

Journal of the Senate

SECOND REGULAR SESSION

SIXTY-SIXTH DAY—TUESDAY, MAY 8, 2018

The Senate met pursuant to adjournment.

President Parson in the Chair.

Reverend Carl Gauck offered the following prayer:

“Thus far the Lord has helped us.” (1 Samuel 7:12b)

Loving God, we know that thus far we have completed the work that has come before us for which we are most grateful that Your guidance has brought us to this point. Now we pray for Your continual help in all that remains to be done, mindful of the obligations we have taken on both here and at home. So we call upon You to strengthen and help us to give fully of ourselves knowing it is the right thing 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	Cierpiot	Crawford	Cunningham	Curls	Dixon
Eigel	Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe
Koenig	Libla	Munzlinger	Nasheed	Onder	Richard	Riddle
Rizzo	Romine	Rowden	Sater	Schaaf	Schatz	Schupp
Sifton	Wallingford	Walsh	Wasson	Wieland—33		

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The Lieutenant Governor was present.

RESOLUTIONS

Senator Riddle offered Senate Resolution No. 2019, regarding the death of Gary L. Hahn, Mexico, which was adopted.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2020

Notice of Proposed Rule Change

Notice is hereby given by the Senator from the Thirty-fourth 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 the Senate Rules be amended by adding Senate Rule 103 to read as follows:

“Rule 103. All staff of a senator and senate staff shall disclose to the secretary of the senate any relationship, financial or otherwise, that such person has with an organization exempt from taxation under Section 501(c)(4) of the Internal Revenue Code. Such disclosure information shall be made available to all senators upon request.”

President Pro Tem Richard assumed the Chair.

MESSAGES FROM THE HOUSE

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

Mr. President: The House of Representatives neglected to adopt the House Committee Substitute for Senate Committee Substitute for Senate Bill 718 as amended. Therefore, the House is requesting the Senate return Senate Committee Substitute for Senate Bill No. 718 as amended in order for the House of Representatives to take up and adopt the House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718 as amended.

PRIVILEGED MOTIONS

Senator Eigel moved that **SCS** for **SB 718** be returned to the House of Representatives per their request.

At the request of Senator Eigel, the above motion was withdrawn.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HCR 77**.

HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE CONCURRENT RESOLUTION NO. 77

WHEREAS, the Bangert Island riverfront transformational project will transform the St. Charles riverfront into a center for economic prosperity; and

WHEREAS, the Bangert Island riverfront transformational project will provide a unique Missouri river island recreational attraction; and

WHEREAS, the Bangert Island riverfront transformational project will provide Missouri river aquatic habitat restoration; and

WHEREAS, the Bangert Island riverfront transformational project will provide 4,000 new jobs; and

WHEREAS, the Bangert Island riverfront transformational project, according to economic modeling, will result in a \$1.5 billion economic impact; and

WHEREAS, a modeling study produced by the United States Army Corps of Engineers for restoration of Bangert Island concluded that

navigation will not be disturbed by the proposed side channel project; and

WHEREAS, the City of St. Charles desires to work with the United States Army Corps of Engineers to advance a Section 1135 project, which would improve aquatic habitats and restore Bangert Island; and

WHEREAS, the City of St. Charles will cost share toward construction of the Bangert Island project:

NOW THEREFORE BE IT RESOLVED that the members of the House of Representatives of the Ninety-ninth General Assembly, Second Regular Session, the Senate concurring therein, hereby endorse the Bangert Island riverfront transformational project; and

BE IT FURTHER RESOLVED that the Chief Clerk of the Missouri House of Representatives be instructed to prepare a properly inscribed copy of this resolution for the Governor and all elected federal delegates of Missouri.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS for SB 793**, entitled:

An Act to repeal 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, 221.044, 567.020, 567.030, 567.050, 567.060, and 589.400, RSMo, and to enact in lieu thereof twenty-eight new sections relating to juvenile court proceedings, with penalty provisions and a delayed effective date for certain sections.

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

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 793, Page 22, Section 221.044, Line 5, by inserting immediately after said section and line the following:

“478.625. 1. Beginning on January 1, 2003, there shall be three circuit judges in the nineteenth judicial circuit consisting of the county of Cole.

2. One circuit judge shall be first elected in 1982. The second circuit judge shall be first elected in 1984. The third circuit judge shall be first elected in 2002.

3. Effective January 1, [2003] **2021, in compliance with section 478.320**, there shall be [one less] **two** associate circuit [judge] **judges** in Cole County [than is provided pursuant to section 478.320]. **The second associate circuit judge shall be first elected in 2020.**”; and

Further amend said bill, Page 29, Section 1, Line 3, by inserting immediately after said section and line the following:

“[478.375. At such time as a new jail or law enforcement center is constructed within the sixth judicial circuit, a new circuit judgeship shall be added.]”; and

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

HOUSE AMENDMENT NO. 1 TO HOUSE AMENDMENT NO. 2

Amend House Amendment No. 2 to House Committee Substitute for Senate Bill No. 793, Page 1, Line 1, by deleting said line and inserting in lieu thereof the following:

“Amend House Committee Substitute for Senate Bill No. 793, Page 22, Section 211.435, Line 7, by deleting the word “used” and inserting in lieu thereof the following:

“distributed to the judicial circuits of the state based upon the increased workload created by sections 211.021 to 211.425”; and

Further amend said bill, Page 29, Section 610.131, Line 20,”; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 793, Page 29, Section 610.131, Line 20, by inserting after said section and line the following:

“610.140. 1. Notwithstanding any other provision of law and subject to the provisions of this section, any person may apply to any court in which such person was charged or found guilty of any offenses, violations, or infractions for an order to expunge records of such arrest, plea, trial, or conviction. Subject to the limitations of subsection 12 of this section, a person may apply to have one or more offenses, violations, or infractions expunged if such offense, violation, or infraction occurred within the state of Missouri and was prosecuted under the jurisdiction of a Missouri municipal, associate circuit, or circuit court, so long as such person lists all the offenses, violations, and infractions he or she is seeking to have expunged in the petition and so long as all such offenses, violations, and infractions are not excluded under subsection 2 of this section. If the offenses, violations, or infractions were charged as counts in the same indictment or information or were committed as part of the same course of criminal conduct, the person may include all the related offenses, violations, and infractions in the petition, regardless of the limits of subsection 12 of this section, and the petition shall only count as a petition for expungement of the highest level violation or offense contained in the petition for the purpose of determining future eligibility for expungement.

2. The following offenses, violations, and infractions shall not be eligible for expungement under this section:

(1) Any class A felony offense;

(2) Any dangerous felony as that term is defined in section 556.061;

(3) Any offense that requires registration as a sex offender;

(4) Any felony offense where death is an element of the offense;

(5) Any felony offense of assault; misdemeanor or felony offense of domestic assault; or felony offense of kidnapping;

(6) Any offense listed, or previously listed, in chapter 566 or section 105.454, 105.478, 115.631, 130.028, 188.030, 188.080, 191.677, 194.425, 217.360, 217.385, 334.245, 375.991, 389.653, 455.085, 455.538, 557.035, 565.084, 565.085, 565.086, 565.095, 565.120, 565.130, 565.156, 565.200, 565.214, 566.093, 566.111, 566.115, 568.020, 568.030, 568.032, 568.045, 568.060, 568.065, 568.080, 568.090, 568.175, 569.030, 569.035, 569.040, 569.050, 569.055, 569.060, 569.065, 569.067, 569.072, 569.100, 569.160, 570.025, 570.030, 570.090, 570.100, 570.130, 570.180, 570.223, 570.224, 570.310, 571.020, 571.030, 571.060, 571.063, 571.070, 571.072, 571.150, 574.070, 574.105, 574.115, 574.120, 574.130,

575.040, 575.095, 575.153, 575.155, 575.157, 575.159, 575.195, 575.200, 575.210, 575.220, 575.230, 575.240, 575.350, 575.353, 577.078, 577.703, 577.706, 578.008, 578.305, 578.310, or 632.520;

(7) Any offense eligible for expungement under section 577.054 or 610.130;

(8) Any intoxication-related traffic or boating offense as defined in section 577.001, or any offense of operating an aircraft with an excessive blood alcohol content or while in an intoxicated condition;

(9) Any ordinance violation that is the substantial equivalent of any offense that is not eligible for expungement under this section; and

(10) Any violations of any state law or county or municipal ordinance regulating the operation of motor vehicles when committed by an individual who has been issued a commercial driver's license or is required to possess a commercial driver's license issued by this state or any other state.

3. The petition shall name as defendants all law enforcement agencies, courts, prosecuting or circuit attorneys, municipal prosecuting attorneys, central state repositories of criminal records, or others who the petitioner has reason to believe may possess the records subject to expungement for each of the offenses, violations, and infractions listed in the petition. The court's order of expungement shall not affect any person or entity not named as a defendant in the action.

4. The petition shall include the following information:

(1) The petitioner's:

(a) Full name;

(b) Sex;

(c) Race;

(d) Driver's license number, if applicable; and

(e) Current address;

(2) Each offense, violation, or infraction for which the petitioner is requesting expungement;

(3) The approximate date the petitioner was charged for each offense, violation, or infraction; and

(4) The name of the county where the petitioner was charged for each offense, violation, or infraction and if any of the offenses, violations, or infractions occurred in a municipality, the name of the municipality for each offense, violation, or infraction; and

(5) The case number and name of the court for each offense.

5. The clerk of the court shall give notice of the filing of the petition to the office of the prosecuting attorney, circuit attorney, or municipal prosecuting attorney that prosecuted the offenses, violations, or infractions listed in the petition. If the prosecuting attorney, circuit attorney, or municipal prosecuting attorney objects to the petition for expungement, he or she shall do so in writing within thirty days after receipt of service. Unless otherwise agreed upon by the parties, the court shall hold a hearing within sixty days after any written objection is filed, giving reasonable notice of the hearing to the petitioner. If no objection has been filed within thirty days after receipt of service, the court may set a hearing on the matter and shall give reasonable notice of the hearing to each entity named in the petition. At any hearing, the court

may accept evidence and hear testimony on, and may consider, the following criteria for each of the offenses, violations, or infractions listed in the petition for expungement:

(1) **At the time the petition is filed**, it has been at least seven years if the offense is a felony, or at least three years if the offense is a misdemeanor, municipal offense, or infraction, from the date the petitioner completed any authorized disposition imposed under section 557.011 for each offense, violation, or infraction listed in the petition;

(2) The person has not been found guilty of any other misdemeanor or felony, not including violations of the traffic regulations provided under chapters 304 and 307, during the time period specified for the underlying offense, violation, or infraction in subdivision (1) of this subsection;

(3) The person has satisfied all obligations relating to any such disposition, including the payment of any fines or restitution;

(4) The person does not have charges pending;

(5) The petitioner's habits and conduct demonstrate that the petitioner is not a threat to the public safety of the state; and

(6) The expungement is consistent with the public welfare and the interests of justice warrant the expungement.

A pleading by the petitioner that such petitioner meets the requirements of subdivisions (5) and (6) of this subsection shall create a rebuttable presumption that the expungement is warranted so long as the criteria contained in subdivisions (1) to (4) of this subsection are otherwise satisfied. The burden shall shift to the prosecuting attorney, circuit attorney, or municipal prosecuting attorney to rebut the presumption. A victim of an offense, violation, or infraction listed in the petition shall have an opportunity to be heard at any hearing held under this section, and the court may make a determination based solely on such victim's testimony.

6. A petition to expunge records related to an arrest for an eligible offense, violation, or infraction may be made in accordance with the provisions of this section to a court of competent jurisdiction in the county where the petitioner was arrested no earlier than three years from the date of arrest; provided that, during such time, the petitioner has not been charged and the petitioner has not been found guilty of any misdemeanor or felony offense.

7. If the court determines that such person meets all the criteria set forth in subsection 5 of this section for each of the offenses, violations, or infractions listed in the petition for expungement, the court shall enter an order of expungement. In all cases under this section, the court shall issue an order of expungement or dismissal within six months of the filing of the petition. A copy of the order of expungement shall be provided to the petitioner and each entity possessing records subject to the order, and, upon receipt of the order, each entity shall close any record in its possession relating to any offense, violation, or infraction listed in the petition, in the manner established by section 610.120. The records and files maintained in any administrative or court proceeding in a municipal, associate, or circuit court for any offense, infraction, or violation ordered expunged under this section shall be confidential and only available to the parties or by order of the court for good cause shown. The central repository shall request the Federal Bureau of Investigation to expunge the records from its files.

8. The order shall not limit any of the petitioner's rights that were restricted as a collateral consequence of such person's criminal record, and such rights shall be restored upon issuance of the order of expungement. Except as otherwise provided under this section, the effect of such order shall be to restore such person to the status he or she occupied prior to such arrests, pleas, trials, or convictions as if such events had never taken place. No person as to whom such order has been entered shall be held thereafter under any provision of law to be guilty of perjury or otherwise giving a false statement by reason of his or her failure to recite or acknowledge such arrests, pleas, trials, convictions, or expungement in response to an inquiry made of him or her and no such inquiry shall be made for information relating to an expungement, except the petitioner shall disclose the expunged offense, violation, or infraction to any court when asked or upon being charged with any subsequent offense, violation, or infraction. The expunged offense, violation, or infraction may be considered a prior offense in determining a sentence to be imposed for any subsequent offense that the person is found guilty of committing.

9. Notwithstanding the provisions of subsection 8 of this section to the contrary, a person granted an expungement shall disclose any expunged offense, violation, or infraction when the disclosure of such information is necessary to complete any application for:

(1) A license, certificate, or permit issued by this state to practice such individual's profession;

(2) Any license issued under chapter 313 or permit issued under chapter 571;

(3) Paid or unpaid employment with an entity licensed under chapter 313, any state-operated lottery, or any emergency services provider, including any law enforcement agency;

(4) Employment with any federally insured bank or savings institution or credit union or an affiliate of such institution or credit union for the purposes of compliance with 12 U.S.C. Section 1829 and 12 U.S.C. Section 1785;

(5) Employment with any entity engaged in the business of insurance or any insurer for the purpose of complying with 18 U.S.C. Section 1033, 18 U.S.C. Section 1034, or other similar law which requires an employer engaged in the business of insurance to exclude applicants with certain criminal convictions from employment; or

(6) Employment with any employer that is required to exclude applicants with certain criminal convictions from employment due to federal or state law, including corresponding rules and regulations.

An employer shall notify an applicant of the requirements under subdivisions (4) to (6) of this subsection. Notwithstanding any provision of law to the contrary, an expunged offense, violation, or infraction shall not be grounds for automatic disqualification of an applicant, but may be a factor for denying employment, or a professional license, certificate, or permit; except that, an offense, violation, or infraction expunged under the provisions of this section may be grounds for automatic disqualification if the application is for employment under subdivisions (4) to (6) of this subsection.

10. A person who has been granted an expungement of records pertaining to a misdemeanor or felony offense, an ordinance violation, or an infraction may answer "no" to an employer's inquiry into whether the person has ever been convicted of a crime if, after the granting of the expungement, the person has no public record of a misdemeanor or felony offense, an ordinance violation, or an infraction. The person, however, shall answer such an inquiry affirmatively and disclose his or her criminal convictions, including any offense or violation expunged under this section or similar law, if the employer is required to exclude

applicants with certain criminal convictions from employment due to federal or state law, including corresponding rules and regulations.

11. If the court determines that the petitioner has not met the criteria for any of the offenses, violations, or infractions listed in the petition for expungement or the petitioner has knowingly provided false information in the petition, the court shall enter an order dismissing the petition. Any person whose petition for expungement has been dismissed by the court for failure to meet the criteria set forth in subsection 5 of this section may not refile another petition until a year has passed since the date of filing for the previous petition.

12. A person may be granted more than one expungement under this section provided that during his or her lifetime, the total number of offenses, violations, or infractions for which orders of expungement are granted to the person shall not exceed the following limits:

(1) Not more than two misdemeanor offenses or ordinance violations that have an authorized term of imprisonment; and

(2) Not more than one felony offense.

A person may be granted expungement under this section for any number of infractions. Nothing in this section shall prevent the court from maintaining records to ensure that an individual has not exceeded the limitations of this subsection. Nothing in this section shall be construed to limit or impair in any way the subsequent use of any record expunged under this section of any arrests or findings of guilt by a law enforcement agency, criminal justice agency, prosecuting attorney, circuit attorney, or municipal prosecuting attorney, including its use as a prior offense, violation, or infraction.

13. The court shall make available a form for pro se petitioners seeking expungement, which shall include the following statement: "I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief."

14. Nothing in this section shall be construed to limit or restrict the availability of expungement to any person under any other law."; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SCS** for **SB 892**, with **HA 1**, **HA 2**, **HA 3**, **HA 4** and **HA 5**.
Representatives: Walker (3), Bondon, Taylor, Anders, Morgan.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HB 2644**, entitled:

An Act to repeal section 178.930, RSMo, and to enact in lieu thereof one new section relating to sheltered workshops, with an emergency clause.

Emergency clause adopted.

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 adopted the Conference Committee Report on **SS** for **HB 1858**, and has taken up and passed **CCS** for **SS** for **HB 1858**.

HOUSE BILLS ON THIRD READING

HCS for **HBs 1288, 1377** and **2050**, with **SCS**, entitled:

An Act to repeal sections 135.090, 135.341, 135.562, 135.600, 135.630, and 135.647, RSMo, and to enact in lieu thereof six new sections relating to tax credits for contributions to certain benevolent organizations, with an effective date.

Was taken up by Senator Dixon.

SCS for **HCS** for **HBs 1288, 1377** and **2050**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE COMMITTEE SUBSTITUTE FOR HOUSE BILL NOS. 1288, 1377 and 2050

An Act to repeal sections 135.090, 135.341, 135.562, 135.600, 135.630, and 135.647, RSMo, and to enact in lieu thereof seven new sections relating to tax credits for contributions to certain benevolent organizations.

Was taken up.

Senator Dixon moved that **SCS** for **HCS** for **HBs 1288, 1377** and **2050** be adopted.

Senator Dixon offered **SS** for **SCS** for **HCS** for **HBs 1288, 1377** and **2050**, entitled:

SENATE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR HOUSE COMMITTEE SUBSTITUTE FOR HOUSE BILL NOS. 1288, 1377 and 2050

An Act to repeal sections 135.090, 135.341, 135.562, 135.600, 135.621, 135.630, 135.647, and 135.800, RSMo, and to enact in lieu thereof nine new sections relating to tax credits for contributions to certain benevolent organizations.

Senator Dixon moved that **SS** for **SCS** for **HCS** for **HBs 1288, 1377** and **2050** be adopted.

President Parson assumed the Chair.

Senator Schupp offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bills Nos. 1288, 1377 and 2050, Page 11, Section 135.600, Line 6 of said page, by inserting immediately

after “(3)” the following: “**Medically accurate information**”, **information that is:**

(a) Verified or supported by the weight of medical research conducted in compliance with accepted scientific methods;

(b) Recognized as correct and objective by leading medical organizations with relevant expertise or government agencies, including, but not limited to:

- a. American Medical Association;**
- b. American Academy of Pediatrics;**
- c. Centers for Disease Control and Prevention;**
- d. Food and Drug Administration;**
- e. National Cancer Institute;**
- f. American Psychological Association; or**
- g. National Institute for Health;**

(4)”; and renumber the remaining subdivision accordingly; and

Further amend said bill and section, page 14, line 21 of said page, by inserting immediately after “9.” the following: “**In order to be eligible for tax credits under this section, a maternity home or its officers, agents, employees, or volunteers shall provide medically accurate information to its clients.**

10.”; and

Further amend said bill, page 19, section 135.630, line 13 of said page, by inserting immediately after “(3)” the following: “**Medically accurate information**”, **information that is:**

(a) Verified or supported by the weight of medical research conducted in compliance with accepted scientific methods;

(b) Recognized as correct and objective by leading medical organizations with relevant expertise or government agencies, including, but not limited to:

- a. American Medical Association;**
- b. American Academy of Pediatrics;**
- c. Centers for Disease Control and Prevention;**
- d. Food and Drug Administration;**
- e. National Cancer Institute;**
- f. American Psychological Association; or**
- g. National Institute for Health;**

(4)”; and renumber the remaining subdivisions accordingly; and

Further amend said bill and section, page 23, line 20 of said page, by inserting immediately after “9.” the following: “**In order to be eligible for tax credits under this section, a pregnancy resource center**

or its officers, agents, employees, or volunteers shall provide medically accurate information to its clients.

10.”.

Senator Schupp moved that the above amendment be adopted.

Senator Rowden assumed the Chair.

Senator Dixon requested a roll call vote be taken on the adoption of **SA 1**. He was joined in his request by Senators Eigel, Koenig, Onder and Schupp.

SA 1 failed of adoption by the following vote:

YEAS—Senators

Chappelle-Nadal	Curls	Holsman	Hummel	Nasheed	Rizzo	Schupp
Sifton	Walsh—9					

NAYS—Senators

Brown	Crawford	Cunningham	Dixon	Eigel	Emery	Hegeman
Hoskins	Kehoe	Koenig	Libla	Munzlinger	Onder	Richard
Riddle	Romine	Rowden	Sater	Schatz	Wallingford	Wasson
Wieland—22						

Absent—Senators

Cierpiot	Schaaf—2
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Absent with leave—Senators—None

Vacancies—1

Senator Schupp offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bills Nos. 1288, 1377 and 2050, Page 35, Section 135.1125, Line 11, by inserting after all of said line the following:

“135.2500. 1. As used in this section, the following terms mean:

(1) “Approved emergency generator”, an emergency generator that provides emergency power to life support systems as required by the 1993 NFPA 99;

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

(3) “Qualifying facility”, any intermediate care facility or skilled nursing facility, as those terms are defined in section 198.006, which was built according to plans approved by the department on or before December 31, 1998, and which does not maintain an approved emergency generator.

2. For all tax years beginning on or after January 1, 2019, a qualifying facility shall be allowed a credit against the tax otherwise due under chapter 143, excluding withholding tax imposed by sections 143.191 to 143.265, in an amount equal to fifty percent of the cost of installing or upgrading to an approved emergency generator.

3. Any amount of tax credit which exceeds the tax due shall not be refunded but may be carried over to any subsequent taxable year, not to exceed a total of five years.

4. The department shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.

5. Pursuant to section 23.253 of the Missouri sunset act:

(1) The program authorized under this section shall expire on December 31, 2022, unless reauthorized by the general assembly; and

(2) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset; and

(3) The provisions of this subsection shall not be construed to limit or in any way impair the department's ability to redeem tax credits authorized on or before the date the program authorized under this section expires or a qualified facility's ability to redeem such tax credits.”; and

Further amend the title and enacting clause accordingly.

Senator Schupp moved that the above amendment be adopted.

Senator Dixon raised the point of order that **SA 2** is out of order as it goes beyond the scope and title of the underlying bill.

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

At the request of Senator Dixon, the point of order was withdrawn.

SA 2 was again taken up.

At the request of Senator Dixon, **SS** for **SCS** for **HCS** for **HBs 1288, 1377 and 2050** was withdrawn, rendering **SA 2** moot.

Senator Dixon offered **SS No. 2** for **SCS** for **HCS** for **HBs 1288, 1377 and 2050**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NOS. 1288, 1377 and 2050

An Act to repeal sections 135.341, 135.600, 135.630, 135.647, and 135.800, RSMo, and to enact in lieu thereof seven new sections relating to tax credits for contributions to certain benevolent organizations.

Senator Dixon moved that **SS No. 2** for **SCS** for **HCS** for **HBs 1288, 1377 and 2050** be adopted, which motion prevailed.

President Parson assumed the Chair.

Senator Dixon moved that **SS No. 2** for **SCS** for **HCS** for **HBs 1288, 1377** and **2050** be read the 3rd time and passed and was recognized to close.

President Pro Tem Richard referred **SS No. 2** for **SCS** for **HCS** for **HBs 1288, 1377** and **2050** to the Committee on Fiscal Oversight.

REPORTS OF STANDING COMMITTEES

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

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **SCR 49**, begs leave to report that it has considered the same and recommends that the concurrent resolution do pass.

Also,

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **SCR 53**, begs leave to report that it has considered the same and recommends that the concurrent resolution do pass.

Also,

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **HCR 96**, begs leave to report that it has considered the same and recommends that the concurrent resolution do pass.

Also,

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **HCR 69**, begs leave to report that it has considered the same and recommends that the concurrent resolution do pass.

Also,

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred **HCR 63**, begs leave to report that it has considered the same and recommends that the concurrent resolution do pass.

HOUSE BILLS ON SECOND READING

The following Bills were read the 2nd time and referred to the Committees indicated:

HB 2538—Agriculture, Food Production and Outdoor Resources.

HB 2499—Judiciary and Civil and Criminal Jurisprudence.

HB 2438—Small Business and Industry.

HCS for **HB 2407**—Health and Pensions.

HCS for **HB 1739**—Judiciary and Civil and Criminal Jurisprudence.

HCS for **HB 1554**—Health and Pensions.

HCB 23—Local Government and Elections.

HCS for HB 2019—Appropriations.

PRIVILEGED MOTIONS

Senator Riddle moved that the Senate refuse to concur in **HCS**, as amended, for **SB 660** and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

RESOLUTIONS

Senator Cunningham offered Senate Resolution No. 2021, regarding Jeff Head, West Plains, which was adopted.

Senator Hoskins offered Senate Resolution No. 2022, regarding Terry Bond, Leeton, which was adopted.

Senator Hoskins offered Senate Resolution No. 2023, regarding Penelope Kuhn, Concordia, which was adopted.

Senator Romine offered Senate Resolution No. 2024, regarding Eagle Scout Aaron Robert Wright, Mineral Point, which was adopted.

Senator Romine offered Senate Resolution No. 2025, regarding Lisa Roberts, De Soto, which was adopted.

Senator Romine offered Senate Resolution No. 2026, regarding Eileen Bell, De Soto, which was adopted.

Senator Romine offered Senate Resolution No. 2027, regarding Jack E. Kienzle, Saint Louis, which was adopted.

Senator Romine offered Senate Resolution No. 2028, regarding Cynthia Shropshire, Dittmer, which was adopted.

Senator Romine offered Senate Resolution No. 2029, regarding Denise Corio, Hillsboro, which was adopted.

Senator Romine offered Senate Resolution No. 2030, regarding Margie Coleman, Park Hills, which was adopted.

Senator Romine offered Senate Resolution No. 2031, regarding Christopher Goodwin, Potosi, which was adopted.

Senator Sifton offered Senate Resolution No. 2032, regarding Brooke Frost, Saint Louis, which was adopted.

Senator Sifton offered Senate Resolution No. 2033, regarding Sabreena Colleen Leach, Saint Louis, which was adopted.

Senator Walsh offered Senate Resolution No. 2034, regarding Nickolas Allison, Eldorado Springs, which was adopted.

Senator Walsh offered Senate Resolution No. 2035, regarding Brett A. Combs, Wichita, which was adopted.

Senator Chappelle-Nadal offered Senate Resolution No. 2036, regarding Malik Henry, which was adopted.

Senator Chappelle-Nadal offered Senate Resolution No. 2037, regarding Justin A. McPherson, Ellisville, which was adopted.

Senator Chappelle-Nadal offered Senate Resolution No. 2038, regarding Tori L. Jones, Jefferson City, which was adopted.

Senator Chappelle-Nadal offered Senate Resolution No. 2039, regarding Sierra N. Baxter, Columbia, which was adopted.

Senator Chappelle-Nadal offered Senate Resolution No. 2040, regarding Sikudhani McCowan, which was adopted.

Senator Hummel offered Senate Resolution No. 2041, regarding Estella Marie Daly, St. Louis, which was adopted.

On motion of Senator Kehoe, the Senate recessed until 4:00 p.m.

RECESS

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

MESSAGES FROM THE GOVERNOR

The following messages were received from the Governor, reading of which was waived:

GOVERNOR OF MISSOURI

JEFFERSON CITY

65102

May 8, 2018

To the Senate of the 99th General Assembly of the State of Missouri:

I hereby withdraw from your consideration the following appointments:

Daniel B. Oerther, 200 Lovers Lane, Rolla, Phelps County, Missouri 65401, as a member of the Missouri State Board of Nursing, for a term ending June 1, 2019, and until his successor is duly appointed and qualified; vice, Adrienne A. Fly, term expired.

Sandra McLaughlin, 3724 North Indiana Avenue, Kansas City, Clay County, Missouri 64117, as a member of the Child Abuse and Neglect Review Board, for a term ending April 7, 2019, and until her successor is duly appointed and qualified; vice, John Young, term expired.

Jamie S. Kondis, 250 South Brentwood Boulevard, Unit 1-A, Clayton, Saint Louis County, Missouri 63105, as a member of the Child Abuse and Neglect Review Board, for a term ending April 7, 2021, and until her successor is duly appointed and qualified; vice, Jamie S. Kondis, reappointed.

Nicole E. Wood, Republican, 583 East Capri Drive, Bonne Terre, Saint Francois County, Missouri 63628, as a member of the Conservation Commission, for a term ending June 30, 2023, and until her successor is duly appointed and qualified; vice, Nicole E. Wood, withdrawn.

Respectfully submitted,
Eric R. Greitens
Governor

Senator Richard moved that the above appointments be returned to the Governor per his request, which motion prevailed.

GOVERNOR OF MISSOURI
JEFFERSON CITY

65102

May 8, 2018

To the Senate of the 99th General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Victor E. Callahan, Democrat, 132 East Short, Independence, Jackson County, 64050, as a member of the State Tax Commission, for a term ending January 23, 2024, and until his successor is duly appointed and qualified; vice, Victor E. Callahan, reappointed.

Respectfully submitted,
Eric R. Greitens
Governor

President Pro Tem Richard referred the above reappointment to the Committee on gubernatorial appointments.

REPORTS OF STANDING COMMITTEES

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

Mr. President: Your Committee on Fiscal Oversight, to which were referred **HCS** for **HB 1364**, with **SCS** and **SS** for **HCS** for **HB 1606**, as amended, begs leave to report that it has considered the same and recommends that the bills do pass.

PRIVILEGED MOTIONS

Senator Hoskins moved that **SB 768**, with **HA 1** and **HA 2**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HA 1 was taken up.

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

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curls	Dixon
Eigel	Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe
Koenig	Libla	Munzlinger	Nasheed	Onder	Richard	Riddle
Rizzo	Romine	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	Wasson	Wieland—31				

NAYS—Senator Schaaf—1

Absent—Senator Rowden—1

Absent with leave—Senators—None

Vacancies—1

HA 2, as amended, was taken up.

Senator Hoskins moved that the above amendment be adopted, which motion prevailed by the following

vote:

YEAS—Senators

Brown	Cierpiot	Crawford	Cunningham	Curls	Dixon	Eigel
Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe	Koenig
Libla	Munzlinger	Onder	Richard	Riddle	Rizzo	Romine
Rowden	Sater	Schatz	Sifton	Wallingford	Walsh	Wasson

Wieland—29

NAYS—Senators

Chappelle-Nadal	Nasheed	Schaaf	Schupp—4
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Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Hoskins, **SB 768**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Cierpiot	Crawford	Dixon	Emery	Hegeman	Holsman
Hoskins	Hummel	Kehoe	Koenig	Libla	Munzlinger	Nasheed
Onder	Richard	Riddle	Rizzo	Romine	Rowden	Sater
Sifton	Wallingford	Walsh	Wasson	Wieland—26		

NAYS—Senators

Chappelle-Nadal	Cunningham	Schaaf	Schupp—4
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Absent—Senators

Curls	Eigel	Schatz—3
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Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

HOUSE BILLS ON THIRD READING

At the request of Senator Munzlinger, **HB 1267** was placed on the Informal Calendar.

At the request of Senator Wasson, **HB 1415** was placed on the Informal Calendar.

SIGNING OF BILLS

The President Pro Tem announced that all other business would be suspended and **HB 2015**, having passed both branches of the General Assembly, would be read at length by the Secretary, and if no objections be made, the bill would be signed by the President Pro Tem to the end that it may become law. No objections being made, the bill was so read by the Secretary and signed by the President Pro Tem.

HOUSE BILLS ON THIRD READING

HB 1968 was placed on the Informal Calendar.

At the request of Senator Sifton, **HB 2330** was placed on the Informal Calendar.

At the request of Senator Onder, **HB 1887** was placed on the Informal Calendar.

At the request of Senator Onder, **HB 1247** was placed on the Informal Calendar.

At the request of Senator Wieland, **HB 1831** was placed on the Informal Calendar.

At the request of Senator Wallingford, **HCS** for **HB 1635**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Sater, **HCS** for **HB 2171** was placed on the Informal Calendar.

At the request of Senator Munzlinger, **HCS** for **HB 1364**, with **SCS** was placed on the Informal Calendar.

At the request of Senator Hegeman, **HB 1646** was placed on the Informal Calendar.

HB 1809 was placed on the Informal Calendar.

HB 1252 was placed on the Informal Calendar.

At the request of Senator Crawford, **HCS** for **HB 1251**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Hoskins, **HCS No. 2** for **HB 1503**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Hegeman, **HCS** for **HB 1614** was placed on the Informal Calendar.

At the request of Senator Hegeman, **HCS** for **HB 1264** was placed on the Informal Calendar.

At the request of Senator Riddle, **HCS** for **HB 1611** was placed on the Informal Calendar.

At the request of Senator Rowden, **HCS** for **HB 2119** was placed on the Informal Calendar.

At the request of Senator Crawford, **HCS** for **HB 2079**, with **SCS**, was placed on the Informal Calendar.

HCS for **HB 1710**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Romine, **HB 1484** was placed on the Informal Calendar.

At the request of Senator Romine, **HJR 59** was placed on the Informal Calendar.

At the request of Senator Brown, **HCS** for **HB 2017** was placed on the Informal Calendar.

At the request of Senator Brown, **HCS** for **HB 2018** was placed on the Informal Calendar.

At the request of Senator Crawford, **HB 2183** was placed on the Informal Calendar.

At the request of Senator Emery, **HCS for HB 2216**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Emery, **HB 1998**, with **SCS**, was placed on the Informal Calendar.

At the request of Senator Kehoe, **HB 2179** was placed on the Informal Calendar.

At the request of Senator Wasson, **HB 2043** was placed on the Informal Calendar.

At the request of Senator Romine, **HB 1558**, with **SCS**, was placed on the Informal Calendar.

HB 1389, with **SCS**, was placed on the Informal Calendar.

HCS for HB 1364, with **SCS**, entitled:

An Act to repeal section 292.606, RSMo, and to enact in lieu thereof one new section relating to transportation and delivery of petroleum products.

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

SCS for HCS for HB 1364, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1364

An Act repeal sections 292.606, 319.129, and 414.032, RSMo, and to enact in lieu thereof three new sections relating to petroleum products.

Was called from the Informal Calendar and taken up.

Senator Munzlinger moved that **SCS for HCS for HB 1364** be adopted.

Senator Munzlinger offered **SS for SCS for HCS for HB 1364**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1364

An Act to repeal sections 292.606, 319.129, and 414.032, RSMo, and to enact in lieu thereof four new sections relating to petroleum products.

Senator Munzlinger moved that **SS for SCS for HCS for HB 1364** be adopted, which motion prevailed.

On motion of Senator Munzlinger, **SS for SCS for HCS for HB 1364** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Crawford	Cunningham	Curls	Dixon	Eigel
Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe	Libla
Munzlinger	Nasheed	Onder	Richard	Riddle	Rizzo	Romine
Rowden	Schaaf	Schatz	Schupp	Sifton	Wallingford	Walsh
Wasson	Wieland—30					

NAYS—Senator Koenig—1

Absent—Senators

Cierpiot Sater—2

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

HB 1415, introduced by Representative Lauer, entitled:

An Act to amend chapters 160 and 168, RSMo, by adding thereto two new sections relating to educational workforce development.

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

Senator Wasson offered **SS** for **HB 1415**, entitled:

SENATE SUBSTITUTE FOR
HOUSE BILL NO. 1415

An Act to repeal sections 162.1115, 178.550, 620.809, and 620.2020, RSMo, and to enact in lieu thereof seven new sections relating to workforce development.

Senator Wasson moved that **SS** for **HB 1415** be adopted.

Senator Romine offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for House Bill No. 1415, Page 10, Section 178.550, Line 19 of said page, by inserting after all of said line the following:

“178.931. 1. Beginning July 1, 2018, and thereafter, the department of elementary and secondary education shall pay monthly, out of the funds appropriated to it for that purpose, to each sheltered workshop a sum equal to the amount calculated under subsection 2 of this section but at least the amount necessary to ensure that at least twenty-one dollars is paid for each six hour or longer day worked by a handicapped employee.

2. In order to calculate the monthly amount due to each sheltered workshop, the department shall:

(1) Determine the quotient obtained by dividing the appropriation for the fiscal year by twelve; and

(2) Divide the amount calculated under subdivision (1) of this subsection among the sheltered workshops in proportion to each sheltered workshop’s number of hours submitted to the department for the preceding calendar month.

3. The department shall accept, as prima facie proof of payment due to a sheltered workshop, information as designated by the department, either in paper or electronic format. A statement signed by the president, secretary, and manager of the sheltered workshop, setting forth the dates worked and the number of hours worked each day by each handicapped person employed by that sheltered workshop during the preceding calendar month, together with any other information required by the rules or regulations of the department, shall be maintained at the workshop location.”; and

Further amend said bill, page 30, section 620.2020, line 23 of said page, by inserting after all of said line the following:

“[178.930. 1. (1) Beginning July 1, 2009, and until June 30, 2010, the department of elementary and secondary education shall pay monthly, out of the funds appropriated to it for that purpose, to each sheltered workshop a sum equal to ninety dollars for each standard workweek (Monday through Friday) of up to and including thirty hours worked during the preceding calendar month. Eighteen dollars shall be paid for each six-hour or longer day worked by a handicapped employee on Saturdays or Sundays. For each handicapped worker employed by a sheltered workshop for less than a thirty-hour week or a six-hour day on Saturdays or Sundays, the workshop shall receive a percentage of the corresponding amount normally paid based on the percentage of time worked by the handicapped employee.

(2) Beginning July 1, 2010, and thereafter, the department of elementary and secondary education shall pay monthly, out of the funds appropriated to it for that purpose, to each sheltered workshop a sum equal to ninety-five dollars for each standard workweek (Monday through Friday) of up to and including thirty hours worked during the preceding calendar month. Nineteen dollars shall be paid for each six-hour or longer day worked by a handicapped employee on Saturdays or Sundays. For each handicapped worker employed by a sheltered workshop for less than a thirty-hour week or a six-hour day on Saturdays or Sundays, the workshop shall receive a percentage of the corresponding amount normally paid based on the percentage of time worked by the handicapped employee.

2. The department shall accept, as prima facie proof of payment due to a sheltered workshop, information as designated by the department, either in paper or electronic format. A statement signed by the president, secretary, and manager of the sheltered workshop, setting forth the dates worked and the number of hours worked each day by each handicapped person employed by that sheltered workshop during the preceding calendar month, together with any other information required by the rules or regulations of the department, shall be maintained at the workshop location.

3. There is hereby created in the state treasury the “Sheltered Workshop Per Diem Revolving Fund” which shall be administered by the commissioner of the department of elementary and secondary education. All moneys appropriated pursuant to subsection 1 of this section shall be deposited in the fund and expended as described in subsection 1 of this section.

4. The balance of the sheltered workshop per diem revolving fund shall not exceed five hundred thousand dollars at the end of each fiscal year and shall be exempt from the provisions of section 33.080 relating to the transfer of unexpended balances to the general revenue fund. Any unexpended balance in the sheltered workshop per diem revolving fund

at the end of each fiscal year exceeding five hundred thousand dollars shall be deposited in the general revenue fund.]

Section B. Because immediate action is necessary to ensure that as many people can be employed in sheltered workshops as possible, and that the employment of people can occur as soon as possible, the repeal of section 178.930 and the enactment of section 178.931 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 of section 178.930 and the enactment of section 178.931 of this act shall be in full force and effect on July 1, 2018, or upon its passage and approval, whichever occurs later.”; and

Further amend the title and enacting clause accordingly.

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

At the request of Senator Wasson, **HB 1415**, with **SS**, as amended, was placed on the Informal Calendar.

HB 2330, introduced by Representative Beck, entitled:

An Act to amend chapter 227, RSMo, by adding thereto one new section relating to the designation of a memorial highway.

Was taken up by Senator Sifton.

President Pro Tem Richard assumed the Chair.

On motion of Senator Sifton, **HB 2330** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curls	Dixon
Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe	Koenig
Libla	Munzlinger	Nasheed	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	Wasson	Wieland—31				

NAYS—Senators—None

Absent—Senators

Eigel Schaaf—2

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

HB 1769, introduced by Representative Mathews, with **SCS**, entitled:

An Act to repeal section 400.9-501, RSMo, and to enact in lieu thereof two new sections relating to the

offense of filing false documents, with penalty provisions.

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

SCS for HB 1769, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1769

An Act to repeal sections 303.025, 400.9-501, 488.029, 556.061, 565.252, 566.147, 577.001, 577.010, 577.013, 577.014, 579.020, 579.065, 579.068, and 595.045, RSMo, and to enact in lieu thereof fifteen new sections relating to criminal offenses, with penalty provisions.

Was taken up.

Senator Schatz moved that **SCS for HB 1769** be adopted.

President Parson assumed the Chair.

Senator Schatz offered **SS for SCS for HB 1769**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1769

An Act to repeal section 400.9-501, RSMo, and to enact in lieu thereof two new sections relating to the offense of filing false documents, with penalty provisions.

Senator Schatz moved that **SS for SCS for HB 1769** be adopted.

Senator Nasheed offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 1769, Page 2, Section 400.9-501, Line 2 of said page, by inserting immediately after said line the following:

“565.027. 1. A person commits the offense of involuntary manslaughter in the second degree if he or she

(1) Acts with criminal negligence to cause the death of any person; or

(2) Knowingly incites any person to commit self-murder, including through the use of telephone or electronic communications, and such incitement results in the death of such person.

2. The offense of involuntary manslaughter in the second degree is a class E felony, unless the victim is intentionally targeted as a law enforcement officer, as defined in section 556.061, or the victim is targeted because he or she is a relative within the second degree of consanguinity or affinity to a law enforcement officer, in which case it is a class D felony.”; and

Further amend the title and enacting clause accordingly.

Senator Nasheed moved that the above amendment be adopted.

Senator Schatz raised the point of order that **SA 1** is out of order as it goes beyond the scope and title of the bill.

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

Senator Schatz moved that **SS for SCS for HB 1769** be adopted, which motion prevailed.

Senator Schatz moved that **SS** for **SCS** for **HB 1769** be read the 3rd time and passed and was recognized to close.

President Pro Tem Richard referred **SS** for **SCS** for **HB 1769** to the Committee on Fiscal Oversight.

Senator Wasson moved that **HB 1415**, with **SS** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **HB 1415** was again taken up.

Senator Schupp offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for House Bill No. 1415, Page 4, Section 162.1115, Line 5, by inserting after all of said line the following:

“167.910. 1. There is hereby established the “Career Readiness Course Task Force” to explore the possibility of a course covering the topics described in this section being offered in the public schools to students in eighth grade or ninth grade. Task force members shall be chosen to represent the geographic diversity of the state. All task force members shall be appointed before October 31, 2018. The task force members shall be appointed as follows:

(1) A parent of a student attending elementary school, appointed by a statewide association of parents and teachers;

(2) A parent of a student attending a grade not lower than the sixth nor higher than the eighth grade, appointed by a statewide association of parents and teachers;

(3) A parent of a student attending high school, appointed by a statewide association of parents and teachers;

(4) An elementary education professional from an accredited school district, appointed by agreement among the Missouri State Teachers Association, the Missouri National Education Association, and the American Federation of Teachers of Missouri;

(5) An education professional giving instruction in a grade or grades not lower than the sixth nor higher than the eighth grade in an accredited school district, appointed by agreement among the Missouri State Teachers Association, the Missouri National Education Association, and the American Federation of Teachers of Missouri;

(6) A secondary education professional from an accredited school district, appointed by agreement among the Missouri State Teachers Association, the Missouri National Education Association, and the American Federation of Teachers of Missouri;

(7) A career and technical education professional who has experience serving as an advisor to a statewide career and technical education organization, appointed by a statewide career and technical education organization;

(8) An education professional from an accredited technical high school, appointed by a statewide career and technical education organization;

(9) A public school board member, appointed by a statewide association of school boards;

(10) A secondary school principal, appointed by a statewide association of secondary school principals;

- (11) A principal of a school giving instruction in a grade or grades not lower than the sixth nor higher than the eighth grade, appointed by a statewide association of secondary school principals;**
- (12) An elementary school counselor, appointed by a statewide association of school counselors;**
- (13) A school counselor from a school giving instruction in a grade or grades not lower than the sixth nor higher than the eighth grade, appointed by a statewide association of school counselors;**
- (14) A secondary school counselor, appointed by a statewide association of school counselors;**
- (15) A secondary school career and college counselor, appointed by a statewide association of school counselors;**
- (16) An apprenticeship professional, appointed by the division of workforce development of the department of economic development;**
- (17) A representative of Missouri Project Lead the Way, appointed by the statewide Project Lead the Way organization;**
- (18) A representative of the State Technical College of Missouri, appointed by the State Technical College of Missouri;**
- (19) A representative of a public community college, appointed by a statewide organization of community colleges; and**
- (20) A representative of a public four-year institution of higher education, appointed by the commissioner of higher education.**

2. The members of the task force established under subsection 1 of this section shall elect a chair from among the membership of the task force. The task force shall meet as needed to complete its consideration of the course described in subsection 5 of this section and provide its findings and recommendations as described in subsection 6 of this section. Members of the task force shall serve without compensation. No school district policy or administrative action shall require any education employee member to use personal leave or incur a reduction in pay for participating on the task force.

3. The task force shall hold at least three public hearings to provide an opportunity to receive public testimony including, but not limited to, testimony from educators, local school boards, parents, representatives from business and industry, labor and community leaders, members of the general assembly, and the general public.

4. The department of elementary and secondary education shall provide such legal, research, clerical, and technical services as the task force may require in the performance of its duties.

5. The task force established under subsection 1 of this section shall consider a course that:

- (1) Gives students an opportunity to explore various career and educational opportunities by:**
 - (a) Administering career surveys to students and helping students use Missouri Connections to determine their career interests and develop plans to meet their career goals;**
 - (b) Explaining the differences between types of colleges, including two-year and four-year colleges, and noting the availability of registered apprenticeship programs as alternatives to college for students;**
 - (c) Describing technical degrees offered by colleges;**

- (d) Explaining the courses and educational experiences offered at community colleges;**
 - (e) Describing the various certificates and credentials available to earn at the school or other schools including, but not limited to, career and technical education certificates described under section 170.029 and industry-recognized certificates and credentials;**
 - (f) Advising students of any advanced placement courses that they may take at the school;**
 - (g) Describing any opportunities at the school for dual enrollment;**
 - (h) Advising students of any Project Lead the Way courses offered at the school and explaining how Project Lead the Way courses help students learn valuable skills;**
 - (i) Informing students of the availability of funding for postsecondary education through the A+ schools program described under section 160.545;**
 - (j) Describing the availability of virtual courses;**
 - (k) Describing the types of skills and occupations most in demand in the current job market and those skills and occupations likely to be in high demand in future years;**
 - (l) Describing the typical salaries for occupations, salary trends, and opportunities for advancement in various occupations;**
 - (m) Emphasizing the opportunities available in careers involving science, technology, engineering, and math;**
 - (n) Advising students of the resources offered by workforce or job centers;**
 - (o) Preparing students for the ACT assessment or the ACT WorkKeys assessments required for the National Career Readiness Certificate;**
 - (p) Administering a practice ACT assessment or practice ACT WorkKeys assessments required for the National Career Readiness Certificate to students;**
 - (q) Advising students of opportunities to take the SAT and the Armed Services Vocational Aptitude Battery;**
 - (r) Administering a basic math test to students so that they can assess their math skills;**
 - (s) Administering a basic writing test to students so that they can assess their writing skills;**
 - (t) Helping each student prepare a personal plan of study that outlines a sequence of courses and experiences that concludes with the student reaching his or her postsecondary goals; and**
 - (u) Explaining how to complete college applications and the Free Application for Federal Student Aid;**
- (2) Focuses on career readiness and emphasizes the importance of work ethic, communication, collaboration, critical thinking, and creativity;**
- (3) Demonstrates that graduation from a four-year college is not the only pathway to success by describing to students at least sixteen pathways to success in detail and including guest visitors who represent each pathway described. In exploring how these pathways could be covered in the course, the task force shall consider how instructors for the course may be able to rely on assistance from Missouri Career Pathways within the department of elementary and secondary education;**

(4) Provides student loan counseling; and

(5) May include parent-student meetings.

6. Before December 1, 2019, the task force established under subsection 1 of this section shall present its findings and recommendations to the speaker of the house of representatives, the president pro tempore of the senate, the joint committee on education, and the state board of education. Upon presenting the findings and recommendations as described in this subsection, the task force shall dissolve.”; and

Further amend the title and enacting clause accordingly.

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

Senator Wasson moved that SS for **HB 1415**, as amended, be adopted, which motion prevailed.

Senator Wasson moved that SS for **HB 1415**, as amended, be read the 3rd time and passed and was recognized to close.

President Pro Tem Richard referred SS for **HB 1415**, as amended, to the Committee on Fiscal Oversight.

HB 1831, introduced by Representative Ruth, entitled:

An Act to repeal section 144.049, RSMo, and to enact in lieu thereof one new section relating to a sales tax holiday.

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

Senator Schupp offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend House Bill No. 1831, Page 1, Section 144.049, Line 8, by inserting immediately after “(2)” the following:

“ **“Feminine hygiene products”, tampons, pads, liners, and cups;**

(3)”; and further amend line 14, by striking “(3)” and inserting in lieu thereof “**(4)**”; and

Further amend said bill and section, page 2, line 26, by striking “and”; and further amend line 28, by inserting immediately after “dollars,” the following: “**and all retail sales of feminine hygiene products,**”.

Senator Schupp moved that the above amendment be adopted.

Senator Schaaf offered **SA 1 to SA 1**:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 1

Amend Senate Amendment No. 1 to House Bill No. 1831, Page 1, Line 9, by striking the word “and”; and further amend line 10 by inserting after the word “products,” the following: “**automobiles, motorcycles, and yachts,**”.

Senator Schaaf moved that the above amendment be adopted.

At the request of Senator Wieland, **HB 1831**, with **SA 1** and **SA 1 to SA 1** (pending), was placed on the Informal Calendar.

HB 1887, introduced by Representative Bahr, entitled:

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

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

On motion of Senator Onder, **HB 1887** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curls	Dixon
Eigel	Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe
Koenig	Libla	Munzlinger	Nasheed	Onder	Richard	Riddle
Rizzo	Romine	Rowden	Schaaf	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senators—None

Absent—Senator Sater—1

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

HCS for **HB 1635**, with **SCS**, entitled:

An Act to repeal section 198.070, RSMo, and to enact in lieu thereof twelve new sections relating to sexual assault reporting in long-term care facilities, with penalty provisions.

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

SCS for **HCS** for **HB 1635**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO.1635

An Act to repeal section 198.070, RSMo, and to enact in lieu thereof one new section relating to abuse or neglect reporting in long-term care facilities, with existing penalty provisions.

Was taken up.

Senator Wallingford moved that **SCS** for **HCS** for **HB 1635** be adopted, which motion prevailed.

On motion of Senator Wallingford, **SCS** for **HCS** for **HB 1635** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curls	Dixon
Eigel	Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe
Koenig	Libla	Munzlinger	Nasheed	Onder	Richard	Riddle
Rizzo	Romine	Rowden	Sater	Schaaf	Schatz	Schupp
Sifton	Wallingford	Walsh	Wasson	Wieland—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

Senator Cunningham requested unanimous consent of the Senate that **SS** for **SCS** for **HB 1769** be returned by the Committee on Fiscal Oversight as it was inadvertently referred to such committee, which request was granted.

PRIVILEGED MOTIONS

Senator Eigel moved that the Senate return **SCS** for **SB 718** to the House for adoption of **HCS** for **SCS** for **SB 718**, as amended, per their request, which motion prevailed.

HOUSE BILLS ON THIRD READING

HCS for **HB 2171**, entitled:

An Act to repeal sections 209.030 and 209.040, RSMo, and to enact in lieu thereof two new sections relating to the blind pension fund.

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

Senator Schupp offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend House Committee Substitute for House Bill No. 2171, Page 2, Section 209.030, Line 19, by inserting immediately after “services” the following: “. **The department of social services shall notify eligible blind persons with valid driver’s licenses that they shall surrender such licenses within sixty days of approval for a blind pension. Upon receipt of a relinquished license under this subdivision, the department of revenue shall, if requested by the person, issue a nondriver’s license card compliant with the provisions of chapter 302 at no charge to the person. The department of social services and the department of revenue shall jointly establish procedures and shall share any information necessary to implement this subdivision**”.

Senator Schupp moved that the above amendment be adopted.

At the request of Senator Sater, **HCS** for **HB 2171**, with **SA 1** (pending), was placed on the Informal

Calendar.

Senator Romine moved that **SS** for **HCS** for **HB 1606**, as amended, be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **HCS** for **HB 1606**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curly	Dixon
Eigel	Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe
Koenig	Libla	Munzlinger	Onder	Riddle	Rizzo	Romine
Rowden	Sater	Schatz	Schupp	Sifton	Wallingford	Walsh
Wasson	Wieland—30					

NAYS—Senator Schaaf—1

Absent—Senators

Nasheed Richard—2

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

Senator Rowden moved that **SS** for **SCS** for **HB 1350**, as amended, be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **SCS** for **HB 1350**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curly	Dixon
Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe	Koenig
Libla	Munzlinger	Nasheed	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	Wasson	Wieland—31				

NAYS—Senators

Eigel Schaaf—2

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

Senator Schatz moved that **SS** for **SCS** for **HB 1769** be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **SCS** for **HB 1769** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curls	Dixon
Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe	Libla
Munzlinger	Nasheed	Onder	Richard	Riddle	Rizzo	Romine
Rowden	Sater	Schatz	Schupp	Sifton	Wallingford	Walsh
Wasson	Wieland—30					

NAYS—Senators

Eigel	Koenig	Schaaf—3
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Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

Senator Schatz moved that **SS** for **SCS** for **HB 1355**, as amended, be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **SCS** for **HB 1355**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Chappelle-Nadal	Cierpiot	Crawford	Cunningham	Curls	Dixon
Eigel	Emery	Hegeman	Holsman	Hoskins	Hummel	Kehoe
Koenig	Libla	Munzlinger	Nasheed	Onder	Richard	Riddle
Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

MESSAGES FROM THE HOUSE

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

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

An Act to repeal sections 162.401 and 163.018, RSMo, and to enact in lieu thereof two new sections relating to elementary and secondary education.

With House Amendment Nos. 1, 2, 3, 4, 5, 6, 7, 8, House Amendment No. 1 to House Amendment No. 9, House Amendment No. 9, as amended, House Amendment Nos. 10, 11, 12, House Substitute Amendment No. 1 for House Amendment No. 13, House Amendment Nos. 14, 15, 16, House Amendment No. 1 to House Amendment No. 17, House Amendment No. 17, as amended, and House Amendment Nos. 18, 19, 20, 22, 23, 24, 25.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting immediately after said line the following:

“161.106. 1. The department of elementary and secondary education shall provide staffing support including but not limited to statewide coordination for career and technical student organizations’ activities that are an integral part of the instructional educational curriculum for career and technical education programs approved by the department. Such career and technical organizations shall include, but not be limited to, the nationally recognized organizations of DECA, FBLA, FFA, FCCLA, HOSA, SkillsUSA, and TSA.

2. The department of elementary and secondary education shall [continue to] handle the funds from the **career and technical student** organizations [in the same manner as it did during school year 2011-12], with department personnel maintaining responsibility for the receipt and disbursement of funds. The department may ensure accountability and transparency by requiring the career and technical student organizations to provide sworn affidavits annually by personnel in the organization who are responsible for such funds as to the proper receipt and disbursement of such funds.”; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting immediately after said line the following:

“160.430. 1. For purposes of this section and sections 160.432 and 160.435, “school of innovation” means a program approved by the school board of a school district with a curriculum, delivery method, or instructional model different from the traditional school model. A program qualifies as a school of innovation even if it does not have a building or facility that is separate from other district grade-level school buildings.

2. Students may attend a school of innovation and still be considered enrolled in a traditional

school building for the purposes of cocurricular activities, extracurricular activities, and general courses available to both students in the school of innovation and students in the traditional public school setting.

3. The board of education of a school district may, by a majority vote of the entire board, establish a school of innovation. Before the vote, the board members shall prepare and distribute to all members a written description of the educational mission of the school of innovation, the research that supports that mission, the educational goals for the school of innovation, and the process the district intends to use to determine if the school of innovation is meeting those goals.

4. The school day, school hours, and school term of a school of innovation may be different from other schools in the district. Schools of innovation shall be required to meet the minimum school day or school term requirements in sections 160.011, 160.041, 171.031, and 171.033.

5. For purposes of calculation and distribution of state school funding, attendance of a student enrolled in a school of innovation shall equal, upon completion of the school year, one hundred five percent of the hours of attendance possible for the same or similar program delivered in the traditional school setting offered in the district. State funding shall be calculated in two increments, fifty percent completion and one hundred percent completion, based on the student's completion of the program, with distribution of state funding to a school district at each increment equal to fifty-two and one-half percent of hours of attendance possible for the same or similar program delivered in the traditional program in the district.

6. For the first three years a school of innovation exists, the graduation rates, attendance rates, and scores on the statewide assessments established under section 160.518 of the students enrolled in the school of innovation shall not be considered when determining a district's accreditation status, unless the district chooses for those scores and rates to be considered.

7. The board of a school district that has established a school of innovation shall annually review the overall academic performance of the school of innovation and the progress the school of innovation has made toward achieving the educational goals set when the school was established. The board may, by a majority vote of the entire board, alter, amend, extend, or change the goals or educational mission of the school of innovation. The board may at any time vote to revoke the school's status as a school of innovation.

8. A superintendent of a school district with a school of innovation, or his or her designee, may assign specific teachers and district employees to a school of innovation, regardless of existing policies, practices, or collective bargaining agreements.

9. (1) The board of a school district that has established a school of innovation may, at its discretion, pay a teacher assigned to and teaching in the school of innovation more than what the teacher would otherwise receive on the teacher salary schedule in order to compensate for the additional training, alternative lesson plans, extended hours, and additional duties associated with the position.

(2) Teachers assigned to a school of innovation may earn tenure in the district, but the teachers have no right or entitlement to continue to work in a school of innovation.

(3) Teaching contracts for teachers assigned to a school of innovation shall not include a set number of days, months, or working hours. A teacher assigned to a school of innovation shall receive

a school calendar outlining general attendance expectations.

(4) If a district reassigns a teacher from a school of innovation and then pays the teacher on the teacher salary schedule for the district, the reassignment shall not be considered a demotion under sections 168.102 to 168.130, even if the teacher's compensation is reduced.

10. Notwithstanding any provision of chapter 169 or any other provision of law, a teacher receiving retirement benefits under chapter 169 may, without losing his or her retirement benefits, teach on a full-time or part-time basis in a school of innovation if the teacher is certificated and has teaching experience in a subject that is essential to the mission of the school of innovation and the district can demonstrate that it has been unsuccessful in employing a teacher with the same certification and relevant experience in the subject area. A retired teacher who is employed to work at a school of innovation under this subsection shall not be eligible to earn tenure.

11. A school district that establishes a school of innovation may allow students who are not residents of the district to attend the school of innovation upon payment of tuition by the student, parents, or the student's resident school district or charter school. The school district that establishes the school of innovation shall not be responsible for the transportation of nonresident students. A school district may enter into an agreement with the district that has established the school of innovation to share staff, facilities, or other resources in lieu of or in addition to tuition.

12. (1) The board of a school district that has established or that seeks to establish a school of innovation may apply to the state board of education for a waiver of a state statute or regulation that impedes the establishment of a school of innovation or that is otherwise a barrier to the innovative educational mission.

(2) The state board of education shall hold a public hearing to determine if a waiver should be granted. The state board of education may, by a majority vote of the entire state board, waive a state statute or regulation for the limited purpose of operating the school of innovation. Such waiver shall last three years and may be extended by the state board of education for three-year terms upon evidence that the waiver has resulted in the desired educational innovation and opportunity.

13. The department of elementary and secondary education shall review all existing laws, regulations, and processes and take action to remove any identified barriers to school districts using innovative education models. The department of elementary and secondary education shall report to the governor before December 1, 2018, any state or federal statutes or regulations that could impede the establishment of schools of innovation.

14. Subject to appropriation, the governor, or a task force appointed by the governor, shall annually award ten competitive grants to school districts for the establishment, implementation, or expansion of schools of innovation.

160.432. A school district may enter into an agreement with one or more other school districts to provide students access to courses or schools, including schools of innovation. School districts may enter into agreements to share staff, facilities, or other resources in lieu of or in addition to tuition paid by a district for its students to access the courses or schools, including schools of innovation. The school district sponsoring the course or school, including the school of innovation, shall retain financial and legal responsibility unless determined otherwise in the agreement.

160.435. 1. A school district may enter into an agreement with one or more other school districts

to cooperatively provide schools to educate resident students of all participating districts. Such schools shall be known as “cooperative schools”. Cooperative school services may be provided in the facilities of any of the cooperating districts or in facilities leased by the cooperating districts or through a third-party vendor. The agreement shall describe the nature of the services to be provided. Services may include full-day instruction, individual courses, a specialized program of studies, or the establishment of a shared school of innovation.

2. Districts participating in a cooperative school shall equally share financial and legal responsibility for the school, courses, and employees assigned to such schools and courses, unless otherwise determined in the agreement. Participating districts shall contribute funds, facilities, staff, or other resources to operate the cooperative school as determined in the agreement.

3. A cooperative school shall be governed by a committee, with one appointed representative from each participating school district. The committee shall have the legal authority to create and oversee a budget, enter into contracts, employ staff, and pay bills associated with the cooperative school. The financial resources devoted to the cooperative school by the participating districts shall be kept in a separate account, shall be solely devoted to the cooperative school, and shall carry over from year to year to the benefit of the cooperative school.

4. If an agreement under this section expires and no new agreement is reached, a cooperative school may be dissolved by a unanimous vote of the representatives on the committee governing the cooperative school or by a vote of the boards of education of all the participating school districts. If dissolved, all resources, debt, or legal liability incurred shall be divided in accordance with the agreement.

5. Eligible students from participating districts shall have an equal opportunity to attend the cooperative school, as determined by the agreement. Any student enrolled in a participating district shall be reported by the sending participating district for state aid purposes. The cooperative school shall share information and student records with the school districts in which students are enrolled.

6. The committee governing the cooperative school shall employ teachers and other staff necessary to operate the cooperative school. The teaching or administrative contracts shall be with the committee governing the cooperative school rather than with the participating school districts. Teachers teaching at a cooperative school may earn tenure in the cooperative school in accordance with sections 168.102 to 168.130 but shall not earn tenure with any participating district based on employment in the cooperative school.

7. Teachers who were employed by a participating school district immediately before their employment with the cooperative school shall not lose years toward tenure in the participating district or lose tenure previously earned in the participating school district. However, the teacher shall not continue to earn years toward tenure in the participating district during his or her employment with the cooperative school.

8. If the committee governing the cooperative school determines that the school needs to reduce or rearrange staff due to a decrease in student enrollment, reorganization of the program, or financial conditions, teaching staff shall be placed on leaves of absence from the cooperative school in accordance with section 168.124. If a teacher is placed on leave of absence from the cooperative school but has previously earned tenure in a participating district immediately before his or her employment in the cooperative school, the participating district may reemploy the tenured teacher, and the teacher

shall be considered tenured upon reemployment. If a teacher is placed on leave of absence from the cooperative school but was a probationary teacher in a participating district immediately before his or her employment with the cooperative school, and the participating district reemploys the teacher, the teacher shall not have lost years toward tenure previously earned with the participating district.

160.545. 1. There is hereby established [within the department of elementary and secondary education] the “A+ Schools Program” to be administered by the commissioner of education. The program shall consist of grant awards made to public secondary schools that demonstrate a commitment to ensure that:

(1) All students be graduated from school;

(2) All students complete a selection of high school studies that is challenging and for which there are identified learning expectations; and

(3) All students proceed from high school graduation to a college or postsecondary vocational or technical school or high-wage job with work place skill development opportunities.

2. The state board of education shall promulgate rules and regulations for the approval of grants made under the program to schools that:

(1) Establish measurable districtwide performance standards for the goals of the program outlined in subsection 1 of this section; and

(2) Specify the knowledge, skills and competencies, in measurable terms, that students must demonstrate to successfully complete any individual course offered by the school, and any course of studies which will qualify a student for graduation from the school; and

(3) [Do not offer a general track of courses that, upon completion, can lead to a high school diploma; and

(4)] Require rigorous coursework with standards of competency in basic academic subjects for students pursuing vocational and technical education as prescribed by rule and regulation of the state board of education; and

[(5)] (4) Have a partnership plan developed in cooperation and with the advice of local business persons, labor leaders, parents, and representatives of college and postsecondary vocational and technical school representatives, with the plan then approved by the local board of education. The plan shall specify a mechanism to receive information on an annual basis from those who developed the plan in addition to senior citizens, community leaders, and teachers to update the plan in order to best meet the goals of the program as provided in subsection 1 of this section. Further, the plan shall detail the procedures used in the school to identify students that may drop out of school and the intervention services to be used to meet the needs of such students. The plan shall outline counseling and mentoring services provided to students who will enter the work force upon graduation from high school, address apprenticeship and intern programs, and shall contain procedures for the recruitment of volunteers from the community of the school to serve in schools receiving program grants.

3. Any nonpublic school in this state may apply to the state board of education for certification that it meets the requirements of this section subject to the same criteria as public high schools. Every nonpublic school that applies and has met the requirements of this section shall have its students eligible for reimbursement of postsecondary education under subsection 8 of this section on an equal basis to students who graduate from public schools that meet the requirements of this section. Any nonpublic school that

applies shall not be eligible for any grants under this section. Students of certified nonpublic schools shall be eligible for reimbursement of postsecondary education under subsection 8 of this section so long as they meet the other requirements of such subsection. For purposes of subdivision [(5)] (4) of subsection 2 of this section, the nonpublic school shall be included in the partnership plan developed by the public school district in which the nonpublic school is located. For purposes of subdivision (1) of subsection 2 of this section, the nonpublic school shall establish measurable performance standards for the goals of the program for every school and grade level over which the nonpublic school maintains control.

4. A school district may participate in the program irrespective of its accreditation classification by the state board of education, provided it meets all other requirements.

5. By rule and regulation, the state board of education may determine a local school district variable fund match requirement in order for a school or schools in the district to receive a grant under the program. However, no school in any district shall receive a grant under the program unless the district designates a salaried employee to serve as the program coordinator, with the district assuming a minimum of one-half the cost of the salary and other benefits provided to the coordinator. Further, no school in any district shall receive a grant under the program unless the district makes available facilities and services for adult literacy training as specified by rule of the state board of education.

6. For any school that meets the requirements for the approval of the grants authorized by this section and specified in subsection 2 of this section for three successive school years, by August first following the third such school year, the commissioner of education shall present a plan to the superintendent of the school district in which such school is located for the waiver of rules and regulations to promote flexibility in the operations of the school and to enhance and encourage efficiency in the delivery of instructional services in the school. The provisions of other law to the contrary notwithstanding, the plan presented to the superintendent shall provide a summary waiver, with no conditions, for the pupil testing requirements pursuant to section 160.257 in the school. Further, the provisions of other law to the contrary notwithstanding, the plan shall detail a means for the waiver of requirements otherwise imposed on the school related to the authority of the state board of education to classify school districts pursuant to subdivision (9) of section 161.092 and such other rules and regulations as determined by the commissioner of education, except such waivers shall be confined to the school and not other schools in the school district unless such other schools meet the requirements of this subsection. However, any waiver provided to any school as outlined in this subsection shall be void on June thirtieth of any school year in which the school fails to meet the requirements for the approval of the grants authorized by this section as specified in subsection 2 of this section.

7. For any school year, grants authorized by subsections 1, 2, and 5 of this section shall be funded with the amount appropriated for this program, less those funds necessary to reimburse eligible students pursuant to subsection 8 of this section.

8. The department of higher education shall, by rule, establish a procedure for the reimbursement of the cost of tuition, books and fees to any public community college or vocational or technical school or within the limits established in subsection [10] 11 of this section for any two-year private vocational or technical school for any student:

(1) Who has attended a high school in the state for at least [three] **two** years [immediately prior to graduation] that meets the requirements of subsection 2 of this section; except that, students who are active duty military dependents, and students who are [dependants] **dependents** of retired military who relocate

to Missouri within one year of the date of the parent's retirement from active duty, who[, in the school year immediately preceding graduation,] meet all other requirements of this subsection and are attending a school that meets the requirements of subsection 2 of this section shall be exempt from the [three-year] **two-year** attendance requirement of this subdivision; and

(2) Who has made a good faith effort to first secure all available federal sources of funding that could be applied to the reimbursement described in this subsection; and

(3) Who has earned a minimal grade average while in high school **or through the semester immediately before taking the course for which he or she seeks reimbursement** as determined by rule of the department of higher education, and other requirements for the reimbursement authorized by this subsection as determined by rule and regulation of the department; and

(4) Who is a citizen or permanent resident of the United States.

9. A student who meets the requirements established in subsection 8 of this section immediately before taking the course for which he or she seeks reimbursement shall receive reimbursement of the cost of tuition, books, and fees for any dual credit or dual enrollment course offered in a high school in association with a public community college or vocational or technical school, subject to the requirements of subsection 11 of this section. Eligible students who qualify for reimbursement under this subsection shall also receive reimbursement for the costs associated with an advanced placement course or test.

10. The commissioner of education shall develop a procedure for evaluating the effectiveness of the program described in this section. Such evaluation shall be conducted annually with the results of the evaluation provided to the governor, speaker of the house, and president pro tempore of the senate.

[10.] **11.** For a two-year private vocational or technical school to obtain reimbursements under subsection 8 of this section, the following requirements shall be satisfied:

(1) Such two-year private vocational or technical school shall be a member of the North Central Association and be accredited by the Higher Learning Commission as of July 1, 2008, and maintain such accreditation;

(2) Such two-year private vocational or technical school shall be designated as a 501(c)(3) nonprofit organization under the Internal Revenue Code of 1986, as amended;

(3) No two-year private vocational or technical school shall receive tuition reimbursements in excess of the tuition rate charged by a public community college for course work offered by the private vocational or technical school within the service area of such college; and

(4) The reimbursements provided to any two-year private vocational or technical school shall not violate the provisions of Article IX, Section 8, or Article I, Section 7, of the Missouri Constitution or the first amendment of the United States Constitution.”; and

Further amend said bill and page, Section 162.401, Line 9, by inserting immediately after said line the following:

“162.1250. 1. School districts shall receive state school funding under sections 163.031, 163.043, and 163.087 for resident students who are enrolled in the school district and who are taking a virtual course or full-time virtual program offered by the school district. The school district may offer instruction in a virtual setting using technology, intranet, and internet methods of communications that could take place outside

of the regular school district facility. The school district may develop a virtual program for any grade level, kindergarten through twelfth grade, with the courses available in accordance with district policy to any resident student of the district who is enrolled in the school district. Nothing in this section shall preclude a private, parochial, or home school student residing within a school district offering virtual courses or virtual programs from enrolling in the school district in accordance with the combined enrollment provisions of section 167.031 for the purposes of participating in the virtual courses or virtual programs.

2. Charter schools shall receive state school funding under section 160.415 for students enrolled in the charter school who are completing a virtual course or full-time virtual program offered by the charter school. Charter schools may offer instruction in a virtual setting using technology, intranet, and internet methods of communications. The charter school may develop a virtual program for any grade level, kindergarten through twelfth grade, with the courses available in accordance with school policy and the charter school's charter to any student enrolled in the charter school.

3. For purposes of calculation and distribution of state school funding, attendance of a student enrolled in a district or charter school virtual class shall equal, upon course completion, [ninety-four] **ninety-five** percent of the hours of attendance possible for such class delivered in the nonvirtual program in the student's resident district or charter school. Course completion shall be calculated in two increments, fifty percent completion and one hundred percent completion, based on the student's completion of defined assignments and assessments, with distribution of state funding to a school district or charter school at each increment equal to forty-seven **and one-half** percent of hours of attendance possible for such course delivered in the nonvirtual program in a student's school district of residence or charter school.

4. When courses are purchased from an outside vendor, the district or charter school shall ensure that they are aligned with the [show-me curriculum] **state learning** standards and comply with state requirements for teacher certification. The state board of education reserves the right to request information and materials sufficient to evaluate the online course. Online classes should be considered like any other class offered by the school district or charter school.

5. Any school district or charter school that offers instruction in a virtual setting, develops a virtual course or courses, or develops a virtual program of instruction shall ensure that the following standards are satisfied:

- (1) The virtual course or virtual program utilizes appropriate content-specific tools and software;
- (2) Orientation training is available for teachers, instructors, and students as needed;
- (3) Privacy policies are stated and made available to teachers, instructors, and students;
- (4) Academic integrity and internet etiquette expectations regarding lesson activities, discussions, electronic communications, and plagiarism are stated to teachers, instructors, and students prior to the beginning of the virtual course or virtual program;
- (5) Computer system requirements, including hardware, web browser, and software, are specified to participants;
- (6) The virtual course or virtual program architecture, software, and hardware permit the online teacher or instructor to add content, activities, and assessments to extend learning opportunities;
- (7) The virtual course or virtual program makes resources available by alternative means, including but not limited to, video and podcasts;

(8) Resources and notes are available for teachers and instructors in addition to assessment and assignment answers and explanations;

(9) Technical support and course management are available to the virtual course or virtual program teacher and school coordinator;

(10) The virtual course or virtual program includes assignments, projects, and assessments that are aligned with students' different visual, auditory, and hands-on learning styles;

(11) The virtual course or virtual program demonstrates the ability to effectively use and incorporate subject-specific and developmentally appropriate software in an online learning module; and

(12) The virtual course or virtual program arranges media and content to help transfer knowledge most effectively in the online environment.

6. Any special school district shall count any student's completion of a virtual course or program in the same manner as the district counts completion of any other course or program for credit.

7. A school district or charter school may contract with multiple providers of virtual courses or virtual programs, provided they meet the criteria for virtual courses or virtual programs under this section.

162.1251. 1. Any individual, organization, company, or charter school that offers a virtual course in Missouri, other than a school district, may request certification of the course by the department of elementary and secondary education. The department shall certify only courses that meet the following requirements as well as other factors determined relevant by the department to verify quality:

(1) The course is aligned with the state learning standards;

(2) The course is taught by a teacher who is certificated to teach in the state of Missouri;

(3) The course and its delivery method meet federal accessibility requirements to accommodate those who are disabled;

(4) The course complies with state and federal privacy requirements for student records;

(5) The course meets the same requirements imposed on virtual courses under section 162.1250;

(6) The course provider does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, disability, English language learner status, or income level; and

(7) If the department requires that school districts administer a statewide assessment or end-of-course assessment in relation to the course, the course provider pays for and administers the assessment to students enrolled in the course.

2. The department of elementary and secondary education may charge a fee to all virtual course providers to pay for the costs of certification and recertification of virtual courses. The department may at any time request information and materials or interview staff or students to evaluate or reevaluate the virtual course or to verify continuing compliance with the requirements established by the department. The department shall investigate any complaint made against a virtual course provider. The department may revoke certification of a course or refuse to recertify a course if the course does not meet the requirements of this section or other relevant laws, the course provider does not comply with requests for information, or the department has articulable concerns regarding the quality of the course or the instruction provided in the course.

3. Each virtual course provider offering a course certified under this section shall annually report to the department of elementary and secondary education and post on the provider's website a report card detailing the number of students who have enrolled in the course and the number of students who have completed the course with a passing grade. If there is a statewide assessment or end-of-course assessment related to the course, the report card shall include the aggregate assessment scores of the students who took the assessment.

4. A virtual course provider offering a course certified under this section shall immediately transfer records upon the request of the parent, the student, or the school district or charter school that has paid for part or all of the virtual course for which the records are requested, regardless of whether additional tuition or fees are owed for the course. School districts and charter schools are required to accept transferred credit from any virtual course certified by the department of elementary and secondary education upon receipt of adequate records verifying completion of the course by the student.

5. The department of elementary and secondary education may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.

162.1252. 1. (1) If a school district or charter school does not offer a particular course a student wishes to take or a course substantially similar to the course a student wishes to take in the school the student attends and the school the student attends gives instruction in a grade or grades not lower than the sixth nor higher than the twelfth grade, the student or his or her parent may submit a written request to the superintendent or his or her designee or the principal of the charter school for the district or charter school to provide the course to the student virtually or otherwise. The written request shall explain why the district or charter school should provide the course to the student. The superintendent or his or her designee or the principal of the charter school shall notify the student or parent of his or her decision with respect to the request within forty-five days of receipt.

(2) If the superintendent or his or her designee or the principal of the charter school declines to offer the course virtually or otherwise, the parent or student may submit a written request to the school board or the governing board of the charter school to provide the course to the student. The school board or the governing board of the charter school shall act on the request within forty-five days of receipt. If the request is denied or not acted upon, and there is a certified virtual course offered in accordance with section 162.1251, the district or charter school shall pay the tuition for the student to take the course if the student meets the requirements of subsection 2 of this section; except that, the district or charter school is required to pay for only one virtual course each semester for a student.

2. To qualify for payment of a virtual course by the district or charter school, the student shall be currently enrolled in the school district or charter school and shall have been enrolled in and regularly attending the school district or charter school for at least one school year. If the student is receiving special educational services, as defined in section 162.675, the student's individualized

education program team shall approve the course as appropriate for the student. The district or charter school is not required to pay the tuition for a student to take a virtual course if the student has dropped out of or failed to complete a virtual course within the past three years.

3. No school district or charter school shall pay, for any one course for a student, more than fourteen percent of the state adequacy target, as defined in section 163.011. The virtual course provider shall bill the school district or charter school on a monthly basis. If a student discontinues enrollment in the district or charter school, drops out of the course, or fails to adequately participate in the course, the district or charter school may stop making monthly payments to the virtual course provider.

4. If a school district or charter school pays for a virtual course as required in this section, the district or charter school may collect state aid for the course. For purposes of calculation and distribution of state school funding, attendance of a student enrolled in a virtual course shall equal, upon course completion, ninety-five percent of the hours of attendance possible for a similar course delivered in the nonvirtual program in the student's resident district or charter school. Course completion shall be calculated in two increments, fifty percent completion and one hundred percent completion, based on the student's completion of defined assignments and assessments, with distribution of state funding to a school district or charter school at each increment equal to forty-seven and one-half percent of hours of attendance possible for such course delivered in the nonvirtual program in the student's school district of residence or charter school.

5. The virtual course provider shall provide the school district or charter school all student records and progress reports regarding the performance and attendance of the district or charter school students taking the course.

6. Nothing in this section shall require any school district, any charter school, or the state to provide computers, equipment, or internet access to any student.

7. For purposes of this section, "charter school" shall mean a charter school that has declared itself a local educational agency.;" and

Further amend said bill, Page 2, Section 163.018, Line 39, by inserting immediately after said line the following:

"167.231. 1. Within all school districts except metropolitan districts the board of education shall provide transportation to and from school for all pupils living more than three and one-half miles from school and may provide transportation for all pupils. State aid for transportation shall be paid as provided in section 163.161 only on the basis of the cost of pupil transportation for those pupils living one mile or more from school, including transportation provided to and from publicly operated university laboratory schools. The board of education may provide transportation for pupils living less than one mile from school at the expense of the district and may prescribe reasonable rules and regulations as to eligibility of pupils for transportation, and, notwithstanding any other provision of law, no such district shall be subject to an administrative penalty when the district demonstrates pursuant to rule established by the state board of education that such students are required to cross a state highway or county arterial in the absence of sidewalks, traffic signals, or a crossing guard and that no existing bus stop location has been changed to permit a district to evade such penalty. If no increase in the tax levy of the school district is required to provide transportation for pupils living less than one mile from the school, the board may transport said pupils. If an increase in the tax levy of the school district is required to provide transportation for pupils

living less than one mile from school, the board shall submit the question at a public election. If a two-thirds majority of the voters voting on the question at the election are in favor of providing the transportation, the board shall arrange and provide therefor.

2. The proposal and the ballots may be in substantially the following form:

Shall the board of education of the school district provide transportation at the expense of the district for pupils living less than one mile from school and be authorized to levy an additional tax of cents on the one hundred dollars assessed valuation to provide funds to pay for such transportation service?

YES

NO

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

3. The board of education of any school district may provide transportation to and from school for any public school pupil not otherwise eligible for transportation under the provisions of state law, and may prescribe reasonable rules and regulations as to eligibility for transportation, if the parents or guardian of the pupil agree in writing to pay the actual cost of transporting the pupil. The minimum charge would be the actual cost of transporting the pupil for ninety school days, which actual cost is to be determined by the average per-pupil cost of transporting children in the school district during the preceding school year. The full actual cost shall be paid by the parent or guardian of the pupil and shall not be paid out of any state school aid funds or out of any other revenues of the school district. The cost of transportation may be paid in installments, and the board of education shall establish the cost of the transportation and the time or times and method of payment.

4. A school district or charter school may arrange to have students transported using alternative methods such as existing public transportation or vehicles other than a school bus, as long as the district or charter school pays the cost of the transportation or provides for the transportation without cost to the student.

168.011. 1. No person shall be employed to teach in any position in a public school until he **or she** has received a valid certificate of license entitling him **or her** to teach in that position.

2. Teaching in the state of Missouri, performing other related education duties, school administration, and teacher education are hereby declared to be professions with all the appropriate rights, responsibilities and privileges accorded to other recognized professions.

3. A district may collect state aid for a student attending a course virtually, through videoconferencing or electronically, even if the supervising employee in the classroom is not a certificated employee as long as the person teaching the course has a valid certificate of license entitling him or her to teach in that position or is employed by a postsecondary institution and is teaching a dual credit, dual enrollment, or advanced placement course.

168.021. 1. Certificates of license to teach in the public schools of the state shall be granted as follows:

(1) By the state board, under rules and regulations prescribed by it:

(a) Upon the basis of college credit;

(b) Upon the basis of examination;

(2) By the state board, under rules and regulations prescribed by the state board with advice from the

advisory council established by section 168.015 to any individual who presents to the state board a valid doctoral degree from an accredited institution of higher education accredited by a regional accrediting association such as North Central Association. Such certificate shall be limited to the major area of postgraduate study of the holder, shall be issued only after successful completion of the examination required for graduation pursuant to rules adopted by the state board of education, and shall be restricted to those certificates established pursuant to subdivision (1) of subsection 3 of this section;

(3) By the state board, which shall issue the professional certificate classification in both the general and specialized areas most closely aligned with the current areas of certification approved by the state board, commensurate with the years of teaching experience of the applicant, and based upon the following criteria:

(a) Recommendation of a state-approved baccalaureate-level teacher preparation program;

(b) Successful attainment of the Missouri qualifying score on the exit assessment for teachers or administrators designated by the state board of education. Applicants who have not successfully achieved a qualifying score on the designated examinations will be issued a two-year nonrenewable provisional certificate; and

(c) Upon completion of a background check as prescribed in section 168.133 and possession of a valid teaching certificate in the state from which the applicant's teacher preparation program was completed;

(4) By the state board, under rules prescribed by it, on the basis of a relevant bachelor's degree, or higher degree, and a passing score for the designated exit examination, for individuals whose academic degree and professional experience are suitable to provide a basis for instruction solely in the subject matter of banking or financial responsibility, at the discretion of the state board. Such certificate shall be limited to the major area of study of the holder and shall be restricted to those certificates established under subdivision (1) of subsection 3 of this section. Holders of certificates granted under this subdivision shall be exempt from the teacher tenure act under sections 168.102 to 168.130 and each school district shall have the decision-making authority on whether to hire the holders of such certificates; [or]

(5) By the state board, under rules and regulations prescribed by it, on the basis of certification by the American Board for Certification of Teacher Excellence (ABCTE) and verification of ability to work with children as demonstrated by sixty contact hours in any one of the following areas as validated by the school principal: sixty contact hours in the classroom, of which at least forty-five must be teaching; sixty contact hours as a substitute teacher, with at least thirty consecutive hours in the same classroom; sixty contact hours of teaching in a private school; or sixty contact hours of teaching as a paraprofessional, for an initial four-year ABCTE certificate of license to teach, except that such certificate shall not be granted for the areas of early childhood education, or special education. For certification in the area of elementary education, ninety contact hours in the classroom shall be required, of which at least thirty shall be in an elementary classroom. Upon the completion of the requirements listed in paragraphs (a), (b), (c), and (d) of this subdivision, an applicant shall be eligible to apply for a career continuous professional certificate under subdivision (2) of subsection 3 of this section:

(a) Completion of thirty contact hours of professional development within four years, which may include hours spent in class in an appropriate college curriculum;

(b) Validated completion of two years of the mentoring program of the American Board for Certification of Teacher Excellence or a district mentoring program approved by the state board of education;

(c) Attainment of a successful performance-based teacher evaluation; and

(d) [Participate] **Participation** in a beginning teacher assistance program; **or**

(6) By the state board, under rules and regulations prescribed by it, on the basis of specialized knowledge and experience in a discrete subject area for which the certificate is issued.

2. All valid teaching certificates issued pursuant to law or state board policies and regulations prior to September 1, 1988, shall be exempt from the professional development requirements of this section and shall continue in effect until they expire, are revoked or suspended, as provided by law. When such certificates are required to be renewed, the state board or its designee shall grant to each holder of such a certificate the certificate most nearly equivalent to the one so held. Anyone who holds, as of August 28, 2003, a valid PC-I, PC-II, or continuous professional certificate shall, upon expiration of his or her current certificate, be issued the appropriate level of certificate based upon the classification system established pursuant to subsection 3 of this section.

3. Certificates of license to teach in the public schools of the state shall be based upon minimum requirements prescribed by the state board of education which shall include completion of a background check as prescribed in section 168.133. The state board shall provide for the following levels of professional certification: an initial professional certificate and a career continuous professional certificate.

(1) The initial professional certificate shall be issued upon completion of requirements established by the state board of education and shall be valid based upon verification of actual teaching within a specified time period established by the state board of education. The state board shall require holders of the four-year initial professional certificate to:

(a) Participate in a mentoring program approved and provided by the district for a minimum of two years;

(b) Complete thirty contact hours of professional development, which may include hours spent in class in an appropriate college curriculum, or for holders of a certificate under subdivision (4) of subsection 1 of this section, an amount of professional development in proportion to the certificate holder's hours in the classroom, if the certificate holder is employed less than full time; and

(c) Participate in a beginning teacher assistance program.

(2) (a) The career continuous professional certificate shall be issued upon verification of completion of four years of teaching under the initial professional certificate and upon verification of the completion of the requirements articulated in paragraphs (a), (b), and (c) of subdivision (1) of this subsection or paragraphs (a), (b), (c), and (d) of subdivision (5) of subsection 1 of this section.

(b) The career continuous professional certificate shall be continuous based upon verification of actual employment in an educational position as provided for in state board guidelines and completion of fifteen contact hours of professional development per year which may include hours spent in class in an appropriate college curriculum. Should the possessor of a valid career continuous professional certificate fail, in any given year, to meet the fifteen-hour professional development requirement, the possessor may, within two years, make up the missing hours. In order to make up for missing hours, the possessor shall first complete the fifteen-hour requirement for the current year and then may count hours in excess of the current year requirement as make-up hours. Should the possessor fail to make up the missing hours within two years, the certificate shall become inactive. In order to reactivate the certificate, the possessor shall complete twenty-four contact hours of professional development which may include hours spent in the classroom in an appropriate college curriculum within the six months prior to or after reactivating his or her certificate.

The requirements of this paragraph shall be monitored and verified by the local school district which employs the holder of the career continuous professional certificate.

(c) A holder of a career continuous professional certificate shall be exempt from the professional development contact hour requirements of paragraph (b) of this subdivision if such teacher has a local professional development plan in place within such teacher's school district and meets two of the three following criteria:

- a. Has ten years of teaching experience as defined by the state board of education;
- b. Possesses a master's degree; or
- c. Obtains a rigorous national certification as approved by the state board of education.

4. Policies and procedures shall be established by which a teacher who was not retained due to a reduction in force may retain the current level of certification. There shall also be established policies and procedures allowing a teacher who has not been employed in an educational position for three years or more to reactivate his or her last level of certification by completing twenty-four contact hours of professional development which may include hours spent in the classroom in an appropriate college curriculum within the six months prior to or after reactivating his or her certificate.

5. The state board shall, upon completion of a background check as prescribed in section 168.133, issue a professional certificate classification in the areas most closely aligned with an applicant's current areas of certification, commensurate with the years of teaching experience of the applicant, to any person who is hired to teach in a public school in this state and who possesses a valid teaching certificate from another state or certification under subdivision (4) of subsection 1 of this section, provided that the certificate holder shall annually complete the state board's requirements for such level of certification, and shall establish policies by which residents of states other than the state of Missouri may be assessed a fee for a certificate of license to teach in the public schools of Missouri. Such fee shall be in an amount sufficient to recover any or all costs associated with the issuing of a certificate of license to teach. The board shall promulgate rules to authorize the issuance of a provisional certificate of license, which shall allow the holder to assume classroom duties pending the completion of a criminal background check under section 168.133, for any applicant who:

- (1) Is the spouse of a member of the Armed Forces stationed in Missouri;
- (2) Relocated from another state within one year of the date of application;
- (3) Underwent a criminal background check in order to be issued a teaching certificate of license from another state; and
- (4) Otherwise qualifies under this section.

6. The state board may assess to holders of an initial professional certificate a fee, to be deposited into the excellence in education revolving fund established pursuant to section 160.268, for the issuance of the career continuous professional certificate. However, such fee shall not exceed the combined costs of issuance and any criminal background check required as a condition of issuance. Applicants for the initial ABCTE certificate shall be responsible for any fees associated with the program leading to the issuance of the certificate, but nothing in this section shall prohibit a district from developing a policy that permits fee reimbursement.

7. Any member of the public school retirement system of Missouri who entered covered employment

with ten or more years of educational experience in another state or states and held a certificate issued by another state and subsequently worked in a school district covered by the public school retirement system of Missouri for ten or more years who later became certificated in Missouri shall have that certificate dated back to his or her original date of employment in a Missouri public school.

170.039. 1. (1) School districts and charter schools sponsored by local boards of education may award an enrolled student credit for a high school course if the student is able to demonstrate proficiency in the knowledge, skills, and competencies in the subject area to the satisfaction of the district or charter school sponsored by a local board of education, regardless of whether the student has enrolled in the course with the district or charter school sponsored by a local board of education or completed the course.

(2) Districts and charter schools sponsored by local boards of education that offer proficiency-based credit as described in this section shall notify parents and students in the student handbook or, if a district or charter school sponsored by a local board of education does not provide a student handbook, through other means determined by the district or charter school sponsored by a local board of education.

(3) A student who chooses to demonstrate competency to earn credit as described in this section shall take any statewide assessments associated with any course for which the student earns proficiency-based credit.

2. A student who earns proficiency-based credits shall not be required to graduate earlier than his or her age-related cohorts even if the student earns more credits than necessary to graduate. However, if a student graduates from high school earlier than his or her age-related cohorts due to proficiency-based credits earned by the student, the district may continue to collect state aid for the student until the student's age-related cohorts graduate. The state aid earned in this manner shall be used to provide services to students who are at risk of not graduating on time or at all or to increase the number of students attending a career center from the number of students who attended in the 2017-18 school year.

3. If a student graduates early due to proficiency-based credits earned by the student, the district's collection of state aid for the student as described in subsection 2 of this section shall be determined by counting each course for which the student earned proficiency-based credit as equaling ninety-five percent of the hours of attendance possible for such course even though the student never actually attended the course. The district shall count only those courses necessary for the district to claim full-time status for the student until the student's age-related cohorts graduate.”; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

“610.031. 1. If the attorney general concludes that any person may have engaged in any act, conduct, or practice that violates any provision of chapter 109 or this chapter, the attorney general may apply for an order issued by a judge of the circuit court of Cole County to serve a civil investigative demand on any person who the attorney general believes may have information or evidence relevant to the suspected violation. A judge shall issue the order to serve the civil

investigative demand if the judge finds that probable cause exists that a violation of chapter 109 or this chapter has occurred. Once a judge has issued an order to serve a civil investigative demand, the demand issued under this section may seek any information and documents that could be obtained by means of a subpoena duces tecum issued by a court of this state. A civil investigative demand issued under this section may also require answers to written interrogatories that would be permitted by the Missouri supreme court rules.

2. A civil investigative demand issued under this section shall:

(1) State the statute or statutes that the attorney general believes may have been violated;

(2) Describe the class or classes of information and evidence to be produced with sufficient specificity so as to fairly indicate the material demanded;

(3) Prescribe a return date, which shall be at least thirty days, by which the information and evidence is to be produced;

(4) Identify the members of the attorney general's staff to whom the information and evidence requested is to be produced; and

(5) Provide notice to the recipient of the demand of the recipient's ability to file a petition in the circuit court of Cole County to extend the return date for good cause or to quash or modify any portion of the demand.

3. Service of a civil investigative demand issued under this section may be made by:

(1) Delivering a duly executed copy thereof to the person to be served, or to a partner or any officer or agent authorized by appointment or by law to receive service of process on behalf of such person;

(2) Delivering a duly executed copy thereof to the principal place of business or the residence in this state of the person to be served;

(3) Mailing by registered or certified mail a duly executed copy thereof addressed to the person to be served, at the person's principal place of business or residence in this state, or if such person has no place of business or residence in this state, to his or her principal office, place of business, or his or her residence; or

(4) Mailing by registered or certified mail a duly executed copy thereof, requesting a return receipt signed by the addressee only, to the last known place of business, residence, or abode within or without this state of such person.

4. At any time prior to the return date specified in a civil investigative demand issued under this section or within twenty days after the civil investigative demand is served, whichever is earlier, the recipient of the civil investigative demand may file a petition in the circuit court of Cole County seeking to extend the return date for good cause or to quash or modify any portion of the civil investigative demand. A civil investigative demand issued under this section shall only be quashed or modified on the same basis as a subpoena duces tecum issued by a court of this state.

5. If any person fails to comply with any portion of a civil investigative demand served under this section, the attorney general may file a petition for an order to enforce the civil investigative demand. The attorney general may file such petition in the circuit court of Cole County or in any circuit court where such person has his or her principal place of business or residence. Any person who refuses to

comply with an order enforcing a civil investigative demand shall be found in contempt.

6. Any person who, with the intent to avoid, evade, or prevent compliance with a civil investigative demand issued under this section, removes, conceals, withholds, destroys, alters, or falsifies any information or evidence responsive to a civil investigative demand served under this section shall be guilty of a class A misdemeanor. The attorney general shall have concurrent jurisdiction to enforce the provisions of this subsection.

7. No information, documentary material, or physical evidence requested pursuant to a civil investigative demand issued under this section shall, unless otherwise ordered by a court for good cause shown, be produced for or the contents thereof be disclosed to, any person other than the authorized employee of the attorney general without the consent of the person who produced such information, documentary material or physical evidence; provided, that under such reasonable terms and conditions as the attorney general shall prescribe, such information, documentary material or physical evidence shall be made available for inspection and copying by the person who produced such information, documentary material or physical evidence, or any duly authorized representative of such person. The attorney general, or any attorney designated by him or her, may use the information, documentary material, or physical evidence in the enforcement of chapter 109 or this chapter, by presentation before any court or by disclosure to law enforcement agencies of this state.

610.033. There is created within the office of the attorney general a transparency division. No assistant attorney general while assigned to the transparency division shall participate in the prosecution or defense of any civil claim on behalf of the state, any agency of the state, or any officer of the state, except the prosecution of an action alleging a violation of any provision of chapter 109 or this chapter.”; and

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting immediately after all of said section and line and the following:

“161.026. 1. Notwithstanding the provisions of section 161.032 or any other provision of law, the governor shall, by and with the advice and consent of the senate, appoint a teacher representative to the state board of education who shall attend all meetings and participate in all deliberations of the board. The teacher representative shall not have the right to vote on any matter before the board or be counted in establishing a quorum under section 161.082.

2. The teacher representative shall be an active classroom teacher. For purposes of this section, “active classroom teacher” means a resident of the state of Missouri who is a full-time teacher with at least five years of teaching experience in the state of Missouri, who is certified to teach under the laws governing the certification of teachers in Missouri, and who is not on leave at the time of the appointment to the position of teacher representative. The teacher representative shall have the written support of the local school board prior to accepting the appointment.

3. The term of the teacher representative shall be four years, and appointments made under this section shall be made in rotation from each congressional district beginning with the first congressional district and continuing in numerical order.

4. If a vacancy occurs for any reason in the position of teacher representative, the governor shall

appoint, by and with the advice and consent of the senate, a replacement for the unexpired term. Such replacement shall be a resident of the same congressional district as the teacher representative being replaced, shall meet the qualifications set forth under subsection 2 of this section, and shall serve until his or her successor is appointed and qualified. If the general assembly is not in session at the time for making an appointment, the governor shall make a temporary appointment until the next session of the general assembly, when the governor shall nominate a person to fill the position of teacher representative.

5. If the teacher representative ceases to be an active classroom teacher, as defined under subsection 2 of this section, or fails to follow the board's attendance policy, the teacher representative's position shall immediately become vacant unless an absence is caused by sickness or some accident preventing the teacher representative's arrival at the time and place appointed for the meeting.

6. The teacher representative shall receive the same reimbursement for expenses as members of the state board of education receive under section 161.022.

7. At no time shall more than one nonvoting member serve on the state board of education.

8. The provisions of this section shall expire on August 28, 2025.

161.072. 1. The state board of education shall meet semiannually in December and in June in Jefferson City. Other meetings may be called by the president of the board on seven days' written notice to the members. In the absence of the president, the commissioner of education shall call a meeting on request of three members of the board, and if both the president and the commissioner of education are absent or refuse to call a meeting, any three members of the board may call a meeting by similar notices in writing. The business to come before the board shall be available by free electronic record at least seven business days prior to the start of each meeting. All records of any decisions, votes, exhibits, or outcomes shall be available by free electronic media within forty-eight hours following the conclusion of every meeting. Any materials prepared for the members of the board by the staff shall be delivered to the members at least five days before the meeting, and to the extent such materials are public records as defined in section 610.010 and are not permitted to be closed under section 610.021, shall be made available by free electronic media at least five business days in advance of the meeting.

2. Upon an affirmative vote of the members of the board who are present and who are not teacher representatives, a given meeting closed under sections 610.021 and 610.022 shall be closed to the teacher representative.”; and

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

“168.800. 1. If a school district uses a salary schedule in which a teacher receives a higher salary if he or she has earned a master's degree, the school district shall compensate any teacher who has earned thirty credit hours in graduate-level or undergraduate-level courses in a field closely related to subjects taught by the teacher and approved by the school board of the district as if the teacher had earned the master's degree required to receive a higher salary on the salary schedule. If the district's salary schedule has different levels of compensation based on the type of master's degree, the district

shall compensate the teacher as if the teacher had earned the master's degree with the lowest level of compensation on the salary schedule.

2. The department of elementary and secondary education shall ensure that its evaluations, data collections, and website are updated to reflect the requirements of this section.”; and

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

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

“164.011. 1. The school board of each district annually shall prepare an estimate of the amount of money to be raised by taxation for the ensuing school year, the rate required to produce the amount, and the rate necessary to sustain the school or schools of the district for the ensuing school year, to meet principal and interest payments on the bonded debt of the district and to provide the funds to meet other legitimate district purposes. In preparing the estimate, the board shall have sole authority in determining what part of the total authorized rate shall be used to provide revenue for each of the funds as authorized by section 165.011. Prior to setting tax rates for the teachers’ and incidental funds, the school board of each school district annually shall set the tax rate for the capital projects fund as necessary to meet the expenditures of the capital projects fund after all transfers allowed pursuant to subsection 4 of section 165.011. Furthermore the tax rate set in the capital projects fund shall not require the reduction of the equalized combined tax rates for the teachers’ and incidental funds to be less than the greater of the minimum operating levy for the current year for school purposes established under subsection 2 of section 163.021.

2. The school board of each district shall forward the estimate to the county clerk on or before September first. In school districts divided by county lines, the estimate shall be forwarded to the proper officer of each county in which any part of the district lies.

3. When revising its tax rate each year, the aggregate increase in the valuation of property assessed by the state tax commission for the current year over that of the previous year shall be considered new construction and improvement.

4. The department of elementary and secondary education and any other government agency involved in the tax rate process shall update the necessary forms, reports, and documents in order 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. 7

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“115.646. 1. No contribution or expenditure of public funds shall be made directly by any officer, employee or agent of any political subdivision to advocate, support, or oppose any ballot measure or candidate for public office. **For the purposes of this subsection, the term “contribution or expenditure” shall include, but not be limited to, any use of funds or equipment, supplies, facilities, electricity, ink, paper, or employee time paid for by the political subdivision. For the purposes of this subsection, the term “political subdivision” shall include any political subdivision of the state, and any special district or subdistrict, including any school district.** This section shall not be construed to prohibit any public

official of a political subdivision from making public appearances or from issuing press releases concerning any such ballot measure, **provided that the political subdivision makes no direct contribution or expenditure of public funds to produce, print, or distribute any such press release.**

2. Any purposeful violation of this section shall be a class B misdemeanor.”; and

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

HOUSE AMENDMENT NO. 8

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting after all of said line the following:

“170.314. 1. The provisions of this section shall be known and may be cited as the “Missouri S.A.F.E. (Strategic Action For Emergencies) Act”.

2. There is hereby established the “School Safety Task Force”. The joint committee on education shall provide technical and administrative support as required by the task force to fulfill its duties. Any such support involving monetary expenses shall first be approved by the chair of the joint committee on education. All task force members shall be appointed before November 1, 2018. The membership of the task force shall be inclusive and reflect the racial, gender, geographic, urban, rural, and economic diversity of the state. The membership of the task force shall consist of all of the following:

- (1) A teacher, appointed by the governor;**
- (2) The commissioner of education, or his or her designee;**
- (3) The commissioner of higher education, or his or her designee;**
- (4) The president of a four-year university, appointed by a council comprised of presidents and chancellors of public institutions of higher education in Missouri;**
- (5) The superintendent of the Missouri state highway patrol, or his or her designee;**
- (6) The director of the department of mental health, or his or her designee;**
- (7) The director of the state emergency management agency, or his or her designee;**
- (8) The commissioner of the office of administration, or his or her designee;**
- (9) A school superintendent, appointed by a statewide association of school superintendents;**
- (10) A member of a local school board, appointed by a statewide association of school boards;**
- (11) A school resource officer, appointed by a statewide association of school resource officers;**
- (12) A licensed school counselor, appointed by a statewide association supporting school counselors;**
- (13) A sheriff, appointed by a statewide association of sheriffs;**
- (14) A police chief, appointed by a statewide association of police chiefs;**
- (15) A local emergency management director, appointed by a statewide association of emergency management and public safety professionals;**
- (16) The chair of the house elementary and secondary education committee, or his or her designee;**

(17) The chair of the senate education committee, or his or her designee;

(18) A member of the house of representatives, appointed by the speaker of the house of representatives;

(19) A member of the senate, appointed by the president pro tempore of the senate;

(20) An attorney specializing in education law, appointed by the Missouri bar association;

(21) The state fire marshal, or his or her designee;

(22) An active law enforcement officer with experience in active shooter and other emergency situations in schools, appointed by a statewide association of peace officers;

(23) A licensed clinical social worker, appointed by a statewide organization supporting licensed clinical social workers;

(24) A school psychologist, appointed by a statewide association supporting school psychologists; and

(25) A school social worker, appointed by a statewide association supporting school social workers.

3. Any member of the task force who is appointed under this section shall serve a term of three years. A member of the task force may be reappointed to serve on the task force. Any vacancy in such appointed membership shall be filled for the remainder of the unexpired term in the manner of the original appointment.

4. The school safety task force shall be divided into four subcommittees. The chair and vice chair of the task force, along with the chairs of each subcommittee, shall comprise the executive committee of the task force, which shall set the duties of the subcommittees. Each subcommittee shall study one of the following four issues:

(1) School climate and discipline;

(2) Mental health and special needs of students;

(3) Physical security and emergency preparedness; and

(4) Substance abuse and gang intervention.

5. The school safety task force shall:

(1) Complete a comprehensive annual review and assessment of state laws, rules, protocols, and minimum standards in place concerning school safety and security;

(2) Identify gaps in school safety and security that need to be addressed;

(3) Examine the various funding streams for school-based mental health services and determine how these streams may best be used in order to provide more accessible and efficient delivery of mental health programs;

(4) Examine school mental health staffing ratios and provide suggestions that allow for the full delivery of services and effective school-community partnerships, including collaboration between school districts;

(5) Develop standards for district-level policies to promote effective school discipline and mental health intervention services;

(6) Examine current intra- and interagency collaboration and suggest ways to improve cooperation;

(7) Examine how to best support multitiered systems of support; and

(8) As needed, submit recommendations for immediate, achievable legislative actions to the governor, the speaker of the house of representatives, the president pro tempore of the senate, and the appropriate legislative committees to ensure that public schools across the state are as safe, secure, and protected as possible.

6. The task force shall hold its first meeting no later than February 1, 2019, with the date, time, and location of the meeting designated by the speaker of the house of representatives.

7. The task force shall meet at least four times within one year of the effective date of this section, and at least annually thereafter, to determine if any recommendations should be made to the general assembly to enhance school safety.

8. At the first meeting of the task force, the task force shall elect a chair, vice chair, and other officers, as determined by the task force, and shall set dates, times, and locations of subsequent meetings. A simple majority of appointed members shall constitute a quorum for any task force committee or subcommittee, but a committee or subcommittee may hear testimony without a quorum.

9. Members of the task force shall serve without compensation but may be reimbursed for actual expenses necessary to the performance of their official duties for the task force according to the policies and procedures of their respective appointing authorities.

10. If the task force has any legislative recommendations, it shall submit its findings and recommendations in writing to the general assembly by December thirty-first of each year.

170.315. 1. There is hereby established the Active Shooter and Intruder Response Training [for Schools] Program (ASIRT).

2. (1) Each school district and each charter school shall establish:

(a) A schools safety and emergency response procedure; and

(b) An active shooter and intruder response training program.

(2) Both the procedure and the training required to be established under this subsection shall include and address timely response to emergencies including, but not limited to, invasions by armed outsiders, hostage situations, armed students, and any other dangerous situations.

3. Each school district and charter school [may, by July 1, 2014,] shall include in its teacher and school employee training a component on how to properly respond to students who provide them with information about a threatening situation and how to address situations in which there is a potentially dangerous or armed intruder in the school. Training [may] shall also include information and techniques on how to address situations where an active shooter is present in the school or on school property.

[2.] 4. Each school district and charter school [may] shall conduct the active shooter and intruder response training on an annual basis. [If no formal training has previously occurred, the length of the training may be eight hours. The length of annual continuing training may be four hours.

3.] 5. All school personnel of each school district and each charter school shall participate in the annual active shooter and intruder response training, which shall include a simulated active shooter

and intruder response drill conducted and led by law enforcement professionals. Each drill [may] **shall** include an explanation of its purpose and a safety briefing. The training shall require each participant to know and understand how to respond in the event of an actual emergency on school property or at a school event. The drill [may] **shall** include:

(1) Allowing school personnel to respond to the simulated emergency in whatever way they have been trained or informed; and

(2) Allowing school personnel to attempt and implement new methods of responding to the simulated emergency based upon previously used unsuccessful methods of response.

[4.] **6.** All instructors for the **active shooter and intruder response training** program shall be certified by the department of public safety's peace officers standards training commission.

[5.] **7.** School districts and charter schools [may] **shall** consult and collaborate with **the department of public safety**, law enforcement authorities, emergency response agencies, [and] **or** other organizations and entities trained to deal with active shooters or potentially dangerous or armed intruders **to develop and establish the active shooter and intruder response training program and the schools safety and emergency response procedure.**

[6.] **8.** Public schools shall foster an environment in which students feel comfortable sharing information they have regarding a potentially threatening or dangerous situation with a responsible adult.”; and

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

HOUSE AMENDMENT NO. 1 TO

HOUSE AMENDMENT NO. 9

Amend House Amendment No. 9 to House Committee Substitute for Senate Bill No. 743, Page 1, Lines 28 and 29, by deleting all of said lines and inserting in lieu thereof the following:

“be taught not to make unwanted physical and verbal sexual advances or otherwise exploit another person. Pupils shall be taught to resist unwanted sexual advances and other negative peer pressure;” and

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

HOUSE AMENDMENT NO. 9

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting after all of said section and line the following:

“170.015. 1. Any course materials and instruction relating to human sexuality and sexually transmitted diseases shall be medically and factually accurate and shall:

(1) Present abstinence from sexual activity as the preferred choice of behavior in relation to all sexual activity for unmarried pupils because it is the only method that is one hundred percent effective in preventing pregnancy, sexually transmitted diseases and the emotional trauma associated with adolescent sexual activity, and advise students that teenage sexual activity places them at a higher risk of dropping out of school because of the consequences of sexually transmitted diseases and unplanned pregnancy;

(2) Stress that sexually transmitted diseases are serious, possible, health hazards of sexual activity. Pupils shall be provided with the latest medical information regarding exposure to human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), human papilloma virus, hepatitis

and other sexually transmitted diseases;

(3) Present students with the latest medically factual information regarding both the possible side effects and health benefits of all forms of contraception, including the success and failure rates for the prevention of pregnancy and sexually transmitted diseases; or shall present students with information on contraceptives and pregnancy in a manner consistent with the provisions of the federal abstinence education law, 42 U.S.C. Section 710;

(4) Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual activity and the consequences of adolescent pregnancy, as well as the advantages of adoption, including the adoption of special needs children, and the processes involved in making an adoption plan;

(5) Teach skills of conflict management, personal responsibility and positive self-esteem through discussion and role-playing at appropriate grade levels to emphasize that the pupil has the power to control personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control, and ethical considerations, such as respect for one's self and others. Pupils shall be taught not to make unwanted physical and verbal sexual advances or otherwise exploit another person[. Pupils shall be taught to resist unwanted sexual advances and other negative peer pressure];

(6) Advise pupils of the laws pertaining to their financial responsibility to children born in and out of wedlock and advise pupils of the provisions of chapter 566 pertaining to statutory rape;

(7) Teach pupils about the dangers of sexual predators, including online predators when using electronic communication methods such as the internet, cell phones, text messages, chat rooms, email, and instant messaging programs. Pupils shall be taught how to behave responsibly and remain safe on the internet and the importance of having open communication with responsible adults and reporting any inappropriate situation, activity, or abuse to a responsible adult, and depending on intent and content, to local law enforcement, the Federal Bureau of Investigation, or the National Center for Missing & Exploited Children's CyberTipline; [and]

(8) Teach pupils about the consequences, both personal and legal, of inappropriate text messaging, even among friends; **and**

(9) Teach pupils about sexual harassment, sexual violence, and consent:

(a) For the purposes of this subdivision, the term "consent" shall mean a freely given agreement to the conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating or social or sexual relationship by itself or the manner of dress of the person involved with the accused in the conduct at issue shall not constitute consent;

(b) For the purposes of this subdivision, the term "sexual harassment" shall mean uninvited and unwelcome verbal or physical behavior of a sexual nature, especially by a person in authority toward a subordinate;

(c) For the purposes of this subdivision, the term "sexual violence" shall mean causing or attempting to cause another to engage involuntarily in any sexual act by force, threat of force, duress, or without that person's consent.

2. Policies concerning referrals and parental notification regarding contraception shall be determined by local school boards or charter schools, consistent with the provisions of section 167.611.

3. A school district or charter school which provides human sexuality instruction may separate students according to gender for instructional purposes.

4. The board of a school district or charter school shall determine the specific content of the district's or school's instruction in human sexuality, in accordance with subsections 1 to 3 of this section, and shall ensure that all instruction in human sexuality is appropriate to the age of the students receiving such instruction.

5. A school district or charter school shall notify the parent or legal guardian of each student enrolled in the district or school of:

(1) The basic content of the district's or school's human sexuality instruction to be provided to the student; and

(2) The parent's right to remove the student from any part of the district's or school's human sexuality instruction.

6. A school district or charter school shall make all curriculum materials used in the district's or school's human sexuality instruction available for public inspection pursuant to chapter 610 prior to the use of such materials in actual instruction.

7. No school district or charter school, or its personnel or agents, shall provide abortion services, or permit a person or entity to offer, sponsor, or furnish in any manner any course materials or instruction relating to human sexuality or sexually transmitted diseases to its students if such person or entity is a provider of abortion services.

8. As used in this section, the following terms mean:

(1) "Abortion", the same meaning as such term is defined in section 188.015;

(2) "Abortion services":

(a) Performing, inducing, or assisting in the performance or inducing of an abortion which is not necessary to save the life of the mother;

(b) Encouraging a patient to have an abortion or referring a patient for an abortion, which is not necessary to save the life of the mother; or

(c) Developing or dispensing drugs, chemicals, or devices intended to be used to induce an abortion which is not necessary to save the life of the mother."; and

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

HOUSE AMENDMENT NO. 10

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

"168.770. 1. For purposes of this section, the following terms mean:

(1) "School librarian", a teacher who holds a certificate of license to teach under section 168.021 and is certified as a library media specialist by the department of elementary and secondary education;

(2) “School library information and technology program”, a school-based program that is staffed by a school librarian and that provides a broad, flexible array of services, resources, and instruction that support student mastery of the essential academic learning requirements and state standards in all subject areas and the implementation of any school improvement plan of the district.

2. Before July 1, 2019, the department of elementary and secondary education shall develop a process for recognition of a district’s school library information and technology program.

3. The department of elementary and secondary education may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.”; and

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

HOUSE AMENDMENT NO. 11

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after said line the following:

“171.200. 1. This section and section 173.1551 shall be known and may be cited as the “Cronkite New Voices Act”.

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

(1) “School-sponsored media”, any material that is prepared, substantially written, published, or broadcast by a student journalist at a public high school, distributed or generally made available to members of the student body, and prepared under the direction of a student-media advisor. The term “school-sponsored media” does not include any media intended for distribution or transmission solely in the classroom in which the media is produced;

(2) “Student journalist”, a public high school student who gathers, compiles, writes, edits, photographs, records, produces, or prepares content for dissemination in school-sponsored media;

(3) “Student-media advisor”, an individual employed, appointed, or designated by a school district to supervise or provide instruction relating to school-sponsored media.

3. Subject to the provisions of this section, the freedom of the press in school-sponsored media shall be protected. A student journalist has the right to exercise freedom of speech and of the press in school-sponsored media. Material in school-sponsored media shall not be suppressed solely because it involves political or controversial subject matter.

4. School districts and student-media advisors may regulate the number, length, frequency, and format of school-sponsored media. Review of material prepared for school-sponsored media and encouragement of the expression of such material in a manner that is consistent with professional standards of English and journalism shall not be deemed to be or construed as an abridgement of the right to freedom of expression in school-sponsored media or a restraint on publication of the material therein.

5. A school district shall not authorize any prior restraint of any school-sponsored media except if the administration or student-media advisor reasonably determines or anticipates that the media:

- (1) Is libelous or slanderous;**
- (2) Constitutes an invasion of privacy;**
- (3) Violates federal or state law;**
- (4) Is a threat of violence;**
- (5) Advertises a product or service that is illegal or is not permitted to be sold to minors by law;**
- (6) Violates the rights of others;**
- (7) Is likely to incite students to commit an unlawful act or to violate school district policy or procedure;**
- (8) Is likely to materially and substantially disrupt or interfere with the orderly operation of the school; or**
- (9) Is vulgar, obscene, offensively lewd, profane, threatening, or intimidating.**

6. Subject to the limitations imposed by this section, student journalists are responsible for determining the news, opinion, and advertising content of school-sponsored media. Student-media advisors are responsible for teaching and encouraging free and responsible expression of material and professional standards of English and journalism. No student-media advisor shall be disciplined, terminated from employment, transferred, or relieved of duties imposed under this subsection for refusal to abridge or infringe upon the right to freedom of expression conferred by this section.

7. No publication or other expression of matter by students in the exercise of rights under this section shall be deemed to be an expression of a school district's policy. No school district, member of the board of education, student-media advisor, or employee of a school district shall be held liable in any civil or criminal action for any publication or other expression of matter by student journalists in the exercise of rights under this section except to the extent that such persons or entities have interfered with or altered the content of the student speech or expression, and then only to the extent of the interference or alteration of the speech or expression.

8. Each school district shall adopt a written policy regarding the freedom of the press and expression by students in accordance with this section. The policy shall include reasonable provisions for the time, place, and manner of student expression. The policy may also include limitations regarding language that may be defined as vulgar, obscene, offensively lewd, profane, harassing, threatening, or intimidating.

173.1551. 1. For purposes of this section, the following terms mean:

(1) "School-sponsored media", any material that is prepared, substantially written, published, or broadcast by a student journalist at a public institution of higher education in this state, distributed or generally made available to members of the student body, and prepared under the direction of a student-media advisor. The term "school-sponsored media" does not include any media intended for distribution or transmission solely in the classroom in which the media is produced;

(2) "Student journalist", a student of a public institution of higher education who gathers, compiles, writes, edits, photographs, records, produces, or prepares content for dissemination in

school-sponsored media;

(3) “Student-media advisor”, an individual employed, appointed, or designated by a public institution of higher education in this state to supervise or provide instruction relating to school-sponsored media.

2. Subject to the provisions of this section, the freedom of the press in school-sponsored media shall be protected. A student journalist has the right to exercise freedom of speech and of the press in school-sponsored media. Material in school-sponsored media shall not be suppressed solely because it involves political or controversial subject matter.

3. Subject to subsection 4 of this section, a student journalist is responsible for determining the news, opinion, feature, and advertising content of school-sponsored media. This subsection shall not be construed to prevent a student-media advisor from teaching professional standards of English and journalism to student journalists.

4. This section does not authorize or protect expression by a student that:

(1) Is libelous or slanderous;

(2) Constitutes an invasion of privacy;

(3) Violates federal or state law;

(4) Is likely to incite students to commit an unlawful act or to violate institution policy or procedure; or

(5) Is likely to materially and substantially disrupt or interfere with the orderly operation of the institution.

5. Except as provided in subsection 4 of this section, a student journalist at a public institution of higher education in the state shall not be disciplined for exercising his or her freedom of expression in school-sponsored media.

6. A student-media advisor at a public institution of higher education in the state shall not be dismissed, suspended, disciplined, reassigned, transferred, or otherwise retaliated against for protecting or refusing to infringe on the rights of student journalists outlined in this section.

7. No publication or other expression of matter by students in the exercise of rights under this section shall be deemed to be an expression of an institution’s policy. No public institution of higher education or a member of the institution’s governing body or employee thereof shall be held liable in any civil or criminal action for any publication or other expression of matter by student journalists in the exercise of rights under this section except to the extent that such persons or entities actively participated in the conduct that is the subject of the civil or criminal action.

177.086. 1. Any school district authorizing the construction of facilities which may exceed an expenditure of [fifteen] **fifty** thousand dollars shall publicly advertise, once a week for two consecutive weeks, in a newspaper of general circulation, qualified pursuant to chapter 493, located within the city in which the school district is located, or if there be no such newspaper, in a qualified newspaper of general circulation in the county, or if there be no such newspaper, in a qualified newspaper of general circulation in an adjoining county, and may advertise in business, trade, or minority newspapers, for bids on said construction.

2. No bids shall be entertained by the school district which are not made in accordance with the specifications furnished by the district and all contracts shall be let to the lowest responsible bidder complying with the terms of the letting, provided that the district shall have the right to reject any and all bids.

3. All bids must be submitted sealed and in writing, to be opened publicly at time and place of the district's choosing.”; and

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

HOUSE AMENDMENT NO. 12

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after said line the following:

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

(1) [“Blind persons”, individuals who:

(a) Have a visual acuity of 20/200 or less in the better eye with conventional correction, or have a limited field of vision such that the widest diameter of the visual field subtends an angular distance not greater than twenty degrees; or

(b) Have a reasonable expectation of visual deterioration; or

(c) Cannot read printed material at a competitive rate of speed and with facility due to lack of visual acuity;

(2) “Braille”, the system of reading and writing through touch [commonly known as standard English braille];

[(3) (2) “Student”, any student who [is blind or any student eligible for special education services for visually impaired as defined in P.L. 94-142] **has an impairment in vision that, even with correction, adversely affects a child’s educational performance and who is determined eligible for special education services under the Individuals with Disabilities Education Act.**

2. All students [may] **shall** receive instruction in braille reading and writing as part of their individualized education plan **unless the individual education program team determines, after an evaluation of a student’s reading and writing skills, needs, and appropriate reading and writing media, including an evaluation of the student’s future needs for instruction in braille or the use of braille, that instruction in braille or the use of braille is not appropriate.** No student shall be denied [the opportunity of] instruction in braille reading and writing solely because the student has some remaining vision.

3. Instruction in braille reading and writing shall be sufficient to enable each student to communicate effectively and efficiently at a level commensurate with [his] **the student’s** sighted peers of comparable grade level and intellectual functioning. The student’s individualized education plan shall specify:

(1) How braille will be implemented as the primary mode for learning through integration with normal classroom activities. If braille will not be provided to a child who is blind, the reason for not incorporating it in the individualized education plan shall be documented therein;

(2) The date on which braille instruction will commence;

(3) The level of competency in braille reading and writing to be achieved by the end of the period covered by the individualized education plan; and

(4) The duration of each session.

4. As part of the certification process, teachers certified in the education of blind and visually impaired children shall be required to demonstrate competence in reading and writing braille. The department of elementary and secondary education shall adopt assessment procedures to assess such competencies which are consistent with standards adopted by the National Library Service for the Blind and Physically Handicapped, Library of Congress, Washington, D. C.”; and

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

HOUSE SUBSTITUTE AMENDMENT NO. 1 FOR
HOUSE AMENDMENT NO. 13

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

“160.665. 1. Any school district within the state may designate one or more [elementary or secondary school teachers or administrators] **employees of the district** as a school protection officer. The responsibilities and duties of a school protection officer are voluntary and shall be in addition to the normal responsibilities and duties of the [teacher or administrator] **employee**. Any compensation for additional duties relating to service as a school protection officer shall be funded by the local school district, with no state funds used for such purpose.

2. Any person designated by a school district as a school protection officer shall be authorized to carry concealed firearms or a self-defense spray device in any school in the district. A self-defense spray device shall mean any device that is capable of carrying, and that ejects, releases, or emits, a nonlethal solution capable of incapacitating a violent threat. The school protection officer shall not be permitted to allow any firearm or device out of his or her personal control while that firearm or device is on school property. Any school protection officer who violates this subsection may be removed immediately from the classroom and subject to employment termination proceedings.

3. Any ammunition in the possession of a school protection officer who is carrying a concealed firearm while on school property in his or her role as an employee of the district shall be Dynamic Research Technologies ammunition or ammunition equivalent to or similar to such ammunition.

4. A school protection officer has the same authority to detain or use force against any person on school property as provided to any other person under chapter 563.

[4.] **5.** Upon detention of a person under subsection [3] **4** of this section, the school protection officer shall immediately notify a school administrator and a school resource officer, if such officer is present at the school. If the person detained is a student then the parents or guardians of the student shall also be immediately notified by a school administrator.

[5.] **6.** Any person detained by a school protection officer shall be turned over to a school administrator or law enforcement officer as soon as practically possible and shall not be detained by a school protection officer for more than one hour.

[6.] **7.** Any [teacher or administrator of an elementary or secondary school] **employee of a district** who seeks to be designated as a school protection officer shall request such designation in writing, and submit

it to the superintendent of the school district which employs him or her [as a teacher or administrator]. Along with this request, any [teacher or administrator] **employee** seeking to carry a concealed firearm on school property shall also submit proof that he or she has a valid concealed carry endorsement or permit, and all [teachers and administrators] **employees** seeking the designation of school protection officer shall submit a certificate of school protection officer training program completion from a training program approved by the director of the department of public safety which demonstrates that such person has successfully completed the training requirements established by the POST commission under chapter 590 for school protection officers.

[7.] **8.** No school district may designate [a teacher or administrator] **an employee** as a school protection officer unless such person has successfully completed a school protection officer training program, which has been approved by the director of the department of public safety. No school district shall allow a school protection officer to carry a concealed firearm on school property unless the school protection officer has a valid concealed carry endorsement or permit.

[8.] **9.** Any school district that designates [a teacher or administrator] **an employee** as a school protection officer shall, within thirty days, notify, in writing, the director of the department of public safety of the designation, which shall include the following:

- (1) The full name, date of birth, and address of the officer;
- (2) The name of the school district; and
- (3) The date such person was designated as a school protection officer.

Notwithstanding any other provisions of law to the contrary, any identifying information collected under the authority of this subsection shall not be considered public information and shall not be subject to a request for public records made under chapter 610.

[9.] **10.** A school district may revoke the designation of a person as a school protection officer for any reason and shall immediately notify the designated school protection officer in writing of the revocation. The school district shall also within thirty days of the revocation notify the director of the department of public safety in writing of the revocation of the designation of such person as a school protection officer. A person who has had the designation of school protection officer revoked has no right to appeal the revocation decision.

[10.] **11.** The director of the department of public safety shall maintain a listing of all persons designated by school districts as school protection officers and shall make this list available to all law enforcement agencies.

[11. Before a school district may designate a teacher or administrator] **12. If an employee submits a request for designation** as a school protection officer **to the superintendent**, the school board shall **promptly** hold a public hearing [on] **and determine by a vote at the hearing** whether to allow such designation. Notice of the hearing shall be published at least fifteen days before the date of the hearing in a newspaper of general circulation within the city or county in which the school district is located. **The request for designation as a school protection officer shall also require** the school board [may determine at] **to hold** a closed meeting, as “closed meeting” is defined under section 610.010, **and determine by a vote at the closed meeting** whether to authorize the designated school protection officer to carry a concealed firearm or a self-defense spray device. **The school board shall hold the closed meeting and vote on the issue regardless of whether the employee specifically requested authorization to carry a**

concealed firearm or a self-defense spray device on school property in his or her request for designation as a school protection officer.

13. Each school district shall consider implementing a school protection officer program consistent with the provisions of this section. The school board of each school district shall hold a public hearing and determine by a vote at the hearing whether to implement such a program.

14. Any school board that approves a school protection officer program by a vote described in subsection 13 of this section shall notify all the employees of the district of the program and the option to request designation as a school protection officer.”; and

Further amend said bill, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

“590.205. 1. The POST commission shall establish minimum standards for school protection officer training instructors, training centers, and training programs.

2. The director shall develop and maintain a list of approved school protection officer training instructors, training centers, and training programs. **The director shall allow private companies to serve as training centers and operate training programs under this section.** The director shall not place any instructor, training center, or training program on its approved list unless such instructor, training center, or training program meets all of the POST commission requirements under this section and section 590.200. The director shall make this approved list available to every school district in the state. The required training to become a school protection officer shall be provided by those firearm instructors, private and public, who have successfully completed a department of public safety POST certified law enforcement firearms instructor school.

3. Each person seeking entrance into a school protection officer training center or training program shall submit a fingerprint card and authorization for a criminal history background check to include the records of the Federal Bureau of Investigation to the training center or training program where such person is seeking entrance. The training center or training program shall cause a criminal history background check to be made and shall cause the resulting report to be forwarded to the school district where the [elementary school teacher or administrator] **employee** is seeking to be designated as a school protection officer.

4. No person shall be admitted to a school protection officer training center or training program unless such person submits proof to the training center or training program that he or she has a valid concealed carry endorsement or permit.

5. A certificate of school protection officer training program completion may be issued to any applicant by any approved school protection officer training instructor. On the certificate of program completion the approved school protection officer training instructor shall affirm that the individual receiving instruction has taken and passed a school protection officer training program that meets the requirements of this section and section 590.200 and indicate whether the individual has a valid concealed carry endorsement or permit. The instructor shall also provide a copy of such certificate to the director of the department of public safety.

6. The POST commission shall establish requirements for the continuing education of all school protection officers. All school protection officers shall annually receive four hours of firearms skill development training.

7. At least two times each year, all school protection officers shall participate in a joint training on school protection with a local law enforcement agency.”; and

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

HOUSE AMENDMENT NO. 14

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting after all of said line the following:

“161.217. 1. The department of elementary and secondary education, in collaboration with the Missouri Head Start State Collaboration Office and the departments of health and senior services, mental health, and social services, shall develop, as a three-year pilot program, a voluntary early learning quality assurance report. The early learning quality assurance report shall be developed based on evidence-based practices.

2. Participation in the early learning quality assurance report pilot program shall be voluntary for any licensed or license-exempt early learning providers that are center-based or home-based and are providing services for children from any ages from birth up to kindergarten.

3. The early learning quality assurance report may include, but is not limited to, information regarding staff qualifications, instructional quality, professional development, health and safety standards, parent engagement, and community engagement.

4. The early learning quality assurance report shall not be used for enforcement of compliance with any law or for any punitive purposes.

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

6. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset three years after August 28, [2016] **2019**, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset three years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.”; and

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

HOUSE AMENDMENT NO. 15

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

“160.410. 1. A charter school shall enroll:

(1) All pupils resident in the district in which it operates;

(2) Nonresident pupils eligible to attend a district’s school under an urban voluntary transfer program;

(3) Nonresident pupils who transfer from an unaccredited district under section 167.131, provided that the charter school is an approved charter school, as defined in section 167.131, and subject to all other provisions of section 167.131;

(4) In the case of a charter school whose mission includes student drop-out prevention or recovery, any nonresident pupil from the same or an adjacent county who resides in a residential care facility, a transitional living group home, or an independent living program whose last school of enrollment is in the school district where the charter school is established, who submits a timely application; and

(5) In the case of a workplace charter school, any student eligible to attend under subdivision (1) or (2) of this subsection whose parent is employed in the business district, who submits a timely application, unless the number of applications exceeds the capacity of a program, class, grade level or building. The configuration of a business district shall be set forth in the charter and shall not be construed to create an undue advantage for a single employer or small number of employers.

2. If capacity is insufficient to enroll all pupils who submit a timely application, the charter school shall have an admissions process that assures all applicants of an equal chance of gaining admission and does not discriminate based on parents' ability to pay fees or tuition except that:

(1) A charter school may establish a geographical area around the school whose residents will receive a preference for enrolling in the school, provided that such preferences do not result in the establishment of racially or socioeconomically isolated schools and provided such preferences conform to policies and guidelines established by the state board of education;

(2) A charter school may also give a preference for admission of children whose siblings attend the school or whose parents are employed at the school or in the case of a workplace charter school, a child whose parent is employed in the business district or at the business site of such school; and

(3) Charter [alternative and special purpose] schools may also give a preference for admission to high-risk students, as defined in subdivision (5) of subsection 2 of section 160.405, when the school targets these students through its proposed mission, curriculum, teaching methods, and services.

3. A charter school shall not limit admission based on race, ethnicity, national origin, disability, income level, proficiency in the English language or athletic ability, but may limit admission to pupils within a given age group or grade level. Charter schools may limit admission based on gender only when the school is a single-gender school. Students of a charter school who have been enrolled for a full academic year shall be counted in the performance of the charter school on the statewide assessments in that calendar year, unless otherwise exempted as English language learners. For purposes of this subsection, "full academic year" means the last Wednesday in September through the administration of the Missouri assessment program test without transferring out of the school and re-enrolling.

4. A charter school shall make available for public inspection, and provide upon request, to the parent, guardian, or other custodian of any school-age pupil resident in the district in which the school is located the following information:

(1) The school's charter;

(2) The school's most recent annual report card published according to section 160.522;

(3) The results of background checks on the charter school's board members; and

(4) If a charter school is operated by a management company, a copy of the written contract between

the governing board of the charter school and the educational management organization or the charter management organization for services. The charter school may charge reasonable fees, not to exceed the rate specified in section 610.026 for furnishing copies of documents under this subsection.

5. When a student attending a charter school who is a resident of the school district in which the charter school is located moves out of the boundaries of such school district, the student may complete the current semester and shall be considered a resident student. The student's parent or legal guardian shall be responsible for the student's transportation to and from the charter school.

6. If a change in school district boundary lines occurs under section 162.223, 162.431, 162.441, or 162.451, or by action of the state board of education under section 162.081, including attachment of a school district's territory to another district or dissolution, such that a student attending a charter school prior to such change no longer resides in a school district in which the charter school is located, then the student may complete the current academic year at the charter school. The student shall be considered a resident student. The student's parent or legal guardian shall be responsible for the student's transportation to and from the charter school.

7. The provisions of sections 167.018 and 167.019 concerning foster children's educational rights are applicable to charter schools."; and

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

HOUSE AMENDMENT NO. 16

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting after all of said line the following:

"304.060. 1. The state board of education shall adopt and enforce regulations not inconsistent with law to cover the design and operation of all school buses used for the transportation of school children when owned and operated by any school district or privately owned and operated under contract with any school district in this state, and such regulations shall by reference be made a part of any such contract with a school district. The state board of education may adopt rules and regulations governing the use of other vehicles owned by a district or operated under contract with any school district in this state and used for the purpose of transporting school children. The operator of such vehicle shall be licensed in accordance with section 302.272, and such vehicle shall transport no more children than the manufacturer suggests as appropriate for such vehicle. The state board of education may also adopt rules and regulations governing the use of authorized common carriers for the transportation of students on field trips or other special trips for educational purposes. Every school district, its officers and employees, and every person employed under contract by a school district shall be subject to such regulations. The state board of education shall cooperate with the state transportation department and the state highway patrol in placing suitable warning signs at intervals on the highways of the state.

2. Notwithstanding the provisions of subsection 1 of this section, any school board in the state of Missouri in an urban district containing the greater part of the population of a city which has more than three hundred thousand inhabitants may contract with any municipality, bi-state agency, or other governmental entity for the purpose of transporting school children attending a grade or grades not lower than the ninth nor higher than the twelfth grade, provided that such contract shall be for additional transportation services, and shall not replace or fulfill any of the school district's obligations pursuant to section 167.231. The school district may notify students of the option to use district contracted transportation services.

3. Any officer or employee of any school district who violates any of the regulations or fails to include obligation to comply with such regulations in any contract executed by him on behalf of a school district shall be guilty of misconduct and subject to removal from office or employment. Any person operating a school bus under contract with a school district who fails to comply with any such regulations shall be guilty of breach of contract and such contract shall be cancelled after notice and hearing by the responsible officers of such school district.

[3.] 4. Any other provision of the law to the contrary notwithstanding, in any county of the first class with a charter form of government adjoining a city not within a county, school buses may bear the word “special.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 17

Amend House Amendment No. 17 to House Committee Substitute for Senate Bill No. 743, Page 2, Lines 24 to 32, by deleting all of said lines and inserting in lieu thereof the following:

“shall be deposited in the general revenue fund.];” and”; and

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

HOUSE AMENDMENT NO. 17

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

“178.931. 1. Beginning July 1, 2018, and thereafter, the department of elementary and secondary education shall pay monthly, out of the funds appropriated to it for that purpose, to each sheltered workshop a sum equal to the amount calculated under subsection 2 of this section but at least the amount necessary to ensure that at least twenty-one dollars is paid for each six-hour or longer day worked by a handicapped employee.

2. In order to calculate the monthly amount due to each sheltered workshop, the department shall:

(1) Determine the quotient obtained by dividing the appropriation for the fiscal year by twelve; and

(2) Divide the amount calculated under subdivision (1) of this subsection among the sheltered workshops in proportion to each sheltered workshop’s number of hours submitted to the department for the preceding calendar month.

3. The department shall accept, as prima facie proof of payment due to a sheltered workshop, information as designated by the department, either in paper or electronic format. A statement signed by the president, secretary, and manager of the sheltered workshop, setting forth the dates worked and the number of hours worked each day by each handicapped person employed by that sheltered workshop during the preceding calendar month, together with any other information required by the rules or regulations of the department, shall be maintained at the workshop location.

[178.930. 1. (1) Beginning July 1, 2009, and until June 30, 2010, the department of elementary and secondary education shall pay monthly, out of the funds appropriated to it

for that purpose, to each sheltered workshop a sum equal to ninety dollars for each standard workweek (Monday through Friday) of up to and including thirty hours worked during the preceding calendar month. Eighteen dollars shall be paid for each six-hour or longer day worked by a handicapped employee on Saturdays or Sundays. For each handicapped worker employed by a sheltered workshop for less than a thirty-hour week or a six-hour day on Saturdays or Sundays, the workshop shall receive a percentage of the corresponding amount normally paid based on the percentage of time worked by the handicapped employee.

(2) Beginning July 1, 2010, and thereafter, the department of elementary and secondary education shall pay monthly, out of the funds appropriated to it for that purpose, to each sheltered workshop a sum equal to ninety-five dollars for each standard workweek (Monday through Friday) of up to and including thirty hours worked during the preceding calendar month. Nineteen dollars shall be paid for each six-hour or longer day worked by a handicapped employee on Saturdays or Sundays. For each handicapped worker employed by a sheltered workshop for less than a thirty-hour week or a six-hour day on Saturdays or Sundays, the workshop shall receive a percentage of the corresponding amount normally paid based on the percentage of time worked by the handicapped employee.

2. The department shall accept, as prima facie proof of payment due to a sheltered workshop, information as designated by the department, either in paper or electronic format. A statement signed by the president, secretary, and manager of the sheltered workshop, setting forth the dates worked and the number of hours worked each day by each handicapped person employed by that sheltered workshop during the preceding calendar month, together with any other information required by the rules or regulations of the department, shall be maintained at the workshop location.

3. There is hereby created in the state treasury the "Sheltered Workshop Per Diem Revolving Fund" which shall be administered by the commissioner of the department of elementary and secondary education. All moneys appropriated pursuant to subsection 1 of this section shall be deposited in the fund and expended as described in subsection 1 of this section.

4. The balance of the sheltered workshop per diem revolving fund shall not exceed five hundred thousand dollars at the end of each fiscal year and shall be exempt from the provisions of section 33.080 relating to the transfer of unexpended balances to the general revenue fund. Any unexpended balance in the sheltered workshop per diem revolving fund at the end of each fiscal year exceeding five hundred thousand dollars shall be deposited in the general revenue fund.]

Section B. Because immediate action is necessary to ensure that as many people can be employed in sheltered workshops as possible, and that the employment of people can occur as soon as possible, the repeal of section 178.930 and the enactment of section 178.931 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 of section 178.930 and the enactment of section 178.931 of this act shall be in full force and effect on July 1, 2018, or upon its passage and approval, whichever occurs later."; and

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

HOUSE AMENDMENT NO. 18

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2 , by inserting after all of said section and line the following:

“160.011. As used in chapters 160, 161, 162, 163, 164, 165, 167, 168, 170, 171, 177 and 178, the following terms mean:

(1) “District” or “school district”, when used alone, may include seven-director, urban, and metropolitan school districts;

(2) “Elementary school”, a public school giving instruction in a grade or grades not higher than the eighth grade;

(3) “Family literacy programs”, services of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in families that include:

(a) Interactive literacy activities between parents and their children;

(b) Training of parents regarding how to be the primary teacher of their children and full partners in the education of their children;

(c) Parent literacy training that leads to high school completion and economic self sufficiency; and

(d) An age-appropriate education to prepare children of all ages for success in school;

(4) “Graduation rate”, the quotient of the number of graduates in the current year as of June thirtieth divided by the sum of the number of graduates in the current year as of June thirtieth plus the number of twelfth graders who dropped out in the current year plus the number of eleventh graders who dropped out in the preceding year plus the number of tenth graders who dropped out in the second preceding year plus the number of ninth graders who dropped out in the third preceding year;

(5) “High school”, a public school giving instruction in a grade or grades not lower than the ninth nor higher than the twelfth grade;

(6) “Metropolitan school district”, any school district the boundaries of which are coterminous with the limits of any city which is not within a county;

(7) “Public school” includes all elementary and high schools operated at public expense;

(8) “School board”, the board of education having general control of the property and affairs of any school district;

(9) “School term”, a minimum of one hundred seventy-four school days, as that term is defined in section 160.041, for schools with a five-day school week or a minimum of one hundred forty-two school days, as that term is defined in section 160.041, for schools with a four-day school week, and one thousand forty-four hours of actual pupil attendance as scheduled by the board pursuant to section 171.031 during a twelve-month period in which the academic instruction of pupils is actually and regularly carried on for a group of students in the public schools of any school district. **In school year 2019-20 and subsequent years, one thousand forty-four hours of actual pupil attendance shall be required with no minimum number of school days required.** A school term may be within a school year or may consist of parts of two consecutive school years, but does not include summer school. A district may choose to operate two or more terms for different groups of children. A school term for students participating in a school flex program as established in section 160.539 may consist of a combination of actual pupil attendance and attendance at

college or technical career education or approved employment aligned with the student's career academic plan for a total of [one thousand forty-four] **the required number of hours as provided in this subdivision;**

(10) "Secretary", the secretary of the board of a school district;

(11) "Seven-director district", any school district which has seven directors and includes urban districts regardless of the number of directors an urban district may have unless otherwise provided by law;

(12) "Taxpayer", any individual who has paid taxes to the state or any subdivision thereof within the immediately preceding twelve-month period or the spouse of such individual;

(13) "Town", any town or village, whether or not incorporated, the plat of which has been filed in the office of the recorder of deeds of the county in which it is situated;

(14) "Urban school district", any district which includes more than half of the population or land area of any city which has not less than seventy thousand inhabitants, other than a city which is not within a county.

160.041. 1. The "minimum school day" consists of three hours for schools with a five-day school week or four hours for schools with a four-day school week in which the pupils are under the guidance and direction of teachers in the teaching process. A "school month" consists of four weeks of five days each for schools with a five-day school week or four weeks of four days each for schools with a four-day school week. **In school year 2019-20 and subsequent years, no minimum number of school days shall be required, and "school day" shall mean any day in which, for any amount of time, pupils are under the guidance and direction of teachers in the teaching process.** The "school year" commences on the first day of July and ends on the thirtieth day of June following.

2. Notwithstanding the provisions of subsection 1 of this section, the commissioner of education is authorized to reduce the required number of hours [and] or days in which the pupils are under the guidance and direction of teachers in the teaching process if:

(1) There is damage to or destruction of a public school facility which requires the dual utilization of another school facility; or

(2) Flooding or other inclement weather as defined in subsection 1 of section 171.033 prevents students from attending the public school facility.

Such reduction shall not extend beyond two calendar years in duration."; and

Further amend said bill, Page 2, Section 163.018, Line 39, by inserting after all of said section and line the following:

"163.021. 1. A school district shall receive state aid for its education program only if it:

(1) Provides for a minimum of one hundred seventy-four days and one thousand forty-four hours of actual pupil attendance in a term scheduled by the board pursuant to section 160.041 for each pupil or group of pupils, except that the board shall provide a minimum of one hundred seventy-four days and five hundred twenty-two hours of actual pupil attendance in a term for kindergarten pupils. If any school is dismissed because of inclement weather after school has been in session for three hours, that day shall count as a school day including afternoon session kindergarten students. When the aggregate hours lost in a term due to inclement weather decreases the total hours of the school term below the required minimum number of hours by more than twelve hours for all-day students or six hours for one-half-day kindergarten students,

all such hours below the minimum must be made up in one-half day or full day additions to the term, except as provided in section 171.033. **In school year 2019-20 and subsequent years, one thousand forty-four hours of actual pupil attendance with no minimum number of school days shall be required for each pupil or group of pupils; except that, the board shall provide a minimum of five hundred twenty-two hours of actual pupil attendance in a term for kindergarten pupils with no minimum number of school days;**

(2) Maintains adequate and accurate records of attendance, personnel and finances, as required by the state board of education, which shall include the preparation of a financial statement which shall be submitted to the state board of education the same as required by the provisions of section 165.111 for districts;

(3) Levies an operating levy for school purposes of not less than one dollar and twenty-five cents after all adjustments and reductions on each one hundred dollars assessed valuation of the district; **and**

(4) Computes average daily attendance as defined in subdivision (2) of section 163.011 as modified by section 171.031. Whenever there has existed within the district an infectious disease, contagion, epidemic, plague or similar condition whereby the school attendance is substantially reduced for an extended period in any school year, the apportionment of school funds and all other distribution of school moneys shall be made on the basis of the school year next preceding the year in which such condition existed.

2. For the 2006-07 school year and thereafter, no school district shall receive more state aid, as calculated under subsections 1 and 2 of section 163.031, for its education program, exclusive of categorical add-ons, than it received per weighted average daily attendance for the school year 2005-06 from the foundation formula, line 14, gifted, remedial reading, exceptional pupil aid, fair share, and free textbook payment amounts, unless it has an operating levy for school purposes, as determined pursuant to section 163.011, of not less than two dollars and seventy-five cents after all adjustments and reductions. Any district which is required, pursuant to Article X, Section 22 of the Missouri Constitution, to reduce its operating levy below the minimum tax rate otherwise required under this subsection shall not be construed to be in violation of this subsection for making such tax rate reduction. Pursuant to Section 10(c) of Article X of the state constitution, a school district may levy the operating levy for school purposes required by this subsection less all adjustments required pursuant to Article X, Section 22 of the Missouri Constitution if such rate does not exceed the highest tax rate in effect subsequent to the 1980 tax year. Nothing in this section shall be construed to mean that a school district is guaranteed to receive an amount not less than the amount the school district received per eligible pupil for the school year 1990-91. The provisions of this subsection shall not apply to any school district located in a county of the second classification which has a nuclear power plant located in such district or to any school district located in a county of the third classification which has an electric power generation unit with a rated generating capacity of more than one hundred fifty megawatts which is owned or operated or both by a rural electric cooperative except that such school districts may levy for current school purposes and capital projects an operating levy not to exceed two dollars and seventy-five cents less all adjustments required pursuant to Article X, Section 22 of the Missouri Constitution.

3. No school district shall receive more state aid, as calculated in section 163.031, for its education program, exclusive of categorical add-ons, than it received per eligible pupil for the school year 1993-94, if the state board of education determines that the district was not in compliance in the preceding school year with the requirements of section 163.172, until such time as the board determines that the district is again in compliance with the requirements of section 163.172.

4. No school district shall receive state aid, pursuant to section 163.031, if such district was not in compliance, during the preceding school year, with the requirement, established pursuant to section 160.530 to allocate revenue to the professional development committee of the district.

5. No school district shall receive more state aid, as calculated in subsections 1 and 2 of section 163.031, for its education program, exclusive of categorical add-ons, than it received per weighted average daily attendance for the school year 2005-06 from the foundation formula, line 14, gifted, remedial reading, exceptional pupil aid, fair share, and free textbook payment amounts, if the district did not comply in the preceding school year with the requirements of subsection 5 of section 163.031.

6. Any school district that levies an operating levy for school purposes that is less than the performance levy, as such term is defined in section 163.011, shall provide written notice to the department of elementary and secondary education asserting that the district is providing an adequate education to the students of such district. If a school district asserts that it is not providing an adequate education to its students, such inadequacy shall be deemed to be a result of insufficient local effort. The provisions of this subsection shall not apply to any special district established under sections 162.815 to 162.940.

163.073. 1. When an education program, as approved under section 219.056, is provided for pupils by the division of youth services in one of the facilities operated by the division for children who have been assigned there by the courts, the division of youth services shall be entitled to state aid for pupils being educated by the division of youth services in an amount to be determined as follows: the total amount apportioned to the division of youth services shall be an amount equal to the average per weighted average daily attendance amount apportioned for the preceding school year under section 163.031, multiplied by the number of full-time equivalent students served by facilities operated by the division of youth services. The number of full-time equivalent students shall be determined by dividing by one hundred seventy-four days the number of student-days of education service provided by the division of youth services to elementary and secondary students who have been assigned to the division by the courts and who have been determined as inappropriate for attendance in a local public school. A student day shall mean one day of education services provided for one student. **In school year 2019-20 and subsequent years, the number of full-time equivalent students shall be the quotient of the number of student-hours of education service provided by the division of youth services to elementary and secondary students who have been assigned to the division by the courts, and who have been determined as inappropriate for attendance in a local public school, divided by one thousand forty-four hours. A student hour shall mean one hour of education services provided for one student.** In addition, other provisions of law notwithstanding, the division of youth services shall be entitled to funds under section 163.087. The number of full-time equivalent students as defined in this section shall be considered as “September membership” and as “average daily attendance” for the apportioning of funds under section 163.087.

2. The educational program approved under section 219.056 as provided for pupils by the division of youth services shall qualify for funding for those services provided to handicapped or severely handicapped children. The department of elementary and secondary education shall cooperate with the division of youth services in arriving at an equitable funding for the services provided to handicapped children in the facilities operated by the division of youth services.

3. Each local school district or special school district constituting the domicile of a child placed in programs or facilities operated by the division of youth services or residing in another district pursuant to assignment by the division of youth services shall pay toward the per pupil cost of educational services provided by the serving district or agency an amount equal to the average sum produced per child by the

local tax effort of that district. A special school district shall pay the average sum produced per child by the local tax efforts of the component districts. This amount paid by the local school district or the special school district shall be on the basis of full-time equivalence as determined in section 163.011, not to exceed the actual per pupil local tax effort.

171.031. 1. Each school board shall prepare annually a calendar for the school term, specifying the opening date, **days of planned attendance**, and providing a minimum term of at least one hundred seventy-four days for schools with a five-day school week or one hundred forty-two days for schools with a four-day school week, and one thousand forty-four hours of actual pupil attendance. **In school year 2019-20 and subsequent years, one thousand forty-four hours of actual pupil attendance shall be required for the school term with no minimum number of school days.** In addition, such calendar shall include six make-up days for possible loss of attendance due to inclement weather as defined in subsection 1 of section 171.033. **In school year 2019-20 and subsequent years, such calendar shall include thirty-six make-up hours for possible loss of attendance due to inclement weather, as defined in subsection 1 of section 171.033, with no minimum number of make-up days.**

2. Each local school district may set its opening date each year, which date shall be no earlier than ten calendar days prior to the first Monday in September. No public school district shall select an earlier start date unless the district follows the procedure set forth in subsection 3 of this section.

3. A district may set an opening date that is more than ten calendar days prior to the first Monday in September only if the local school board first gives public notice of a public meeting to discuss the proposal of opening school on a date more than ten days prior to the first Monday in September, and the local school board holds said meeting and, at the same public meeting, a majority of the board votes to allow an earlier opening date. If all of the previous conditions are met, the district may set its opening date more than ten calendar days prior to the first Monday in September. The condition provided in this subsection must be satisfied by the local school board each year that the board proposes an opening date more than ten days before the first Monday in September.

4. If any local district violates the provisions of this section, the department of elementary and secondary education shall withhold an amount equal to one quarter of the state funding the district generated under section 163.031 for each date the district was in violation of this section. 5. The provisions of subsections 2 to 4 of this section shall not apply to school districts in which school is in session for twelve months of each calendar year.

6. The state board of education may grant an exemption from this section to a school district that demonstrates highly unusual and extenuating circumstances justifying exemption from the provisions of subsections 2 to 4 of this section. Any exemption granted by the state board of education shall be valid for one academic year only.

[7. No school day for schools with a five-day school week shall be longer than seven hours except for vocational schools which may adopt an eight-hour day in a metropolitan school district and a school district in a first class county adjacent to a city not within a county, and any school that adopts a four-day school week in accordance with section 171.029.]

171.033. 1. "Inclement weather", for purposes of this section, shall be defined as ice, snow, extreme cold, flooding, or a tornado, but such term shall not include excessive heat.

2. **(1)** A district shall be required to make up the first six days of school lost or cancelled due to inclement weather and half the number of days lost or cancelled in excess of six days if the makeup of the

days is necessary to ensure that the district's students will attend a minimum of one hundred forty-two days and a minimum of one thousand forty-four hours for the school year except as otherwise provided in this section. Schools with a four-day school week may schedule such make-up days on Fridays.

(2) Notwithstanding subdivision (1) of this subsection, in school year 2019-20 and subsequent years, a district shall be required to make up the first thirty-six hours of school lost or cancelled due to inclement weather and half the number of hours lost or cancelled in excess of thirty-six if the makeup of the hours is necessary to ensure that the district's students attend a minimum of one thousand forty-four hours for the school year, except as otherwise provided under subsections 3 and 4 of this section.

3. **(1)** In the 2009-10 school year and subsequent years, a school district may be exempt from the requirement to make up days of school lost or cancelled due to inclement weather in the school district when the school district has made up the six days required under subsection 2 of this section and half the number of additional lost or cancelled days up to eight days, resulting in no more than ten total make-up days required by this section.

(2) In school year 2019-20 and subsequent years, a school district may be exempt from the requirement to make up school lost or cancelled due to inclement weather in the school district when the school district has made up the thirty-six hours required under subsection 2 of this section and half the number of additional lost or cancelled hours up to forty-eight, resulting in no more than sixty total make-up hours required by this section.

4. The commissioner of education may provide, for any school district [in which schools are in session for twelve months of each calendar year] that cannot meet the minimum school calendar requirement of at least one hundred seventy-four days for schools with a five-day school week or one hundred forty-two days for schools with a four-day school week and one thousand forty-four hours of actual pupil attendance **or, in school year 2019-20 and subsequent years, one thousand forty-four hours of actual pupil attendance**, upon request, a waiver to be excused from such requirement. This waiver shall be requested from the commissioner of education and may be granted if the school was closed due to circumstances beyond school district control, including inclement weather[, flooding] or fire.

[171.029. 1. The school board of any school district in the state, upon adoption of a resolution by the vote of a majority of all its members to authorize such action, may establish a four-day school week or other calendar consisting of less than one hundred seventy-four days in lieu of a five-day school week. Upon adoption of a four-day school week or other calendar consisting of less than one hundred seventy-four days, the school shall file a calendar with the department of elementary and secondary education in accordance with section 171.031. Such calendar shall include, but not be limited to, a minimum term of one hundred forty-two days and one thousand forty-four hours of actual pupil attendance.

2. If a school district that attends less than one hundred seventy-four days meets at least two fewer performance standards on two successive annual performance reports than it met on its last annual performance report received prior to implementing a calendar year of less than one hundred seventy-four days, it shall be required to revert to a one hundred seventy-four-day school year in the school year following the report of the drop in the number of performance standards met. When the number of performance standards met reaches the earlier number, the district may return to the four-day week or other calendar consisting of

less than one hundred seventy-four days in the next school year.]

Section B. The repeal of section 171.029 of this act shall become effective July 1, 2019.”; and

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

HOUSE AMENDMENT NO. 19

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section 162.401, Line 9, by inserting after all of said line the following:

“162.720. 1. Where a sufficient number of children are determined to be gifted and their development requires programs or services beyond the level of those ordinarily provided in regular public school programs, districts may establish special programs for such gifted children.

2. The state board of education shall determine standards for such programs. Approval of such programs shall be made by the state department of elementary and secondary education based upon project applications submitted by July fifteenth of each year.

3. No district shall make a determination as to whether a child is gifted based on the child’s participation in an advanced placement course or international baccalaureate course. Districts shall determine a child is gifted only if the child meets the definition of gifted children as provided in section 162.675.

4. Any district with a gifted education program approved under subsection 2 of this section shall have a policy, approved by the board of education of the district, that establishes a process that outlines the procedures and conditions under which parents or guardians may request a review of the decision that determined that their child did not qualify to receive services through the district’s gifted education program.

5. School districts and school district employees shall be immune from liability for any and all acts or omissions relating to the decision that a child did not qualify to receive services through the district’s gifted education program.

162.722. 1. Each school district shall establish a policy, approved by the board of education of the district, that allows acceleration for students who demonstrate:

(1) Advanced performance or potential for advanced performance; and

(2) The social and emotional readiness for acceleration.

2. The policy shall allow, for students described in this section, at least the following types of acceleration:

(1) Subject acceleration; and

(2) Whole grade acceleration.”; and

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

HOUSE AMENDMENT NO. 20

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting immediately after all of said section and line the following:

“171.054. 1. Any absence of a student from a public school, including any charter school, on a particular day or days or at a particular time of day for the reason that the student’s parent or legal

guardian is an active duty member of the uniformed services and:

(1) Has been called to duty for and will deploy within the next month to a combat zone or combat support posting;

(2) Is on leave from a deployment to a combat zone or combat support posting; or

(3) Has returned, within the previous month, from deployment to a combat zone or combat support posting

shall be counted as excused to the extent permitted under subsection 2 of this section.

2. The school board of each school district and the governing body of each charter school shall allow at least five days of excused absences for any student to visit the student's parent or legal guardian relative to the leave or deployment of the parent or legal guardian, as described under subsection 1 of this section. Nothing shall prevent the school board or governing body of a charter school from establishing a policy that allows more than five days of such excused absences.

3. The student granted an excused absence under this section and his or her parent or legal guardian shall be responsible for obtaining assignments from the student's teacher or teachers before any period of excused absence.”; and

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

HOUSE AMENDMENT NO. 22

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting after said section and line the following:

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

(1) “ACT assessment”, the ACT assessment or the ACT Plus Writing assessment;

(2) “WorkKeys”, the ACT WorkKeys assessments required for the National Career Readiness Certificate.

2. (1) In any school year in which the department of elementary and secondary education directs a state-funded census administration of the ACT assessment to any group of students, any student who would be allowed or required to participate in the census administration shall receive the opportunity, on any date within three months before the census administration, to participate in a state-funded administration of WorkKeys.

(2) Any student who participated in a state-funded administration of WorkKeys as described under subdivision (1) of this subsection shall not participate in any state-funded census administration of the ACT assessment.

(3) The department of elementary and secondary education shall not require school districts or charter schools to administer the ACT assessment to any student who participated in a state-funded administration of WorkKeys as described under subdivision (1) of this subsection.

3. (1) In any school year in which a school district directs the administration of the ACT assessment to any group of its students to be funded by the district, any student who would be allowed or required to participate in the district-funded administration shall receive the opportunity, on any date within three months before the administration, to participate in an administration of WorkKeys

funded by the school district.

(2) Nothing in this section shall require a school district to fund the administration of the ACT assessment to any student who participated in a district-funded administration of WorkKeys as described under subdivision (1) of this subsection.”; and

Further amend said bill, Page 2, Section 163.018, Line 39, by inserting after said section and line the following:

“167.902. 1. The department of economic development shall annually identify occupations in which a critical need or shortage of trained personnel exists in the labor markets in this state and provide such information to the state board of education. Upon receipt of such data, the state board of education shall, in collaboration with the department of economic development, compile the following data and information:

- (1) Information on how to obtain industry-recognized certificates and credentials;**
- (2) Information on how to obtain a license and the requirements for a license when licensure is required for an occupation;**
- (3) Access to assessments and interest inventories that provide insight into the types of careers that would be suitable for students;**
- (4) Resources that describe the types of skills and occupations most in demand in the current job market and those skills and occupations likely to be in high demand in future years;**
- (5) Resources that describe the typical salaries for occupations and salary trends;**
- (6) Information on how to obtain financial assistance for postsecondary education;**
- (7) Information on how to choose a college, school, or apprenticeship that aligns with the student’s career goals and values;**
- (8) Information on self-employment;**
- (9) Resources related to creating a resume, interviewing, networking, and finding job opportunities; and**
- (10) Information on the skills and traits necessary to succeed in various careers.**

2. The educational materials and data derived from the state board of education’s collaboration with the department of economic development under subsection 1 of this section shall be distributed by the board to each high school in this state for the purpose of emphasizing areas of critical workforce needs and shortages in the labor markets in this state to high school students to support such students’ career pathway decisions. Each high school shall provide its students with the information provided to the school by the state board of education before November first of every school year.

168.024. 1. For purposes of this section, “local business externship” means an experience in which a teacher, supervised by his or her school or school district, gains practical experience at a business in the local community in which the teacher is employed through observation and interaction with employers and employees who are working on issues related to subjects taught by the teacher.

2. Any hours spent in a local business externship shall count as contact hours of professional

development under section 168.021.”; and

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

HOUSE AMENDMENT NO. 23

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“160.261. 1. The local board of education of each school district shall clearly establish a written policy of discipline, including the district’s determination on the use of corporal punishment and the procedures in which punishment will be applied. A written copy of the district’s discipline policy and corporal punishment procedures, if applicable, shall be provided to the pupil and parent or legal guardian of every pupil enrolled in the district at the beginning of each school year and also made available in the office of the superintendent of such district, during normal business hours, for public inspection. **The district may satisfy this notice requirement by posting a copy of the policy and procedures on the district’s website.** All employees of the district shall annually receive instruction related to the specific contents of the policy of discipline and any interpretations necessary to implement the provisions of the policy in the course of their duties, including but not limited to approved methods of dealing with acts of school violence, disciplining students with disabilities and instruction in the necessity and requirements for confidentiality.

2. The policy shall require school administrators to report acts of school violence to all teachers at the attendance center and, in addition, to other school district employees with a need to know. For the purposes of this chapter or chapter 167, “need to know” is defined as school personnel who are directly responsible for the student’s education or who otherwise interact with the student on a professional basis while acting within the scope of their assigned duties. As used in this section, the phrase “act of school violence” or “violent behavior” means the exertion of physical force by a student with the intent to do serious physical injury as defined in section 556.061 to another person while on school property, including a school bus in service on behalf of the district, or while involved in school activities. The policy shall at a minimum require school administrators to report, as soon as reasonably practical, to the appropriate law enforcement agency any of the following crimes, or any act which if committed by an adult would be one of the following crimes:

- (1) First degree murder under section 565.020;
- (2) Second degree murder under section 565.021;
- (3) Kidnapping under section 565.110 as it existed prior to January 1, 2017, or kidnapping in the first degree under section 565.110;
- (4) First degree assault under section 565.050;
- (5) Rape in the first degree under section 566.030;
- (6) Sodomy in the first degree under section 566.060;
- (7) Burglary in the first degree under section 569.160;
- (8) Burglary in the second degree under section 569.170;
- (9) Robbery in the first degree under section 569.020 as it existed prior to January 1, 2017, or robbery in the first degree under section 570.023;
- (10) Distribution of drugs under section 195.211 as it existed prior to January 1, 2017, or manufacture

of a controlled substance under section 579.055;

(11) Distribution of drugs to a minor under section 195.212 as it existed prior to January 1, 2017, or delivery of a controlled substance under section 579.020;

(12) Arson in the first degree under section 569.040;

(13) Voluntary manslaughter under section 565.023;

(14) Involuntary manslaughter under section 565.024 as it existed prior to January 1, 2017, involuntary manslaughter in the first degree under section 565.024, or involuntary manslaughter in the second degree under section 565.027;

(15) Second degree assault under section 565.060 as it existed prior to January 1, 2017, or second degree assault under section 565.052;

(16) Rape in the second degree under section 566.031;

(17) Felonious restraint under section 565.120 as it existed prior to January 1, 2017, or kidnapping in the second degree under section 565.120;

(18) Property damage in the first degree under section 569.100;

(19) The possession of a weapon under chapter 571;

(20) Child molestation in the first degree pursuant to section 566.067 as it existed prior to January 1, 2017, or child molestation in the first, second, or third degree pursuant to section 566.067, 566.068, or 566.069;

(21) Sodomy in the second degree pursuant to section 566.061;

(22) Sexual misconduct involving a child pursuant to section 566.083;

(23) Sexual abuse in the first degree pursuant to section 566.100; **or**

(24) [Harassment under section 565.090 as it existed prior to January 1, 2017, or harassment in the first degree under section 565.090; or

(25)] Stalking under section 565.225 as it existed prior to January 1, 2017, or stalking in the first degree under section 565.225[;]

committed on school property, including but not limited to actions on any school bus in service on behalf of the district or while involved in school activities. The policy shall require that any portion of a student's individualized education program that is related to demonstrated or potentially violent behavior shall be provided to any teacher and other school district employees who are directly responsible for the student's education or who otherwise interact with the student on an educational basis while acting within the scope of their assigned duties. The policy shall also contain the consequences of failure to obey standards of conduct set by the local board of education, and the importance of the standards to the maintenance of an atmosphere where orderly learning is possible and encouraged.

3. The policy shall provide that any student who is on suspension for any of the offenses listed in subsection 2 of this section or any act of violence or drug-related activity defined by school district policy as a serious violation of school discipline pursuant to subsection 9 of this section shall have as a condition of his or her suspension the requirement that such student is not allowed, while on such suspension, to be within one thousand feet of any school property in the school district where such student attended school

or any activity of that district, regardless of whether or not the activity takes place on district property unless:

(1) Such student is under the direct supervision of the student's parent, legal guardian, or custodian and the superintendent or the superintendent's designee has authorized the student to be on school property;

(2) Such student is under the direct supervision of another adult designated by the student's parent, legal guardian, or custodian, in advance, in writing, to the principal of the school which suspended the student and the superintendent or the superintendent's designee has authorized the student to be on school property;

(3) Such student is enrolled in and attending an alternative school that is located within one thousand feet of a public school in the school district where such student attended school; or

(4) Such student resides within one thousand feet of any public school in the school district where such student attended school in which case such student may be on the property of his or her residence without direct adult supervision.

4. Any student who violates the condition of suspension required pursuant to subsection 3 of this section may be subject to expulsion or further suspension pursuant to the provisions of sections 167.161, 167.164, and 167.171. In making this determination consideration shall be given to whether the student poses a threat to the safety of any child or school employee and whether such student's unsupervised presence within one thousand feet of the school is disruptive to the educational process or undermines the effectiveness of the school's disciplinary policy. Removal of any pupil who is a student with a disability is subject to state and federal procedural rights. This section shall not limit a school district's ability to:

(1) Prohibit all students who are suspended from being on school property or attending an activity while on suspension;

(2) Discipline students for off-campus conduct that negatively affects the educational environment to the extent allowed by law.

5. The policy shall provide for a suspension for a period of not less than one year, or expulsion, for a student who is determined to have brought a weapon to school, including but not limited to the school playground or the school parking lot, brought a weapon on a school bus or brought a weapon to a school activity whether on or off of the school property in violation of district policy, except that:

(1) The superintendent or, in a school district with no high school, the principal of the school which such child attends may modify such suspension on a case-by-case basis; and

(2) This section shall not prevent the school district from providing educational services in an alternative setting to a student suspended under the provisions of this section.

6. For the purpose of this section, the term "weapon" shall mean a firearm as defined under 18 U.S.C. Section 921 and the following items, as defined in section 571.010: a blackjack, a concealable firearm, an explosive weapon, a firearm, a firearm silencer, a gas gun, a knife, knuckles, a machine gun, a projectile weapon, a rifle, a shotgun, a spring gun or a switchblade knife; except that this section shall not be construed to prohibit a school board from adopting a policy to allow a Civil War reenactor to carry a Civil War era weapon on school property for educational purposes so long as the firearm is unloaded. The local board of education shall define weapon in the discipline policy. Such definition shall include the weapons defined in this subsection but may also include other weapons.

7. All school district personnel responsible for the care and supervision of students are authorized to

hold every pupil strictly accountable for any disorderly conduct in school or on any property of the school, on any school bus going to or returning from school, during school-sponsored activities, or during intermission or recess periods.

8. Teachers and other authorized district personnel in public schools responsible for the care, supervision, and discipline of schoolchildren, including volunteers selected with reasonable care by the school district, shall not be civilly liable when acting in conformity with the established policies developed by each board, including but not limited to policies of student discipline or when reporting to his or her supervisor or other person as mandated by state law acts of school violence or threatened acts of school violence, within the course and scope of the duties of the teacher, authorized district personnel or volunteer, when such individual is acting in conformity with the established policies developed by the board. Nothing in this section shall be construed to create a new cause of action against such school district, or to relieve the school district from liability for the negligent acts of such persons.

9. Each school board shall define in its discipline policy acts of violence and any other acts that constitute a serious violation of that policy. “Acts of violence” as defined by school boards shall include but not be limited to exertion of physical force by a student with the intent to do serious bodily harm to another person while on school property, including a school bus in service on behalf of the district, or while involved in school activities. School districts shall for each student enrolled in the school district compile and maintain records of any serious violation of the district’s discipline policy. Such records shall be made available to teachers and other school district employees with a need to know while acting within the scope of their assigned duties, and shall be provided as required in section 167.020 to any school district in which the student subsequently attempts to enroll.

10. Spanking, when administered by certificated personnel and in the presence of a witness who is an employee of the school district, or the use of reasonable force to protect persons or property, when administered by personnel of a school district in a reasonable manner in accordance with the local board of education’s written policy of discipline, is not abuse within the meaning of chapter 210. The provisions of sections 210.110 to 210.165 notwithstanding, the children’s division shall not have jurisdiction over or investigate any report of alleged child abuse arising out of or related to the use of reasonable force to protect persons or property when administered by personnel of a school district or any spanking administered in a reasonable manner by any certificated school personnel in the presence of a witness who is an employee of the school district pursuant to a written policy of discipline established by the board of education of the school district, as long as no allegation of sexual misconduct arises from the spanking or use of force.

11. If a student reports alleged sexual misconduct on the part of a teacher or other school employee to a person employed in a school facility who is required to report such misconduct to the children’s division under section 210.115, such person and the superintendent of the school district shall report the allegation to the children’s division as set forth in section 210.115. Reports made to the children’s division under this subsection shall be investigated by the division in accordance with the provisions of sections 210.145 to 210.153 and shall not be investigated by the school district under subsections 12 to 20 of this section for purposes of determining whether the allegations should or should not be substantiated. The district may investigate the allegations for the purpose of making any decision regarding the employment of the accused employee.

12. Upon receipt of any reports of child abuse by the children’s division other than reports provided under subsection 11 of this section, pursuant to sections 210.110 to 210.165 which allegedly involve personnel of a school district, the children’s division shall notify the superintendent of schools of the district

or, if the person named in the alleged incident is the superintendent of schools, the president of the school board of the school district where the alleged incident occurred.

13. If, after an initial investigation, the superintendent of schools or the president of the school board finds that the report involves an alleged incident of child abuse other than the administration of a spanking by certificated school personnel or the use of reasonable force to protect persons or property when administered by school personnel pursuant to a written policy of discipline or that the report was made for the sole purpose of harassing a public school employee, the superintendent of schools or the president of the school board shall immediately refer the matter back to the children's division and take no further action. In all matters referred back to the children's division, the division shall treat the report in the same manner as other reports of alleged child abuse received by the division.

14. If the report pertains to an alleged incident which arose out of or is related to a spanking administered by certificated personnel or the use of reasonable force to protect persons or property when administered by personnel of a school district pursuant to a written policy of discipline or a report made for the sole purpose of harassing a public school employee, a notification of the reported child abuse shall be sent by the superintendent of schools or the president of the school board to the law enforcement in the county in which the alleged incident occurred.

15. The report shall be jointly investigated by the law enforcement officer and the superintendent of schools or, if the subject of the report is the superintendent of schools, by a law enforcement officer and the president of the school board or such president's designee.

16. The investigation shall begin no later than forty-eight hours after notification from the children's division is received, and shall consist of, but need not be limited to, interviewing and recording statements of the child and the child's parents or guardian within two working days after the start of the investigation, of the school district personnel allegedly involved in the report, and of any witnesses to the alleged incident.

17. The law enforcement officer and the investigating school district personnel shall issue separate reports of their findings and recommendations after the conclusion of the investigation to the school board of the school district within seven days after receiving notice from the children's division.

18. The reports shall contain a statement of conclusion as to whether the report of alleged child abuse is substantiated or is unsubstantiated.

19. The school board shall consider the separate reports referred to in subsection 17 of this section and shall issue its findings and conclusions and the action to be taken, if any, within seven days after receiving the last of the two reports. The findings and conclusions shall be made in substantially the following form:

(1) The report of the alleged child abuse is unsubstantiated. The law enforcement officer and the investigating school board personnel agree that there was not a preponderance of evidence to substantiate that abuse occurred;

(2) The report of the alleged child abuse is substantiated. The law enforcement officer and the investigating school district personnel agree that the preponderance of evidence is sufficient to support a finding that the alleged incident of child abuse did occur;

(3) The issue involved in the alleged incident of child abuse is unresolved. The law enforcement officer and the investigating school personnel are unable to agree on their findings and conclusions on the alleged incident.

20. The findings and conclusions of the school board under subsection 19 of this section shall be sent to the children's division. If the findings and conclusions of the school board are that the report of the alleged child abuse is unsubstantiated, the investigation shall be terminated, the case closed, and no record shall be entered in the children's division central registry. If the findings and conclusions of the school board are that the report of the alleged child abuse is substantiated, the children's division shall report the incident to the prosecuting attorney of the appropriate county along with the findings and conclusions of the school district and shall include the information in the division's central registry. If the findings and conclusions of the school board are that the issue involved in the alleged incident of child abuse is unresolved, the children's division shall report the incident to the prosecuting attorney of the appropriate county along with the findings and conclusions of the school board, however, the incident and the names of the parties allegedly involved shall not be entered into the central registry of the children's division unless and until the alleged child abuse is substantiated by a court of competent jurisdiction.

21. Any superintendent of schools, president of a school board or such person's designee or law enforcement officer who knowingly falsifies any report of any matter pursuant to this section or who knowingly withholds any information relative to any investigation or report pursuant to this section is guilty of a class A misdemeanor.

22. In order to ensure the safety of all students, should a student be expelled for bringing a weapon to school, violent behavior, or for an act of school violence, that student shall not, for the purposes of the accreditation process of the Missouri school improvement plan, be considered a dropout or be included in the calculation of that district's educational persistence ratio.”; and

Further amend said bill, Page 2, Section 163.018, Line 39, by inserting after all of said section and line the following:

“167.117. 1. [In any instance when any person is believed to have committed an act which if committed by an adult would be assault in the first, second or third degree, sexual assault, or deviate sexual assault against a pupil or school employee, while on school property, including a school bus in service on behalf of the district, or while involved in school activities, the principal shall immediately report such incident to the appropriate local law enforcement agency and to the superintendent, except in any instance when any person is believed to have committed an act which if committed by an adult would be assault in the third degree and a written agreement as to the procedure for the reporting of such incidents of third degree assault has been executed between the superintendent of the school district and the appropriate local law enforcement agency, the principal shall report such incident to the appropriate local law enforcement agency in accordance with such agreement.] **For purposes of this section, “on school premises” means on any school property including, but not limited to, a school playground or school parking lot; on any school bus in service on behalf of the school district; or while involved in school activities regardless of whether the activity is on or off school property.**

2. In any instance when a pupil is discovered to have on or about such pupil's person, or among such pupil's possessions, or placed elsewhere on [the] school premises[, including but not limited to the school playground or the school parking lot, on a school bus or at a school activity whether on or off of school property] any controlled substance as defined in section 195.010 or any weapon as defined in subsection 6 of section 160.261 in violation of school policy, the principal shall [immediately] **as soon as reasonably practical** report such incident to the appropriate local law enforcement agency and to the superintendent. **In any instance when a school employee becomes aware that a pupil is in possession of a controlled substance or any weapon on school premises, the school employee shall as soon as reasonably**

practical report such incident to the principal.

3. [In any instance when a teacher becomes aware of an assault as set forth in subsection 1 of this section or finds a pupil in possession of a weapon or controlled substances as set forth in subsection 2 of this section, the teacher shall immediately report such incident to the principal.] **In any instance when a pupil is believed to have committed an act listed in subdivisions (1) to (24) of subsection 2 of section 160.261 on school premises, the principal shall as soon as reasonably practical report such incident to the appropriate law enforcement agency; to the superintendent; and, if there is a victim, to the parents or legal guardian of each victim. In any instance when a school employee becomes aware that a pupil has committed an act listed in subdivisions (1) to (24) of subsection 2 of section 160.261 on school premises, the school employee shall as soon as reasonably practical report such incident to the principal.**

4. A school employee, superintendent, or such person's designee who in good faith provides information to law enforcement or juvenile authorities pursuant to this section or section 160.261 **or provides information to law enforcement or juvenile authorities regarding an instance in which a pupil is believed to have committed a crime on school premises** shall not be civilly liable for providing such information.

5. Any school official responsible for reporting pursuant to this section or section 160.261 who willfully neglects or refuses to perform this duty shall be subject to the penalty established pursuant to section 162.091.”; and

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

HOUSE AMENDMENT NO. 24

Amend House Committee Substitute for Senate Bill No. 743, Page 2, Section 163.018, Line 39, by inserting after all of said section and line the following:

“167.128. 1. If a school district contains a facility that serves neglected or delinquent children residing in a court-ordered group home, an institution for neglected children, or an institution for delinquent children, the department of elementary and secondary education shall be prohibited from creating any report or publication related to the Missouri school improvement program, or any successor program, in which data from the district’s regularly enrolled pupils is aggregated with data from the children residing in such facilities.

2. Nothing in this section shall exempt the district in which a facility described in this section is located from providing educational services according to federal law. However, for accountability purposes under state and federal law, the department of elementary and secondary education shall not count the students residing in any such facility as part of the school district in which the facility is located, but shall instead aggregate all neglected and delinquent children residing in facilities described in this section and issue any reports as if the students and facilities were their own separate local educational agency.”; and

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

HOUSE AMENDMENT NO. 25

Amend House Committee Substitute for Senate Bill No. 743, Page 1, Section 162.401, Line 9, by inserting after all of said line the following:

“162.720. 1. [Where a sufficient number of children] **If three percent or more of students enrolled in a school district** are determined to be gifted and their development requires programs or services beyond the level of those ordinarily provided in regular public school programs, [districts may establish special programs for such gifted children] **the district shall establish a state-approved gifted program for gifted children.**

2. If a school district has an average daily attendance of three hundred fifty students or less, the district’s gifted program shall not be required to provide gifted services by a teacher certificated to teach gifted education. If any teacher who provides gifted services through such district’s gifted program is not certificated to teach gifted education, the teacher shall annually participate in at least six clock hours of professional development focused on gifted services.

3. The state board of education shall determine standards for such gifted programs and gifted services. Approval of [such] gifted programs shall be made by the state department of elementary and secondary education based upon project applications submitted [by July fifteenth of each year] at a time and in a form determined by the department of elementary and secondary education.

[3.] **4. No district shall make a determination as to whether a child is gifted based on the child’s participation in an advanced placement course or international baccalaureate course. Districts shall determine a child is gifted only if the child meets the definition of gifted children as provided in section 162.675.**

5. The department of elementary and secondary education may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.”; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS for SB 660**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS for SB 660**, as amended. Representatives: Fitzwater, Ruth, Haefner, Walker (74), Stevens (46).

PRIVILEGED MOTIONS

Senator Crawford moved that the Senate refuse to concur in **HCS for SB 806**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which

motion prevailed.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Richard appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 660**, as amended: Senators Riddle, Sater, Hegeman, Schupp and Holsman.

PRIVILEGED MOTIONS

Senator Sater moved that the Senate refuse to concur in **HCS** for **SB 743**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

SENATE BILLS FOR PERFECTION

Senator Emery moved that, **SB 949**, with **SCS**, **SS** for **SCS** and **SA 2** (pending), be called from the Informal Calendar and again taken up for perfection, which motion prevailed.

SA 2 was again taken up.

At the request of Senator Emery, **SS** for **SCS** for **SB 949** was withdrawn, rendering **SA 2** moot.

Senator Emery offered **SS No. 2** for **SCS** for **SB 949**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 949

An Act to repeal sections 167.225, 167.263, 167.268, and 167.645, RSMo, and to enact in lieu thereof three new sections relating to reading intervention in schools.

Senator Emery moved that **SS No. 2** for **SCS** for **SB 949** be adopted, which motion prevailed.

On motion of Senator Emery, **SS No. 2** for **SCS** for **SB 949** was declared perfected and ordered printed.

PRIVILEGED MOTIONS

Senator Sater moved that the Senate refuse to concur in **HCS** for **SB 687**, as amended and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SB 800**, entitled:

An Act to repeal sections 211.093, 211.444, and 211.447, RSMo, and to enact in lieu thereof three new sections relating to juvenile court proceedings.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 800, Page 1, Section A, Line 3, 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 **or her** 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 **or her** 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 juvenile officer 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 juvenile officer 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 officer may make such informal adjustment as is practicable without a petition or file a petition. 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.”; and

Further amend said bill, Page 2, Section 211.093, Line 46, by inserting after said section and line the following:

“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 **or her** 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 **or her** 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.

211.435. 1. There is hereby created in the state treasury the “Juvenile Justice Preservation Fund”, which shall consist of moneys collected under subsection 2 of this section and sections 488.315 and 558.003, any gifts, bequests, and donations, and any other moneys appropriated by the general assembly. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be distributed to the judicial circuits of the state based upon the increased workload created by sections 211.021 to 211.425 solely for the administration of the juvenile justice system. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund. The provisions of this subsection shall expire on August 28, 2024.

2. For all traffic violations of any county ordinance or any violation of traffic laws of this state, including an infraction, in which a person has pled guilty, there shall be assessed as costs a surcharge in the amount of two dollars. No such surcharge shall be collected in any proceeding involving a violation of an ordinance or state law when the proceeding or defendant has been dismissed by the court or when costs are to be paid by the state, county or municipality. Such surcharge shall be collected and disbursed by the clerk of the court as provided by sections 488.010 to 488.020. The

surcharge collected under this section shall be paid into the state treasury to the credit of the juvenile justice preservation fund created in this section. The provisions of this subsection shall expire if the provisions of subsection 1 of this section expire.”; and

Further amend said bill, Page 9, Section 211.447, Line 218, by inserting after said section and line the following:

“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.

488.315. 1. In addition to all other costs associated with civil actions, there shall be assessed and collected a surcharge of three dollars and fifty cents in all civil actions filed in the state. The clerk responsible for collecting court costs in civil cases shall collect and disburse such amounts as provided by sections 488.010 to 488.020. Such funds shall be payable to the juvenile justice preservation fund under subsection 1 of section 211.435.

2. The provisions of this section shall expire if the provisions of subsection 1 of section 211.435 expire.

558.003. The prosecuting attorney shall have discretion to charge an offender convicted of an offense in which the victim was a child a fine of up to five hundred dollars for each offense. Such fine shall be deposited in the juvenile justice preservation fund, created under section 211.435. The provisions of this section shall expire if the provisions of subsection 1 of section 211.435 expire.

Section 1. Expanding services from seventeen years of age to eighteen years of age is a new service and shall not be effective until an appropriation sufficient to fund the expanded service is provided therefor.

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, 2021.”; and Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS for SCS for SB 718**, entitled:

An Act to repeal sections 338.202 and 376.1237, RSMo, and to enact in lieu thereof two new sections relating to maintenance medication.

With House Amendment Nos. 1, 2, House Amendment No. 1 to House Amendment No. 3, House Amendment No. 3, as amended, House Amendment Nos. 4, 5, 6, 7, 8, 10, 11, House Amendment No. 1 to House Amendment No. 12, House Amendment No. 12, as amended, House Amendment Nos. 13, 14, House Amendment No. 1 to House Amendment No. 15, House Amendment No. 15, as amended and House Amendment No. 16.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, In the Title, Line 3, by deleting the words “maintenance medication” and inserting in lieu thereof the words “health care”; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section 338.202, Line 16, by inserting after all of said line the following:

“376.1223. 1. No third-party payer for health care services including, but not limited to, health carriers, as such terms are defined in section 376.1350, shall limit coverage or deny reimbursement for treatment of symptoms and behaviors for individuals with physical or developmental disabilities, as defined in section 630.005, if, as determined by a licensed physician or psychologist, the symptoms or behaviors caused by the identified disability:

(1) Require the individual to receive care or assistance at any level or age from another person; and

(2) Directly interfere with or prevent independent participation in the everyday purposeful and functional activities typically practiced by a person of the same chronological age as the disabled individual.

2. Such coverage shall include, but not be limited to, therapeutic care, habilitative or rehabilitative care, or services by a licensed psychologist or applied behavior analyst, as such terms are defined in section 376.1224.

376.1224. 1. For purposes of this section, the following terms shall mean:

(1) “Applied behavior analysis”, the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior;

(2) “Autism service provider”:

(a) Any person, entity, or group that provides diagnostic or treatment services for autism spectrum disorders who is licensed or certified by the state of Missouri; or

(b) Any person who is licensed under chapter 337 as a board-certified behavior analyst by the behavior analyst certification board or licensed under chapter 337 as an assistant board-certified behavior analyst;

(3) “Autism spectrum disorders”, a neurobiological disorder, an illness of the nervous system, which includes Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder Not Otherwise Specified, Rett’s Disorder, and Childhood Disintegrative Disorder, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association;

(4) **“Developmental disability”, severe, chronic disabilities that meet all of the following conditions:**

(a) Attributable to cerebral palsy or epilepsy, or any other condition other than mental illness that results in impairment of general intellectual functioning or adaptive behavior and requires treatment or services;

(b) Manifests before the individual reaches age twenty-two;

(c) Likely to continue indefinitely; and

(d) Results in substantial functional limitations in three or more of the following areas of major life activities: self care, understanding and use of language, learning, mobility, self direction, capacity for independent living, plus a need for the level of care provided in an independent care facility;

(5) “Diagnosis of a developmental disability”, medically necessary assessments, evaluations, or tests in order to diagnose a developmental disability;

(6) “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations, or tests in order to diagnose whether an individual has an autism spectrum disorder;

(7) “Diagnosis of physical disability”, medically necessary assessments, evaluations, or tests in order to diagnose a physical disability;

[(5)] **(8) “Habilitative or rehabilitative care”, professional, counseling, and guidance services and treatment programs, including applied behavior analysis, that are necessary to develop the functioning of an individual;**

[(6)] **(9) “Health benefit plan”, shall have the same meaning ascribed to it as in section 376.1350;**

[(7)] **(10) “Health carrier”, shall have the same meaning ascribed to it as in section 376.1350;**

[(8)] **(11) “Line therapist”, an individual who provides supervision of an individual diagnosed with an autism diagnosis and other neurodevelopmental disorders pursuant to the prescribed treatment plan, and implements specific behavioral interventions as outlined in the behavior plan under the direct supervision of a licensed behavior analyst;**

[(9)] **(12) “Pharmacy care”, medications used to address symptoms of an autism spectrum disorder prescribed by a licensed physician, and any health-related services deemed medically necessary to determine the need or effectiveness of the medications only to the extent that such medications are included in the insured’s health benefit plan;**

[(10)] **(13) “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;**

[(11)] **(14) “Psychological care”, direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;**

[(12)] **(15) “Therapeutic care”, services provided by licensed speech therapists, occupational therapists, or physical therapists;**

[(13)] **(16) “Treatment [for autism spectrum disorders]”, care prescribed or ordered for an individual diagnosed with an autism spectrum disorder, **developmental disabilities, or physical disabilities** by a licensed physician or licensed psychologist, including equipment medically necessary for such care, pursuant to the powers granted under such licensed physician’s or licensed psychologist’s license, including,**

but not limited to:

- (a) Psychiatric care;
- (b) Psychological care;
- (c) Habilitative or rehabilitative care, including applied behavior analysis therapy;
- (d) Therapeutic care;
- (e) Pharmacy care.

2. All group health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2011, if written inside the state of Missouri, or written outside the state of Missouri but insuring Missouri residents, shall provide coverage for the diagnosis and treatment of autism spectrum disorders, **developmental disabilities, or physical disabilities** to the extent that such diagnosis and treatment is not already covered by the health benefit plan.

3. With regards to a health benefit plan, a health carrier shall not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual or their dependent because the individual is diagnosed with autism spectrum disorder, **developmental disabilities, or physical disabilities**.

4. (1) Coverage provided under this section is limited to medically necessary treatment [that] **as determined by the health benefit plan, and** is ordered by the insured's treating licensed physician or licensed psychologist, pursuant to the powers granted under such licensed physician's or licensed psychologist's license[, in accordance with]. **For applied behavioral analysis, such provider may submit** a treatment plan.

(2) The treatment plan, upon request by the health benefit plan or health carrier, shall include all elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

(3) Except for inpatient services, if an individual is receiving treatment for an autism spectrum disorder, **developmental disabilities, or physical disabilities**, a health carrier shall have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall only apply to a particular individual [being treated for an autism spectrum disorder] and shall not apply to all individuals being treated for [autism spectrum disorders] **that disorder** by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the health benefit plan or health carrier, as applicable.

5. Coverage provided under this section for applied behavior analysis shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of applied behavior analysis services beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavior

analysis, shall not be subject to the age and dollar limitations described in this subsection.

6. Coverage provided under this section for therapeutic care shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of therapeutic care beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's developmental disabilities or physical disabilities, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavioral analysis or therapeutic care, shall not be subject to the age and dollar limitations described in this subsection.

[6.] **7.** The maximum benefit limitation for applied behavior analysis described in subsection 5 of this section **or therapeutic care as described in subsection 6 of this section** shall be adjusted by the health carrier at least triennially for inflation to reflect the aggregate increase in the general price level as measured by the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as defined and officially published by the United States Department of Labor, or its successor agency. Beginning January 1, 2012, and annually thereafter, the current value of the maximum benefit limitation for applied behavior analysis coverage adjusted for inflation in accordance with this subsection shall be calculated by the director of the department of insurance, financial institutions and professional registration. The director shall furnish the calculated value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

[7.] **8.** Subject to the provisions set forth in subdivision (3) of subsection 4 of this section, coverage provided under this section shall not be subject to any limits on the number of visits an individual may make to an autism service provider **or therapeutic care provider**, except that the maximum total benefit for applied behavior analysis set forth in subsection 5 **or therapeutic care as set forth in subsection 6** of this section shall apply to this subsection.

[8.] **9.** This section shall not be construed as limiting benefits which are otherwise available to an individual under a health benefit plan. The health care coverage required by this section shall not be subject to any greater deductible, coinsurance, or co-payment than other physical health care services provided by a health benefit plan. Coverage of services may be subject to other general exclusions and limitations of the contract or benefit plan, not in conflict with the provisions of this section, such as coordination of benefits, exclusions for services provided by family or household members, and utilization review of health care services, including review of medical necessity and care management; however, coverage for treatment under this section shall not be denied on the basis that it is educational or habilitative in nature.

[9.] **10.** To the extent any payments or reimbursements are being made for applied behavior analysis, such payments or reimbursements shall be made to either:

(1) The autism service provider, as defined in this section; or

(2) The entity or group for whom such supervising person, who is certified as a board-certified behavior analyst by the Behavior Analyst Certification Board, works or is associated.

Such payments or reimbursements under this subsection to an autism service provider or a board-certified

behavior analyst shall include payments or reimbursements for services provided by a line therapist under the supervision of such provider or behavior analyst if such services provided by the line therapist are included in the treatment plan and are deemed medically necessary.

[10.] **11.** Notwithstanding any other provision of law to the contrary, health carriers shall not be held liable for the actions of line therapists in the performance of their duties.

[11.] **12.** The provisions of this section shall apply to any health care plans issued to employees and their dependents under the Missouri consolidated health care plan established pursuant to chapter 103 that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2011. The terms “employees” and “health care plans” shall have the same meaning ascribed to them in section 103.003.

[12.] **13.** The provisions of this section shall also apply to the following types of plans that are established, extended, modified, or renewed on or after January 1, 2011:

(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section 1002(32);

(2) All self-insured group arrangements, to the extent not preempted by federal law;

(3) All plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, or any waiver or exception to that act provided under federal law or regulation; and

(4) All self-insured school district health plans.

[13.] **14.** The provisions of this section shall not automatically apply to an individually underwritten health benefit plan, but shall be offered as an option to any such plan.

[14.] **15.** The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy.

[15.] **16.** Any health carrier or other entity subject to the provisions of this section shall not be required to provide reimbursement for the applied behavior analysis **or therapy** delivered to a person insured by such health carrier or other entity to the extent such health carrier or other entity is billed for such services by any Part C early intervention program or any school district for applied behavior analysis rendered to the person covered by such health carrier or other entity. This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education plan, or an individualized service plan. This section shall not be construed as affecting any obligation to provide reimbursement pursuant to section 376.1218.

[16.] **17.** The provisions of sections 376.383, 376.384, and 376.1350 to 376.1399 shall apply to this section.

[17.] **18.** The director of the department of insurance, financial institutions and professional registration shall grant a small employer with a group health plan, as that term is defined in section 379.930, a waiver from the provisions of this section if the small employer demonstrates to the director by actual claims experience over any consecutive twelve-month period that compliance with this section has increased the cost of the health insurance policy by an amount of two and a half percent or greater over the period of a calendar year in premium costs to the small employer.

[18.] **19.** The provisions of this section shall not apply to the Mo HealthNet program as described in chapter 208.

[19.] **20.** (1) By February 1, 2012, and every February first thereafter, the department of insurance, financial institutions and professional registration shall submit a report to the general assembly regarding the implementation of the coverage required under this section. The report shall include, but shall not be limited to, the following:

(a) The total number of insureds diagnosed with autism spectrum disorder;

(b) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by this section;

(c) The cost of such coverage per insured per month; and

(d) The average cost per insured for coverage of applied behavior analysis;

(2) All health carriers and health benefit plans subject to the provisions of this section shall provide the department with the data requested by the department for inclusion in the annual report.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 3

Amend House Amendment No. 3 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 2, Line 38, by deleting said line and inserting in lieu of the following:

“that he or she is the guardian ad litem of the minor child of the deceased.

191.1150. 1. This section shall be known as the “Caregiver, Advise, Record, and Enable (CARE) Act”.

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

(1) “Admission”, a patient’s admission into a hospital as an in-patient;

(2) “After-care”, assistance that is provided by a caregiver to a patient after the patient’s discharge from a hospital that is related to the condition of the patient at the time of discharge, including assisting with activities of daily living, as defined in section 198.006; instrumental activities of daily living, as defined in section 198.006; or carrying out medical or nursing tasks as permitted by law;

(3) “Ambulatory surgical center”, as defined in section 197.200;

(4) “Caregiver”, an individual who is eighteen years of age or older, is duly designated as a caregiver by a patient under this section, and who provides after-care assistance to such patient in the patient’s residence;

(5) “Discharge”, a patient’s release from a hospital or an ambulatory surgical center to the patient’s residence following an admission;

(6) “Hospital”, as defined in section 197.020;

(7) “Residence”, a dwelling that the patient considers to be his or her home. “Residence” shall not include:

(a) A facility, as defined in section 198.006;

(b) A hospital, as defined in section 197.020;

(c) A prison, jail, or other detention or correctional facility operated by the state or a political subdivision;

(d) A residential facility, as defined in section 630.005;

(e) A group home or developmental disability facility, as defined in section 633.005; or

(f) Any other place of habitation provided by a public or private entity which bears legal or contractual responsibility for the care, control, or custody of the patient and which is compensated for doing so.

3. A hospital or ambulatory surgical center shall provide each patient or, if applicable, the patient’s legal guardian with an opportunity to designate a caregiver following the patient’s admission into a hospital or entry into an ambulatory surgical center and prior to the patient’s discharge. Such designation shall include a written consent of the patient or the patient’s legal guardian to release otherwise confidential medical information to the designated caregiver if such medical record would be needed to enable the completion of after-care tasks. The written consent shall be in compliance with federal and state laws concerning the release of personal health information. Prior to discharge, a patient may elect to change his or her caregiver in the event that the original designated caregiver becomes unavailable, unwilling, or unable to care for the patient. Designation of a caregiver by a patient or a patient’s legal guardian does not obligate any person to arrange or perform any after-care tasks for the patient.

4. The hospital or ambulatory surgical center shall document the patient’s or the patient’s legal guardian’s designation of caregiver, the relationship of the caregiver to the patient, and the caregiver’s available contact information.

5. If the patient or the patient’s legal guardian declines to designate a caregiver, the hospital or ambulatory surgical center shall document such information.

6. The hospital or ambulatory surgical center shall notify a patient’s caregiver of the patient’s discharge or transfer to another facility as soon as practicable, which may be after the patient’s physician issues a discharge order. In the event that the hospital or ambulatory surgical center is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital or ambulatory surgical center shall document the attempt to contact the caregiver.

7. Prior to being discharged, if the hospital or ambulatory surgical center is able to contact the caregiver and the caregiver is willing to assist, the hospital or ambulatory surgical center shall provide the caregiver with the patient’s discharge plan, if such plan exists, or instructions for the after-care needs of the patient and give the caregiver the opportunity to ask questions about the after-care needs of the patient.

8. A hospital or ambulatory surgical center is not required nor obligated to determine the ability

of a caregiver to understand or perform any of the after-care tasks outlined in this section.

9. Nothing in this section shall authorize or require compensation of a caregiver by a state agency or a health carrier, as defined in section 376.1350.

10. Nothing in this section shall require a hospital or ambulatory surgical center to take actions that are inconsistent with or duplicative of the standards of the federal Medicare program under Title XVIII of the Social Security Act and its conditions of participation in the Code of Federal Regulations or the standards of a national accrediting organization with deeming authority under Section 1865(a)(1) of the Social Security Act.

11. Nothing in this section shall create a private right of action against a hospital, ambulatory surgical center, a hospital or ambulatory surgical center employee, or an individual with whom a hospital or ambulatory surgical center has a contractual relationship.

12. A hospital, ambulatory surgical center, hospital or ambulatory surgical center employee, or an individual with whom a hospital or ambulatory surgical center has a contractual relationship shall not be liable in any way for an act or omission of the caregiver.

13. No act or omission under this section by a hospital, ambulatory surgical center, hospital or ambulatory surgical center employee, or an individual with whom a hospital or ambulatory surgical center has a contractual relationship shall give rise to a citation, sanction, or any other adverse action by any licensing authority to whom such individual or entity is subject.

14. Nothing in this section shall be construed to interfere with the rights of an attorney-in-fact under a durable power of health care under sections 404.800 to 404.872.

15. The department of health and senior services shall provide ambulatory surgical centers and hospitals a standard form that may be used to satisfy the requirements of this section. Nothing in this section shall prohibit a hospital or ambulatory surgical center from continuing the use of a current patient communication or disclosure form to satisfy the requirements of this section, provided that the facility's current form is compliant with Centers for Medicare and Medicaid Services (CMS) standards and regulations.”; and”; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

“191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called “providers”, shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient’s health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient’s condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient’s health care records to the patient, the patient’s authorized representative or any other person or entity authorized by law to obtain or reproduce

such records upon payment of a fee for:

(1) (a) Search and retrieval, in an amount not more than twenty-four dollars and eighty-five cents plus copying in the amount of fifty-seven cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed twenty-three dollars and twenty-six cents, as adjusted annually pursuant to subsection 5 of this section; or

(b) The records shall be furnished electronically upon payment of the search, retrieval, and copying fees set under this section at the time of the request or one hundred eight dollars and eighty-eight cents total, whichever is less, if such person:

a. Requests health records to be delivered electronically in a format of the health care provider's choice;

b. The health care provider stores such records completely in an electronic health record; and

c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost;

(3) Notary fee, not to exceed two dollars, if requested.

3. For purposes of subsections 1 and 2 of this section, “a copy of his or her record of that patient’s health history and treatment rendered” or “the patient’s health care records” include a statement or record that no such health history or treatment record responsive to the request exists.

4. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

[4.] 5. The transfer of the patient’s record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient’s record as required by this section.

[5.] 6. Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department’s internet website by February first of each year.

[6.] 7. A health care provider may disclose a deceased patient’s health care records or payment records to the executor or administrator of the deceased person’s estate, or pursuant to a valid, unrevoked power of attorney for health care that specifically directs that the deceased person’s health care records be released to the agent after death. If an executor, administrator, or agent has not been appointed, the deceased prior to death did not specifically object to disclosure of his or her records in writing, and such disclosure is not inconsistent with any prior expressed preference of the deceased that is known to the health care provider,

a deceased patient's health care records may be released upon written request of a person who is deemed as the personal representative of the deceased person under this subsection. Priority shall be given to the deceased patient's spouse and the records shall be released on the affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving spouse, the health care records may be released to one of the following persons:

(1) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse;

(2) An adult child of the deceased patient on the affidavit of the adult child that he or she is the adult child of the deceased;

(3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent of the deceased;

(4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or sister that he or she is the adult brother or sister of the deceased;

(5) A guardian or conservator of the deceased patient at the time of the patient's death on the affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased; or

(6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian that he or she is the guardian ad litem of the minor child of the deceased."; and

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"9.158. The month of November shall be known and designated as "Diabetes Awareness Month". The citizens of the state of Missouri are encouraged to participate in appropriate activities and events to increase awareness of diabetes. Diabetes is a group of metabolic diseases in which the body has elevated blood sugar levels over a prolonged period of time and affects Missourians of all ages."; and

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"9.192. The years of 2018 to 2028 shall hereby be designated as the "Show-Me Freedom from Opioid Addiction Decade".

191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the

request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient's health care records to the patient, the patient's authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) (a) Search and retrieval, in an amount not more than twenty-four dollars and eighty-five cents plus copying in the amount of fifty-seven cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed twenty-three dollars and twenty-six cents, as adjusted annually pursuant to subsection 5 of this section; or

(b) The records shall be furnished electronically upon payment of the search, retrieval, and copying fees set under this section at the time of the request or one hundred eight dollars and eighty-eight cents total, whichever is less, if such person:

- a. Requests health records to be delivered electronically in a format of the health care provider's choice;
- b. The health care provider stores such records completely in an electronic health record; and
- c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost; and

(3) Notary fee, not to exceed two dollars, if requested.

3. For the purposes of subsections 1 and 2 of this section, "a copy of his or her record of that patient's health history and treatment rendered" or "the patient's health care records" includes a statement or record that no such health history or treatment record responsive to the request exists.

4. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

[4.] 5. The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.

[5.] 6. Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department's internet website by February first of each year.

[6.] 7. A health care provider may disclose a deceased patient's health care records or payment records to the executor or administrator of the deceased person's estate, or pursuant to a valid, unrevoked power of

attorney for health care that specifically directs that the deceased person's health care records be released to the agent after death. If an executor, administrator, or agent has not been appointed, the deceased prior to death did not specifically object to disclosure of his or her records in writing, and such disclosure is not inconsistent with any prior expressed preference of the deceased that is known to the health care provider, a deceased patient's health care records may be released upon written request of a person who is deemed as the personal representative of the deceased person under this subsection. Priority shall be given to the deceased patient's spouse and the records shall be released on the affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving spouse, the health care records may be released to one of the following persons:

(1) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse;

(2) An adult child of the deceased patient on the affidavit of the adult child that he or she is the adult child of the deceased;

(3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent of the deceased;

(4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or sister that he or she is the adult brother or sister of the deceased;

(5) A guardian or conservator of the deceased patient at the time of the patient's death on the affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased; or

(6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian that he or she is the guardian ad litem of the minor child of the deceased.

195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.

2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019 and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, and may have restricted authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced practice registered nurse who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.

3. A veterinarian, in good faith and in the course of the veterinarian's professional practice only, and not for use by a human being, may prescribe, administer, and dispense controlled substances and the veterinarian may cause them to be administered by an assistant or orderly under his or her direction and

supervision.

4. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any reason, if such practitioner did not originally dispense the drug, **except as provided in section 195.265.**

5. An individual practitioner shall not prescribe or dispense a controlled substance for such practitioner's personal use except in a medical emergency.

195.265. 1. Unused controlled substances may be accepted from ultimate users, from hospice or home health care providers on behalf of ultimate users to the extent federal law allows, or any person lawfully entitled to dispose of a decedent's property if the decedent was an ultimate user who died while in lawful possession of a controlled substance, through:

(1) Collection receptacles, drug disposal boxes, mail back packages, and other means by a Drug Enforcement Agency-authorized collector in accordance with federal regulations even if the authorized collector did not originally dispense the drug; or

(2) Drug take back programs conducted by federal, state, tribal, or local law enforcement agencies in partnership with any person or entity.

This subsection shall supersede and preempt any local ordinances or regulations, including any ordinances or regulations enacted by any political subdivision of the state, regarding the disposal of unused controlled substances. For the purposes of this section, the term "ultimate user" shall mean a person who has lawfully obtained and possesses a controlled substance for his or her own use or for the use of a member of his or her household or for an animal owned by him or her or a member of his or her household.

2. By August 28, 2019, the department of health and senior services shall develop an education and awareness program regarding drug disposal, including controlled substances. The education and awareness program may include, but not be limited to:

(1) A web-based resource that:

(a) Describes available drug disposal options including take back, take back events, mail back packages, in-home disposal options that render a product safe from misuse, or any other methods that comply with state and federal laws and regulations, may reduce the availability of unused controlled substances, and may minimize the potential environmental impact of drug disposal;

(b) Provides a list of drug disposal take back sites, which may be sorted and searched by name or location and is updated every six months by the department;

(c) Provides a list of take back events and mail back events in the state, including the date, time, and location information for each event and is updated every six months by the department; and

(d) Provides information for authorized collectors regarding state and federal requirements to comply with the provisions of subsection 1 of this section; and

(2) Promotional activities designed to ensure consumer awareness of proper storage and disposal of prescription drugs, including controlled substances.

217.364. 1. The department of corrections shall establish by regulation the "Offenders Under Treatment Program". The program shall include institutional placement of certain offenders, as outlined in subsection

3 of this section, under the supervision and control of the department of corrections. The department shall establish rules determining how, when and where an offender shall be admitted into or removed from the program.

2. As used in this section, the term “offenders under treatment program” means a one-hundred-eighty-day institutional correctional program for the monitoring, control and treatment of certain substance abuse offenders and certain nonviolent offenders followed by placement on parole with continued supervision. **As used in this section, the term “medication-assisted treatment” means the use of pharmacological medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.**

3. The following offenders may participate in the program as determined by the department:

(1) Any nonviolent offender who has not previously been remanded to the department and who has been found guilty of violating the provisions of chapter 195 or 579 or whose substance abuse was a precipitating or contributing factor in the commission of his offense; or

(2) Any nonviolent offender who has pled guilty or been found guilty of a crime which did not involve the use of a weapon, and who has not previously been remanded to the department.

4. This program shall be used as an intermediate sanction by the department. The program may include education, treatment and rehabilitation programs. If an offender successfully completes the institutional phase of the program, the department shall notify the board of probation and parole within thirty days of completion. Upon notification from the department that the offender has successfully completed the program, the board of probation and parole may at its discretion release the offender on parole as authorized in subsection 1 of section 217.690.

5. The availability of space in the institutional program shall be determined by the department of corrections.

6. If the offender fails to complete the program, the offender shall be taken out of the program and shall serve the remainder of his sentence with the department.

7. Time spent in the program shall count as time served on the sentence.

8. If an offender requires treatment for opioid or other substance misuse or dependence, the department shall not prohibit such offender from participating in and receiving medication-assisted treatment under the care of a physician licensed in this state to practice medicine. An offender shall not be required to refrain from using medication-assisted treatment as a term or condition of his or her sentence.

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] **step** of any other board-approved medical licensing examination within the [two-year] **three-year** period immediately preceding application for licensure as an assistant physician, [but in no event more than] **or within** three years after graduation from a medical college or osteopathic

medical college, **whichever is later**;

(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] **three-year** period unless when such [two-year] **three-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. **No licensure fee for an assistant physician shall exceed the amount of any licensure fee for a physician assistant.** 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. **No rule or regulation shall require an assistant physician to complete more hours of continuing medical education than that of a licensed physician.**

(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.

(3) Any rules or regulations regarding assistant physicians in effect as of the effective date of this section that conflict with the provisions of this section and section 334.037 shall be null and void as of the effective date of this section.

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.

7. Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis that the health carrier or health benefit plan covers the service when it is delivered by another comparable mid-level health care provider including, but not limited to, a physician assistant.

334.037. 1. A physician may enter into collaborative practice arrangements with assistant physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to an assistant physician the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the assistant physician and is consistent with that assistant physician’s skill, training, and competence and the skill and training of the collaborating physician.

2. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the assistant physician;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the assistant physician to prescribe;

(3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an assistant physician and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the assistant physician;

(5) The manner of collaboration between the collaborating physician and the assistant physician,

including how the collaborating physician and the assistant physician shall:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity; except, the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by [P.L.] **Pub. L. 95-210 [.] (42 U.S.C. Section 1395x), as amended**, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain documentation related to such requirement and present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the assistant physician's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the assistant physician to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the assistant physician;

(8) The duration of the written practice agreement between the collaborating physician and the assistant physician;

(9) A description of the time and manner of the collaborating physician's review of the assistant physician's delivery of health care services. The description shall include provisions that the assistant physician shall submit a minimum of ten percent of the charts documenting the assistant physician's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the assistant physician prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

3. The state board of registration for the healing arts under section 334.125 shall promulgate rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules shall specify:

(1) Geographic areas to be covered;

(2) The methods of treatment that may be covered by collaborative practice arrangements;

(3) In conjunction with deans of medical schools and primary care residency program directors in the state, the development and implementation of educational methods and programs undertaken during the collaborative practice service which shall facilitate the advancement of the assistant physician's medical knowledge and capabilities, and which may lead to credit toward a future residency program for programs that deem such documented educational achievements acceptable; and

(4) The requirements for review of services provided under collaborative practice arrangements, including delegating authority to prescribe controlled substances.

Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. The state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician provided the provisions of this section and the rules promulgated thereunder are satisfied.

5. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each assistant physician with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that arrangements are carried out for compliance under this chapter.

6. A collaborating physician **or supervising physician** shall not enter into a collaborative practice arrangement **or supervision agreement** with more than [three] **six** full-time equivalent assistant physicians, **full-time equivalent physician assistants, or full-time equivalent advance practice registered nurses, or any combination thereof.** Such limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. **No rule or regulation shall require the collaborating physician to review more than ten percent of the assistant physician's patient charts or records during such one-month period.** Such limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

8. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

9. No contract or other agreement shall require a physician to act as a collaborating physician for an assistant physician against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No contract or other agreement

shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any assistant physician, but such requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by a hospital's medical staff.

10. No contract or other agreement shall require any assistant physician to serve as a collaborating assistant physician for any collaborating physician against the assistant physician's will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a particular physician.

11. All collaborating physicians and assistant physicians in collaborative practice arrangements shall wear identification badges while acting within the scope of their collaborative practice arrangement. The identification badges shall prominently display the licensure status of such collaborating physicians and assistant physicians.

12. (1) An assistant physician with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, **except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the collaborating physician.** Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

(2) The collaborating physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the assistant physician during which the assistant physician shall practice with the collaborating physician on-site prior to prescribing controlled substances when the collaborating physician is not on-site. Such limitation shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, **or assistant physicians providing opioid addiction treatment.**

(3) An assistant physician shall receive a certificate of controlled substance prescriptive authority from the state board of registration for the healing arts upon verification of licensure under section 334.036.

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and

competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. **An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patient's receiving medication assisted treatment for substance use disorders under the direction of the collaborating physician.**

3. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;

(3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;

(8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;

(9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior

to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

8. A collaborating physician **or supervising physician** shall not enter into a collaborative practice arrangement **or supervision agreement** with more than [three] **six** full-time equivalent advanced practice registered nurses, **full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof**. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse

to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

- (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
- (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
- (4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;
- (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
- (6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;
- (7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;
- (8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as

described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, [where the supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services] **within a geographic proximity to be determined by the board of registration for the healing arts.**

(2) For a physician-physician assistant team working in a **certified community behavioral health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended,** no supervision requirements in addition to the minimum federal law shall be required.

3. The scope of practice of a physician assistant shall consist only of the following services and procedures:

(1) Taking patient histories;

(2) Performing physical examinations of a patient;

(3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;

(4) Performing routine therapeutic procedures;

(5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;

(6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;

(7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;

(8) Assisting in surgery;

(9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform; and

(10) Physician assistants shall not perform or prescribe abortions.

4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery

or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

- (1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;
- (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;
- (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;
- (4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and
- (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the supervising physician is not qualified or authorized to prescribe.

5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician supervision or in any location where the supervising physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant from enrolling with the department of social services as a MO HealthNet or Medicaid provider while acting under a supervision agreement between the physician and physician assistant.

6. For purposes of this section, the licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant 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 or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services. The agreement shall contain at least the following provisions:

- (1) Complete names, home and business addresses, zip codes, telephone numbers, and state license numbers of the supervising physician and the physician assistant;
- (2) A list of all offices or locations where the physician routinely provides patient care, and in which

of such offices or locations the supervising physician has authorized the physician assistant to practice;

(3) All specialty or board certifications of the supervising physician;

(4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:

(a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and

(b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;

(5) The duration of the supervision agreement between the supervising physician and physician assistant; and

(6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.

8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.

9. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.

10. It is the responsibility of the supervising physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.

11. No contract or other agreement shall require a physician to act as a supervising physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the supervising physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by the hospital's medical staff.

12. Physician assistants shall file with the board a copy of their supervising physician form.

13. No physician shall be designated to serve as supervising physician **or collaborating physician** for more than [three] **six** full-time equivalent licensed physician assistants, **full-time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any combination thereof.** This limitation shall not apply to physician assistant agreements of hospital employees providing inpatient care service in hospitals as defined in chapter 197.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a supervision agreement. Such authority shall be listed on the supervision verification form on file with the state board of healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the supervision form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a supervision agreement are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, **except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the supervising physician.** Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The supervising physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the supervising physician on-site prior to prescribing controlled substances when the supervising physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such requirement;

(2) Completion of a minimum of three hundred clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;

(4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a supervising physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

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] (APA), the Canadian Psychological Association, **or the Psychological Clinical Science Accreditation System (PCSAS) provided that such program include a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology;** or

(2) A program designated or approved, including provisional approval, by the 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 experience in a successfully completed internship to be completed in not less than twelve nor more than twenty-four 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 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 services in accordance with professional requirements and relevant to the applicant's intended area of practice.

5. 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. 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.

337.029. 1. A psychologist licensed in another jurisdiction who has had no violations and no suspensions and no revocation of a license to practice psychology in any jurisdiction may receive a license in Missouri, provided the psychologist passes a written examination on Missouri laws and regulations governing the practice of psychology and meets one of the following criteria:

- (1) Is a diplomate of the American Board of Professional Psychology;
- (2) Is a member of the National Register of Health Service Providers in Psychology;
- (3) Is currently licensed or certified as a psychologist in another jurisdiction who is then a signatory to the Association of State and Provincial Psychology Board's reciprocity agreement;
- (4) Is currently licensed or certified as a psychologist in another state, territory of the United States, or the District of Columbia and:
 - (a) Has a doctoral degree in psychology from a program accredited, or provisionally accredited, by the American Psychological Association **or the Psychological Clinical Science Accreditation System**, or that meets the requirements as set forth in subdivision (3) of subsection 3 of section 337.025;
 - (b) Has been licensed for the preceding five years; and
 - (c) Has had no disciplinary action taken against the license for the preceding five years; or
- (5) Holds a current certificate of professional qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB).

2. Notwithstanding the provisions of subsection 1 of this section, applicants may be required to pass an oral examination as adopted by the committee.

3. A psychologist who receives a license for the practice of psychology in the state of Missouri on the basis of reciprocity as listed in subsection 1 of this section or by endorsement of the score from the examination of professional practice in psychology score will also be eligible for and shall receive certification from the committee as a health service provider if the psychologist meets one or more of the following criteria:

- (1) Is a diplomate of the American Board of Professional Psychology in one or more of the specialties recognized by the American Board of Professional Psychology as pertaining to health service delivery;

(2) Is a member of the National Register of Health Service Providers in Psychology; or

(3) Has completed or obtained through education, training, or experience the requisite knowledge comparable to that which is required pursuant to section 337.033.

337.033. 1. A licensed psychologist shall limit his or her practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. A psychologist trained in one area shall not practice in another area without obtaining additional relevant professional education, training, and experience through an acceptable program of respecialization.

2. A psychologist may not represent or hold himself or herself out as a state certified or registered psychological health service provider unless the psychologist has first received the psychologist health service provider certification from the committee; provided, however, nothing in this section shall be construed to limit or prevent a licensed, whether temporary, provisional or permanent, psychologist who does not hold a health service provider certificate from providing psychological services so long as such services are consistent with subsection 1 of this section.

3. “Relevant professional education and training” for health service provider certification, except those entitled to certification pursuant to subsection 5 or 6 of this section, shall be defined as a licensed psychologist whose graduate psychology degree from a recognized educational institution is in an area designated by the American Psychological Association as pertaining to health service delivery or a psychologist who subsequent to receipt of his or her graduate degree in psychology has either completed a respecialization program from a recognized educational institution in one or more of the American Psychological Association recognized clinical health service provider areas and who in addition has completed at least one year of postdegree supervised experience in such clinical area or a psychologist who has obtained comparable education and training acceptable to the committee through completion of postdoctoral fellowships or otherwise.

4. The degree or respecialization program certificate shall be obtained from a recognized program of graduate study in one or more of the health service delivery areas designated by the American Psychological Association as pertaining to health service delivery, which shall meet one of the criteria established by subdivisions (1) to (3) of this subsection:

(1) A doctoral degree or completion of a recognized respecialization program in one or more of the American Psychological Association designated health service provider delivery areas which is accredited, or provisionally accredited, **either** by the American Psychological Association **or the Psychological Clinical Science Accreditation System**; or

(2) A clinical or counseling psychology doctoral degree program or respecialization program designated, or provisionally approved, by the 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 doctoral degree or completion of a respecialization program in one or more of the American Psychological Association designated health service provider delivery areas that meets the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as being in one or more of the American Psychological Association designated health service provider delivery areas;

(b) Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists in one or more of the American Psychological Association designated health service provider delivery areas.

5. A person who is lawfully licensed as a psychologist pursuant to the provisions of this chapter on August 28, 1989, or who has been approved to sit for examination prior to August 28, 1989, and who subsequently passes the examination shall be deemed to have met all requirements for health service provider certification; provided, however, that such person shall be governed by the provisions of subsection 1 of this section with respect to limitation of practice.

6. Any person who is lawfully licensed as a psychologist in this state and who meets one or more of the following criteria shall automatically, upon payment of the requisite fee, be entitled to receive a health service provider certification from the committee:

(1) Is a diplomate of the American Board of Professional Psychology in one or more of the specialties recognized by the American Board of Professional Psychology as pertaining to health service delivery; or

(2) Is a member of the National Register of Health Service Providers in Psychology.”; and

Further amend said bill and page, Section 338.202, Line 16, by inserting after all of said section and line the following:

“374.426. 1. Any entity in the business of delivering or financing health care shall provide data regarding quality of patient care and patient satisfaction to the director of the department of insurance, financial institutions and professional registration. Failure to provide such data as required by the director of the department of insurance, financial institutions and professional registration shall constitute grounds for violation of the unfair trade practices act, sections 375.930 to 375.948.

2. In defining data standards for quality of care and patient satisfaction, the director of the department of insurance, financial institutions and professional registration shall:

(1) Use as the initial data set the HMO Employer Data and Information Set developed by the National Committee for Quality Assurance;

(2) Consult with nationally recognized accreditation organizations, including but not limited to the National Committee for Quality Assurance and the Joint Committee on Accreditation of Health Care Organizations; and

(3) Consult with a state committee of a national committee convened to develop standards regarding uniform billing of health care claims.

3. In defining data standards for quality of care and patient satisfaction, the director of the department of insurance, financial institutions and professional registration shall not require patient scoring of pain control.

4. Beginning August 28, 2018, the director of the department of insurance, financial institutions and professional registration shall discontinue the use of patient satisfaction scores and shall not make them available to the public to the extent allowed by federal law.

376.811. 1. Every insurance company and health services corporation doing business in this state shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the following

minimum standards:

(1) Coverage for outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, of not less than twenty-six days per policy benefit period;

(2) Coverage for residential treatment program of not less than twenty-one days per policy benefit period;

(3) Coverage for medical or social setting detoxification of not less than six days per policy benefit period;

(4) Coverage for medication-assisted treatment for substance use disorders, using any drug approved for sale by the Food and Drug Administration for use in treating such patient's condition, including opioid-use and heroin-use disorders. No prior authorization, step therapy, or fail-first therapy shall be required for medication-assisted treatment;

[(4)] (5) The coverages set forth in this subsection may be subject to a separate lifetime frequency cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply to medical detoxification in a life-threatening situation as determined by the treating physician and subsequently documented within forty-eight hours of treatment to the reasonable satisfaction of the insurance company or health services corporation; and

[(5)] (6) The coverages set forth in this subsection:

(a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply to physical illness;

(b) May be administered pursuant to a managed care program established by the insurance company or health services corporation; and

(c) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

2. In addition to the coverages set forth in subsection 1 of this section, every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies, benefits or coverages for recognized mental illness, excluding chemical dependency, meeting the following minimum standards:

(1) Coverage for outpatient treatment, including treatment through partial- or full-day program services, for mental health services for a recognized mental illness rendered by a licensed professional to the same extent as any other illness;

(2) Coverage for residential treatment programs for the therapeutic care and treatment of a recognized mental illness when prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the department of mental health or accredited by the Joint Commission on Accreditation of Hospitals to the same extent as any other illness;

(3) Coverage for inpatient hospital treatment for a recognized mental illness to the same extent as for any other illness, not to exceed ninety days per year;

(4) The coverages set forth in this subsection shall be subject to the same coinsurance, co-payment, deductible, annual maximum and lifetime maximum factors as apply to physical illness; and

(5) The coverages set forth in this subsection may be administered pursuant to a managed care program established by the insurance company, health services corporation or health maintenance organization, and covered services may be delivered through a system of contractual arrangements with one or more providers, community mental health centers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the group or individual policyholder or contract holder and, if accepted, shall fully and completely satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to 376.814 shall prohibit an insurance company, health services corporation or health maintenance organization from including all or part of the coverages set forth in sections 376.810 to 376.814 as standard coverage in their policies or contracts issued in this state.

4. Every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies mental health benefits or coverage as part of the policy or as a supplement to the policy. Such mental health benefits or coverage shall include at least two sessions per year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, licensed clinical social worker, or, subject to contractual provisions, a licensed marital and family therapist, acting within the scope of such license and under the following minimum standards:

(1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or assessment, but not dependent upon findings; and

(2) Coverage and benefits in this subsection shall not be subject to any conditions of preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are satisfied; and

(3) Coverage and benefits in this subsection shall be subject to the same coinsurance, co-payment and deductible factors as apply to regular office visits under coverages and benefits for physical illness.

5. If the group or individual policyholder or contract holder rejects the offer required by this section, then the coverage shall be governed by the mental health and chemical dependency insurance act as provided in sections 376.825 to 376.836.

6. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical policy of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.”; and

Further amend said bill, Page 2, Section 376.1237, Line 18, by inserting after all of said section and line the following:

“376.1550. 1. Notwithstanding any other provision of law to the contrary, each health carrier that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2005, shall provide coverage for a mental health condition, as defined in this section, and shall comply with the following provisions:

(1) A health benefit plan shall provide coverage for treatment of a mental health condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a mental health condition than for access to treatment for a physical health condition. Any deductible or out-of-pocket limits required by a health carrier or health benefit plan shall be comprehensive for coverage of all health conditions, whether mental or physical;

(2) The coverages set forth is this subsection:

(a) May be administered pursuant to a managed care program established by the health carrier; and

(b) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri;

(3) A health benefit plan that does not otherwise provide for management of care under the plan or that does not provide for the same degree of management of care for all health conditions may provide coverage for treatment of mental health conditions through a managed care organization; provided that the managed care organization is in compliance with rules adopted by the department of insurance, financial institutions and professional registration that assure that the system for delivery of treatment for mental health conditions does not diminish or negate the purpose of this section. The rules adopted by the director shall assure that:

(a) Timely and appropriate access to care is available;

(b) The quantity, location, and specialty distribution of health care providers is adequate; and

(c) Administrative or clinical protocols do not serve to reduce access to medically necessary treatment for any insured;

(4) Coverage for treatment for chemical dependency shall comply with sections 376.779, 376.810 to 376.814, and 376.825 to 376.836 and for the purposes of this subdivision the term “health insurance policy” as used in sections 376.779, 376.810 to 376.814, and 376.825 to 376.836, the term “health insurance policy” shall include group coverage.

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

(1) “Chemical dependency”, the psychological or physiological dependence upon and abuse of drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social or occupational role functioning or both;

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

(3) “Health carrier”, the same meaning as such term is defined in section 376.1350;

(4) “Mental health condition”, any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders [except for chemical dependency];

(5) “Managed care organization”, any financing mechanism or system that manages care delivery for its members or subscribers, including health maintenance organizations and any other similar health care delivery system or organization;

(6) “Rate, term, or condition”, any lifetime or annual payment limits, deductibles, co-payments, coinsurance, and other cost-sharing requirements, out-of-pocket limits, visit limits, and any other financial component of a health benefit plan that affects the insured.

3. This section shall not apply to a health plan or policy that is individually underwritten or provides such coverage for specific individuals and members of their families pursuant to section 376.779, sections 376.810 to 376.814, and sections 376.825 to 376.836, a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Notwithstanding any other provision of law to the contrary, all health insurance policies that cover state employees, including the Missouri consolidated health care plan, shall include coverage for mental illness. Multiyear group policies need not comply until the expiration of their current multiyear term unless the policyholder elects to comply before that time.

5. The provisions of this section shall not be violated if the insurer decides to apply different limits or exclude entirely from coverage the following:

(1) Marital, family, educational, or training services unless medically necessary and clinically appropriate;

(2) Services rendered or billed by a school or halfway house;

(3) Care that is custodial in nature;

(4) Services and supplies that are not immediately nor clinically appropriate; or

(5) Treatments that are considered experimental.

6. The director shall grant a policyholder a waiver from the provisions of this section if the policyholder demonstrates to the director by actual experience over any consecutive twenty-four-month period that compliance with this section has increased the cost of the health insurance policy by an amount that results in a two percent increase in premium costs to the policyholder. The director shall promulgate rules establishing a procedure and appropriate standards for making such a demonstration. 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, 2004, shall be invalid and void.

630.875. 1. This section shall be known and may be cited as the “Improved Access to Treatment for Opioid Addictions Act” or “IATOA Act”.

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

(1) “Department”, the department of mental health;

(2) “IATOA program”, the improved access to treatment for opioid addictions program created

under subsection 3 of this section.

3. Subject to appropriations, the department shall create and oversee an “Improved Access to Treatment for Opioid Addictions Program”, which is hereby created and whose purpose is to disseminate information and best practices regarding opioid addiction and to facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate partnerships between assistant physicians, physician assistants, and advanced practice registered nurses practicing in federally qualified health centers, rural health clinics, and other health care facilities and physicians practicing at remote facilities located in this state. The IATOA program shall provide resources that grant patients and their treating assistant physicians, physician assistants, advanced practice registered nurses, or physicians access to knowledge and expertise through means such as telemedicine and Extension for Community Healthcare Outcomes (ECHO) programs established under section 191.1140.

4. Assistant physicians, physician assistants, and advanced practice registered nurses who participate in the IATOA program shall complete the necessary requirements to prescribe buprenorphine within at least thirty days of joining the IATOA program.

5. For the purposes of the IATOA program, a remote collaborating or supervising physician working with an on-site assistant physician, physician assistant, or advanced practice registered nurse shall be considered to be on-site. An assistant physician, physician assistant, or advanced practice registered nurse collaborating with a remote physician shall comply with all laws and requirements applicable to assistant physicians, physician assistants, or advanced practice registered nurses with on-site supervision before providing treatment to a patient.

6. An assistant physician, physician assistant, or advanced practice registered nurse collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the IATOA program in any area of the state and provide all services and functions of an assistant physician, physician assistant, or advanced practice registered nurse.

7. The department may develop curriculum and benchmark examinations on the subject of opioid addiction and treatment. The department may collaborate with specialists, institutions of higher education, and medical schools for such development. Completion of such a curriculum and passing of such an examination by an assistant physician, physician assistant, advanced practice registered nurse, or physician shall result in a certificate awarded by the department or sponsoring institution, if any.

8. An assistant physician, physician assistant, or advanced practice registered nurse participating in the IATOA program may also:

- (1) Engage in community education;**
- (2) Engage in professional education outreach programs with local treatment providers;**
- (3) Serve as a liaison to courts;**
- (4) Serve as a liaison to addiction support organizations;**
- (5) Provide educational outreach to schools;**
- (6) Treat physical ailments of patients in an addiction treatment program or considering entering**

such a program;

- (7) Refer patients to treatment centers;
- (8) Assist patients with court and social service obligations;
- (9) Perform other functions as authorized by the department; and
- (10) Provide mental health services in collaboration with a qualified licensed physician.

The list of authorizations in this subsection is a nonexclusive list, and assistant physicians, physician assistants, or advanced practice registered nurses participating in the IATOA program may perform other actions.

9. When an overdose survivor arrives in the emergency department, the assistant physician, physician assistant, or advanced practice registered nurse serving as a recovery coach or, if the assistant physician, physician assistant, or advanced practice registered nurse is unavailable, another properly trained recovery coach shall, when reasonably practicable, meet with the overdose survivor and provide treatment options and support available to the overdose survivor. The department shall assist recovery coaches in providing treatment options and support to overdose survivors.

10. The provisions of this section shall supersede any contradictory statutes, rules, or regulations. The department shall implement the improved access to treatment for opioid addictions program as soon as reasonably possible using guidance within this section. Further refinement to the improved access to treatment for opioid addictions program may be done through the rules process.

11. The department shall promulgate rules to implement the provisions of the improved access to treatment for opioid addictions act as soon as reasonably possible. 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, 2018, shall be invalid and void.

632.005. As used in chapter 631 and this chapter, unless the context clearly requires otherwise, the following terms shall mean:

(1) “Comprehensive psychiatric services”, any one, or any combination of two or more, of the following services to persons affected by mental disorders other than intellectual disabilities or developmental disabilities: inpatient, outpatient, day program or other partial hospitalization, emergency, diagnostic, treatment, liaison, follow-up, consultation, education, rehabilitation, prevention, screening, transitional living, medical prevention and treatment for alcohol abuse, and medical prevention and treatment for drug abuse;

- (2) “Council”, the Missouri advisory council for comprehensive psychiatric services;
- (3) “Court”, the court which has jurisdiction over the respondent or patient;
- (4) “Division”, the division of comprehensive psychiatric services of the department of mental health;
- (5) “Division director”, director of the division of comprehensive psychiatric services of the department

of mental health, or his designee;

(6) “Head of mental health facility”, superintendent or other chief administrative officer of a mental health facility, or his designee;

(7) “Judicial day”, any Monday, Tuesday, Wednesday, Thursday or Friday when the court is open for business, but excluding Saturdays, Sundays and legal holidays;

(8) “Licensed physician”, a physician licensed pursuant to the provisions of chapter 334 or a person authorized to practice medicine in this state pursuant to the provisions of section 334.150;

(9) “Licensed professional counselor”, a person licensed as a professional counselor under chapter 337 and with a minimum of one year training or experience in providing psychiatric care, treatment, or services in a psychiatric setting to individuals suffering from a mental disorder;

(10) “Likelihood of serious harm” means any one or more of the following but does not require actual physical injury to have occurred:

(a) A substantial risk that serious physical harm will be inflicted by a person upon his own person, as evidenced by recent threats, including verbal threats, or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself;

(b) A substantial risk that serious physical harm to a person will result or is occurring because of an impairment in his capacity to make decisions with respect to his hospitalization and need for treatment as evidenced by his current mental disorder or mental illness which results in an inability to provide for his own basic necessities of food, clothing, shelter, safety or medical care or his inability to provide for his own mental health care which may result in a substantial risk of serious physical harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to the person previously taking place because of a mental disorder or mental illness which resulted in his inability to provide for his basic necessities of food, clothing, shelter, safety or medical or mental health care; or

(c) A substantial risk that serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behavior or threats, including verbal threats, which have caused such harm or which would place a reasonable person in reasonable fear of sustaining such harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person;

(11) “Mental health coordinator”, a mental health professional who has knowledge of the laws relating to hospital admissions and civil commitment and who is authorized by the director of the department, or his designee, to serve a designated geographic area or mental health facility and who has the powers, duties and responsibilities provided in this chapter;

(12) “Mental health facility”, any residential facility, public or private, or any public or private hospital, which can provide evaluation, treatment and, inpatient care to persons suffering from a mental disorder or mental illness and which is recognized as such by the department or any outpatient treatment program certified by the department of mental health. No correctional institution or facility, jail, regional center or developmental disability facility shall be a mental health facility within the meaning of this chapter;

(13) “Mental health professional”, a psychiatrist, resident in psychiatry, **psychiatric physician assistant, psychiatric assistant physician, psychiatric advanced practice registered nurse**, psychologist, psychiatric nurse, licensed professional counselor, or psychiatric social worker;

(14) “Mental health program”, any public or private residential facility, public or private hospital, public or private specialized service or public or private day program that can provide care, treatment, rehabilitation or services, either through its own staff or through contracted providers, in an inpatient or outpatient setting to persons with a mental disorder or mental illness or with a diagnosis of alcohol abuse or drug abuse which is recognized as such by the department. No correctional institution or facility or jail may be a mental health program within the meaning of this chapter;

(15) “Ninety-six hours” shall be construed and computed to exclude Saturdays, Sundays and legal holidays which are observed either by the court or by the mental health facility where the respondent is detained;

(16) “Peace officer”, a sheriff, deputy sheriff, county or municipal police officer or highway patrolman;

(17) **“Psychiatric advanced practice registered nurse”, a registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse, who has at least two years of experience in providing psychiatric treatment to individuals suffering from mental disorders;**

(18) “Psychiatric assistant physician”, a licensed assistant physician under chapter 334 and who has had at least two years of experience as an assistant physician in providing psychiatric treatment to individuals suffering from mental health disorders;

(19) “Psychiatric nurse”, a registered professional nurse who is licensed under chapter 335 and who has had at least two years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders;

(20) “Psychiatric physician assistant”, a licensed physician assistant under chapter 334 and who has had at least two years of experience as a physician assistant in providing psychiatric treatment to individuals suffering from mental health disorders or a graduate of a postgraduate residency or fellowship for physician assistants in psychiatry;

[(18)] **(21) “Psychiatric social worker”, a person with a master’s or further advanced degree from an accredited school of social work, practicing pursuant to chapter 337, and with a minimum of one year training or experience in providing psychiatric care, treatment or services in a psychiatric setting to individuals suffering from a mental disorder;**

[(19)] **(22) “Psychiatrist”, a licensed physician who in addition has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;**

[(20)] **(23) “Psychologist”, a person licensed to practice psychology under chapter 337 with a minimum of one year training or experience in providing treatment or services to mentally disordered or mentally ill individuals;**

[(21)] **(24) “Resident in psychiatry”, a licensed physician who is in a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;**

[(22)] **(25)** “Respondent”, an individual against whom involuntary civil detention proceedings are instituted pursuant to this chapter;

[(23)] **(26)** “Treatment”, any effort to accomplish a significant change in the mental or emotional conditions or the behavior of the patient consistent with generally recognized principles or standards in the mental health professions.

Section B. Because immediate action is necessary to save the lives of Missouri citizens who are suffering from the opioid crisis, the repeal and reenactment of sections 195.070, 217.364, 334.036, and 374.426 and the enactment of sections 9.192, 195.265, and 630.875 of this act are deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and are hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of sections 195.070, 217.364, 334.036, and 374.426 and the enactment of sections 9.192, 195.265, and 630.875 of this act shall be in full force and effect upon their passage and approval.”; and

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

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 2, Section 376.1237, Line 18, by inserting after all of said section and line the following:

“630.1010. The department of mental health shall develop a treatment protocol containing best practice guidelines for the treatment of opioid-dependent patients. The treatment protocol shall include the following:

(1) Appropriate clinical use of all drugs approved by the federal Food and Drug Administration for the treatment of opioid addiction, including, but not limited to, the following:

(a) Opioid maintenance;

(b) Opioid detoxification;

(c) Overdose reversal; and

(d) Long acting, antagonist medication;

(2) Training for prescribers dispensing narcotic drugs for the treatment and management of opiate-dependent patients consistent with the federal Controlled Substances Act, as amended by Section 303 of the Comprehensive Addiction and Recovery Act of 2016; and

(3) Development and adoption of standard processes for obtaining informed consent from patients concerning all available medication-assisted treatment options, including potential benefits and risks.”; and

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

HOUSE AMENDMENT NO. 7

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“208.183. 1. There shall be established an “Advisory Council on Rare Diseases and Personalized Medicine” within the MO HealthNet division. The advisory council shall serve as an expert advisory

committee to the drug utilization review board, providing necessary consultation to the board when the board makes recommendations or determinations regarding beneficiary access to drugs or biological products for rare diseases, or when the board itself determines that it lacks the specific scientific, medical, or technical expertise necessary for the proper performance of its responsibilities and such necessary expertise can be provided by experts outside the board. "Beneficiary access", as used in this section, shall mean developing prior authorization and reauthorization criteria for a rare disease drug, including placement on a preferred drug list or a formulary, as well as payment, cost-sharing, drug utilization review, or medication therapy management.

2. The advisory council on rare diseases and personalized medicine shall be composed of the following health care professionals, who shall be appointed by the director of the department of social services:

(1) Two physicians affiliated with a public school of medicine who are licensed and practicing in this state with experience researching, diagnosing, or treating rare diseases;

(2) Two physicians affiliated with private schools of medicine headquartered in this state who are licensed and practicing in this state with experience researching, diagnosing, or treating rare diseases;

(3) A physician who holds a doctor of osteopathy degree, who is active in medical practice, and who is affiliated with a school of medicine in this state with experience researching, diagnosing, or treating rare diseases;

(4) Two medical researchers from either academic research institutions or medical research organizations in this state who have received federal or foundation grant funding for rare disease research;

(5) A registered nurse or advanced practice registered nurse licensed and practicing in this state with experience treating rare diseases;

(6) A pharmacist practicing in a hospital in this state which has a designated orphan disease center;

(7) A professor employed by a pharmacy program in this state that is fully accredited by the Accreditation Council for Pharmacy Education and who has advanced scientific or medical training in orphan and rare disease treatments;

(8) One individual representing the rare disease community or who is living with a rare disease;

(9) One member who represents a rare disease foundation;

(10) A representative from a rare disease center located within one of the state's comprehensive pediatric hospitals;

(11) The chair of the joint committee on the life sciences or the chair's designee; and

(12) The chairperson of the drug utilization review board, or the chairperson's designee, who shall serve as an ex officio, nonvoting member of the advisory council.

3. The director shall convene the first meeting of the advisory council on rare diseases and personalized medicine no later than February 28, 2019. Following the first meeting, the advisory council shall meet upon the call of the chairperson of the drug utilization review board or upon the

request of a majority of the council members.

4. The drug utilization review board, when making recommendations or determinations regarding beneficiary access to drugs and biological products for rare diseases, as defined in the federal Orphan Drug Act of 1983, P.L. 97-414, and drugs and biological products that are approved by the U.S. Food and Drug Administration and within the emerging fields of personalized medicine and noninheritable gene editing therapeutics, shall request and consider information from the advisory council on rare diseases and personalized medicine.

5. The drug utilization review board shall seek the input of the advisory council on rare diseases and personalized medicine to address topics for consultation under this section including, but not limited to:

(1) Rare diseases;

(2) The severity of rare diseases;

(3) The unmet medical need associated with rare diseases;

(4) The impact of particular coverage, cost-sharing, tiering, utilization management, prior authorization, medication therapy management, or other Medicaid policies on access to rare disease therapies;

(5) An assessment of the benefits and risks of therapies to treat rare diseases;

(6) The impact of particular coverage, cost-sharing, tiering, utilization management, prior authorization, medication therapy management, or other policies on patients' adherence to the treatment regimen prescribed or otherwise recommended by their physicians;

(7) Whether beneficiaries who need treatment from or a consultation with a rare disease specialist have adequate access and, if not, what factors are causing the limited access; and

(8) The demographics and the clinical description of patient populations.

6. Nothing in this section shall be construed to create a legal right for a consultation on any matter or to require the drug utilization review board to meet with any particular expert or stakeholder.

7. Recommendations of the advisory council on rare diseases and personalized medicine on an applicable treatment of a rare disease shall be explained in writing to members of the drug utilization review board during public hearings.

8. For purposes of this section, a "rare disease drug" shall mean a drug used to treat a rare medical condition, defined as any disease or condition that affects fewer than two hundred thousand persons in the United States, such as cystic fibrosis, hemophilia, and multiple myeloma.

9. All members of the advisory council on rare diseases and personalized medicine shall annually sign a conflict of interest statement revealing economic or other relationships with entities that could influence a member's decisions, and at least twenty percent of the advisory council members shall not have a conflict of interest with respect to any insurer, pharmaceutical benefits manager, or pharmaceutical manufacturer."; and

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

HOUSE AMENDMENT NO. 8

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“210.070. [Every] **1.** A physician, midwife, or nurse who shall be in attendance upon a newborn infant or its mother[,] shall drop into the eyes of such infant [immediately after delivery,] a prophylactic [solution] **medication** approved by the state department of health and senior services[, and shall within forty-eight hours thereafter, report in writing to the board of health or county physician of the city, town or county where such birth occurs, his or her compliance with this section, stating the solution used by him or her].

2. Administration of such eye drops shall not be required if a parent or legal guardian of such infant objects to the treatment because it is against the religious beliefs of the parent or legal guardian.”; and

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

HOUSE AMENDMENT NO. 10

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 2, Section 376.1237, Line 18, by inserting after all of said section and line the following:

“579.040. 1. A person commits the offense of unlawful distribution, delivery, or sale of drug paraphernalia if he or she unlawfully distributes, delivers, or sells, or possesses with intent to distribute, deliver, or sell drug paraphernalia knowing, or under circumstances in which one reasonably should know, that it will be used to plant, propogate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance or an imitation controlled substance in violation of this chapter. **Any entity registered with the department of health and senior services that possesses, distributes, delivers, or sells hypodermic needles or syringes shall be exempt from the provisions of this section.**

2. The offense of unlawful delivery of drug paraphernalia is a class A misdemeanor, unless done for commercial purposes, in which case it is a class E felony.

579.076. 1. A person commits the offense of unlawful manufacture of drug paraphernalia if he or she unlawfully manufactures with intent to deliver drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance or an imitation controlled substance in violation of this chapter or chapter 195. **Any entity registered with the department of health and senior services that delivers or manufactures hypodermic needles or syringes shall be exempt from the provisions of this section.**

2. The offense of unlawful manufacture of drug paraphernalia is a class A misdemeanor, unless done for commercial purposes, in which case it is a class E felony.”; and

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

HOUSE AMENDMENT NO. 11

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1,

Section A, Line 2, by inserting after all of said line the following:

“191.671. 1. No other section of this act shall apply to any insurer, health services corporation, or health maintenance organization licensed by the department of insurance, financial institutions and professional registration which conducts HIV testing only for the purposes of assessing a person’s fitness for insurance coverage offered by such insurer, health services corporation, or health maintenance corporation, except that nothing in this section shall be construed to exempt any insurer, health services corporation or health maintenance organization in their capacity as employers from the provisions of section 191.665 relating to employment practices.

2. Upon renewal of any individual or group insurance policy, subscriber contractor health maintenance organization contract covering medical expenses, no insurer, health services corporation or health maintenance organization shall deny or alter coverage to any previously covered individual who has been diagnosed as having HIV infection or any HIV-related condition during the previous policy or contract period only because of such diagnosis, nor shall any such insurer, health services corporation or health maintenance organization exclude coverage for treatment of such infection or condition with respect to any such individual. **The provisions of this subsection shall not apply to short-term major medical policies having a duration of less than one year.**

3. The director of the department of insurance, financial institutions and professional registration shall establish by regulation standards for the use of HIV testing by insurers, health services corporations and health maintenance organizations.

4. A laboratory certified by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, permitting testing of specimens obtained in interstate commerce, and which subjects itself to ongoing proficiency testing by the College of American Pathologists, the American Association of Bio Analysts, or an equivalent program approved by the Centers for Disease Control shall be authorized to perform or conduct HIV testing for an insurer, health services corporation or health maintenance organization pursuant to this section.

5. The result or results of HIV testing of an applicant for insurance coverage shall not be disclosed by an insurer, health services corporation or health maintenance organization, except as specifically authorized by such applicant in writing. Such result or results shall, however, be disclosed to a physician designated by the subject of the test. If there is no physician designated, the insurer, health services corporation, or health maintenance organization shall disclose the identity of individuals residing in Missouri having a confirmed positive HIV test result to the department of health and senior services. Provided, further, that no such insurer, health services corporation or health maintenance organization shall be liable for violating any duty or right of confidentiality established by law for disclosing such identity of individuals having a confirmed positive HIV test result to the department of health and senior services. Such disclosure shall be in a manner that ensures confidentiality. Disclosure of test results in violation of this section shall constitute a violation of sections 375.930 to 375.948 regulating trade practices in the business of insurance. Nothing in this subsection shall be construed to foreclose any remedies existing on June 1, 1988.”; and

Further amend said bill, Page 1, Section 338.202, Line 16, by inserting after all of said section and line the following:

“376.008. 1. All short-term major medical policies delivered or issued for delivery in this state shall include on any application for coverage and on the fact page of all policies a conspicuous and clearly

captioned paragraph stating:

This policy may not cover preexisting conditions, including conditions you may currently have and are unaware of but are not diagnosed until the policy's term. This policy may not cover certain essential health benefits, including prescription drugs, preventative care, and emergency services. Before you realize benefits under this policy, you may be responsible for a deductible and/or coinsurance. Be sure to discuss these items with your insurance broker before purchasing a short-term medical policy.

2. No short-term major medical policy shall be delivered or issued for delivery in this state until the prospective insured has confirmed receipt of a benefit summary statement. As used in this section, "benefit summary statement" shall mean a no more than two-page plain language explanation of the following:

(1) Coverage limits, if any, expressed in dollars for:

(a) Each occurrence;

(b) Each covered benefit including, but not limited to, any benefit that is or was a covered benefit for any duration or dollar amount during the contract period and anything included under subdivision (2) of this subsection; and

(c) Each contract period;

(2) Copayments and deductibles for each covered benefit including, but not limited to:

(a) Inpatient hospital care;

(b) Outpatient hospital care;

(c) Nonhospital inpatient care;

(d) Nonhospital outpatient care;

(e) Prescription drugs; and

(f) Emergency services; and

(3) Any copayment or deductible for an illness or affliction which differs from the copayment or deductible required to be described under subdivision (2) of this subsection.

376.385. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements, to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1998, shall offer coverage for all physician-prescribed medically appropriate and necessary equipment, supplies and self-management training used in the management and treatment of diabetes. Coverage shall include persons with gestational, type I or type II diabetes.

2. Health care services required by this section shall not be subject to any greater deductible or copayment than any other health care service provided by the policy, contract or plan.

3. No entity enumerated in subsection 1 of this section may reduce or eliminate coverage due to the

requirements of this section.

4. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, **short-term major medical policies having a duration of less than one year**, or other limited benefit health insurance policies.

376.429. 1. All health benefit plans, as defined in section 376.1350, that are delivered, issued for delivery, continued or renewed on or after August 28, 2006, and providing coverage to any resident of this state shall provide coverage for routine patient care costs as defined in subsection 7 of this section incurred as the result of phase II, III, or IV of a clinical trial that is approved by an entity listed in subsection 4 of this section and is undertaken for the purposes of the prevention, early detection, or treatment of cancer. Health benefit plans may limit coverage for the routine patient care costs of patients in phase II of a clinical trial to those treating facilities within the health benefit plans' provider network; except that, this provision shall not be construed as relieving a health benefit plan of the sufficiency of network requirements under state statute.

2. In the case of treatment under a clinical trial, the treating facility and personnel must have the expertise and training to provide the treatment and treat a sufficient volume of patients. There must be equal to or superior, noninvestigational treatment alternatives and the available clinical or preclinical data must provide a reasonable expectation that the treatment will be superior to the noninvestigational alternatives.

3. Coverage required by this section shall include coverage for routine patient care costs incurred for drugs and devices that have been approved for sale by the Food and Drug Administration (FDA), regardless of whether approved by the FDA for use in treating the patient's particular condition, including coverage for reasonable and medically necessary services needed to administer the drug or use the device under evaluation in the clinical trial.

4. Subsections 1 and 2 of this section requiring coverage for routine patient care costs shall apply to phase III or IV of clinical trials that are approved or funded by one of the following entities:

- (1) One of the National Institutes of Health (NIH);
- (2) An NIH cooperative group or center as defined in subsection 7 of this section;
- (3) The FDA in the form of an investigational new drug application;
- (4) The federal Departments of Veterans' Affairs or Defense;
- (5) An institutional review board in this state that has an appropriate assurance approved by the Department of Health and Human Services assuring compliance with and implementation of regulations for the protection of human subjects (45 CFR 46); or
- (6) A qualified research entity that meets the criteria for NIH Center support grant eligibility.

5. Subsections 1 and 2 of this section requiring coverage for routine patient care costs shall apply to phase II of clinical trials if:

- (1) Phase II of a clinical trial is sanctioned by the National Institutes of Health (NIH) or National Cancer Institute (NCI) and conducted at academic or National Cancer Institute Center; and
- (2) The person covered under this section is enrolled in the clinical trial. This section shall not apply to persons who are only following the protocol of phase II of a clinical trial, but not actually enrolled.

6. An entity seeking coverage for treatment, prevention, or early detection in a clinical trial approved by an institutional review board under subdivision (5) of subsection 4 of this section shall maintain and post electronically a list of the clinical trials meeting the requirements of subsections 2 and 3 of this section. This list shall include: the phase for which the clinical trial is approved; the entity approving the trial; the particular disease; and the number of participants in the trial. If the electronic posting is not practical, the entity seeking coverage shall periodically provide payers and providers in the state with a written list of trials providing the information required in this section.

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

(1) "Cooperative group", a formal network of facilities that collaborate on research projects and have an established NIH-approved Peer Review Program operating within the group, including the NCI Clinical Cooperative Group and the NCI Community Clinical Oncology Program;

(2) "Multiple project assurance contract", a contract between an institution and the federal Department of Health and Human Services (DHHS) that defines the relationship of the institution to the DHHS and sets out the responsibilities of the institution and the procedures that will be used by the institution to protect human subjects;

(3) "Routine patient care costs" shall include coverage for reasonable and medically necessary services needed to administer the drug or device under evaluation in the clinical trial. Routine patient care costs include all items and services that are otherwise generally available to a qualified individual that are provided in the clinical trial except:

(a) The investigational item or service itself;

(b) Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and

(c) Items and services customarily provided by the research sponsors free of charge for any enrollee in the trial.

8. For the purpose of this section, providers participating in clinical trials shall obtain a patient's informed consent for participation on the clinical trial in a manner that is consistent with current legal and ethical standards. Such documents shall be made available to the health insurer upon request.

9. The provisions of this section shall not apply to a policy, plan or contract paid under Title XVIII or Title XIX of the Social Security Act.

10. Nothing in this section shall apply to any accident-only policy, specified disease policy, hospital indemnity policy, Medicare supplement policy, long-term care policy, short-term major medical policy [of six months or less duration] **having a duration of less than one year**, or other limited benefit health insurance policies.

11. The provisions of this section regarding phase II of a clinical trial shall not apply automatically to an individually underwritten health benefit plan, but shall be an option to any such plan.

376.446. 1. Health carriers shall permit individuals to learn the amount of cost-sharing, including deductibles, copayments, and coinsurance, under the individual's health benefit plan or coverage that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. At a minimum, such

information shall be made available to such individual through an internet website and such other means for individuals without access to the internet. As used in this section, the terms “health carrier” and “health benefit plans” shall have the same meanings assigned to them in section 376.1350.

2. Health carriers shall permit individuals to learn the amount of cost-sharing, including deductibles, copayments, and coinsurance, under an individual’s short-term major medical policy, having a duration of less than one year, that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. At a minimum, such information shall be made available to such individual through an internet website and such other means for individuals without access to the internet.

[2.] 3. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy[, short-term major medical policy of six months or less duration], or any other supplemental policy.

[3.] 4. The provisions of subsections 1 and 2 shall become effective on January 1, 2014.

376.452. 1. Except as provided in this section, if a health insurance issuer offers health insurance coverage in the large group market in connection with a group health plan, the health insurance issuer shall renew or continue the coverage in force at the option of the plan sponsor. **The provisions of this subsection shall not apply to short-term major medical policies having a duration of less than one year.**

2. A health insurance issuer may nonrenew or discontinue health insurance coverage offered in connection with a group health plan in the large group market if:

(1) The plan sponsor has failed to pay premiums or contributions in accordance with the terms of the health insurance coverage or if the health insurance issuer has not received timely premium payments;

(2) The plan sponsor has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of the coverage;

(3) The plan sponsor has failed to comply with the health insurance issuer’s minimum participation requirements;

(4) The plan sponsor has failed to comply with the health insurance issuer’s employer contribution requirements;

(5) The health insurance issuer is ceasing to offer coverage in the large group market in accordance with subsection 3 of this section;

(6) In the case of a health insurance issuer that offers health insurance coverage in the large group market through a network plan, there is no longer any enrollee under the group health plan who lives, resides, or works in the service area of the health insurance issuer or in the area for which the issuer is authorized to do business;

(7) In the case of health insurance coverage that is made available in the large group market only through one or more bona fide associations, the membership of an employer in the bona fide association ceases, but only if coverage is terminated under this subdivision uniformly without regard to any health status-related factor of any covered individual.

3. A health insurance issuer shall not discontinue offering a particular type of group health insurance coverage offered in the large group market unless:

(1) The issuer provides notice to each plan sponsor, participant and beneficiary provided coverage of this type in the large group market of the discontinuation at least ninety days prior to the date of the discontinuation of the coverage;

(2) The issuer offers to each plan sponsor being provided coverage of this type in the large group market the option to purchase any other health insurance coverage currently being offered by the health insurance issuer to a group health plan in the large group market; and

(3) The issuer acts uniformly without regard to the claims experience of those plan sponsors or any health status-related factor of any participant or beneficiary covered or new participant or beneficiary who may become eligible for such coverage.

4. (1) A health insurance issuer shall not discontinue offering all health insurance coverage in the large group market unless:

(a) The issuer provides notice of discontinuation to the director and to each plan sponsor, participant and beneficiary covered at least one hundred eighty days prior to the date of the discontinuation of coverage; and

(b) All health insurance issued or delivered for issuance in Missouri in the large group market is discontinued and coverage under such health insurance is not renewed.

(2) In the case of a discontinuation under this subsection, the health insurance issuer shall not provide for the issuance of any health insurance coverage in the large group market for a period of five years beginning on the date of the discontinuation of the last health insurance coverage not renewed.

5. At the time of coverage renewal, a health insurance issuer may modify the health insurance coverage for a product offered to a group health plan in the large group market. For purposes of this subsection, renewal shall be deemed to occur not more often than annually on the anniversary of the effective date of the group health plan's health insurance coverage unless a longer term is specified in the policy or contract.

6. In the case of health insurance coverage that is made available by a health insurance issuer only through one or more bona fide associations, a reference to plan sponsor in this section is deemed, with respect to coverage provided to an employer member of the association, to include a reference to such employer.

376.454. 1. Except as provided in this section, a health insurance issuer that provides individual health insurance coverage to an individual shall renew or continue in force such coverage at the option of the individual. **The provisions of this subsection shall not apply to short-term major medical policies having a duration of less than one year.**

2. A health insurance issuer may nonrenew or discontinue health insurance coverage of an individual in the individual market based only on one or more of the following:

(1) The individual has failed to pay premiums or contributions in accordance with the terms of the health insurance coverage or the issuer has not received timely premium payments;

(2) The individual has performed an act or practice that constitutes fraud or made an intentional

misrepresentation of material fact under the terms of the coverage;

(3) The issuer is ceasing to offer coverage in the individual market in accordance with subsection 4 of this section;

(4) In the case of a health insurance issuer that offers health insurance coverage in the market through a network plan, the individual no longer resides, lives, or works in the service area or in an area for which the issuer is authorized to do business but only if such coverage is terminated under this subdivision uniformly without regard to any health status-related factor of covered individuals;

(5) In the case of health insurance coverage that is made available in the individual market only through one or more bona fide associations, the membership of the individual in the association on the basis of which the coverage is provided ceases, but only if such coverage is terminated under this subdivision uniformly without regard to any health status-related factor of covered individuals.

3. In any case in which an issuer decides to discontinue offering a particular type of health insurance coverage offered in the individual market, coverage of such type may be discontinued by the issuer only if:

(1) The issuer provides notice to each covered individual provided coverage of this type in such market of such discontinuation at least ninety days prior to the date of the discontinuation of such coverage;

(2) The issuer offers to each individual in the individual market provided coverage of this type, the option to purchase any other individual health insurance coverage currently being offered by the issuer for individuals in such market; and

(3) In exercising the option to discontinue coverage of this type and in offering the option of coverage under subdivision (2) of this subsection, the issuer acts uniformly without regard to any health status-related factor of enrolled individuals or individuals who may become eligible for such coverage.

4. (1) In any case in which a health insurance issuer elects to discontinue offering all health insurance coverage in the individual market in the state, health insurance coverage may be discontinued by the issuer only if:

(a) The issuer provides notice to the director and to each individual of such discontinuation at least one hundred eighty days prior to the date of the expiration of such coverage; and

(b) All health insurance issued or delivered for issuance in the state in such market is discontinued and coverage under such health insurance coverage in such market is not renewed.

(2) In the case of a discontinuation under subdivision (1) of this subsection, the issuer shall not provide for the issuance of any health insurance coverage in the individual market for a five-year period beginning on the date of the discontinuation of the last health insurance coverage not so renewed.

5. At the time of coverage renewal, a health insurance issuer may modify the health insurance coverage for a policy form offered to individuals in the individual market so long as such modification is consistent with applicable law and effective on a uniform basis among all individuals with that policy form. For purposes of this subsection, renewal shall be deemed to occur not more often than annually on the anniversary of the effective date of the individual's health insurance coverage or as specified in the policy or contract.

6. In applying this section in the case of health insurance coverage that is made available by a health insurance issuer in the individual market to individuals only through one or more associations, a reference to an individual is deemed to include a reference to such an association of which the individual is a member.

7. An insurer shall provide a certification of creditable coverage as required by Public Law 104-191 and regulations pursuant thereto.

376.779. 1. All health plans or policies that are individually underwritten or provide for such coverage for specific individuals and the members of their families, which provide for hospital treatment, shall provide coverage, while confined in a hospital or in a residential or nonresidential facility certified by the department of mental health, for treatment of alcoholism on the same basis as coverage for any other illness, except that coverage may be limited to thirty days in any policy or contract benefit period. All Missouri individual contracts issued on or after January 1, 2005, shall be subject to this section. Coverage required by this section shall be included in the policy or contract and payment provided as for other coverage in the same policy or contract notwithstanding any construction or relationship of interdependent contracts or plans affecting coverage and payment of reimbursement prerequisites under the policy or contract.

2. Insurers, corporations or groups providing coverage may approve for payment or reimbursement vendors and programs providing services or treatment required by this section. Any vendor or person offering services or treatment subject to the provisions of this section and seeking approval for payment or reimbursement shall submit to the department of mental health a detailed description of the services or treatment program to be offered. The department of mental health shall make copies of such descriptions available to insurers, corporations or groups providing coverage under the provisions of this section. Each insurer, corporation or group providing coverage shall notify the vendor or person offering service or treatment as to its acceptance or rejection for payment or reimbursement; provided, however, payment or reimbursement shall be made for any service or treatment program certified by the department of mental health. Any notice of rejection shall contain a detailed statement of the reasons for rejection and the steps and procedures necessary for acceptance. Amended descriptions of services or treatment programs to be offered may be filed with the department of mental health. Any vendor or person rejected for approval of payment or reimbursement may modify their description and treatment program and submit copies of the amended description to the department of mental health and to the insurer, corporation or group which rejected the original description.

3. The department of mental health may issue rules necessary to carry out the provisions of this section. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

4. All substance abuse treatment programs in Missouri receiving funding from the Missouri department of mental health must be certified by the department.

5. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical policy [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.781. 1. All group health insurance policies providing coverage on an expense-incurred basis, all

group service or indemnity contracts issued by a not-for-profit health service corporation, all self-insured group health benefit plans of any type or description, and all such health plans or policies that are individually underwritten or provide for such coverage for specific individuals and the members of their families as nongroup policies, which provide for hospital treatment, shall offer coverage for the necessary care and treatment of loss or impairment of speech or hearing subject to the same durational limits, dollar limits, deductibles and coinsurance factors as other covered services in such policies or contracts. All Missouri group contracts issued or renewed on or after December 31, 1984, shall be subject to this section. Notwithstanding any construction or relationship of interdependent contracts or plans affecting coverage and payment of reimbursement prerequisites under the policy or contract, coverage required by this section shall be included in the policy or contract and payment provided as for other coverage in the same policy or contract.

2. The offer of benefits under subsection 1 of this section shall be in writing and may be rejected by the individual or group policyholder.

3. Nothing in this section shall prohibit the insurance company or not-for-profit health service corporation from including any coverage for loss or impairment of speech, language or hearing as standard coverage in their policies or contracts, but same shall not contain terms contrary to this section.

4. The phrase “loss or impairment of speech or hearing” shall include those communicative disorders generally treated by a speech pathologist, audiologist or speech/language pathologist licensed by the state board of healing arts or certified by the American Speech-Language and Hearing Association (ASHA), or both, and which fall within the scope of his or her license or certification.

5. Any provision in a health insurance policy contrary to or in conflict with the provisions of this section shall, to the extent of the conflict, be void, but such invalidity shall not offset the validity of the other provisions of such policy.

6. The department of insurance, financial institutions and professional registration may issue rules necessary to carry out the provisions of this section. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

7. This section shall not apply to short-term major medical policies having a duration of less than one year.

376.782. 1. As used in this section, the term “low-dose mammography screening” means the X-ray examination of the breast using equipment specifically designed and dedicated for mammography, including the X-ray tube, filter, compression device, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast, and any fee charged by a radiologist or other physician for reading, interpreting or diagnosing based on such X-ray.

2. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1991, and providing coverage to any resident of this state shall provide benefits or coverage for low-dose mammography screening for any nonsymptomatic woman covered under such policy or contract which

meets the minimum requirements of this section. Such benefits or coverage shall include at least the following:

- (1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive;
- (2) A mammogram for women age forty to forty-nine, inclusive, every two years or more frequently based on the recommendation of the patient's physician;
- (3) A mammogram every year for women age fifty and over;
- (4) A mammogram for any woman, upon the recommendation of a physician, where such woman, her mother or her sister has a prior history of breast cancer.

3. Coverage and benefits related to mammography as required by this section shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments as other radiological examinations.

4. The provisions of this section shall not apply to short-term major medical policies having a duration of less than one year.

376.811. 1. Every insurance company and health services corporation doing business in this state shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the following minimum standards:

- (1) Coverage for outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, of not less than twenty-six days per policy benefit period;
- (2) Coverage for residential treatment program of not less than twenty-one days per policy benefit period;
- (3) Coverage for medical or social setting detoxification of not less than six days per policy benefit period;
- (4) The coverages set forth in this subsection may be subject to a separate lifetime frequency cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply to medical detoxification in a life-threatening situation as determined by the treating physician and subsequently documented within forty-eight hours of treatment to the reasonable satisfaction of the insurance company or health services corporation; and

(5) The coverages set forth in this subsection:

(a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply to physical illness;

(b) May be administered pursuant to a managed care program established by the insurance company or health services corporation; and

(c) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

2. In addition to the coverages set forth in subsection 1 of this section, every insurance company, health

services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies, benefits or coverages for recognized mental illness, excluding chemical dependency, meeting the following minimum standards:

(1) Coverage for outpatient treatment, including treatment through partial- or full-day program services, for mental health services for a recognized mental illness rendered by a licensed professional to the same extent as any other illness;

(2) Coverage for residential treatment programs for the therapeutic care and treatment of a recognized mental illness when prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the department of mental health or accredited by the Joint Commission on Accreditation of Hospitals to the same extent as any other illness;

(3) Coverage for inpatient hospital treatment for a recognized mental illness to the same extent as for any other illness, not to exceed ninety days per year;

(4) The coverages set forth in this subsection shall be subject to the same coinsurance, co-payment, deductible, annual maximum and lifetime maximum factors as apply to physical illness; and

(5) The coverages set forth in this subsection may be administered pursuant to a managed care program established by the insurance company, health services corporation or health maintenance organization, and covered services may be delivered through a system of contractual arrangements with one or more providers, community mental health centers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the group or individual policyholder or contract holder and, if accepted, shall fully and completely satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to 376.814 shall prohibit an insurance company, health services corporation or health maintenance organization from including all or part of the coverages set forth in sections 376.810 to 376.814 as standard coverage in their policies or contracts issued in this state.

4. Every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies mental health benefits or coverage as part of the policy or as a supplement to the policy. Such mental health benefits or coverage shall include at least two sessions per year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, licensed clinical social worker, or, subject to contractual provisions, a licensed marital and family therapist, acting within the scope of such license and under the following minimum standards:

(1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or assessment, but not dependent upon findings; and

(2) Coverage and benefits in this subsection shall not be subject to any conditions of preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are satisfied; and

(3) Coverage and benefits in this subsection shall be subject to the same coinsurance, co-payment and deductible factors as apply to regular office visits under coverages and benefits for physical illness.

5. If the group or individual policyholder or contract holder rejects the offer required by this section,

then the coverage shall be governed by the mental health and chemical dependency insurance act as provided in sections 376.825 to 376.836.

6. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical policy [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

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

(1) “Eating disorder”, pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding or eating disorder, and any other eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association where diagnosed by a licensed physician, psychiatrist, psychologist, clinical social worker, licensed marital and family therapist, or professional counselor duly licensed in the state where he or she practices and acting within their applicable scope of practice in the state where he or she practices;

(2) “Health benefit plan”, shall have the same meaning as such term is defined in section 376.1350; however, for purposes of this section “health benefit plan” does not include a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy;

(3) “Health carrier”, shall have the same meaning as such term is defined in section 376.1350;

(4) “Medical care”, health care services needed to diagnose, prevent, treat, cure, or relieve physical manifestations of an eating disorder, and shall include inpatient hospitalization, partial hospitalization, residential care, intensive outpatient treatment, follow-up outpatient care, and counseling;

(5) “Pharmacy care”, medications prescribed by a licensed physician for an eating disorder and includes any health-related services deemed medically necessary to determine the need or effectiveness of the medications, but only to the extent that such medications are included in the insured’s health benefit plan;

(6) “Psychiatric care” and “psychological care”, direct or consultative services provided during inpatient hospitalization, partial hospitalization, residential care, intensive outpatient treatment, follow-up outpatient care, and counseling provided by a psychiatrist or psychologist licensed in the state of practice;

(7) “Therapy”, medical care and behavioral interventions provided by a duly licensed physician, psychiatrist, psychologist, professional counselor, licensed clinical social worker, or family marriage therapist where said person is licensed or registered in the states where he or she practices;

(8) “Treatment of eating disorders”, therapy provided by a licensed treating physician, psychiatrist, psychologist, professional counselor, clinical social worker, or licensed marital and family therapist pursuant to the powers granted under such licensed physician’s, psychiatrist’s, psychologist’s, professional counselor’s, clinical social worker’s, or licensed marital and family therapist’s license in the state where he or she practices for an individual diagnosed with an eating disorder.

2. In accordance with the provisions of section 376.1550, all health benefit plans that are delivered, issued for delivery, continued or renewed on or after January 1, 2017, if written inside the state of Missouri, or written outside the state of Missouri but covering Missouri residents, shall provide coverage for the diagnosis and treatment of eating disorders as required in section 376.1550.

3. Coverage provided under this section is limited to medically necessary treatment that is provided by a licensed treating physician, psychiatrist, psychologist, professional counselor, clinical social worker, or licensed marital and family therapist pursuant to the powers granted under such licensed physician's, psychiatrist's, psychologist's, professional counselor's, clinical social worker's, or licensed marital and family therapist's license and acting within their applicable scope of coverage, in accordance with a treatment plan.

4. The treatment plan, upon request by the health benefit plan or health carrier, shall include all elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

5. Coverage of the treatment of eating disorders may be subject to other general exclusions and limitations of the contract or benefit plan not in conflict with the provisions of this section, such as coordination of benefits, and utilization review of health care services, which includes reviews of medical necessity and care management. Medical necessity determinations and care management for the treatment of eating disorders shall consider the overall medical and mental health needs of the individual with an eating disorder, shall not be based solely on weight, and shall take into consideration the most recent Practice Guideline for the Treatment of Patients with Eating Disorders adopted by the American Psychiatric Association in addition to current standards based upon the medical literature generally recognized as authoritative in the medical community.

376.1192. 1. As used in this section, "health benefit plan" and "health carrier" shall have the same meaning as such terms are defined in section 376.1350.

2. Beginning September 1, 2013, the oversight division of the joint committee on legislative research shall perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if state mandates were enacted to provide health benefit plan coverage for the following:

(1) Orally administered anticancer medication that is used to kill or slow the growth of cancerous cells charged at the same co-payment, deductible, or coinsurance amount as intravenously administered or injected cancer medication that is provided, regardless of formulation or benefit category determination by the health carrier administering the health benefit plan;

(2) Diagnosis and treatment of eating disorders that include anorexia nervosa, bulimia, binge eating, eating disorders nonspecified, and any other severe eating disorders contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. The actuarial analysis shall assume the following are included in health benefit plan coverage:

(a) Residential treatment for eating disorders, if such treatment is medically necessary in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders, as most recently published by the American Psychiatric Association; and

(b) Access to medical treatment that provides coverage for integrated care and treatment as

recommended by medical and mental health care professionals, including but not limited to psychological services, nutrition counseling, physical therapy, dietician services, medical monitoring, and psychiatric monitoring.

3. By December 31, 2013, the director of the oversight division of the joint committee on legislative research shall submit a report of the actuarial findings prescribed by this section to the speaker of the house of representatives, the president pro tempore of the senate, and the chairpersons of the house of representatives committee on health insurance and the senate small business, insurance and industry committee, or the committees having jurisdiction over health insurance issues if the preceding committees no longer exist.

4. For the purposes of this section, the actuarial analysis of health benefit plan coverage shall assume that such coverage:

(1) Shall not be subject to any greater deductible or co-payment than other health care services provided by the health benefit plan; and

(2) Shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies [of six months' or less duration] **having a duration of less than one year**, or any other supplemental policy.

5. The cost for each actuarial analysis shall not exceed thirty thousand dollars and the oversight division of the joint committee on legislative research may utilize any actuary contracted to perform services for the Missouri consolidated health care plan to perform the analysis required under this section.

6. The provisions of this section shall expire on December 31, 2013.

376.1199. 1. Each health carrier or health benefit plan that offers or issues health benefit plans providing obstetrical/gynecological benefits and pharmaceutical coverage, which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall:

(1) Notwithstanding the provisions of subsection 4 of section 354.618, provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network for covered services. The services covered by this subdivision shall be limited to those services defined by the published recommendations of the accreditation council for graduate medical education for training an obstetrician, gynecologist or obstetrician/gynecologist, including but not limited to diagnosis, treatment and referral for such services. A health carrier shall not impose additional co-payments, coinsurance or deductibles upon any enrollee who seeks or receives health care services pursuant to this subdivision, unless similar additional co-payments, coinsurance or deductibles are imposed for other types of health care services received within the provider network. Nothing in this subsection shall be construed to require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources for or refer a patient for an abortion, as defined in section 188.015, other than a spontaneous abortion or to prevent the death of the female upon whom the abortion is performed, or to supersede or conflict with section 376.805; and

(2) Notify enrollees annually of cancer screenings covered by the enrollees' health benefit plan and the current American Cancer Society guidelines for all cancer screenings or notify enrollees at intervals consistent with current American Cancer Society guidelines of cancer screenings which are covered by the

enrollees' health benefit plans. The notice shall be delivered by mail unless the enrollee and health carrier have agreed on another method of notification; and

(3) Include coverage for services related to diagnosis, treatment and appropriate management of osteoporosis when such services are provided by a person licensed to practice medicine and surgery in this state, for individuals with a condition or medical history for which bone mass measurement is medically indicated for such individual. In determining whether testing or treatment is medically appropriate, due consideration shall be given to peer-reviewed medical literature. A policy, provision, contract, plan or agreement may apply to such services the same deductibles, coinsurance and other limitations as apply to other covered services; and

(4) If the health benefit plan also provides coverage for pharmaceutical benefits, provide coverage for contraceptives either at no charge or at the same level of deductible, coinsurance or co-payment as any other covered drug.

No such deductible, coinsurance or co-payment shall be greater than any drug on the health benefit plan's formulary. As used in this section, "contraceptive" shall include all prescription drugs and devices approved by the federal Food and Drug Administration for use as a contraceptive, but shall exclude all drugs and devices that are intended to induce an abortion, as defined in section 188.015, which shall be subject to section 376.805. Nothing in this subdivision shall be construed to exclude coverage for prescription contraceptive drugs or devices ordered by a health care provider with prescriptive authority for reasons other than contraceptive or abortion purposes.

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Notwithstanding the provisions of subdivision (4) of subsection 1 of this section to the contrary:

(1) Any health carrier shall offer and issue to any person or entity purchasing a health benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such person or entity;

(2) Upon request of an enrollee who is a member of a group health benefit plan and who states that the use or provision of contraceptives is contrary to his or her moral, ethical or religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that excludes coverage for contraceptives. Any administrative costs to a group health benefit plan associated with such exclusion of coverage not offset by the decreased costs of providing coverage shall be borne by the group policyholder or group plan holder;

(3) Any health carrier which is owned, operated or controlled in substantial part by an entity that is operated pursuant to moral, ethical or religious tenets that are contrary to the use or provision of contraceptives shall be exempt from the provisions of subdivision (4) of subsection 1 of this section. For purposes of this subsection, if new premiums are charged for a contract, plan or policy, it shall be determined to be a new contract, plan or policy.

5. Except for a health carrier that is exempted from providing coverage for contraceptives pursuant to this section, a health carrier shall allow enrollees in a health benefit plan that excludes coverage for contraceptives pursuant to subsection 4 of this section to purchase a health benefit plan that includes coverage for contraceptives.

6. Any health benefit plan issued pursuant to subsection 1 of this section shall provide clear and conspicuous written notice on the enrollment form or any accompanying materials to the enrollment form and the group health benefit plan application and contract:

(1) Whether coverage for contraceptives is or is not included;

(2) That an enrollee who is a member of a group health benefit plan with coverage for contraceptives has the right to exclude coverage for contraceptives if such coverage is contrary to his or her moral, ethical or religious beliefs;

(3) That an enrollee who is a member of a group health benefit plan without coverage for contraceptives has the right to purchase coverage for contraceptives;

(4) Whether an optional rider for elective abortions has been purchased by the group contract holder pursuant to section 376.805; and

(5) That an enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical, or religious beliefs.

For purposes of this subsection, if new premiums are charged for a contract, plan, or policy, it shall be determined to be a new contract, plan, or policy.

7. Health carriers shall not disclose to the person or entity who purchased the health benefit plan the names of enrollees who exclude coverage for contraceptives in the health benefit plan or who purchase a health benefit plan that includes coverage for contraceptives. Health carriers and the person or entity who purchased the health benefit plan shall not discriminate against an enrollee because the enrollee excluded coverage for contraceptives in the health benefit plan or purchased a health benefit plan that includes coverage for contraceptives.

8. The departments of health and senior services and insurance, financial institutions and professional registration may promulgate rules necessary to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to this section shall become effective unless it has been promulgated pursuant to chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be invalid and void.

376.1200. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care

delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1996, shall offer coverage for the treatment of breast cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants when performed pursuant to nationally accepted peer review protocols utilized by breast cancer treatment centers experienced in dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants. The offer of benefits under this section shall be in writing and must be accepted in writing by the individual or group policyholder or contract holder.

2. Such health care service shall not be subject to any greater deductible or co-payment than any other health care service provided by the policy, contract or plan, except that the policy, contract or plan may contain a provision imposing a lifetime benefit maximum of not less than one hundred thousand dollars, for dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants for breast cancer treatment.

3. Benefits may be administered for such health care service through a managed care program of exclusive and/or preferred contractual arrangements with one or more providers rendering such health care service. These contractual arrangements may provide that the provider shall hold the patient harmless for the cost of rendering such health care service if it is subsequently found by the entity authorized to resolve disputes that:

(1) Such care did not qualify under the protocols established for the providing of care for such health care service;

(2) Such care was not medically appropriate; or

(3) The provider otherwise failed to comply with the utilization management or other managed care provision agreed to in any contract between the entity and the provider.

4. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified disease policies, or to short-term nonrenewable policies [of not more than seven months duration] **having a duration of less than one year.**

5. Nothing in this section shall prohibit an entity from including all or part of such health care services as standard coverage in its policies, contracts or plans.

376.1209. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that provide coverage for the surgical procedure known as a mastectomy, and which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1998, shall provide coverage for prosthetic devices or reconstructive surgery necessary to restore symmetry as recommended by the oncologist or primary care physician for the patient incident to the mastectomy. Coverage for prosthetic devices and reconstructive surgery shall be subject to the same deductible and coinsurance conditions applied to the mastectomy and all other terms and conditions applicable to other benefits with the exception that no time limit shall be imposed on an individual for the receipt of prosthetic devices or reconstructive surgery and if such individual changes his or her insurer, then the new policy subject to the federal Women's Health and Cancer Rights Act (Sections 901-903 of P.L. 105-277), as amended, shall provide coverage consistent with the federal Women's Health and Cancer Rights Act

(Sections 901-903 of P.L. 105-277), as amended, and any regulations promulgated pursuant to such act.

2. As used in this section, the term “mastectomy” means the removal of all or part of the breast for medically necessary reasons, as determined by a physician licensed pursuant to chapter 334.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, **short-term major medical policy having a duration of less than one year**, or long-term care policy.

376.1210. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1997, and providing for maternity benefits, shall provide coverage for a minimum of forty-eight hours of inpatient care following a vaginal delivery and a minimum of ninety-six hours of inpatient care following a cesarean section for a mother and her newly born child in a hospital as defined in section 197.020 or any other health care facility licensed to provide obstetrical care under the provisions of chapter 197.

2. Notwithstanding the provisions of subsection 1 of this section, any entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1997, and providing for maternity benefits, may authorize a shorter length of hospital stay for services related to maternity and newborn care if:

(1) A shorter hospital stay meets with the approval of the attending physician after consulting with the mother. The physician’s approval to discharge shall be made in accordance with the most current version of the “Guidelines for Perinatal Care” prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization; and

(2) The entity providing the individual or group health insurance policy provides coverage for post-discharge care to the mother and her newborn.

3. Post-discharge care shall consist of a minimum of two visits at least one of which shall be in the home, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with experience in maternal and child health nursing or a physician. The location and schedule of the post-discharge visits shall be determined by the attending physician. Services provided by the registered professional nurse or physician shall include, but not be limited to, physical assessment of the newborn and mother, parent education, assistance and training in breast or bottle feeding, education and services for complete childhood immunizations, the performance of any necessary and appropriate clinical tests and submission of a metabolic specimen satisfactory to the state laboratory. Such services shall be in accordance with the medical criteria outlined in the most current version of the “Guidelines for Perinatal Care” prepared

by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization. Any abnormality, in the condition of the mother or the child, observed by the nurse shall be reported to the attending physician as medically appropriate.

4. For the purposes of this section, “attending physician” shall include the attending obstetrician, pediatrician, or other physician attending the mother or newly born child.

5. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide notice to policyholders, insured persons and participants regarding the coverage required by this section. Such notice shall be in writing and prominently positioned in the policy, certificate of coverage or summary plan description.

6. Such health care service shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.

7. No insurer may provide financial disincentives to, or deselect, terminate the services of, require additional documentation from, require additional utilization review, or reduce payments to, or otherwise penalize the attending physician in retaliation solely for ordering care consistent with the provisions of this section.

8. The provisions of this section shall not apply to short-term major medical policies having a duration of less than one year.

9. The department of insurance, financial institutions and professional registration shall adopt rules and regulations to implement and enforce the provisions of this section. No rule or portion of a rule promulgated pursuant to this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

376.1215. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization and all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide coverage for immunizations of a child from birth to five years of age as provided by department of health and senior services regulations.

2. Such coverage shall not be subject to any deductible or co-payment limits.

3. The contract issued by a health maintenance organization may provide that the benefits required pursuant to this section shall be covered benefits only if the services are rendered by a provider who is designated by and affiliated with the health maintenance organization, except that the health maintenance organization shall, as a condition of participation, comply with the immunization requirements of state or federally funded health programs.

4. This section shall not apply to supplemental insurance policies, including life care contracts, accident-only policies, specified disease policies, hospital policies providing a fixed daily benefit only, Medicare supplement policies, long-term care policies, coverage issued as a supplement to liability insurance, short-

term major medical policies [of six months or less duration] **having a duration of less than one year**, and other supplemental policies as determined by the department of insurance, financial institutions and professional registration.

5. The department of health and senior services shall promulgate rules and regulations to determine which immunizations shall be covered by policies, plans or contracts described in this section. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024. 6. No health care provider shall charge more than one hundred percent of the reasonable and customary charges for providing any immunization.

376.1218. 1. Any health carrier or health benefit plan that offers or issues health benefit plans, other than Medicaid health benefit plans, which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2006, shall provide coverage for early intervention services described in this section that are delivered by early intervention specialists who are health care professionals licensed by the state of Missouri and acting within the scope of their professions for children from birth to age three identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Such coverage shall be limited to three thousand dollars for each covered child per policy per calendar year, with a maximum of nine thousand dollars per child.

2. As used in this section, “health carrier” and “health benefit plan” shall have the same meaning as such terms are defined in section 376.1350.

3. In the event that any health benefit plan is found not to be required to provide coverage under subsection 1 of this section because of preemption by a federal law, including but not limited to the act commonly known as ERISA contained in Title 29 of the United States Code, or in the event that subsection 1 of this section is found to be unconstitutional, then the lead agency shall be responsible for payment and provision of any benefit provided under this section.

4. For purposes of this section, “early intervention services” means medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Early intervention services shall include services under an active individualized family service plan that enhance functional ability without effecting a cure. An individualized family service plan is a written plan for providing early intervention services to an eligible child and the child’s family that is adopted in accordance with 20 U.S.C. Section 1436. The Part C early intervention system, on behalf of its contracted regional Part C early intervention system centers and providers, shall be considered the rendering provider of services for purposes of this section.

5. No payment made for specified early intervention services shall be applied by the health carrier or health benefit plan against any maximum lifetime aggregate specified in the policy or health benefit plan if the carrier opts to satisfy its obligations under this section under subdivision (2) of subsection 7 of this section. A health benefit plan shall be billed at the applicable Medicaid rate at the time the covered benefit is delivered, and the health benefit plan shall pay the Part C early intervention system at such rate for benefits covered by this section. Services under the Part C early intervention system shall be delivered as prescribed by the individualized family service plan and an electronic claim filed in accordance with the carrier’s or plan’s standard format. Beginning January 1, 2007, such claims’ payments shall be made in

accordance with the provisions of sections 376.383 and 376.384.

6. The health care service required by this section shall not be subject to any greater deductible, co-payment, or coinsurance than other similar health care services provided by the health benefit plan.

7. (1) Subject to the provisions of this section, payments made during a calendar year by a health carrier or group of carriers affiliated by or under common ownership or control to the Part C early intervention system for services provided to children covered by the Part C early intervention system shall not exceed one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement.

(2) In lieu of reimbursing claims under this section, a carrier or group of carriers affiliated by or under common ownership or control may, on behalf of all of the carrier's or carriers' health benefit plan or plans providing coverage under this section, directly pay the Part C early intervention system by January thirty-first of the calendar year an amount equal to one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement, or five hundred thousand dollars, whichever is less, and such payment shall constitute full and complete satisfaction of the health benefit plan's obligation for the calendar year. Nothing in this subsection shall require a health carrier or health benefit plan providing coverage under this section to amend or modify any provision of an existing policy or plan relating to the payment or reimbursement of claims by the health carrier or health benefit plan.

8. This section shall not apply to a supplemental insurance policy, including a life care contract, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, hospitalization-surgical care policy, policy that is individually underwritten or provides such coverage for specific individuals and members of their families, long-term care policy, or short-term major medical policies [of six months or less duration] **having a duration of less than one year.**

9. Except for health carriers or health benefit plans making payments under subdivision (2) of subsection 7 of this section, the department of insurance, financial institutions and professional registration shall collect data related to the number of children receiving private insurance coverage under this section and the total amount of moneys paid on behalf of such children by private health carriers or health benefit plans. The department shall report to the general assembly regarding the department's findings no later than January 30, 2007, and annually thereafter.

10. Notwithstanding the provisions of section 23.253 to the contrary, the provisions of this section shall not sunset.

376.1219. 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual and group health service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after September 1, 1997, shall provide coverage for formula and low protein modified food products recommended by a physician for the treatment of a patient with phenylketonuria or any inherited disease of amino and organic acids who is covered under the policy, contract, or plan and who is less than six years of age.

2. For purposes of this section, “low protein modified food products” means foods that are specifically formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of any inherited metabolic disease. Low protein modified food products do not include foods that are naturally low in protein.

3. The coverage required by this section may be subject to the same deductible for similar health care services provided by the policy, contract, or plan as well as a reasonable coinsurance or co-payment on the part of the insured, which shall not be greater than fifty percent of the cost of the formula and food products, and may be subject to an annual benefit maximum of not less than five thousand dollars per covered child. Nothing in this section shall prohibit a carrier from using individual case management or from contracting with vendors of the formula and food products.

4. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, **short-term major medical policy having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1220. 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual or group health service, or indemnity contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state shall provide coverage for newborn hearing screening, necessary rescreening, audiological assessment and follow-up, and initial amplification.

2. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.

3. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Coverage for newborn hearing screening and any necessary rescreening and audiological assessment shall be provided to newborns eligible for medical assistance pursuant to section 208.151, and the children’s health program pursuant to sections 208.631 to 208.660, with payment for the newborn hearing screening required in section 191.925, and any necessary rescreening, audiological assessment and follow-up, and amplification as described in section 191.928.

376.1224. 1. For purposes of this section, the following terms shall mean:

(1) “Applied behavior analysis”, the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior;

(2) “Autism service provider”:

(a) Any person, entity, or group that provides diagnostic or treatment services for autism spectrum disorders who is licensed or certified by the state of Missouri; or

(b) Any person who is licensed under chapter 337 as a board-certified behavior analyst by the behavior analyst certification board or licensed under chapter 337 as an assistant board-certified behavior analyst;

(3) “Autism spectrum disorders”, a neurobiological disorder, an illness of the nervous system, which includes Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder Not Otherwise Specified, Rett’s Disorder, and Childhood Disintegrative Disorder, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association;

(4) “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations, or tests in order to diagnose whether an individual has an autism spectrum disorder;

(5) “Habilitative or rehabilitative care”, professional, counseling, and guidance services and treatment programs, including applied behavior analysis, that are necessary to develop the functioning of an individual;

(6) “Health benefit plan”, shall have the same meaning ascribed to it as in section 376.1350;

(7) “Health carrier”, shall have the same meaning ascribed to it as in section 376.1350;

(8) “Line therapist”, an individual who provides supervision of an individual diagnosed with an autism diagnosis and other neurodevelopmental disorders pursuant to the prescribed treatment plan, and implements specific behavioral interventions as outlined in the behavior plan under the direct supervision of a licensed behavior analyst;

(9) “Pharmacy care”, medications used to address symptoms of an autism spectrum disorder prescribed by a licensed physician, and any health-related services deemed medically necessary to determine the need or effectiveness of the medications only to the extent that such medications are included in the insured’s health benefit plan;

(10) “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

(11) “Psychological care”, direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

(12) “Therapeutic care”, services provided by licensed speech therapists, occupational therapists, or physical therapists;

(13) “Treatment for autism spectrum disorders”, care prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist, including equipment medically necessary for such care, pursuant to the powers granted under such licensed physician’s or licensed psychologist’s license, including, but not limited to:

(a) Psychiatric care;

(b) Psychological care;

(c) Habilitative or rehabilitative care, including applied behavior analysis therapy;

(d) Therapeutic care;

(e) Pharmacy care.

2. All group health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2011, if written inside the state of Missouri, or written outside the state of Missouri but insuring Missouri residents, shall provide coverage for the diagnosis and treatment of autism spectrum disorders to the extent that such diagnosis and treatment is not already covered by the health benefit plan.

3. With regards to a health benefit plan, a health carrier shall not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual or their dependent because the individual is diagnosed with autism spectrum disorder.

4. (1) Coverage provided under this section is limited to medically necessary treatment that is ordered by the insured's treating licensed physician or licensed psychologist, pursuant to the powers granted under such licensed physician's or licensed psychologist's license, in accordance with a treatment plan.

(2) The treatment plan, upon request by the health benefit plan or health carrier, shall include all elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

(3) Except for inpatient services, if an individual is receiving treatment for an autism spectrum disorder, a health carrier shall have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall only apply to a particular individual being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorders by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the health benefit plan or health carrier, as applicable.

5. Coverage provided under this section for applied behavior analysis shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of applied behavior analysis services beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavior analysis, shall not be subject to the age and dollar limitations described in this subsection.

6. The maximum benefit limitation for applied behavior analysis described in subsection 5 of this section shall be adjusted by the health carrier at least triennially for inflation to reflect the aggregate increase in the general price level as measured by the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as defined and officially published by the United States Department of Labor, or its successor agency. Beginning January 1, 2012, and annually thereafter, the current value of the maximum benefit limitation for applied behavior analysis coverage adjusted for inflation in accordance with this subsection shall be calculated by the director of the department of insurance, financial institutions and professional registration. The director shall furnish the calculated value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

7. Subject to the provisions set forth in subdivision (3) of subsection 4 of this section, coverage provided

under this section shall not be subject to any limits on the number of visits an individual may make to an autism service provider, except that the maximum total benefit for applied behavior analysis set forth in subsection 5 of this section shall apply to this subsection.

8. This section shall not be construed as limiting benefits which are otherwise available to an individual under a health benefit plan. The health care coverage required by this section shall not be subject to any greater deductible, coinsurance, or co-payment than other physical health care services provided by a health benefit plan. Coverage of services may be subject to other general exclusions and limitations of the contract or benefit plan, not in conflict with the provisions of this section, such as coordination of benefits, exclusions for services provided by family or household members, and utilization review of health care services, including review of medical necessity and care management; however, coverage for treatment under this section shall not be denied on the basis that it is educational or habilitative in nature.

9. To the extent any payments or reimbursements are being made for applied behavior analysis, such payments or reimbursements shall be made to either:

(1) The autism service provider, as defined in this section; or

(2) The entity or group for whom such supervising person, who is certified as a board-certified behavior analyst by the Behavior Analyst Certification Board, works or is associated.

Such payments or reimbursements under this subsection to an autism service provider or a board-certified behavior analyst shall include payments or reimbursements for services provided by a line therapist under the supervision of such provider or behavior analyst if such services provided by the line therapist are included in the treatment plan and are deemed medically necessary.

10. Notwithstanding any other provision of law to the contrary, health carriers shall not be held liable for the actions of line therapists in the performance of their duties.

11. The provisions of this section shall apply to any health care plans issued to employees and their dependents under the Missouri consolidated health care plan established pursuant to chapter 103 that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2011. The terms “employees” and “health care plans” shall have the same meaning ascribed to them in section 103.003.

12. The provisions of this section shall also apply to the following types of plans that are established, extended, modified, or renewed on or after January 1, 2011:

(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section 1002(32);

(2) All self-insured group arrangements, to the extent not preempted by federal law;

(3) All plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, or any waiver or exception to that act provided under federal law or regulation; and

(4) All self-insured school district health plans.

13. The provisions of this section shall not automatically apply to an individually underwritten health benefit plan, but shall be offered as an option to any such plan.

14. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit

only, Medicare supplement policy, long-term care policy, short-term major medical policy [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy.

15. Any health carrier or other entity subject to the provisions of this section shall not be required to provide reimbursement for the applied behavior analysis delivered to a person insured by such health carrier or other entity to the extent such health carrier or other entity is billed for such services by any Part C early intervention program or any school district for applied behavior analysis rendered to the person covered by such health carrier or other entity. This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education plan, or an individualized service plan. This section shall not be construed as affecting any obligation to provide reimbursement pursuant to section 376.1218.

16. The provisions of sections 376.383, 376.384, and 376.1350 to 376.1399 shall apply to this section.

17. The director of the department of insurance, financial institutions and professional registration shall grant a small employer with a group health plan, as that term is defined in section 379.930, a waiver from the provisions of this section if the small employer demonstrates to the director by actual claims experience over any consecutive twelve-month period that compliance with this section has increased the cost of the health insurance policy by an amount of two and a half percent or greater over the period of a calendar year in premium costs to the small employer.

18. The provisions of this section shall not apply to the Mo HealthNet program as described in chapter 208.

19. (1) By February 1, 2012, and every February first thereafter, the department of insurance, financial institutions and professional registration shall submit a report to the general assembly regarding the implementation of the coverage required under this section. The report shall include, but shall not be limited to, the following:

(a) The total number of insureds diagnosed with autism spectrum disorder;

(b) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by this section;

(c) The cost of such coverage per insured per month; and

(d) The average cost per insured for coverage of applied behavior analysis;

(2) All health carriers and health benefit plans subject to the provisions of this section shall provide the department with the data requested by the department for inclusion in the annual report.

376.1225. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1998, shall provide coverage for administration of general anesthesia and hospital charges for dental care provided to the following covered persons:

(1) A child under the age of five;

(2) A person who is severely disabled; or

(3) A person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

2. Each plan as described in this section must provide coverage for administration of general anesthesia and hospital or office charges for treatment rendered by a dentist, regardless of whether the services are provided in a participating hospital or surgical center or office.

3. Nothing in this section shall prevent a health carrier from requiring prior authorization for hospitalization for dental care procedures in the same manner that prior authorization is required for hospitalization for other covered diseases or conditions.

4. Nothing in this section shall apply to accident-only, dental-only plans or other specified disease, hospital indemnity, Medicare supplement or long-term care policies, or short-term major medical policies [of six months or less in duration] **having a duration of less than one year.**

376.1230. 1. Every policy issued by a health carrier, as defined in section 376.1350, shall provide coverage for chiropractic care delivered by a licensed chiropractor acting within the scope of his or her practice as defined in chapter 331. The coverage shall include initial diagnosis and clinically appropriate and medically necessary services and supplies required to treat the diagnosed disorder, subject to the terms and conditions of the policy. The coverage may be limited to chiropractors within the health carrier's network, and nothing in this section shall be construed to require a health carrier to contract with a chiropractor not in the carrier's network nor shall a carrier be required to reimburse for services rendered by a nonnetwork chiropractor unless prior approval has been obtained from the carrier by the enrollee. An enrollee may access chiropractic care within the network for a total of twenty-six chiropractic physician office visits per policy period, but may be required to provide the health carrier with notice prior to any additional visit as a condition of coverage. A health carrier may require prior authorization or notification before any follow-up diagnostic tests are ordered by a chiropractor or for any office visits for treatment in excess of twenty-six in any policy period. The certificate of coverage for any health benefit plan issued by a health carrier shall clearly state the availability of chiropractic coverage under the policy and any limitations, conditions, and exclusions.

2. A health benefit plan shall provide coverage for treatment of a chiropractic care condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a chiropractic care condition than for access to treatment for another physical health condition.

3. The provisions of this section shall not apply to any health plan or contract that is individually underwritten.

4. The provisions of this section shall not apply to benefits provided under the Medicaid program.

5. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy [of six months' or less duration] **having a duration of less than one year**, or any other similar supplemental policy.

376.1232. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2010, shall offer coverage for prosthetic devices and services, including original and replacement devices, as prescribed by

a physician acting within the scope of his or her practice.

2. For the purposes of this section, “health carrier” and “health benefit plan” shall have the same meaning as defined in section 376.1350.

3. The amount of the benefit for prosthetic devices and services under this section shall be no less than the annual and lifetime benefit maximums applicable to the basic health care services required to be provided under the health benefit plan. If the health benefit plan does not include any annual or lifetime maximums applicable to basic health care services, the amount of the benefit for prosthetic devices and services shall not be subject to an annual or lifetime maximum benefit level. Any co-payment, coinsurance, deductible, and maximum out-of-pocket amount applied to the benefit for prosthetic devices and services shall be no more than the most common amounts applied to the basic health care services required to be provided under the health benefit plan.

4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

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

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

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

4. This section shall not apply to short-term major medical policies having a duration of less than one year.”; and

Further amend said bill, Page 2, Section 376.1237, Lines 12-17, by deleting said lines and inserting in lieu thereof the following:

“4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies [of six months’ or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.”; and

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

“376.1250. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1999, and providing coverage to any resident of this state shall provide benefits or coverage for:

(1) A pelvic examination and pap smear for any nonsymptomatic woman covered under such policy or contract, in accordance with the current American Cancer Society guidelines;

(2) A prostate examination and laboratory tests for cancer for any nonsymptomatic man covered under such policy or contract, in accordance with the current American Cancer Society guidelines; and

(3) A colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic person covered under such policy or contract, in accordance with the current American Cancer Society guidelines.

2. Coverage and benefits related to the examinations and tests as required by this section shall be at least as favorable and subject to the same dollar limits, deductible, and co-payments as other covered benefits or services.

3. Nothing in this act shall apply to accident-only, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policies.

4. The provisions of this section shall not apply to short-term major medical policies [of six months or less duration] **having a duration of less than one year.**

5. The attending physician shall advise the patient of the advantages, disadvantages, and risks, including cancer, associated with breast implantation prior to such operation.

6. Nothing in this section shall alter, impair or otherwise affect claims, rights or remedies available pursuant to law.

376.1253. 1. Each physician attending any patient with a newly diagnosed cancer shall inform the patient that the patient has the right to a referral for a second opinion by an appropriate board-certified specialist prior to any treatment. If no specialist in that specific cancer diagnosis area is in the provider network, a referral shall be made to a nonnetwork specialist in accordance with this section.

2. Each health carrier or health benefit plan, as defined in section 376.1350, that offers or issues health benefit plans which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2003, shall provide coverage for a second opinion rendered by a specialist in that specific cancer diagnosis area when a patient with a newly diagnosed cancer is referred to such specialist by his or her attending physician. Such coverage shall be subject to the same deductible and coinsurance conditions applied to other specialist referrals and all other terms and conditions applicable to other benefits, including the prior authorization and/or referral authorization requirements as specified in the applicable health insurance policy.

3. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only,

Medicare supplement policy, long-term care policy, short-term major medical policies [of six months' or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1257. 1. As used in this section the following terms shall mean:

(1) "Anticancer medications", medications used to kill or slow the growth of cancerous cells;

(2) "Covered person", a policyholder, subscriber, enrollee, or other individual enrolled in or insured by a health benefit plan for health insurance coverage;

(3) "Health benefit plan", shall have the same meaning as defined in section 376.1350.

2. Any health benefit plan that provides coverage and benefits for cancer treatment shall provide coverage of prescribed orally administered anticancer medications on a basis no less favorable than intravenously administered or injected anticancer medications.

3. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, co-payment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected anticancer medication, regardless of formulation or benefit category determination by the company administering the health benefit plan.

4. The health benefit plan shall not reclassify or increase any type of cost-sharing to the covered person for anticancer medications in order to achieve compliance with this section. Any change in health insurance coverage, which otherwise increases an out-of-pocket expense to anticancer medications, shall be applied to the majority of comparable medical or pharmaceutical benefits covered by the health benefit plan.

5. Notwithstanding the provisions of subsections 2, 3, and 4 of this section, a health benefit plan that limits the total amounts paid by a covered person through all cost-sharing requirements to no more than seventy-five dollars per thirty-day supply for any orally administered anticancer medication shall be considered in compliance with this section. On January 1, 2016, and on January first of each year thereafter, a health benefit plan may adjust such seventy-five dollar limit. The adjustment shall not exceed the Consumer Price Index for All Urban Consumers Midwest Region for that year. For purposes of this subsection "cost-sharing requirements" shall include co-payments, coinsurance, deductibles, and any other amounts paid by the covered person for that prescription.

6. For a health benefit plan that meets the definition of "high deductible health plan" as defined by 26 U.S.C. 223(c)(2), the provisions of subsection 5 of this section shall only apply after a covered person's deductible has been satisfied for the year.

7. The provisions of this section shall not apply to short-term major medical policies having a duration of less than one year.

8. The provisions of this section shall become effective January 1, 2015.

376.1275. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2003, shall include coverage for their members for the cost for human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation. The testing must be performed in a facility which is accredited by the American Association of Blood Banks or its successors, and is licensed under the Clinical Laboratory Improvement Act, 42 U.S.C.

Section 263a, as amended, and is accredited by the American Association of Blood Banks or its successors, the College of American Pathologists, the American Society for Histocompatibility and Immunogenetics (ASHI) or any other national accrediting body with requirements that are substantially equivalent to or more stringent than those of the College of American Pathologists. At the time of testing, the person being tested must complete and sign an informed consent form which also authorizes the results of the test to be used for participation in the National Marrow Donor Program. The health benefit plan may limit each enrollee to one such testing per lifetime to be reimbursed at a cost of no greater than seventy-five dollars by the health carrier or health benefit plan.

2. For the purposes of this section, “health carrier” and “health benefit plan” shall have the same meaning as defined in section 376.1350.

3. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies [of six months’ or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1290. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements, to the extent not preempted by federal law, and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall offer coverage for testing pregnant women for lead poisoning and for all testing for lead poisoning authorized by sections 701.340 to 701.349 or by rule of the department of health and senior services promulgated pursuant to sections 701.340 to 701.349.

2. Health care services required by this section shall not be subject to any greater deductible or co-payment than any other health care service provided by the policy, contract or plan.

3. No entity enumerated in subsection 1 of this section shall reduce or eliminate coverage as a result of the requirements of this section.

4. Nothing in this section shall apply to **short-term major medical policies having a duration of one year or less, or to** accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies.

376.1400. 1. Every health insurance carrier offering policies of insurance in this state shall use standardized information for the explanation of benefits given to the health care provider whenever a claim is paid or denied. As used in this section, the term “health insurance carrier” shall have the meaning given to “health carrier” in section 376.1350. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, short-term major medical policies [of six months or less duration] **having a duration of less than one year**, other limited benefit health insurance policies.

2. The standardized information shall contain the following:

- (1) The name of the insured;
- (2) The insured's identification number;
- (3) The date of service;
- (4) Amount of charge;
- (5) Explanation for any denial;
- (6) The amount paid;
- (7) The patient's full name;
- (8) The name and address of the insurer; and
- (9) The phone number to contact for questions on explanation of benefits.

3. All health insurance carriers shall use the standard explanation of benefits information after January 1, 2002.

376.1550. 1. Notwithstanding any other provision of law to the contrary, each health carrier that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2005, shall provide coverage for a mental health condition, as defined in this section, and shall comply with the following provisions:

(1) A health benefit plan shall provide coverage for treatment of a mental health condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a mental health condition than for access to treatment for a physical health condition. Any deductible or out-of-pocket limits required by a health carrier or health benefit plan shall be comprehensive for coverage of all health conditions, whether mental or physical;

(2) The coverages set forth is this subsection:

(a) May be administered pursuant to a managed care program established by the health carrier; and

(b) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri;

(3) A health benefit plan that does not otherwise provide for management of care under the plan or that does not provide for the same degree of management of care for all health conditions may provide coverage for treatment of mental health conditions through a managed care organization; provided that the managed care organization is in compliance with rules adopted by the department of insurance, financial institutions and professional registration that assure that the system for delivery of treatment for mental health conditions does not diminish or negate the purpose of this section. The rules adopted by the director shall assure that:

(a) Timely and appropriate access to care is available;

(b) The quantity, location, and specialty distribution of health care providers is adequate; and

(c) Administrative or clinical protocols do not serve to reduce access to medically necessary treatment

for any insured;

(4) Coverage for treatment for chemical dependency shall comply with sections 376.779, 376.810 to 376.814, and 376.825 to 376.836 and for the purposes of this subdivision the term “health insurance policy” as used in sections 376.779, 376.810 to 376.814, and 376.825 to 376.836, the term “health insurance policy” shall include group coverage.

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

(1) “Chemical dependency”, the psychological or physiological dependence upon and abuse of drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social or occupational role functioning or both;

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

(3) “Health carrier”, the same meaning as such term is defined in section 376.1350;

(4) “Mental health condition”, any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders except for chemical dependency;

(5) “Managed care organization”, any financing mechanism or system that manages care delivery for its members or subscribers, including health maintenance organizations and any other similar health care delivery system or organization;

(6) “Rate, term, or condition”, any lifetime or annual payment limits, deductibles, co-payments, coinsurance, and other cost-sharing requirements, out-of-pocket limits, visit limits, and any other financial component of a health benefit plan that affects the insured.

3. This section shall not apply to a health plan or policy that is individually underwritten or provides such coverage for specific individuals and members of their families pursuant to section 376.779, sections 376.810 to 376.814, and sections 376.825 to 376.836, a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical policies [of six months or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Notwithstanding any other provision of law to the contrary, all health insurance policies that cover state employees, including the Missouri consolidated health care plan, shall include coverage for mental illness. Multiyear group policies need not comply until the expiration of their current multiyear term unless the policyholder elects to comply before that time.

5. The provisions of this section shall not be violated if the insurer decides to apply different limits or exclude entirely from coverage the following:

(1) Marital, family, educational, or training services unless medically necessary and clinically appropriate;

(2) Services rendered or billed by a school or halfway house;

(3) Care that is custodial in nature;

- (4) Services and supplies that are not immediately nor clinically appropriate; or
- (5) Treatments that are considered experimental.

6. The director shall grant a policyholder a waiver from the provisions of this section if the policyholder demonstrates to the director by actual experience over any consecutive twenty-four-month period that compliance with this section has increased the cost of the health insurance policy by an amount that results in a two percent increase in premium costs to the policyholder. The director shall promulgate rules establishing a procedure and appropriate standards for making such a demonstration. 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, 2004, shall be invalid and void.

376.1900. 1. As used in this section, the following terms shall mean:

(1) "Electronic visit", or "e-visit", an online electronic medical evaluation and management service completed using a secured web-based or similar electronic-based communications network for a single patient encounter. An electronic visit shall be initiated by a patient or by the guardian of a patient with the health care provider, be completed using a federal Health Insurance Portability and Accountability Act (HIPAA)-compliant online connection, and include a permanent record of the electronic visit;

(2) "Health benefit plan" shall have the same meaning ascribed to it in section 376.1350;

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

(4) "Health care service", a service for the diagnosis, prevention, treatment, cure or relief of a physical or mental health condition, illness, injury or disease;

(5) "Health carrier" shall have the same meaning ascribed to it in section 376.1350;

(6) "Telehealth" shall have the same meaning ascribed to it in section 208.670.

2. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, shall not deny coverage for a health care service on the basis that the health care service is provided through telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment.

3. A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient.

4. A health carrier shall not be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in person.

5. A health care service provided through telehealth shall not be subject to any greater deductible, co-

payment, or coinsurance amount than would be applicable if the same health care service was provided through face-to-face diagnosis, consultation, or treatment.

6. A health carrier shall not impose upon any person receiving benefits under this section any co-payment, coinsurance, or deductible amount, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services that is not equally imposed upon all terms and services covered under the policy, contract, or health benefit plan.

7. Nothing in this section shall preclude a health carrier from undertaking utilization review to determine the appropriateness of telehealth as a means of delivering a health care service, provided that the determinations shall be made in the same manner as those regarding the same service when it is delivered in person.

8. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.

9. Nothing in this section shall be construed to require a health care provider to be physically present with a patient where the patient is located unless the health care provider who is providing health care services by means of telehealth determines that the presence of a health care provider is necessary.

10. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies [of six months' or less duration] **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration. “; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 12

Amend House Amendment No. 12 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Line 4, by inserting immediately before the number “208.909” 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) “End-of-life medical decision order for a child under juvenile or family court jurisdiction”, a decision issued by a juvenile or family court pertaining to life-sustaining treatment, including do-not-resuscitate orders, provided on behalf of and in the best interests of a child under juvenile or family court jurisdiction under section 211.031;

(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. For a child who is not under juvenile or family court jurisdiction under section 211.031, no health care facility, nursing home, physician, nurse, or medical staff shall institute a do-not-resuscitate order or similar physician’s order, either orally or in writing, without the written or oral consent of at least one parent or legal guardian of the patient or resident under eighteen years of age

who is not emancipated. If consent to implement a do-not-resuscitate order or similar physician's order is granted orally, two witnesses other than the parent, legal guardian, or physician shall be present and willing to attest to the consent given by the legal guardian of the patient or at least one parent of the patient. The provision of such consent shall be immediately recorded in the patient's medical record, specifying who provided the information, to whom the information was provided, which parent or legal guardian gave the consent, who the witnesses were, and the date and time the consent was obtained.

4. The requirements of subsection 3 of this section shall not apply if a reasonably diligent effort of at least forty-eight hours without success has been made to contact and inform each known parent or legal guardian of the intent to implement a do-not-resuscitate order or similar physician's order.

5. Consent previously given under subsection 3 of this section may be revoked orally or in writing by the parent or legal guardian of the patient or resident who granted the original permission. Such revocation of prior consent shall take precedence over any prior consent to implement a do-not-resuscitate order or similar physician's order and shall be immediately recorded in the patient's or resident's medical records, specifying who provided the information, to whom the information was provided, which parent or legal guardian revoked consent, who the witnesses were, and the date and time the revocation was obtained.

6. For a child under juvenile court jurisdiction under section 211.031, a juvenile or family court may issue an end-of-life medical decision order, a physician's order, or any other medical decision order, or may appoint a guardian for the child for that purpose. The children's division shall not be appointed as guardian for a child to make end-of-life medical decisions, including do-not-resuscitate orders. In the event a child under the jurisdiction of a juvenile or family court under section 211.031 is returned to the custody of the legal guardian or parent, the legal guardian or parent may revoke the consent for the end-of-life medical decisions, or similar physician's orders ordered by the court, including do-not-resuscitate orders for the child. Revocation may be orally or in writing and shall be immediately recorded in the patient's medical records, specifying who provided the information, to whom the information was provided, which parent or legal guardian revoked consent, who the witnesses were, and the date and time the revocation was obtained.

7. For the purposes of this section, a relative caregiver under the provisions of section 431.058 shall have the same authority given to a parent or legal guardian of a nonemancipated patient or resident under eighteen years of age, provided that such a patient or resident is not under juvenile or family court jurisdiction under section 211.031.

8. Nothing in this section shall be construed to require any health care facility, nursing home, physician, nurse, or medical staff to provide or continue any treatment, including resuscitative efforts, food, medication, oxygen, intravenous fluids, or nutrition that would be:

(1) Medically inappropriate because, in reasonable medical judgement, providing such treatment would create a greater risk of causing or hastening the death of the patient; or

(2) Medically inappropriate because, in reasonable medical judgement, providing such treatment would be potentially harmful or cause unnecessary pain, suffering, or injury to the patient.

9. Nothing in this section shall require health care providers to continue cardiopulmonary resuscitation or manual ventilation beyond a time in which, in their reasonable medical judgment,

there is no further benefit to the patient or likely recovery of the patient.”; and

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

HOUSE AMENDMENT NO. 12

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“208.909. 1. Consumers receiving personal care assistance services shall be responsible for:

(1) Supervising their personal care attendant;

(2) Verifying wages to be paid to the personal care attendant;

(3) Preparing and submitting time sheets, signed by both the consumer and personal care attendant, to the vendor on a biweekly basis;

(4) Promptly notifying the department within ten days of any changes in circumstances affecting the personal care assistance services plan or in the consumer’s place of residence;

(5) Reporting any problems resulting from the quality of services rendered by the personal care attendant to the vendor. If the consumer is unable to resolve any problems resulting from the quality of service rendered by the personal care attendant with the vendor, the consumer shall report the situation to the department; [and]

(6) Providing the vendor with all necessary information to complete required paperwork for establishing the employer identification number; **and**

(7) Allowing the vendor to comply with its quality assurance and supervision process, which shall include, but not be limited to, bi-annual face-to-face home visits and monthly case management activities.

2. Participating vendors shall be responsible for:

(1) Collecting time sheets or reviewing reports of delivered services and certifying the accuracy thereof;

(2) The Medicaid reimbursement process, including the filing of claims and reporting data to the department as required by rule;

(3) Transmitting the individual payment directly to the personal care attendant on behalf of the consumer;

(4) Monitoring the performance of the personal care assistance services plan. **Such monitoring shall occur during the bi-annual face-to-face home visits under section 208.918. The vendor shall document whether the attendant was present and if services are being provided to the consumer as set forth in the plan of care.**

3. No state or federal financial assistance shall be authorized or expended to pay for services provided to a consumer under sections 208.900 to 208.927, if the primary benefit of the services is to the household unit, or is a household task that the members of the consumer’s household may reasonably be expected to share or do for one another when they live in the same household, unless such service is above and beyond typical activities household members may reasonably provide for another household member without a

disability.

4. No state or federal financial assistance shall be authorized or expended to pay for personal care assistance services provided by a personal care attendant who is listed on any of the background check lists in the family care safety registry under sections 210.900 to [210.937] **210.936**, unless a good cause waiver is first obtained from the department in accordance with section 192.2495.

5. (1) All vendors shall, by July 1, 2015, have, maintain, and use a telephone tracking system for the purpose of reporting and verifying the delivery of consumer-directed services as authorized by the department of health and senior services or its designee. [Use of such a system prior to July 1, 2015, shall be voluntary.] The telephone tracking system shall be used to process payroll for employees and for submitting claims for reimbursement to the MO HealthNet division. At a minimum, the telephone tracking system shall:

- (a) Record the exact date services are delivered;
- (b) Record the exact time the services begin and exact time the services end;
- (c) Verify the telephone number from which the services are registered;
- (d) Verify that the number from which the call is placed is a telephone number unique to the client;
- (e) Require a personal identification number unique to each personal care attendant;
- (f) Be capable of producing reports of services delivered, tasks performed, client identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service; and
- (g) Be capable of producing reimbursement requests for consumer approval that assures accuracy and compliance with program expectations for both the consumer and vendor.

(2) [The department of health and senior services, in collaboration with other appropriate agencies, including centers for independent living, shall establish telephone tracking system pilot projects, implemented in two regions of the state, with one in an urban area and one in a rural area. Each pilot project shall meet the requirements of this section and section 208.918. The department of health and senior services shall, by December 31, 2013, submit a report to the governor and general assembly detailing the outcomes of these pilot projects. The report shall take into consideration the impact of a telephone tracking system on the quality of the services delivered to the consumer and the principles of self-directed care.

(3)] As new technology becomes available, the department may allow use of a more advanced tracking system, provided that such system is at least as capable of meeting the requirements of this subsection.

[(4)] (3) The department of health and senior services shall promulgate by rule the minimum necessary criteria of the telephone tracking system. 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, 2010, shall be invalid and void.

[6. In the event that a consensus between centers for independent living and representatives from the executive branch cannot be reached, the telephony report issued to the general assembly and governor shall include a minority report which shall detail those elements of substantial dissent from the main report.

7. No interested party, including a center for independent living, shall be required to contract with any particular vendor or provider of telephony services nor bear the full cost of the pilot program.]

208.918. 1. In order to qualify for an agreement with the department, the vendor shall have a philosophy that promotes the consumer's ability to live independently in the most integrated setting or the maximum community inclusion of persons with physical disabilities, and shall demonstrate the ability to provide, directly or through contract, the following services:

(1) Orientation of consumers concerning the responsibilities of being an employer[,] **and** supervision of personal care attendants including the preparation and verification of time sheets. **Such orientation shall include notifying consumers that falsification of personal care attendant time sheets shall be considered fraud and shall be reported to the department;**

(2) Training for consumers about the recruitment and training of personal care attendants;

(3) Maintenance of a list of persons eligible to be a personal care attendant;

(4) Processing of inquiries and problems received from consumers and personal care attendants;

(5) Ensuring the personal care attendants are registered with the family care safety registry as provided in sections 210.900 to [210.937] **210.936**; and

(6) The capacity to provide fiscal conduit services through a telephone tracking system by the date required under section 208.909.

2. In order to maintain its agreement with the department, a vendor shall comply with the provisions of subsection 1 of this section and shall:

(1) Demonstrate sound fiscal management as evidenced on accurate quarterly financial reports [and annual audit] submitted to the department; [and]

(2) Attest that all adequate documentation for all information is provided on reports, and billing records have sufficient required documentation to support the amounts claimed;

(3) Demonstrate a positive impact on consumer outcomes regarding the provision of personal care assistance services as evidenced on accurate quarterly and annual service reports submitted to the department;

[~~(3)~~] **(4) Implement a quality assurance and supervision process that ensures program compliance and accuracy of records:**

(a) The department of health and senior services shall promulgate by rule a consumer-directed services division provider certification manager course; and

(b) The vendor shall perform with the consumer at least bi-annual face-to-face home visits to provide ongoing monitoring of the provision of services in the plan of care and assess the quality of care being delivered. The bi-annual face-to-face home visits do not preclude the vendor's responsibility from its ongoing diligence of case management oversight; [and

[(4)] **(5)** Comply with all provisions of sections 208.900 to 208.927, and the regulations promulgated thereunder; **and**

(6) Maintain a proper business location, the criteria for which shall be defined by the department of health and senior services by rule.

3. No state or federal funds shall be authorized or expended if the owner, primary operator, certified manager, or any direct employee of the consumer-directed services vendor is also the personal care attendant.

208.924. A consumer's personal care assistance services may be discontinued under circumstances such as the following:

(1) The department learns of circumstances that require closure of a consumer's case, including one or more of the following: death, admission into a long-term care facility, no longer needing service, or inability of the consumer to consumer-direct personal care assistance service;

(2) The consumer has falsified records; **provided false information of his or her condition, functional capacity, or level of care needs;** or committed fraud;

(3) The consumer is noncompliant with the plan of care. Noncompliance requires persistent actions by the consumer which negate the services provided in the plan of care;

(4) The consumer or member of the consumer's household threatens or abuses the personal care attendant or vendor to the point where their welfare is in jeopardy and corrective action has failed;

(5) The maintenance needs of a consumer are unable to continue to be met because the plan of care hours exceed availability; and

(6) The personal care attendant is not providing services as set forth in the personal care assistance services plan and attempts to remedy the situation have been unsuccessful.”; and

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

HOUSE AMENDMENT NO. 13

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting the following after all of said section and line:

“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 House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting immediately after said line the following:

“334.1000. As used in sections 334.1000 to 334.1030, the following terms shall mean:

(1) “Advisory committee”, the Missouri radiologic imaging and radiation therapy advisory committee;

(2) “Board”, the state board of registration for the healing arts;

(3) “Certification organization”, a certification organization that specializes in the certification and registration of radiologic imaging or radiation therapy technical personnel that is accredited by the National Commission for Certifying Agencies, American National Standards Institute, or other accreditation organization recognized by the board;

(4) “Ionizing radiation”, radiation that may consist of alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, or other particles capable of producing ions. Ionizing radiation does not include non-ionizing radiation, such as radiofrequency or microwaves, visible infrared or ultraviolet light, or ultrasound;

(5) “Licensed practitioner”, a person licensed to practice medicine, chiropractic medicine, podiatry, or dentistry in this state with education and specialist training in the medical or dental use of radiation who is deemed competent to independently perform or supervise radiologic imaging or radiation therapy procedures by their respective state licensure board;

(6) “Limited x-ray machine operator”, a person who is licensed to perform only x-ray or bone densitometry procedures not involving the administration or utilization of contrast media on selected specific parts of human anatomy under the supervision of a licensed practitioner;

(7) “Nuclear medicine technologist”, a person who is licensed to perform a variety of nuclear medicine and molecular imaging procedures using sealed and unsealed radiation sources, ionizing radiation, adjunctive medicine and pharmaceuticals associated with nuclear medicine procedures, and therapeutic procedures using unsealed radioactive sources;

(8) “Radiation therapist”, a person who is licensed to administer ionizing radiation to human beings for therapeutic purposes;

(9) “Radiation therapy”, the use of ionizing radiation for the purpose of treating disease;

(10) “Radiographer”, a person who is licensed to perform a comprehensive set of diagnostic radiographic procedures using external ionizing radiation to produce radiographic, fluoroscopic, or digital images;

(11) “Radiologic imaging”, any procedure or article intended for use in the diagnosis or visualization of disease or other medical conditions in human beings, including, but not limited to computed tomography, fluoroscopy, nuclear medicine, radiography, and other procedures using ionizing radiation;

(12) “Radiologist”, a physician licensed in this state and certified by or board-eligible to be certified by the American Board of Radiology, the American Osteopathic Board of Radiology, the British Royal College of Radiology, or the Canadian College of Physicians and Surgeons in that medical specialty;

(13) “Radiologist assistant”, a person who is licensed to perform a variety of activities under the supervision of a radiologist in the areas of patient care, patient management, radiologic imaging, or interventional procedures guided by radiologic imaging, and who does not interpret images, render diagnoses or prescribe medications or therapies.

334.1005. 1. Except as provided in this section, after January 1, 2020, only a person licensed under the provisions of sections 334.1000 to 334.1030 or a licensed practitioner may perform radiologic imaging or radiation therapy procedures on humans for diagnostic or therapeutic purposes.

2. The board shall issue licenses to persons certified by a certification organization to perform nuclear medicine technology, radiation therapy, radiography, and radiologist assistant procedures and to limited x-ray machine operators meeting licensure standards established by the board.

3. No person, corporation, or facility shall knowingly employ a person who does not hold a license or who is not exempt from the provisions of sections 334.1000 to 334.1030 to perform radiologic imaging or radiation therapy procedures for more than one hundred eighty days.

4. Nothing in this section relating to radiologic imaging or radiation therapy shall limit or enlarge the practice of a licensed practitioner.

5. The provisions of section 334.1000 to 334.1030 shall not apply to the following:

(1) A dental hygienist or dental assistant licensed by this state;

(2) A resident physician enrolled in and attending a school or college of medicine, chiropractic, podiatry, dentistry, radiologic imaging, or radiation therapy who performs radiologic imaging or radiation therapy procedures on humans;

(3) A student enrolled in and attending a school or college of medicine, chiropractic, podiatry, dentistry, radiologic imaging, or radiation therapy who performs radiologic imaging or radiation therapy procedures on humans while under the supervision of a licensed practitioner or a person holding a nuclear medicine technologist, radiation therapist, radiographer, or radiologist assistant license;

(4) A person who is employed by the United States government when performing radiologic imaging or radiation therapy associated with that employment; or

(5) A person performing radiologic imaging procedures on nonhuman subjects or cadavers.

334.1010. 1. There is hereby created the “Missouri Radiologic Imaging and Radiation Therapy Advisory Committee”. The board shall provide administrative support to the advisory committee.

The advisory committee shall guide, advise, and make recommendations to the board, and shall consist of five members appointed by the director of the division of professional registration, a majority of whom shall be licensed practitioners, individuals certified or registered by a certification organization, or individuals licensed under sections 334.1000 to 334.1030.

2. The board, based on recommendations, guidance, and advice from the advisory committee, shall:

(1) Establish scopes of practice for limited x-ray machine operators, nuclear medicine technologists, radiation therapists, radiographers, and radiologist assistants;

(2) Promulgate rules for issuance of licenses;

(3) Establish minimum requirements for the issuance of licenses and recognition of licenses issued by other states;

(4) Establish minimum requirements for continuing education;

(5) Determine fees and requirements for the issuance of new licenses and renewal of licenses;

(6) Contract to use a competency based examination that shall provide for a virtually administered option for the determination of limited x-ray machine operator qualifications for licensure;

(7) Promulgate rules for acceptance of certification and registration by a certification organization recognized by the board as qualification for licensure;

(8) Promulgate rules for issuance of licenses to retired military personnel and spouses of active-duty military personnel;

(9) Establish ethical, moral, and practice standards; and

(10) Promulgate rules and procedures for the denial or refusal to renew a license, and the suspension, revocation, or other discipline of active licensees.

3. The board shall create alternative licensure requirements for individuals working in rural health clinics as defined in P.L. 95-210 and for areas of this state that the board deems too remote to contain a sufficient number of qualified persons licensed under sections 334.1000 to 334.1030 to perform radiologic imaging or radiation therapy procedures.

4. All fees payable pursuant to the provisions of sections 334.1000 to 334.1030 shall be collected by the division of professional registration, which shall transmit such funds to the department of revenue for deposit in the state treasury to the credit of the board of registration for the healing arts fund. The division of professional registration and the board of registration for the healing arts may use these funds as necessary for the administration of sections 334.1000 to 334.1030.

5. The fee charged for a limited x-ray machine operator examination shall not exceed the actual cost to administer the examination.

334.1015. 1. To be eligible for licensure by the board, at the time of application an applicant shall be at least eighteen years of age.

2. The board shall accept nuclear medicine technology, radiation therapy, radiography, or radiologist assistant certification and registration by a certification organization recognized by the

board as a qualification for licensure.

3. The board may issue limited x-ray machine operator licenses in the following areas:

- (1) Chest radiography: radiography of the thorax, heart, and lungs;**
- (2) Extremity radiography: radiography of the upper and lower extremities, including the pectoral girdle;**
- (3) Spine radiography: radiography of the vertebral column;**
- (4) Skull/sinus radiography: radiography of the skull and facial structures;**
- (5) Podiatric radiography: radiography of the foot, ankle, and lower leg below the knee;**
- (6) Bone densitometry: performance and analysis of bone density scans; or**
- (7) Other areas the board deems necessary to ensure necessary services throughout the state.**

4. The board may require a limited x-ray machine operator to verify training in x-ray procedures at their place of employment, including a minimum of one hundred hours of supervised experience performing x-ray procedures.

(1) The hours shall be sufficient for individuals to be licensed in any limited machine operator area for which they pass an examination;

(2) The hours shall be documented by the licensee and verified by the licensee's supervisor.

5. Individuals shall be licensed in any limited machine operator area for which they successfully pass an examination as defined by the board.

6. The board shall not require, but may recommend, any advance class work, either remote or in person, prior to a limited x-ray machine operator candidate taking such examination.

7. No additional testing requirements or other stipulations shall be imposed after the initial examination for limited x-ray machine operator licensure provided the licensee maintain required continuing education and is not disciplined under rules promulgated pursuant to subdivision (10) of subsection 2 of section 334.1010.

8. The board shall require limited x-ray machine operators to complete a minimum of twelve hours biannually of continuing education that may be fulfilled by approved continuing education activities at the licensee's place of employment.

9. The board may accept certification from the American Chiropractic Registry of Radiologic Technologists for persons applying for a limited x-ray machine operator license in spine radiography.

10. The board may accept certification from the American Society of Podiatric Medical Assistants for persons applying for a limited x-ray machine operator license in podiatric radiography.

11. The board may accept certification from the International Society of Clinical Densitometry for persons applying for a limited x-ray machine operator license in bone densitometry.

334.1020. 1. A licensee who violates any provision of sections 334.1000 to 334.1030 shall be guilty of a class A misdemeanor. Each act of such unlawful practice shall constitute a distinct and separate

offense.

2. The board may assess a civil penalty not in excess of two hundred dollars for each violation of sections 334.1000 to 334.1030 or any rules adopted by the board. The clear proceeds of any civil penalty assessed under this section shall be remitted to the credit of the public school fund of the state.

334.1025. A person who has been engaged in the practice of radiologic imaging and radiation therapy, other than a radiologist assistant, and who does not hold a current certification and registration by a certification organization recognized by the board may continue to practice in the radiologic imaging or radiation therapy modality in which they are currently employed, provided that such person:

- (1) Registers with the board on or before January 1, 2020;**
- (2) Does not change the scope of their current practice or current place of employment;**
- (3) Completes all continuing education requirements for their modality biennially as prescribed by the board;**
- (4) Practices only under the supervision of a licensed practitioner; and**
- (5) Meets all licensure requirements of sections 334.1000 to 334.1030 and the rules adopted by the board and obtains a license from the board on or before October 1, 2023.**

334.1030. The board may promulgate rules to implement the provisions of sections 334.1000 to 334.1030. 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, 2018, shall be invalid and void.”; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 15

Amend House Amendment No. 15 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 5, Lines 6 through 9, by deleting all of said lines and inserting in lieu thereof the following:

“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] Notwithstanding the provisions of section 538.210 or any other law to the contrary, any physician licensed under chapter 334, any hospital licensed under chapter 197, any pharmacist licensed under chapter 338, any nurse licensed under chapter 335, or any other person employed or directed by any of the above, which provides care, treatment or professional services to any patient under section 192.945 shall not be liable for any civil damages for acts or omissions unless the damages were occasioned by gross negligence or by willful or wanton acts or omissions by such physician, hospital,

pharmacist, nurse or person in rendering such care and treatment.”; and

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

HOUSE AMENDMENT NO. 15

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after said section and line the following:

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

(1) **“Dispensing organization”, an entity licensed under chapter 261 to distribute medical cannabis;**

(2) **“Eligible patient”, a person who meets all of the following:**

(a) Has a terminal illness;

(b) Has considered all other treatment options currently approved by the [United States] **federal** Food and Drug Administration and all relevant clinical trials conducted in this state;

(c) Has received a prescription or recommendation from the person’s physician for an investigational drug, biological product, or device;

(d) Has given written informed consent which shall be at least as comprehensive as the consent used in clinical trials for the use of the investigational drug, biological product, or device or, if the patient is a minor or lacks the mental capacity to provide informed consent, a parent or legal guardian has given written informed consent on the patient’s behalf; and

(e) Has documentation from the person’s physician that the person has met the requirements of this subdivision;

[(2)] (3) **“Investigational drug, biological product, or device”, a drug, biological product, or device, any of which are used to treat the patient’s terminal illness, that has successfully completed phase one of a clinical trial but has not been approved for general use by the [United States] federal Food and Drug Administration and remains under investigation in a clinical trial. The term shall not include Schedule I controlled substances except for medical cannabis. The term shall include medical cannabis from a dispensing organization;**

[(3)] (4) **“Terminal illness”, a disease that without life-sustaining procedures will result in death in the near future or a state of permanent unconsciousness from which recovery is unlikely.**

2. A **dispensing organization or** manufacturer of an investigational drug, biological product, or device may make available the **dispensing organization’s or** manufacturer’s investigational drug, biological product, or device to eligible patients under this section. This section does not require that a **dispensing organization or** manufacturer make available an investigational drug, biological product, or device to an eligible patient. A **dispensing organization or** manufacturer may:

(1) Provide an investigational drug, biological product, or device to an eligible patient without receiving compensation; or

(2) Require an eligible patient to pay the costs of or associated with the manufacture of the investigational drug, biological product, or device.

3. This section does not require a health care insurer to provide coverage for the cost of any investigational drug, biological product, or device. A health care insurer may provide coverage for an investigational drug, biological product, or device.

4. This section does not require the department of corrections to provide coverage for the cost of any investigational drug, biological product, or device.

5. Notwithstanding any other provision of law to the contrary, no state agency or regulatory board shall revoke, fail to renew, or take any other action against a physician's license issued under chapter 334 based solely on the physician's recommendation to an eligible patient regarding prescription for or treatment with an investigational drug, biological product, or device. Action against a health care provider's Medicare certification based solely on the health care provider's recommendation that a patient have access to an investigational drug, biological product, or device is prohibited.

6. [If a provision of this section or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this section that can be given effect without the invalid provision or application, and to this end the provisions of this section are severable] **Notwithstanding any other provision of law to the contrary, no state agency or regulatory board shall revoke, fail to renew, or take any other action against a dispensing organization's license issued under chapter 261 based solely on the dispensing organization's sale of medical cannabis to an eligible patient under this section.**

7. If the clinical trial is closed due to lack of efficacy or toxicity, the drug shall not be offered. If notice is given on a drug, product, or device taken by a patient outside of a clinical trial, the pharmaceutical company or patient's physician shall notify the patient of the information from the safety committee of the clinical trial.

8. Except in the case of gross negligence or willful misconduct, any person who manufactures, imports, distributes, prescribes, dispenses, or administers an investigational drug or device to an eligible patient with a terminal illness in accordance with this section shall not be liable in any action under state law for any loss, damage, or injury arising out of, relating to, or resulting from:

(1) The design, development, clinical testing and investigation, manufacturing, labeling, distribution, sale, purchase, donation, dispensing, prescription, administration, or use of the drug or device; or

(2) The safety or effectiveness of the drug or device.

9. Any official, employee, or agent of this state who blocks or attempts to block access of an eligible patient to an investigational drug, biological product, or device is guilty of a class A misdemeanor.

10. If any provision of this section or its application to any person or circumstance is held invalid, such determination shall not affect the provisions or applications of this section which may be given effect without the invalid provision or application, and to that end the provisions of this section are severable.

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) “Medical cannabis”, as such term is defined in section 195.207;

(6) “Medical cannabis registration card”, a card issued by the department under this section;

~~[(5)]~~ (7) “Neurologist”, a physician who is licensed under chapter 334 and board certified in neurology;

~~[(6)]~~ (8) “Parent”, a parent or legal guardian of a minor who is responsible for the minor’s medical care;

~~[(7)]~~ (9) “Registrant”, an individual to whom the department issues a hemp extract **or medical cannabis** registration card under this section;

(10) “Terminal illness”, a disease or condition as defined in section 191.480.

2. The department shall issue a hemp extract **or medical cannabis** 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 signed by a neurologist **or physician** that:

(a) Indicates that the individual suffers from intractable epilepsy and may benefit from treatment with hemp extract **or that the individual suffers from a terminal illness and may benefit from treatment with medical cannabis at the same dosage and with the same method of smokeless administration used in a clinical trial;** [and]

(b) **Indicates that the individual has considered all other treatment options currently approved by the federal Food and Drug Administration and all relevant clinical trials conducted in this state; and**

(c) Is consistent with a record from the neurologist **or physician** concerning the individual contained in the database described in subsection [9] **11** of this section;

(4) Pays the department a fee in an amount established by the department under subsection [6] **8** 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 **or medical cannabis** 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 signed by a neurologist **or physician** that:

(a) Indicates that a minor in the parent's care suffers from intractable epilepsy and may benefit from treatment with hemp extract **or suffers from a terminal illness and may benefit from medical cannabis at the same dosage and with the same method of smokeless administration used in a clinical trial;** [and]

(b) **Indicates that the individual has considered all other treatment options currently approved by the federal Food and Drug Administration and all relevant clinical trials conducted in this state; and**

(c) Is consistent with a record from the neurologist **or physician** concerning the minor contained in the database described in subsection [9] **11** of this section;

(4) Pays the department a fee in an amount established by the department under subsection [6] **8** 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 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 **and medical cannabis** registration [card] **cards**; and

(2) Regulate the distribution of hemp extract from a cannabidiol oil care center **and medical cannabis from a cannabis care center, as defined in section 261.265**, to a registrant, which shall be in addition to any other state or federal regulations[; and].

6. The department shall publish a list of diseases and conditions for which a medical cannabis registration card may be issued. The list shall only contain terminal illnesses as defined under section 191.480. The department shall publish a list of diseases and conditions for which a hemp extract registration card may be issued. The list shall only contain intractable epilepsy.

7. The department may promulgate rules to authorize clinical trials involving hemp extract **and medical cannabis**.

[6.] **8.** 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.] **9.** 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.] **10.** The neurologist **or physician** who signs the statement 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 **or medical cannabis**; and

(2) Transmit the record described in subdivision (1) of this subsection to the department.

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

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

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

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

195.207. 1. As used in sections 192.945, 261.265, 261.267, and this section, the term ["hemp extract"] "**medical cannabis**" shall mean [an] **a noncombustible** extract from a cannabis plant or a **noncombustible** mixture or preparation containing cannabis plant material. "**Hemp extract**" shall mean the same, except that it:

(1) Is composed of no more than three-tenths percent tetrahydrocannabinol by weight;

(2) Is composed of at least five percent cannabidiol by weight; and

(3) Contains no other psychoactive substance.

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

(1) Possesses or uses the hemp extract only to treat intractable epilepsy **or medical cannabis only to treat a terminal illness**, as **such terms are** defined in section 192.945;

(2) Originally obtained the hemp extract **or medical cannabis** from a sealed container with a label indicating the hemp extract's **or medical cannabis'** place of origin and a number that corresponds with a certificate of analysis **and a warning label with all possible side effects**;

(3) Possesses, in close proximity to the hemp extract **or medical cannabis**, 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 **or medical cannabis'** ingredients including its percentages of tetrahydrocannabinol and cannabidiol **and all other cannabinoid compounds, terpenes, and solvents** by weight;

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

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

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

3. Notwithstanding any other provision of this chapter, an individual who possesses hemp extract **or medical cannabis** lawfully under subsection 2 of this section and administers hemp extract **or medical cannabis** to a minor suffering from intractable epilepsy **or a terminal illness** is not subject to the penalties described in this chapter for administering the hemp extract **or medical cannabis** 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 **or medical cannabis** registration card under section 192.945, or is a minor under a registrant's care, may possess up to twenty ounces of hemp extract **or medical cannabis** pursuant to this section. Subject to any rules or regulations promulgated by the department of health and senior services, an individual may apply for a waiver if a physician provides a substantial medical basis in a signed, written statement asserting that, based on the patient's medical history, in the physician's professional judgment, twenty ounces is an insufficient amount to properly alleviate the patient's medical condition or symptoms associated with such medical condition.

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

(1) "Cannabidiol oil care center", the premises specified in an application for a cultivation and

production facility license in which the licensee is authorized to distribute processed hemp extract to persons possessing a hemp extract registration card issued under section 192.945;

(2) **“Cannabis care center”, the premises specified in an application for a cultivation and production facility license in which the licensee is authorized to distribute processed medical cannabis to persons possessing a medical cannabis registration card issued under section 192.945;**

(3) **“Cannabis cultivation and production facility”, the land and premises in which the licensee is authorized to distribute processed medical cannabis to persons possessing a medical cannabis registration card issued under section 192.945;**

(4) **“Cannabis cultivation and production facility license”, a license that authorizes the licensee to grow, cultivate, process, and possess medical cannabis;**

(5) **“Cannabis grower”, an entity issued a cultivation and production facility license by the department of agriculture that produces medical cannabis for the treatment of terminal illnesses;**

(6) **“Department”, the department of agriculture;**

(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 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.; and**

(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;

(8) **“Hemp 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)] (9) **“Hemp 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)] (10) **“Hemp 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;**

[(6) “Hemp”:

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

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

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

(b) Any cannabis sativa seed that is:

a. Part of a growing crop;

b. Retained by a grower for future planting; or

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

This term shall not include industrial hemp commodities or products;]

[~~(7)~~] **(11)** “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;

(12) “Medical cannabis”:

(a) All nonseed parts and varieties of the cannabis plant, whether growing or not; and

(b) Any cannabis 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 cannabis seed.

2. The department shall issue a cultivation and production facility license to an entity to grow or cultivate the cannabis plant used to make medical cannabis, as defined in subsection 1 of section 195.207, on the entity’s property if the entity has submitted to the department an application as required by the department under subsection 9 of this section and the entity meets all requirements of this section and the department’s rules.

3. A cannabis grower may produce, manufacture, and distribute medical cannabis as defined in section 195.207 for the treatment of persons suffering from a terminal illness consistent with any and all state and local regulations regarding the production, manufacture, or distribution of such product.

4. The department shall issue a hemp cultivation and production facility license to a nonprofit entity to grow or cultivate the cannabis plant used to make hemp extract as defined in subsection 1 of section 195.207 or hemp on the entity’s property if the entity has submitted to the department an application as required by the department under subsection [7] 9 of this section[,], and the entity meets all requirements of this section and the department’s rules[,], and there are fewer than two licensed cultivation and production facilities operating in the state].

[3.] 5. A hemp grower may produce and manufacture hemp and hemp extract, and distribute help extract as defined in section 195.207 for the treatment of persons suffering from intractable epilepsy as defined in

section 192.945 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 cultivation and production facility licenses for the operation of such facilities at any one time.]

[4.] 6. The department shall maintain a list of growers.

[5.] 7. 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.] 8. In addition to an audit conducted in accordance with subsection [5] 7 of this section, the director may inspect independently, or in cooperation with the state highway patrol or a local law enforcement agency, any hemp **or medical cannabis** crop during the crop's growth phase and take a representative composite sample for field analysis. If a **hemp** crop contains an average tetrahydrocannabinol (THC) concentration exceeding the lesser of:

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

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

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

[7.] 9. 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 **and cannabis** 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 **or medical cannabis** received from a legal source be submitted to a testing facility designated by the department to ensure that such hemp extract **or medical cannabis** complies with the provisions of section 195.207 and to ensure that the hemp extract **or medical cannabis** does not contain any pesticides. **The department shall only designate testing facilities that maintain internal standard operating procedures, maintain quality control and quality assurance programs, and are certified by the International Organization for Standardization and agree to have the inspections and reports of the International Organization for Standardization made available to the department. The department or an independent third party authorized by the department may conduct an inspection of the practices, procedures, and programs adopted, followed, and maintained pursuant to this subdivision and inspect all records of the independent testing facility that are related to the inspection.** Any hemp extract **or medical cannabis** 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) Requirements that each independent testing facility shall:

(a) Follow the most recent version of the Cannabis Inflorescence: Standards of Identity, Analysis, and Quality Control monograph published by the American Herbal Pharmacopoeia; or

(b) Notify the department of the alternative testing methodology that the facility is following for each quality assurance test it conducts. The department may require the independent testing facility to have the testing methodology followed under this paragraph validated by an independent third party to ensure that the methodology followed by the facility produces scientifically accurate results before the facility may use the methodology when conducting testing services;

(7) Rules for an independent testing facility to have its basic proficiency to execute correctly the analytical testing methodologies used by the facility validated and monitored on an ongoing basis by an independent third party; and

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

[8.] **10.** 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.

[9.] **11.** All hemp **and cannabis** waste from the production of hemp extract **or medical cannabis** shall either be destroyed, recycled by the licensee at the hemp **or medical cannabis** 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.] **12.** 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.

13. Notwithstanding any other provision of law to the contrary, a person who commits any acts that are unlawful under section 191.480, 192.945, 192.947, 195.207, 261.265, or 263.250 with the intent to distribute medical cannabis to minors shall be guilty of a class D felony.

14. Any manufacturing, storage, or testing of medical cannabis or any medical cannabis product shall meet all requirements of the department of health and senior services and all local health departments.

263.250. 1. The plant “marijuana”, botanically known as cannabis sativa, is hereby declared to be a noxious weed and all owners and occupiers of land shall destroy all such plants growing upon their land. Any person who knowingly allows such plants to grow on his land or refuses to destroy such plants after being notified to do so shall allow any sheriff or such other persons as designated by the county commission to enter upon any land in this state and destroy such plants.

2. Entry to such lands shall not be made, by any sheriff or other designated person to destroy such plants,

until fifteen days' notice by certified mail shall be given the owner or occupant to destroy such plants or a search warrant shall be issued on probable cause shown. In all such instances, the county commission shall bear the cost of destruction and notification.

3. The provisions of this section shall not apply to the licensed production of hemp oil or medical cannabis under chapter 261.”; and

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

HOUSE AMENDMENT NO. 16

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

“21.790. 1. There is hereby established a joint committee of the general assembly, which shall be known as the “Joint Committee on Substance Abuse Prevention and Treatment”. The committee shall be composed of six members from the house of representatives, six members from the senate, and four members appointed by the governor. The senate members of the committee shall be appointed by the president pro tempore of the senate and the house members by the speaker of the house of representatives. There shall be at least two members from the minority party of the senate and at least two members from the minority party of the house of representatives. The members appointed by the governor shall include one member from the health care industry, one member who is a first responder or law enforcement officer, one member who is a member of the judiciary or a prosecuting attorney, and one member representing a substance abuse prevention advocacy group.

2. The committee shall select a chairperson and a vice-chairperson, one of whom shall be a member of the senate and one a member of the house of representatives. A majority of the members shall constitute a quorum. The committee shall meet at least once during each legislative session and at all other times as the chairperson may designate.

3. The committee shall:

(1) Conduct hearings on current and estimated future drug and substance use and abuse within the state;

(2) Explore solutions to substance abuse issues; and

(3) Draft or modify legislation as necessary to effectuate the goals of finding and funding education and treatment solutions to curb drug and substance use and abuse.

4. The committee shall report annually to the general assembly and the governor. The report shall include recommendations for legislation pertaining to substance abuse prevention and treatment.

190.096. 1. This section shall be known and may be cited as the “Tactical Response to Traumatic Injuries Act”.

2. For purposes of this section, “trauma public access kit” or “trauma PAK” means a first aid response kit that contains at least all of the following:

(1) Two tourniquets;

(2) Two pressure dressings that are inspected for replacement no less than every three years;

(3) Four chest seals that are inspected for replacement no less than every three years;

(4) Medical materials and equipment similar to those described in subdivisions (1), (2), and (3) of this subsection, and any additional items that are approved by local law enforcement or first responders, that adequately treat a traumatic injury, and can be stored in a readily available kit; and

(5) Instructional documents based upon nationally or internationally recognized evidence-based treatment recommendations, guidelines, and programs.

3. In order to ensure public safety, a person or entity that supplies a trauma kit may provide the person or entity that acquires the trauma kit with all information governing the use, installation, operation, training, and maintenance of the trauma kit.

4. The placement of trauma PAKs in public or private buildings, facilities, or structures is voluntary, but this shall not preclude any state agency or political subdivision from adopting mandatory building standards requiring the placement of PAKs in public buildings, facilities, or structures. If any person or entity places or requires the placement of PAKs in private buildings, facilities, or structures, then such persons or entities shall comply with the requirements of subsection 5 of this section in order for such person or entity, or any agents thereof, to claim immunity from civil damages under subsection 6 of this section.

5. In order to ensure public safety, the entity responsible for managing the building, facility, or tenants of a structure in which a trauma PAK is placed that is an occupied structure shall do all of the following:

(1) Comply with all regulations governing the placement of a trauma PAK;

(2) Inspect all trauma PAKs acquired and placed on the premises of a building, facility, or structure every three years from the date of installation to ensure that all materials, supplies, and equipment contained in the trauma PAK are not expired, and replace any expired materials, supplies, and equipment as necessary;

(3) Restock the trauma PAK after each use and replace any materials, supplies, and equipment as necessary to ensure that all materials, supplies, and equipment required to be contained in the trauma PAK are contained in the trauma PAK;

(4) At least once per year, notify tenants of the building, facility, or structure of the location of the trauma PAK and provide information to tenants regarding contact information for training in the use of the trauma PAK; and

(5) Provide tenants with instructions in the use of the trauma PAK from the training programs described in subdivision (5) of subsection 2 of this section.

6. Notwithstanding any other provision of law, a person or entity that acquires and places a trauma kit for emergency care in a structure shall not be liable for any civil damages resulting from any acts or omissions in the rendering of emergency care by use of the trauma kit if that person or entity has complied with subsection 5 of this section.

7. Any person who gratuitously and in good faith renders emergency care or treatment by the use of a trauma PAK at the scene of an emergency shall not be held liable for any civil damages as a result of such care or treatment, unless the person acts in a willful and wanton or reckless manner in

providing the care or treatment. The person or entity who provides appropriate training to the person using the trauma PAK, the person or entity responsible for the site where the trauma PAK is located, the person or entity that owns the trauma PAK, the person or entity that provided clinical protocol for trauma PAK sites or programs, and the person or entity that reviews and approves the clinical protocol shall likewise not be held liable for civil damages resulting from the use of a trauma PAK. Nothing in this section shall affect any claims brought pursuant to chapter 537 or 538. The protections specified in this section shall not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of a trauma PAK.”; and

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

Emergency clause adopted.

Titling change adopted.

In which the concurrence of the Senate is respectfully requested.

INTRODUCTIONS OF GUESTS

On behalf of Senator Schupp and himself, Senator Kehoe introduced to the Senate, Nick Rallo, St. Louis.

Senator Walsh introduced to the Senate, Brian P. Kelley and his family, and representatives of the Brotherhood of Locomotive Engineers and Trainmen’s Missouri State Legislative Board.

Senator Cunningham introduced to the Senate, Blake Joseph Engemann, Hermann; and Blake was made an honorary page.

Senator Cierpiot introduced to the Senate, teachers Grace Carrender and Hillary Henry, and one hundred fourth-grade students from Voy Spears, Jr. Elementary School, Blue Springs.

Senator Rowden introduced to the Senate, his sister, Principal Beka Jouret, and parents and students from Christian Chapel School, Columbia.

Senator Rowden introduced to the Senate, Jennifer Sutterer, Columbia.

Senator Brown introduced to the Senate, his wife, Kathy, his daughter, Danette Sherrill, and his grandchildren, Rio and Maya Sherrill, and Kennedy Brown.

Senator Dixon introduced to the Senate, Luke Miller, Ballwin.

Senator Schupp introduced to the Senate, Madison Malugen, Farmington.

Senator Hummel introduced to the Senate, Nick Eberle, St. Louis.

Senator Riddle introduced to the Senate, teachers Ms. Hoskins, Ms. McManus, Ms. Olson and Ms. Webber, parents, and fourth-grade students from Eugene Field Elementary School, Mexico.

Senator Koenig introduced to the Senate, the Physician of the Day, Matthew V. Satterly, M.D., Glendale.

Senator Dixon introduced to the Senate, Suzanne Cronkhite, and her daughter, Addison, Springfield.

Senator Cierpiot introduced to the Senate, his wife, former State Representative Connie Cierpiot, Lee's Summit; former State Representative Linda Bartelsmeyer, Monett; and former State Representative Catherine Enz, St. Louis.

Senator Hegeman introduced to the Senate, Hannah Ankenbauer, Massena, Iowa.

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

SENATE CALENDAR

SIXTY-SEVENTH DAY—WEDNESDAY, MAY 9, 2018

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HB 2644-Rowland

THIRD READING OF SENATE BILLS

SS for SB 579-Libla (In Fiscal Oversight)

SS for SB 699-Sifton (In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

- | | |
|------------------------------|-------------------------------|
| 1. SJR 36-Schatz, with SCS | 9. SB 864-Hoskins |
| 2. SB 678-Eigel | 10. SB 998-Schatz, with SCS |
| 3. SB 1102-Kehoe, with SCS | 11. SB 703-Hegeman |
| 4. SB 1015-Wieland, with SCS | 12. SB 915-Crawford |
| 5. SB 709-Schatz, with SCS | 13. SB 934-Hegeman |
| 6. SB 640-Sater | 14. SB 988-Rowden, with SCS |
| 7. SB 963-Wieland, with SCS | 15. SB 790-Cierpiot, with SCS |
| 8. SB 952-Rowden | 16. SB 734-Schatz, with SCS |

HOUSE BILLS ON THIRD READING

1. HCS for HB 1456, with SCS (Wallingford)
(In Fiscal Oversight)

2. HCS for HB 1872 (Hegeman)
(In Fiscal Oversight)

3. HB 1516-Wiemann (Riddle)
(In Fiscal Oversight)
4. HCS for HB 1388, with SCS (Schatz)
(In Fiscal Oversight)
5. HB 1719-Grier, with SCS (Riddle)
(In Fiscal Oversight)
6. HB 1633-Corlew, with SCS (Dixon)
7. HB 1250-Plocher, with SCS (Dixon)
8. HCS for HB 2042, with SCS (Dixon)
9. HCS for HB 1868, with SCS (Riddle)
10. HCS for HB 2249, with SCS (Riddle)
11. HCS for HB 2540, with SCS (Eigel)
12. HCS for HB 2129 (Romine)
13. HB 1446-Eggleston, with SCS (Sater)
14. HCS for HBs 2337 & 2272, with SCS
(Wieland)
15. HCS for HBs 2277 & 1983, with SCS
16. HCS for HB 2031 (Hoskins)

INFORMAL CALENDAR

THIRD READING OF SENATE BILLS

SS#2 for SCS for SBs 617, 611 &
667-Eigel (In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

- | | |
|--|---|
| SB 546-Munzlinger, with SS#4 (pending) | SB 767-Hoskins, with SCS, SS for SCS &
SA 2 (pending) |
| SB 550-Wasson, with SCS | SB 774-Munzlinger |
| SBs 555 & 609-Brown, with SCS | SB 813-Riddle, with SCS & SA 1 (pending) |
| SB 556-Brown, with SA 1 (pending) | SB 822-Hegeman, with SCS & SS for SCS
(pending) |
| SB 561-Sater, with SA 1 (pending) | SB 832-Rowden, with SCS, SS#2 for SCS &
point of order (pending) |
| SB 567-Cunningham, with SCS, SS for SCS,
SA 1 & SA 1 to SA 1 (pending) | SB 837-Rowden |
| SB 578-Romine | SB 848-Riddle |
| SB 591-Hegeman, with SCS | SB 849-Kehoe and Schupp, with SCS, SA 1
& SA 1 to SA 1 (pending) |
| SB 596-Riddle, with SCS | SB 859-Koenig, with SCS & SS for SCS
(pending) |
| SB 599-Schatz | SB 860-Koenig, with SCS, SS for SCS &
SA 1 (pending) |
| SB 602-Onder, with SCS | SB 861-Hegeman, with SCS |
| SB 612-Koenig, with SCS, SS#2 for SCS,
SA 2, SSA 1 for SA 2 & SA 1 to SSA 1
for SA 2 (pending) | SB 865-Kehoe |
| SB 663-Schatz, with SCS, SS for SCS &
SA 1 (pending) | SB 893-Sater, with SCS, SS for SCS &
SA 1 (pending) |
| SB 730-Wallingford, with SCS & SA 1
(pending) | |
| SB 751-Schatz | |

SB 912-Rowden, with SCS & SS#3 for SCS
(pending)
SB 920-Riddle, with SS & SA 2 (pending)

SB 928-Onder, with SCS
SB 1003-Wasson, with SS & SA 1 (pending)
SB 1021-Dixon and Wallingford, with SCS

HOUSE BILLS ON THIRD READING

HB 1247-Pike (Onder)
HCS for HB 1251, with SCS (Crawford)
HB 1252-Plocher (Riddle)
HCS for HB 1264 (Hegeman)
HB 1267-Lichtenegger (Munzlinger)
SS#2 for SCS for HCS for HBs 1288, 1377
& 2050 (Dixon) (In Fiscal Oversight)
HB 1303-Alferman, with SCS (Rowden)
HB 1329-Remole, with SCS, SS for SCS &
SA 5 (pending) (Munzlinger)
HB 1389-Fitzpatrick, with SCS (Schatz)
HB 1409-Fitzpatrick (Kehoe)
HB 1413-Taylor, with SCS, SS for SCS &
SA 1 (pending) (Onder)
SS for HB 1415-Lauer (Wasson)
(In Fiscal Oversight)
HB 1428-Muntzel, with SS, SA 1 & SSA 1
for SA 1 (pending) (Munzlinger)
HB 1442-Alferman, with SCS, SS for SCS &
SA 1 (pending) (Schatz)
HCS for HB 1443, with SCS (Sater)
HCS for HB 1461 (Rowden)
HB 1484-Brown (57) (Romine)
HCS#2 for HB 1503, with SCS (Hoskins)
HB 1558-Neely, with SCS (Romine)
HB 1578-Kolkmeyer (Munzlinger)
HCS for HB 1597, with SCS (Dixon)
HCS for HB 1605, with SCS (Kehoe)
HCS for HB 1611 (Riddle)
HCS for HB 1614 (Hegeman)
HCS for HB 1617, with SCS, SS#2 for SCS
& SA 1 (pending) (Onder)

HB 1630-Evans (Rowden)
HCS for HB 1645 (Rowden)
HB 1646-Eggleston (Hegeman)
HB 1691-Miller, with SCS & SS for SCS
(pending) (Emery)
HCS for HB 1710, with SCS (Eigel)
HCS for HBs 1729, 1621 & 1436 (Brown)
HCS for HB 1796, with SS (pending)
(Rowden)
HB 1809-Tate (Schatz)
HB 1831-Ruth, with SA 1 & SA 1 to SA 1
(pending) (Wieland)
HB 1968-Grier (Schatz)
HCS for HB 1991, with SCS (Rowden)
HB 1998-Bondon, with SCS (Emery)
HCS for HB 2017 (Brown)
HCS for HB 2018 (Brown)
HB 2026-Wilson, with SCS (Rowden)
HB 2043-Tate (Wasson)
HB 2044-Taylor, with SCS (pending)
(Dixon)
HCS for HB 2079, with SCS (Crawford)
HCS for HB 2119 (Rowden)
HB 2122-Engler, with SCS (Schatz)
HCS for HB 2171, with SA 1 (pending)
(Sater)
HB 2179-Richardson (Kehoe)
HB 2183-Bondon (Crawford)
HCS for HB 2216, with SCS (Emery)
HJR 59-Brown (57) (Romine)

SENATE BILLS WITH HOUSE AMENDMENTS

SCS for SB 718-Eigel, with HCS, as amended
SB 793-Wallingford, with HCS, as amended

SB 800-Libla, with HCS, as amended

BILLS IN CONFERENCE AND BILLS
CARRYING REQUEST MESSAGES

In Conference

SB 569-Cunningham, with HCS, as amended
SS for SB 608-Hoskins, with HCS
SB 660-Riddle, with HCS, as amended
SS for SCS for SB 707-Schatz, with HCS,
as amended
SS for SCS for SB 775-Brown, with HCS,
as amended
SS for SCS for SB 826-Sater, with HCS,
as amended
SS for SB 870-Hegeman, with HCS,
as amended
SCS for SB 892-Walsh, with HA 1, HA 2,
HA 3, HA 4 & HA 5
HB 1291-Henderson, with SS for SCS,
as amended (Romine)
(House adopted CCR and passed CCS)
HB 1858-Christofanelli, with SS (Eigel)
(House adopted CCR and passed CCS)

HCS for HB 1879, with SS for SCS,
as amended (Cunningham)
HCS for HB 2002, with SCS (Brown)
HCS for HB 2003, with SCS (Brown)
HCS for HB 2004, with SCS (Brown)
HCS for HB 2005, with SCS (Brown)
HCS for HB 2006, with SCS, as amended
(Brown)
HCS for HB 2007, with SCS, as amended
(Brown)
HCS for HB 2008, with SCS (Brown)
HCS for HB 2009, with SCS (Brown)
HCS for HB 2010, with SS for SCS (Brown)
HCS for HB 2011, with SCS (Brown)
HCS for HB 2012, with SCS (Brown)
HCS for HB 2013, with SCS (Brown)

Requests to Recede or Grant Conference

SB 687-Sater, with HCS, as amended
(Senate requests House recede or grant
conference)
SB 743-Sater, with HCS, as amended
(Senate requests House recede or grant
conference)

SB 806-Crawford, with HCS, as amended
(Senate requests House recede or grant
conference)

RESOLUTIONS

SR 1137-Walsh, with SS (pending)
SR 1487-Schaaf

SR 2020-Schaaf

Reported from Committee

SCR 30-Wallingford, with SA 1 (pending)
SCR 35-Hegeman
SCR 49-Schatz
SCR 50-Hegeman
SCR 52-Emery

SCR 53-Munzlinger
HCR 63-Haefner (Wieland)
HCR 69-Davis (Hoskins)
HCR 70-Franks, Jr. (Nasheed)
HCR 96-Conway (Eigel)

To be Referred

HCS for HCR 77

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