized in the most recently published Diagnostic and Statistical Manual of Mental Disorders (DSM) to perform tasks that mitigate or assist with difficulties including, but not limited to, alerting or responding to episodes such as panic attacks and anxiety and performing other tasks directly related to the owner’s psychiatric disability, medical condition, or developmental disability including, but not limited to, autism spectrum disorder, epilepsy, major depressive disorder, bipolar disorder, Alzheimer’s disease, dementia, post-traumatic stress disorder (PTSD), anxiety disorder, obsessive compulsive disorder, schizophrenia, and other mental illnesses and invisible disabilities;**

(e) “Mobility dog”, a dog that is being or has been specially trained to assist a person with a disability caused by physical impairments;

[(e)] (f) “Professional therapy dog”, a dog which is selected, trained, and tested to provide specific physical therapeutic functions, under the direction and control of a qualified handler who works with the dog as a team as a part of the handler’s occupation or profession. Such dogs, with their handlers,

perform such functions in institutional settings, community-based group settings, or when providing services to specific persons who have disabilities. Professional therapy dogs do not include dogs, certified or not, which are used by volunteers in visitation therapy;

[(f)] (g) “Search and rescue dog”, a dog that is being or has been trained to search for or prevent a person with a mental disability, including but not limited to verbal and nonverbal autism, from becoming lost;

(3) “Service dog team”, a team consisting of a trained service dog, a disabled person or child, and a person who is an adult and who has been trained to handle the service dog.”; and

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

HOUSE AMENDMENT NO. 13

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, by inserting after all of said section and line the following:

“208.1070. 1. For purposes of this section, the term “long-acting reversible contraceptive (LARC)” shall include, but not be limited to, intrauterine devices (IUDs) and birth control implants.

2. Notwithstanding any other provision of law, any LARC that is prescribed to and obtained for a MO HealthNet participant may be transferred to another MO HealthNet participant if the LARC was not delivered to, implanted in, or used on the original MO HealthNet participant to whom the LARC was prescribed. In order to be transferred to another MO HealthNet participant under the provisions of this section, the LARC shall:

(1) Be in the original, unopened package;

(2) Have been in the possession of the health care provider for at least twelve weeks. The provisions of this subdivision may be waived upon the written consent of the original MO HealthNet participant to whom the LARC was prescribed;

(3) Not have left the possession of the health care provider who originally prescribed the LARC; and

(4) Be medically appropriate and not contraindicated for the MO HealthNet participant to whom the LARC is being transferred.”; and

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

HOUSE AMENDMENT NO. 14

Amend Senate Bill No. 50, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“191.250. 1. This section shall be known and may be cited as “Simon’s Law”.

2. As used in this section the following terms shall mean:

(1) “Life-sustaining”, procedures, food, medication, or nutrition are life-sustaining if, in reasonable medical judgment, the withdrawal or withholding of such procedures, food, medication,

or nutrition would result in or hasten the death of the patient;

(2) “Reasonable medical judgment”, a medical judgment that would be made by a reasonably prudent physician who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

3. Upon the request of a patient or resident or a prospective patient or resident, a health care facility, nursing home, or physician shall disclose in writing any policies relating to a patient or resident or the services a patient or resident may receive involving life-sustaining treatment, including any policies related to health care deemed futile, inappropriate, or non-beneficial, within the health care facility or agency.

4. No health care facility, nursing home, physician, nurse, or medical staff shall withhold life-sustaining procedures, food, medication, or nutrition, nor place any restrictions on life-sustaining procedures including, but not limited to, food, medication, or nutrition for any patient, resident, or ward under eighteen years of age who is not emancipated without the written permission of at least one parent or legal guardian of the patient or ward.

5. No do-not-resuscitate order or similar physician’s order shall be instituted either orally or in writing without the written permission of at least one parent or legal guardian of the patient or resident or prospective patient or resident under eighteen years of age who is not emancipated.

6. Permission previously given under subsection 4 or 5 of this section may be revoked in writing by the legal guardian or either parent of the patient. If the parents are unable to agree to withhold life-sustaining procedures, food, medication, nutrition, or resuscitation, either parent may petition a district court of the county in which the patient resides or in which the patient is receiving treatment to resolve the conflict based on a presumption in favor of the provision of life-sustaining procedures, food, medication, nutrition, and resuscitation, unless there is clear and convincing evidence that such provision is contrary to the best interests of the child. Upon receiving such a petition, the district court shall issue an order fixing the date, time, and place of the trial on the petition and order that notice of the trial shall be given to such persons as the court shall direct. The trial may be held forthwith and without notice, if the court determines that holding a trial forthwith and without notice is in the best interests of the petitioner. In the court’s discretion, a trial may be conducted in a courtroom, a treatment facility, or at some other suitable place. Pending the final outcome of the proceedings, including any appeals, no permission under subsection 4 or 5 of this section may be implemented.

7. Subject to the provisions of subsection 6 of this section, the requirements for written permission in subsections 4 and 5 of this section shall not apply if providing resuscitation, food, medication, or nutrition would be:

(1) Futile because, in reasonable medical judgment, withholding resuscitation, food, medication, or nutrition would not cause or hasten the death of the patient; or

(2) Medically inappropriate because, in reasonable medical judgment, providing resuscitation, food, medication, or nutrition would create a greater risk of causing or hastening the death of the patient than withholding resuscitation, food, medication, or nutrition.

8. Subsection 7 of this section may be implemented, so long as a reasonably diligent effort has been made to contact at least one parent or legal guardian who, if contacted, has been informed of the planned withholding of food, medication, or nutrition or do-not-resuscitate order, and the health care

provider has cooperated with the parent or legal guardian’s efforts to obtain other medical opinions or a transfer of the patient to a provider selected by the parent or guardian, if so requested.

9. Nothing in this section shall require a health care facility, nursing home, or physician to have a written policy relating to or involving life-sustaining or nonbeneficial treatment for patients under eighteen years of age who are not emancipated or adult patients, residents, or wards.”; and

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

HOUSE AMENDMENT NO. 15

Amend Senate Bill No. 50, Page 3, Section 194.600, Line 60, 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** 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.

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SCS** for **SB 160**, entitled:

An Act to repeal sections 21.771, 210.110, 210.152, 210.565, 211.059, 211.081, 211.211, 211.351, 211.361, 211.401, and 211.447, RSMo, and to enact in lieu thereof twelve new sections relating to child protection, with an emergency clause for certain sections.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 160, Page 20, Section 211.447, Line 175, by inserting immediately after said section and line the following:

“566.150. 1. Any person who has been found guilty of:

(1) Violating any of the provisions of this chapter or the provisions of section 568.020, incest; section 568.045, endangering the welfare of a child in the first degree; section 573.200, use of a child in a sexual performance; section 573.205, promoting a sexual performance by a child; section 573.023, sexual exploitation of a minor; section 573.025, promoting child pornography; or section 573.040, furnishing pornographic material to minors; or

(2) Any offense in any other jurisdiction which, if committed in this state, would be a violation listed in this section;

shall not knowingly be present in or loiter within five hundred feet of any real property comprising any public park with playground equipment [or], a public swimming pool, **or any museum with the primary purpose of entertaining or educating children under eighteen years of age.**

2. The first violation of the provisions of this section is a class E felony.

3. A second or subsequent violation of this section is a class D felony.”; 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.

On motion of Senator Kehoe, the Senate adjourned under the rules.

SENATE CALENDAR

SIXTY-FIFTH DAY—THURSDAY, MAY 4, 2017

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HCB 10-Engler

HCS for HB 619

HCS for HB 162

HB 97-Swan

HCS for HB 293

HCS for HB 219

HCS for HB 324

HCS for HB 746

HCS for HB 194

HCS for HBs 960, 962 & 828

HCS for HB 670

HB 743-Conway

HB 824-Reiboldt

HCS for HB 384

HCS for HB 886

HCB 7-Fitzwater

HCB 1-McGaugh

HCS for HB 608

HCS for HB 380

SENATE BILLS FOR PERFECTION

- | | |
|----------------------------------|-----------------------------|
| 1. SB 495-Riddle, with SCS | 12. SB 380-Riddle |
| 2. SB 532-Hoskins | 13. SB 297-Hummel, with SCS |
| 3. SB 518-Emery | 14. SB 474-Schatz |
| 4. SB 341-Nasheed, with SCS | 15. SB 483-Holsman |
| 5. SJR 5-Emery, with SCS | 16. SB 498-Nasheed |
| 6. SB 305-Kehoe, et al | 17. SB 251-Kehoe, with SCS |
| 7. SB 535-Wallingford | 18. SB 528-Hegeman |
| 8. SB 523-Sater, with SCS | 19. SB 307-Munzlinger |
| 9. SB 480-Kraus | 20. SB 472-Hoskins |
| 10. SB 407-Riddle, with SCS | 21. SB 524-Koenig, with SCS |
| 11. SB 353-Wallingford, with SCS | |

HOUSE BILLS ON THIRD READING

- | | |
|---|---|
| 1. HB 288-Fitzpatrick (Kehoe) | (Cunningham) |
| 2. HCS for HB 151 (Silvey) | 23. HB 289-Fitzpatrick, with SCS (Rowden) |
| 3. HB 850-Davis (Kraus) | 24. HB 493-Bondon, with SCS (Silvey) |
| 4. HCS for HB 452 (Rowden) | 25. HB 52-Andrews (Hegeman) |
| 5. HCS for HB 831, with SCS (Hummel) | 26. HCS for HB 647, with SCS (Sater) |
| 6. HCS for HB 381, with SCS (Hegeman) | 27. HCS for HB 353, with SCS (Sater) |
| 7. HB 58-Haefner (Onder) | 28. HCS for HB 54, with SCS (Emery) |
| 8. HB 175-Reiboldt, with SCS (Munzlinger) | 29. HB 355-Bahr (Eigel) |
| 9. HB 327-Morris (Curls) | 30. HCS for HB 122, with SCS (Onder) |
| (In Fiscal Oversight) | 31. HCS for HB 230, with SCS (Koenig) |
| 10. HB 680-Fitzwater, with SCS (Wasson) | 32. HB 700-Cookson, with SCS (Libla) |
| 11. HCS for HB 57-Haefner, with SCS | 33. HB 1045-Haahr (Wasson) |
| (Libla) | 34. HB 909-Fraker (Wasson) |
| 12. HCS for HB 422 (Dixon) | 35. HCS for HB 631, with SCS (Emery) |
| 13. HB 245-Rowland, with SCS (Cunningham) | 36. HCS for HB 348 (Romine) |
| 14. HB 262-Sommer (Hoskins) | 37. HJR 10-Brown (Romine) |
| 15. HCS for HB 270 (Rowden) | 38. HCS#2 for HB 502 (Rowden) |
| 16. HCS for HB 661, with SCS (Emery) | 39. HCS for HB 304, with SCS (Koenig) |
| 17. HB 758-Cookson, with SCS (Romine) | 40. HB 871-Davis, with SCS (Kraus) |
| 18. HCS for HB 138, with SCS (Onder) | 41. HB 843-McGaugh, with SCS (Hegeman) |
| 19. HCS for HB 441 (Rowden) | 42. HB 200-Fraker, with SCS (Sater) |
| 20. HCS for HB 253, with SCS (Romine) | 43. HCS for HB 703 (Hegeman) |
| 21. HB 94-Lauer (Romine) | 44. HB 956-Kidd, with SCS (Rizzo) |
| 22. HB 248-Fitzwater, with SCS | 45. HCS for HB 199, with SCS (Cunningham) |

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| 46. HB 87-Henderson, with SCS (Romine) | 65. HCS for HB 1158, with SCS (Riddle) |
| 47. HB 587-Redmon, with SCS (Hegeman) | 66. HCS for HB 159 (Brown) |
| 48. HCS for HB 258, with SCS (Munzlinger) | 67. HB 598-Cornejo (Hegeman) |
| 49. HB 349-Brown, with SCS (Sater) | 68. HB 469-Gannon, with SCS (Romine)
(In Fiscal Oversight) |
| 50. HCS for HB 316, with SCS (Wallingford) | 69. HCS for HB 935, with SCS
(In Fiscal Oversight) |
| 51. HB 558-Ross, with SCS (Schatz) | 70. HB 193-Kelley (Emery) |
| 52. HB 586-Rhoads (Rowden) | 71. HB 281-Rowland (Sater) |
| 53. HB 256-Rhoads, with SCS (Munzlinger) | 72. HB 568-Tate, with SCS (Schatz) |
| 54. HCS for HB 645 (Sater) | 73. HCS for HB 741, with SCS (Wieland) |
| 55. HCS for HB 183 (Nasheed) | 74. HB 815-Basye, with SCS (Riddle)
(In Fiscal Oversight) |
| 56. HCS for HB 542 (Schatz) | 75. HB 557-Ross (Cunningham) |
| 57. HB 61-Alferman (Schatz) | 76. HCS for HB 694 (Cunningham)
(In Fiscal Oversight) |
| 58. HB 128, HB 678, HB 701 &
HB 964-Davis, with SCS (Richard) | 77. HCS for HB 225 (Munzlinger) |
| 59. HB 811-Ruth (Wieland) | 78. HCS for HB 181 (Sater) |
| 60. HB 805-Basye (Rowden) | 79. HB 697-Trent (Rowden) |
| 61. HB 664-Korman (Riddle) | |
| 62. HB 105-Love (Kraus) | |
| 63. HB 849-Pfautsch (Kraus) | |
| 64. HCS for HB 260, with SCS (Sater) | |

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

- | | |
|--|-----------------------------|
| SB 5-Richard | SB 68-Onder and Nasheed |
| SB 6-Richard, with SCS | SB 76-Munzlinger |
| SB 13-Dixon | SB 80-Wasson, with SCS |
| SB 20-Brown | SB 81-Dixon |
| SB 21-Brown | SB 83-Dixon |
| SB 28-Sater, with SCS (pending) | SB 85-Kraus, with SCS |
| SB 32-Emery, with SCS | SB 96-Sater and Emery |
| SBs 37 & 244-Silvey, with SCS, SS for
SCS & SA 1 (pending) | SB 97-Sater, with SCS |
| SB 41-Wallingford and Emery, with SS,
SA 1 & SA 1 to SA 1 (pending) | SB 102-Cunningham, with SCS |
| SBs 44 & 63-Romine, with SCS | SB 103-Wallingford |
| SB 46-Libla, with SCS | SB 109-Holsman, with SCS |
| SB 61-Hegeman, with SCS | SB 115-Schupp, with SCS |
| SB 67-Onder, et al, with SS, SA 1 &
SSA 1 for SA 1 (pending) | SB 117-Schupp, with SCS |
| | SB 122-Munzlinger, with SCS |
| | SB 123-Munzlinger |
| | SB 126-Wasson |

SB 129-Dixon and Sifton, with SCS
SB 130-Kraus, with SCS
SB 133-Chappelle-Nadal
SB 138-Sater
SB 141-Emery
SB 142-Emery
SB 144-Wallingford
SB 145-Wallingford, with SCS
SB 147-Romine
SB 156-Munzlinger, with SCS
SB 157-Dixon, with SCS
SB 158-Dixon
SB 163-Romine
SB 169-Dixon, with SCS
SB 171-Dixon and Sifton, with SCS
SB 176-Dixon
SB 177-Dixon, with SCS
SB 178-Dixon
SB 180-Nasheed, with SCS
SB 183-Hoskins, with SCS
SB 184-Emery, with SS (pending)
SB 185-Onder, et al, with SCS
SB 188-Munzlinger, with SCS
SB 189-Kehoe, with SCS
SB 190-Emery, with SCS & SS#2 for SCS
(pending)
SB 196-Koenig
SB 199-Wasson
SB 200-Libla
SB 201-Onder, with SCS
SB 203-Sifton, with SCS
SB 207-Sifton
SB 209-Wallingford
SB 210-Onder, with SCS
SB 220-Riddle, with SCS & SS for SCS
(pending)
SB 221-Riddle
SB 223-Schatz, with SCS
SB 227-Koenig, with SCS
SB 228-Koenig, with SS & SA 1 (pending)
SB 230-Riddle
SB 232-Schatz
SB 233-Wallingford
SB 234-Libla, with SCS
SB 239-Rowden, with SCS
SB 242-Emery, with SCS
SB 243-Hegeman
SB 247-Kraus, with SCS
SB 250-Kehoe
SB 252-Dixon, with SCS
SB 258-Munzlinger
SB 259-Munzlinger
SB 260-Munzlinger
SB 261-Munzlinger
SB 262-Munzlinger
SB 263-Riddle
SB 264-Dixon
SB 267-Schatz, with SCS
SB 271-Wasson and Richard, with SCS
SB 280-Hoskins, with SCS
SB 284-Hegeman, with SCS
SBs 285 & 17-Koenig, with SCS
SB 286-Rizzo
SB 290-Schatz, with SCS
SB 295-Schaaf, with SCS
SB 298-Curls
SB 303-Wieland, with SCS
SB 311-Wasson, with SCS
SBs 314 & 340-Schatz, et al, with SCS
SB 316-Rowden, with SCS
SB 325-Kraus
SBs 327, 238 & 360-Romine, with SCS
SB 328-Romine, with SCS & SA 3 (pending)
SB 330-Munzlinger
SB 331-Hegeman
SB 333-Schaaf, with SCS
SB 336-Wieland
SB 348-Wasson, with SA 1 (pending)
SB 349-Wasson
SB 358-Wieland

SB 362-Hummel	SB 426-Wasson, with SCS
SB 368-Rowden	SB 427-Wasson
SB 371-Schaaf, with SA 2 & SSA 1 for SA 2 (pending)	SB 430-Cunningham, with SCS
SB 378-Wallingford	SB 433-Sater, with SCS
SB 379-Schatz	SB 435-Cunningham, with SCS
SB 381-Riddle	SB 442-Hegeman
SB 383-Eigel and Wieland	SB 445-Rowden
SB 384-Rowden, with SCS	SB 448-Emery
SB 389-Sater, with SCS	SB 451-Nasheed, with SS (pending)
SB 391-Munzlinger	SB 468-Hegeman
SB 392-Holsman	SB 469-Schatz
SB 406-Wasson and Sater	SB 475-Schatz
SB 409-Koenig	SB 485-Hoskins
SB 410-Schatz	SB 517-Wasson
SB 413-Munzlinger	SB 526-Brown
SB 418-Hegeman, with SCS	SJR 9-Romine, with SCS
SB 419-Riddle	SJR 11-Hegeman, with SCS
SB 422-Cunningham, with SCS	SJR 12-Eigel
	SJR 17-Kraus

HOUSE BILLS ON THIRD READING

HB 35-Plocher (Dixon)	HCS for HBs 302 & 228, with SCS, SS for SCS & SA 5 (pending) (Schatz)
HCS for HB 66, with SCS (Sater)	HB 336-Shull (Wieland)
HB 85-Redmon, with SCS (Hegeman)	HCS for HBs 337, 259 & 575 (Schatz)
HCS for HBs 91, 42, 131, 265 & 314 (Brown)	HCS for HB 427, with SCS (Kehoe)
HB 93-Lauer, with SCS (Wasson)	HCS for HB 451 (Wasson)
HB 95-McGaugh (Emery)	HCS for HB 460 (Munzlinger)
HB 104-Love (Brown)	HB 461-Kolkmeier (Munzlinger)
HCS for HB 115, with SCS (Wasson)	HB 462-Kolkmeier (Munzlinger)
HCS for HBs 190 & 208 (Eigel)	HB 655-Engler (Dixon)
HB 207-Fitzwater (Romine)	HCS for HBs 1194 & 1193 (Hegeman)
HB 251-Taylor, with SCS, SS for SCS, SA 2 & SA 3 to SA 2 (pending) (Onder)	HCB 3-Fitzpatrick, with SA 2 (pending) (Koenig)
HCS for HB 292, with SCS (Cunningham)	

SENATE BILLS WITH HOUSE AMENDMENTS

SB 50-Walsh, with HA 1, HA 2, HA 3,
HA 4, HA 5, as amended, HA 6, as
amended, HA 7, as amended, HA 8,
HA 9, HA 10, as amended, HA 11, HA 12,
as amended, HA 13, HA 14 & HA 15
SS for SB 62-Hegeman, with HCS,
as amended
SB 64-Schatz, with HA 1, HA 2 & HA 3

SS for SCS for SB 66-Schatz, with HCS,
as amended
SB 111-Hegeman, with HCS, as amended
SS for SCS for SB 160-Sater, with HCS,
as amended
SCS for SB 161-Sater, with HCS
SB 411-Schatz, with HA 1, HA 2, HA 3,
as amended, HA 4 & HA 5, as amended

BILLS IN CONFERENCE AND BILLS
CARRYING REQUEST MESSAGES

In Conference

HCS for HB 2, with SCS, as amended
(Brown)

HCS for HB 3, with SCS (Brown)

HCS for HB 4, with SCS (Brown)

HCS for HB 5, with SCS (Brown)

HCS for HB 6, with SCS, as amended (Brown)

HCS for HB 7, with SCS (Brown)

HCS for HB 8, with SCS (Brown)

HCS for HB 9, with SCS (Brown)

HCS for HB 10, with SCS (Brown)

HCS for HB 11, with SCS (Brown)

HCS for HB 12, with SCS, as amended
(Brown)

HCS for HB 17, with SCS, as amended
(Brown)

HCS for HB 19, with SCS (Brown)

Requests to Recede or Grant Conference

SB 8-Munzlinger, with HA 1, HA 2, HA 3,
as amended, HA 4, HA 5, HA 6, HA 7,
HA 8, as amended & HA 9, as amended
(Senate requests House recede or
grant conference)

HCS for HBs 90 & 68, with SS, as amended
(Schatz)
(House requests Senate recede or grant
conference)

RESOLUTIONS

SR 197-Richard
SR 891-Romine

SR 917-Silvey

Reported from Committee

SCR 6-Walsh

SCR 17-Curls

SCR 18-Wallingford

SCR 25-Cunningham, with SCS

SCR 26-Kehoe

HCR 6-Justus (Sater)

HCR 28-Rowland (Rowden)

HCS for HCR 47 (Schatz)

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