

Journal of the Senate

SECOND REGULAR SESSION

SIXTY-EIGHTH DAY—THURSDAY, MAY 10, 2018

The Senate met pursuant to adjournment.

President Parson in the Chair.

Reverend Carl Gauck offered the following prayer:

“A little stress is like salt, it flavors the moment ...but excessive stress is killing us.” (Hans Seale)

Heavenly Father, you know that many of us thrive on the stress to accomplish those things we have set for us to complete and it excites us and gives us a sense of purpose. But we know in these closing days there is very much to be accomplished and our little stress is compounded and our bodies and spirits are starting to feel its negative effects, so we pray that Your calming presence may be with us and our hearts and minds find the serenity they need. 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.

Photographers from MissouriNet and Associated Press were given permission to take pictures in the Senate Chamber.

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 Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2052
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 100 be amended to read as follows:

“Rule 100. A roll call vote of the senate shall be taken upon any question at the request of [five] **four** senators.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2053
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 98 be amended to read as follows:

“Rule 98. No standing rule or order of the senate shall be rescinded or changed without one day’s notice being given of the motion thereof, which notice shall be printed in the journal of the senate, and then only by a vote of at least a majority of the senators elected; except that any rule, including this rule, may be suspended for a special purpose, stated in the motion to suspend, by a vote of a [two-thirds] **three-fourths** majority of the members elected to the senate, and such rule shall remain suspended only until the senate proceeds to the consideration of business other than that for which the rule was suspended. Upon one day’s notice of the proposed rule change having been given, the senate resolution adopting such rule change shall not be assigned to a committee without consent of the sponsoring senator and shall be in order to be considered by the senate at any day or time thereafter upon motion of the sponsor during the order of business of Resolutions.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2054
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 96 be amended to read as follows:

“Rule 96. 1. Laptop computers may be used by [the press at the press table and by the research staff at the research table in the Senate Chamber as long as their use does not violate Rule 78 or is otherwise disruptive to the business of the Senate. Beginning March 29, 2016, laptop computers may be used by] **Senators at their desks**, Senators’ staff and senate staff at the staff table and by the research staff at the research table in the Senate Chamber as long as their use does not violate Rule 78 or is otherwise disruptive to the business of the Senate. No person shall take any photograph in the Senate Gallery. Persons with cameras, flash cameras, lights, or other paraphernalia may be allowed to use such devices at committee meetings with the permission of the Chairman as long as they do not prove disruptive to the decorum of the committee. Smoking is not permissible in the Senate Chamber or Gallery, the Kirchoff Gallery, the Pershing Gallery, the Bingham Gallery, committee rooms, lounge, the hallways, restrooms or elevators.

2. For the purpose of compliance with the Americans with Disabilities Act, the President Pro Tem may designate a portion of the Senate Chamber as handicap accessible and such areas shall not be considered a part of the floor of the Senate for the purposes of section 21.420, RSMo. Persons using such area shall not lobby members of the Senate while going to and from or while using the designated area.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2055
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 92 be amended to read as follows:

“Rule 92. When a question has once been decided by a vote of the senate, any senator voting on that side which prevails may move for a reconsideration of the vote at any time within [three] **five** legislative days, excluding legislative days wherein the roll is not called, after the day on which the vote was had, except votes ordering bills printed as perfected, which may be reconsidered at any time before third reading of such bills. When a motion is made to reconsider the vote by which a bill failed of perfection, the presiding officer shall briefly state the nature of the bill and, thereupon, the vote on the motion to reconsider shall be immediately taken without interrogation or debate. All motions to reconsider shall be decided by a majority vote of the senators elected. Only one motion to reconsider shall be allowed on any question.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2056
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 84 be amended to read as follows:

“Rule 84. The previous question shall be in this form: “Shall the main question be now put?”. It shall only be admitted on written demand of [five] **ten** senators, and sustained by a vote of a majority of the senators elected, and in effect shall be put without debate, and bring the senate to direct vote upon a motion to commit, if such motion shall have been made; and if this motion does not prevail, then upon amendments, and then upon the main question. On demand for the previous question, a call of the senate shall be in order, but after a majority of the senators elected have sustained such a motion, no call shall be in order prior to the decision on the main question.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2057
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 25 be amended to read as follows:

“Rule 25. The president pro tem of the senate shall appoint the following standing committees:

1. Committee on Administration, 5 members.
2. Committee on Agriculture, Food Production and Outdoor Resources, 8 members.
3. Committee on Appropriations, [11] **13** members.
4. Committee on Commerce, Consumer Protection, Energy and the Environment, 11 members.
5. Committee on Economic Development, 11 members.
6. Committee on Education, 9 members.
7. Committee on Fiscal Oversight, 7 members.
8. Committee on General Laws, 7 members.
9. Committee on Government Reform, 7 members.
10. Committee on Gubernatorial Appointments, 11 members.
11. Committee on Health and Pensions, 7 members.
12. Committee on Insurance and Banking, 7 members.
13. Committee on the Judiciary and Civil and Criminal Jurisprudence, 7 members.
14. Committee on Local Government and Elections, 7 members.
15. Committee on Professional Registration, 7 members.
16. Committee on Progress and Development, 4 members.
17. Committee on Rules, Joint Rules, Resolutions and Ethics, 7 members.
18. Committee on Seniors, Families and Children, 7 members.
19. Committee on Small Business and Industry, 8 members.

20. Committee on Transportation, Infrastructure and Public Safety, 7 members.
21. Committee on Veterans and Military Affairs, 7 members.
22. Committee on Ways and Means, 7 members.

All committees shall have leave to report at any time. The chairman of any standing committee may appoint one or more subcommittees, with the approval of the committee, to hold hearings on bills referred to the committee and shall report its findings to the standing committee.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2058
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 12 be amended to read as follows:

“Rule 12. All committees listed in Rule 25 shall be appointed by the president pro tem of the senate, except as otherwise provided. The minority party members shall be chosen by the minority party in the manner determined by the minority party caucus. **Each member of the majority party shall have the opportunity to request the president pro tem to appoint the member as the chairperson of a standing committee of his or her choosing based on seniority of the member as determined under Senate Rule 29. The president pro tem shall, when so requested, appoint such member as the chairperson of the requested committee.**

At the beginning of each session the caucus chairman of the minority party may file with the secretary of the senate a statement setting forth the method by which minority party members are to be appointed as determined by the minority party caucus, but if no such statement is filed, the minority party members shall be appointed to committees by the minority floor leader.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2059
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 25 be amended to read as follows:

“Rule 25. The president pro tem of the senate shall appoint the following standing committees:

1. Committee on Administration, 5 members.
2. Committee on Agriculture, Food Production and Outdoor Resources, 8 members.
3. Committee on Appropriations, 11 members.
4. Committee on Commerce, Consumer Protection, Energy and the Environment, 11 members.
5. Committee on Economic Development, 11 members.
6. Committee on Education, 9 members.
7. Committee on Fiscal Oversight, 7 members.
8. Committee on General Laws, 7 members.
9. Committee on Government Reform, 7 members.
10. Committee on Gubernatorial Appointments, 11 members.
11. Committee on Health and Pensions, 7 members.
12. Committee on Insurance and Banking, 7 members.
13. Committee on the Judiciary and Civil and Criminal Jurisprudence, 7 members.
14. Committee on Local Government and Elections, 7 members.
15. Committee on Professional Registration, 7 members.
16. Committee on Progress and Development, 4 members.
17. Committee on Rules, Joint Rules, Resolutions and Ethics, 7 members.
18. Committee on Seniors, Families and Children, 7 members.

19. Committee on Small Business and Industry, 8 members.
20. Committee on Transportation, Infrastructure and Public Safety, 7 members.
21. Committee on Veterans and Military Affairs, 7 members.
22. Committee on Ways and Means, 7 members.

All committees shall have leave to report at any time. The chairman of any standing committee may appoint one or more subcommittees, with the approval of the committee, to hold hearings on bills referred to the committee and shall report its findings to the standing committee. **Upon receipt of articles of impeachment by the House of Representatives, a committee on impeachment shall be formed, consisting of 7 members, whose sole duty shall be the recommendation to the full senate of seven eminent jurists to be elected to a special commission to try the impeachment under Article VII, Section 2 of the Missouri Constitution.”.**

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2060
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 48 be amended to read as follows:

“Rule 48. No bills, other than appropriation bills, shall be introduced in the senate after [March] **April** first of any regular session unless consented to by a majority of the elected members of the senate, and no bills other than appropriation bills shall be introduced in the senate after the sixtieth legislative day of any regular session, unless consented to by a majority of the elected members of the house and senate, or the governor requests consideration of the proposed legislation by a special message. (Constitution, Art. III, Sec. 25.)”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2061
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 49 be amended to read as follows:

“Rule 49. Up to [one thousand] **five hundred** copies of all bills and joint resolutions shall be printed after their first reading and before a second reading is permitted, unless otherwise ordered. Bills and resolutions for the senate shall be printed in pamphlet form, as for the last and previous sessions, in page size eight and one-half by eleven inches. A copy of the printed bill shall be attached to the original bill when it is referred to committee, and thereafter the original and the printed copy thereof shall be kept together. The bill shall not be re-typed, but upon perfection a printed copy of the bill with all amendments or substitutes adopted incorporated shall be attached to the original bill. Upon final passage by the senate, the original, with a printed copy of the bill as perfected attached thereto, shall be transmitted to the house. Upon final passage by both houses the bill shall be printed as truly agreed and finally passed, shall be signed by the presiding officers in printed form, and shall be presented to the governor in printed form with appropriate spaces for signatures, and such printed bill, appropriately signed, shall constitute the original roll for the bill.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2062
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 25 be amended to read as follows:

“Rule 25. The president pro tem of the senate shall appoint the following standing committees:

1. Committee on Administration, 5 members.
2. Committee on Agriculture, Food Production and Outdoor Resources, 8 members.
3. Committee on Appropriations, 11 members.

4. Committee on Commerce, Consumer Protection, Energy and the Environment, 11 members.
5. Committee on Economic Development, 11 members.
6. Committee on Education, 9 members.
7. Committee on Fiscal Oversight, 7 members.
8. Committee on General Laws, 7 members.
9. Committee on Government Reform, 7 members.
10. Committee on Gubernatorial Appointments, 11 members.
11. Committee on Health and Pensions, 7 members.
12. Committee on Insurance and Banking, 7 members.
13. Committee on the Judiciary and Civil and Criminal Jurisprudence, 7 members.
14. Committee on Local Government and Elections, 7 members.
15. Committee on Professional Registration, 7 members.
16. Committee on Progress and Development, 4 members.
17. Committee on Rules, Joint Rules, Resolutions and Ethics, [7] 11 members.
18. Committee on Seniors, Families and Children, 7 members.
19. Committee on Small Business and Industry, 8 members.
20. Committee on Transportation, Infrastructure and Public Safety, 7 members.
21. Committee on Veterans and Military Affairs, 7 members.
22. Committee on Ways and Means, 7 members.

All committees shall have leave to report at any time. The chairman of any standing committee may appoint one or more subcommittees, with the approval of the committee, to hold hearings on bills referred to the committee and shall report its findings to the standing committee.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2063 NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 28 be amended to read as follows:

“Rule 28. The duties of the standing committees of the senate are as follows:

1. The Committee on Administration shall superintend and have sole and complete control of all financial obligations and business affairs of the senate, the assignment of offices and seats, and the supervision of certain designated employees. The committee shall be authorized to employ an administrator, who shall be provided with office space as designated by the committee. The administrator or the secretary of the senate may be authorized to act for the committee, but only in the manner and to the extent as may have previously been authorized by the committee with such authorization entered in the minutes of the committee. No voucher calling for payment from the contingent fund of the senate shall be drawn, nor shall any valid obligation exist against the contingent fund until the same shall have been approved by the committee or its administrator and be recorded in the minutes thereof. All vouchers must be signed by the chairman of the committee or the administrator, if so authorized. The committee or its administrator shall provide for the receiving and receipt of all supplies, equipment and furnishings purchased for the account of the senate, and the distribution thereof. The administrator shall keep a detailed running account of all transactions and shall open his records for inspection to any senator who so requests. All employees other than elected officials of the senate and employees of the individual senators, shall be selected by the committee, who shall control their tenure, set their compensation, assign their duties and exercise complete supervision over them. When necessary, the committee shall assign office space and seats in the senate chamber.

2. The Committee on Agriculture, Food Production and Outdoor Resources shall consider and report upon bills and matters referred to it relating to animals, animal disease, pest control, agriculture, food production, the state park system, conservation of the state’s natural resources, soil and water, wildlife and game refuges.

3. The Committee on Appropriations shall consider and report upon all bills and matters referred to it pertaining to general appropriations and disbursement of public money.

4. The Committee on Commerce, Consumer Protection, Energy and the Environment shall consider and report upon bills and matters referred to it relating to the development of state commerce, the commercial sector, consumer protection, telecommunications and cable issues, the development and conservation of energy resources and the disposal of solid, hazardous and nuclear wastes and other matters relating to

environmental preservation.

5. The Committee on Economic Development shall consider and report upon bills and matters referred to it relating to the promotion of economic development, creation and retention of jobs, tourism and the promotion of tourism as a state industry, and community and business development.

6. The Committee on Education shall consider and report upon bills and matters referred to it relating to education in the state, including the public schools, libraries, programs and institutions of higher learning.

7. The Committee on Fiscal Oversight shall consider and report upon all bills, except regular appropriation bills, that require new appropriations or expenditures of appropriated funds in excess of \$100,000, or that reduce such funds by that amount during any of the first three years that public funds will be used to fully implement the provisions of the Act. Any such senate bill, after having been approved by the regular standing committee to which it has been assigned and after the same has been perfected and ordered printed by the senate, shall thereafter be referred to the Committee on Fiscal Oversight for its consideration prior to its submission to the senate for final passage thereof by the senate. Any such house bill after having been reported by the regular standing committee to which it was assigned shall be referred to the Committee on Fiscal Oversight for its consideration prior to it being considered by the senate for third reading and final passage. Any senate or house bill, amended so as to increase expenditures or reduce revenue in excess of \$100,000 during any of the first three years that public funds will be used to fully implement its provisions shall upon timely motion be referred or re-referred to the Committee on Fiscal Oversight. **The Senator handling any such house bill that was re-referred to the Committee on Fiscal Oversight prior to third reading shall, prior to third reading, briefly describe the subject matter of the bill.** The author or first named sponsor of a bill referred to the Committee on Fiscal Oversight shall be entitled to a hearing on his/her bill but such committee hearing shall be limited to the reception of testimony presented by the author or first-named sponsor in person and none other. The Committee on Fiscal Oversight may recommend the passage of a bill subject to the adoption of an amendment specifying a certain effective date proposed by the committee, and if such an amendment is not adopted, the bill shall again be referred to the Committee on Fiscal Oversight.

8. The Committee on General Laws shall consider and report upon bills and matters referred to it relating to general topics.

9. The Committee on Government Reform shall review, study, and investigate all matters referred to it relating to the application, administration, execution, and effectiveness of all state laws and programs, the organization and operation of state agencies and other entities having responsibility for the administration and execution of state laws and programs, and any conditions or circumstances that may indicate the necessity or desirability of enacting new or additional legislation to improve the efficiency of any state law or program. Any findings of the committee may be reported to the senate and the Committee on Appropriations. The committee shall also consider and report upon bills and matters referred to it relating to improving governmental efficiency and management. The committee shall also consider and report upon bills and matters referred to it relating to improving governmental efficiency and management.

10. The Committee on Gubernatorial Appointments shall consider and report upon gubernatorial appointments referred to it.

11. The Committee on Health and Pensions shall consider and report upon bills and matters referred to it relating to health, MO HealthNet, alternative health care delivery system proposals, public health, disease control, hospital operations, mental health, developmental disabilities, and substance abuse and addiction. The committee shall also consider and report upon bills and matters referred to it concerning retirement and pensions and pension plans.

12. The Committee on Insurance and Banking shall consider and report upon bills and matters referred to it relating to the ownership and operation of insurance and banking; and life, accident, indemnity and other forms of insurance. The committee shall also take into consideration and report on bills and matters referred to it relating to banks and banking, savings and loan associations, and other financial institutions in the state.

13. The Committee on the Judiciary and Civil and Criminal Jurisprudence shall consider and report upon bills and matters relating to the judicial department of the state including the practice of the courts of this state, civil procedure and criminal laws, criminal costs and all related matters. The Committee shall also consider and report upon bills and matters referred to it relating to probation or parole of persons sentenced under the criminal laws of the state.

14. The Committee on Local Government and Elections shall consider and report upon bills and matters referred to it relating to the county government, township organizations, and political subdivisions. The committee shall consider and report upon bills and matters referred to it relating to election law.

15. The Committee on Professional Registration shall consider and report upon bills and matters referred to it relating to the reorganization, establishment, consolidation or abolition of departments, boards, bureaus and commissions of state government, the internal operation of any state agency and the effect of federal legislation upon any state agency.

16. The Committee on Progress and Development shall consider and report upon bills and matters referred to it concerning the changing or maintenance of issues relating to human welfare.

17. The Committee on Rules, Joint Rules, Resolutions and Ethics shall consider and report on rules for the government of the senate and joint rules when requested by the senate, shall consider, examine and report upon bills and matters referred to it relating to ethics and the conduct of public officials and employees, shall recommend to the Senate the rules by which investigations and disciplinary proceedings will

be conducted, and shall examine and report upon all resolutions and other matters which may be appropriately referred to it. The committee shall see that bills and amendments are properly perfected and printed. The committee shall examine all Truly Agreed To and Finally Passed bills carefully, and report that the printed copies furnished the senators are correct. Upon the written request of the sponsor or floor handler of a bill, the committee may recommend that any such bill on the calendars for perfection or house bills on third reading be called up or considered out of order in which the bill appears on that calendar. A recommendation to consider bills out of order shall require approval by a majority of the committee with the concurrence of two-thirds of the senate members. No floor debate shall be allowed on the motion to adopt the committee report. The Committee shall examine bills placed on the Consent Calendar and may, by majority vote, remove any bill from the consent calendar within the time period prescribed by Rule 45, that it determines is too controversial to be treated as a consent bill.

18. The Committee on Seniors, Families and Children shall consider and report upon bills and matters referred to it concerning the preservation of the quality of life for senior citizens, nursing home and boarding home operations, alternative care programs for the elderly, and family and children's issues. It shall also consider and report upon bills and matters referred to it concerning income maintenance, social services, and child support enforcement.

19. The Committee on Small Business and Industry shall consider and report upon bills and matters referred to it relating to the ownership and operation of small businesses. The committee shall also take into consideration and report on bills relating to labor management, fair employment standards, workers' compensation and employment security within the state and shall examine bills referred to it relating to industrial development.

20. The Committee on Transportation, Infrastructure and Public Safety shall consider and report upon bills and matters referred to it concerning roads, highways, bridges, airports and aviation, railroads, port authorities, and other means of transportation and matters relating to motor vehicles, motor vehicle registration and drivers' licenses and matters relating to the safety of the general public.

21. The Committee on Veterans and Military Affairs shall consider and report upon bills and matters concerning veterans' and military affairs.

22. The Committee on Ways and Means shall consider and report upon bills and matters referred to it concerning the revenue and public debt of the state, and interest thereon, the assessment of real and personal property, the classification of property for taxation purposes and gaming.”

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2064
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 82 be amended to read as follows:

“Rule 82. If the question in debate contains several points, **including a bill or substitute thereof**, any senator may have it divided if it comprehends propositions in substance so distinct that by one being taken away a substantive proposition remains for the decision of the senate. On motion to strike out and insert, it shall not be in order to move for a division of the question, but a rejection of the motion to strike out and insert a different proposition shall not prevent a subsequent motion simply to strike out, nor shall the rejection of a motion simply to strike out prevent a subsequent motion to strike out and insert. [If the question in debate is a bill or a substitute thereof, a request to divide the bill or substitute shall not be in order.]”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2065
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 6 be amended to read as follows:

“Rule 6. Upon the written request of the sponsor or floor handler of a bill, the committee on rules, joint rules, resolutions, and ethics may recommend that any such bill on the calendars for perfection or house bills on third reading be called up or considered out of order in which the bill appears on that calendar. A recommendation to consider bills out of order shall require approval by a majority of the committee on rules, joint rules, resolutions, and ethics with the concurrence of two-thirds of the senate members. No floor debate shall be allowed on the motion to adopt the committee report. Except as otherwise provided for in this paragraph, only the regular appropriation bills, including the deficiency and the omnibus bills, bills providing for legislative or congressional redistricting, bills producing more than three million dollars in additional

state revenue, bills implementing amendments to the Missouri Constitution which were adopted at the immediately preceding state primary or general election, and bills requiring passage in order that the state receive funds from the federal government for the institution, continuance or expansion of federal-state programs, may be called up or considered out of the order in which the bill appears on the formal calendar of the senate. **The majority floor leader shall not request any member who has a senate bill on the perfection formal calendar or is handling a house bill on the house bills on third reading formal calendar to lay such bill on the informal calendar.**

All bills reported to the senate floor by the Committee on Governmental Accountability and Fiscal Oversight shall be placed on the appropriate formal calendar in a position, as near as may be, to that position which the bill would have had absent referral to the Committee on Governmental Accountability and Fiscal Oversight.”.

Senator Schaaf offered the following resolution:

SENATE RESOLUTION NO. 2066
NOTICE OF PROPOSED RULE CHANGE

Notice is hereby given by the Senator from the 34th 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, Second Regular Session, that Senate Rule 50 be amended to read as follows:

“Rule 50. Referrals of bills and appointments to committee shall be made by the president pro tem; and no bill shall be considered for final passage unless it has been reported on by a committee and printed for the use of the senators. **When the senate proceeds to the order of business of Reports of Standing Committees, the presiding officer shall recognize chairmen seeking recognition in order of their seniority, except for the chairman of the Committee on Rules, Joint Rules, Resolutions and Ethics and the chairman of the Committee on Fiscal Oversight, for the purpose of sending reports forward. Bills sent forward shall be placed on the appropriate calendar in the order in which such bills are received and in the order in which such bills are arranged by the chairman.** A report of all bills recommended “do pass” by a committee shall be submitted to the senate by the chairman and all committee amendments accompanying the report shall be printed in the Journal.

After a bill has been referred to a committee, one-third of the senators elected has the power to relieve a committee of further consideration of a bill and place it on the calendar for consideration. In any case where a committee has been relieved of further consideration of a bill as herein provided, a majority of the senators present but not less than one-third of the senators elected, may, at any time before final passage thereof, again refer the bill to the same or some other committee for consideration. No bill or resolution shall be reported adversely by any committee until the author of the bill or resolution has been given an opportunity to appear and be heard before the committee to which it is referred.

One-third of the senators elected may relieve a committee of an appointment and a motion to grant advice and consent of the Senate to that appointment is then in order upon a vote of the majority of the Senate.”.

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 1872; HB 1719, with SCS; HB 1516; HCS for HB 1456, with SCS; and HCS for HB 1388, with SCS**, begs leave to report that it has considered the same and recommends that the bills do pass.

Senator Richard, Chairman of the Committee on Gubernatorial Appointments, submitted the following reports, reading of which was waived:

Mr. President: Your Committee on Gubernatorial Appointments, to which were referred the following appointment and reappointments, begs leave to report that it has considered the same and recommends that the Senate do give its advice and consent to the following:

Nancy E. Birch, William C. Prince and Jeanie M. Thies, as members of the Child Abuse and Neglect Review Board;

Also,

Michael Whitehead, Republican, as a member of the Jackson County Board of Election Commissioners;
Also,

Reid K. Forrester, Republican, as a member of the Labor and Industrial Relations Commission; and
Victor E. Callahan, as a member of the State Tax Commission.

Senator Richard requested unanimous consent of the Senate to vote on the above reports in one motion. There being no objection, the request was granted.

Senator Richard moved that the committee reports be adopted, and the Senate do give its advice and consent to the above appointment and reappointments, which motion prevailed.

President Pro Tem Richard assumed the Chair.

Senator Wasson, Chairman of the Committee on Economic Development, submitted the following report:

Mr. President: Your Committee on Economic Development, to which was referred **HB 2039**, begs leave to report that it has considered the same and recommends that the bill do pass.

President Parson assumed the Chair.

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 **SS** for **SB 597**, entitled:

An Act to repeal sections 208.152, 354.150, 354.495, 374.115, 374.150, 374.230, 375.1218, 376.715, 376.717, 376.718, 376.720, 376.722, 376.724, 376.725, 376.726, 376.733, 376.734, 376.735, 376.737, 376.738, 376.742, 376.743, 376.746, 376.747, 376.748, 376.755, 376.756, and 376.758, RSMo, and to enact in lieu thereof twenty-seven new sections relating to fees for insurance services, with a delayed effective date for certain sections.

With House Amendment Nos. 1, 2, 3 and 4.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 597, Page 1, In the Title, Line 6, by deleting the words, “fees for”; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 597, Page 1, Section A, Line 8, by inserting after all of said section and line the following:

“191.1145. 1. As used in sections 191.1145 and 191.1146, the following terms shall mean:

(1) “Asynchronous store-and-forward transfer”, the collection of a patient’s relevant health information and the subsequent transmission of that information from an originating site to a health care provider at a distant site without the patient being present;

(2) “Clinical staff”, any health care provider licensed in this state;

(3) “Distant site”, a site at which a health care provider is located while providing health care services by means of telemedicine;

(4) “Health care provider”, as that term is defined in section 376.1350;

(5) “Originating site”, a site at which a patient is located at the time health care services are provided to him or her by means of telemedicine. For the purposes of asynchronous store-and-forward transfer, originating site shall also mean the location at which the health care provider transfers information to the distant site;

(6) “Telehealth” or “telemedicine”, the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

2. Any licensed health care provider shall be authorized to provide telehealth services if such services are within the scope of practice for which the health care provider is licensed and are provided with the same standard of care as services provided in person. **This section shall not be construed to prohibit a health carrier, as defined in section 376.1350, from reimbursing non-clinical staff for services otherwise allowed by law.**

3. In order to treat patients in this state through the use of telemedicine or telehealth, health care providers shall be fully licensed to practice in this state and shall be subject to regulation by their respective professional boards.

4. Nothing in subsection 3 of this section shall apply to:

(1) Informal consultation performed by a health care provider licensed in another state, outside of the context of a contractual relationship, and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;

(2) Furnishing of health care services by a health care provider licensed and located in another state in case of an emergency or disaster; provided that, no charge is made for the medical assistance; or

(3) Episodic consultation by a health care provider licensed and located in another state who provides such consultation services on request to a physician in this state.

5. Nothing in this section shall be construed to alter the scope of practice of any health care provider or to authorize the delivery of health care services in a setting or in a manner not otherwise authorized by the laws of this state.

6. No originating site for services or activities provided under this section shall be required to maintain immediate availability of on-site clinical staff during the telehealth services, except as necessary to meet the standard of care for the treatment of the patient’s medical condition if such condition is being treated by an eligible health care provider who is not at the originating site, has not previously seen the patient in person in a clinical setting, and is not providing coverage for a health care provider who has an established relationship with the patient.

7. Nothing in this section shall be construed to alter any collaborative practice requirement as provided

in chapters 334 and 335.”; and

Further amend said bill, Page 10, Section 208.152, Line 329, by inserting after all of said section and line the following:

“208.670. 1. As used in this section, these terms shall have the following meaning:

(1) **“Consultation”, a type of evaluation and management service as defined by the most recent edition of the Current Procedural Terminology published annually by the American Medical Association;**

(2) **“Distant site”, the same meaning as such term is defined in section 191.1145;**

(3) **“Originating site”, the same meaning as such term is defined in section 191.1145;**

(4) **“Provider”, [any provider of medical services and mental health services, including all other medical disciplines] the same meaning as the term “health care provider” is defined in section 191.1145, and such provider meets all other MO HealthNet eligibility requirements;**

[(2)] (5) **“Telehealth”, the same meaning as such term is defined in section 191.1145.**

2. [Reimbursement for the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program shall be allowed for orthopedics, dermatology, ophthalmology and optometry, in cases of diabetic retinopathy, burn and wound care, dental services which require a diagnosis, and maternal-fetal medicine ultrasounds.

3. The department of social services, in consultation with the departments of mental health and health and senior services, shall promulgate rules governing the practice of telehealth in the MO HealthNet program. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth, certification of agencies offering telehealth, and payment for services by providers. Telehealth providers shall be required to obtain participant consent before telehealth services are initiated and to ensure confidentiality of medical information.

4. Telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. Reimbursement for such services shall be made in the same way as reimbursement for in-person contacts.

5. The provisions of section 208.671 shall apply to the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program] **The department of social services shall reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person. The department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person. Payment for services rendered via telehealth shall not depend on any minimum distance requirement between the originating and distant site. Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site. Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in person.**

208.677. [1. For purposes of the provision of telehealth services in the MO HealthNet program, the term “originating site” shall mean a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter. The standard of care in the practice of telehealth shall be the same as the standard of care for services provided in person. An originating site shall be one of the following locations:

- (1) An office of a physician or health care provider;
- (2) A hospital;
- (3) A critical access hospital;
- (4) A rural health clinic;
- (5) A federally qualified health center;
- (6) A long-term care facility licensed under chapter 198;
- (7) A dialysis center;
- (8) A Missouri state habilitation center or regional office;
- (9) A community mental health center;
- (10) A Missouri state mental health facility;
- (11) A Missouri state facility;

(12) A Missouri residential treatment facility licensed by and under contract with the children’s division. Facilities shall have multiple campuses and have the ability to adhere to technology requirements. Only Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are MO HealthNet providers shall be consulting providers at these locations;

- (13) A comprehensive substance treatment and rehabilitation (CSTAR) program;
- (14) A school;
- (15) The MO HealthNet recipient’s home;
- (16) A clinical designated area in a pharmacy; or
- (17) A child assessment center as described in section 210.001.

2. If the originating site is a school, the school shall obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.] **Prior to the provision of telehealth services in a school, the parent or guardian of the child shall provide authorization for the provision of such service. Such authorization shall include the ability for the parent or guardian to authorize services via telehealth in the school for the remainder of the school year.**”; and

Further amend said bill, Page 11, Section 354.495, Line 15, by inserting after all of said section and line the following:

“354.603. 1. A health carrier shall maintain a network that is sufficient in number and types of providers to assure that all services to enrollees shall be accessible without unreasonable delay. In the case of

emergency services, enrollees shall have access twenty-four hours per day, seven days per week. The health carrier's medical director shall be responsible for the sufficiency and supervision of the health carrier's network. Sufficiency shall be determined by the director in accordance with the requirements of this section and by reference to any reasonable criteria, including but not limited to provider-enrollee ratios by specialty, primary care provider-enrollee ratios, geographic accessibility, reasonable distance accessibility criteria for pharmacy and other services, waiting times for appointments with participating providers, hours of operation, and the volume of technological and specialty services available to serve the needs of enrollees requiring technologically advanced or specialty care.

(1) In any case where the health carrier has an insufficient number or type of participating providers to provide a covered benefit, the health carrier shall ensure that the enrollee obtains the covered benefit at no greater cost than if the benefit was obtained from a participating provider, or shall make other arrangements acceptable to the director.

(2) The health carrier shall establish and maintain adequate arrangements to ensure reasonable proximity of participating providers, including local pharmacists, to the business or personal residence of enrollees. In determining whether a health carrier has complied with this provision, the director shall give due consideration to the relative availability of health care providers in the service area under, especially rural areas, consideration.

(3) A health carrier shall monitor, on an ongoing basis, the ability, clinical capacity, and legal authority of its providers to furnish all contracted benefits to enrollees. The provisions of this subdivision shall not be construed to require any health care provider to submit copies of such health care provider's income tax returns to a health carrier. A health carrier may require a health care provider to obtain audited financial statements if such health care provider received ten percent or more of the total medical expenditures made by the health carrier.

(4) A health carrier shall make its entire network available to all enrollees unless a contract holder has agreed in writing to a different or reduced network.

2. A health carrier shall file with the director, in a manner and form defined by rule of the department of insurance, financial institutions and professional registration, an access plan meeting the requirements of sections 354.600 to 354.636 for each of the managed care plans that the health carrier offers in this state. The health carrier may request the director to deem sections of the access plan as proprietary or competitive information that shall not be made public. For the purposes of this section, information is proprietary or competitive if revealing the information will cause the health carrier's competitors to obtain valuable business information. The health carrier shall provide such plans, absent any information deemed by the director to be proprietary, to any interested party upon request. The health carrier shall prepare an access plan prior to offering a new managed care plan, and shall update an existing access plan whenever it makes any change as defined by the director to an existing managed care plan. The director shall approve or disapprove the access plan, or any subsequent alterations to the access plan, within sixty days of filing. The access plan shall describe or contain at a minimum the following:

- (1) The health carrier's network;
- (2) The health carrier's procedures for making referrals within and outside its network;
- (3) The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the

network to meet the health care needs of enrollees of the managed care plan;

(4) The health carrier's methods for assessing the health care needs of enrollees and their satisfaction with services;

(5) The health carrier's method of informing enrollees of the plan's services and features, including but not limited to the plan's grievance procedures, its process for choosing and changing providers, and its procedures for providing and approving emergency and specialty care;

(6) The health carrier's system for ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning;

(7) The health carrier's process for enabling enrollees to change primary care professionals;

(8) The health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, in the event of a reduction in service area or in the event of the health carrier's insolvency or other inability to continue operations. The description shall explain how enrollees shall be notified of the contract termination, reduction in service area or the health carrier's insolvency or other modification or cessation of operations, and transferred to other health care professionals in a timely manner; and

(9) Any other information required by the director to determine compliance with the provisions of sections 354.600 to 354.636.

3. In reviewing an access plan filed pursuant to subsection 2 of this section, the director shall deem a managed care plan's network to be adequate if it meets one or more of the following criteria:

(1) The managed care plan is a Medicare + Choice coordinated care plan offered by the health carrier pursuant to a contract with the federal Centers for Medicare and Medicaid Services;

(2) The managed care plan is being offered by a health carrier that has been accredited by the National Committee for Quality Assurance at a level of "accredited" or better, and such accreditation is in effect at the time the access plan is filed;

(3) The managed care plan's network has been accredited by the Joint Commission on the Accreditation of Health Organizations for Network Adequacy, and such accreditation is in effect at the time the access plan is filed. If the accreditation applies to only a portion of the managed care plan's network, only the accredited portion will be deemed adequate; [or]

(4) The managed care plan is being offered by a health carrier that has been accredited by the Utilization Review Accreditation Commission at a level of "accredited" or better, and such accreditation is in effect at the time the access plan is filed; **or**

(5) The managed care plan is being offered by a health carrier that has been accredited by the Accreditation Association for Ambulatory Health Care, and such accreditation is in effect at the time the access plan is filed."; and

Further amend said bill, Page 15, Section 375.1218, Line 67, by inserting after all of said section and line the following:

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

(1) **“Health benefit plan”, as such term is defined in section 376.1350;**

(2) “Health care services”, medical, surgical, dental, podiatric, pharmaceutical, chiropractic, licensed ambulance service, and optometric services;

(3) **“Health carrier” or “carrier”, as such term is defined in section 376.1350;**

[(2)] (4) “Insured”, any person entitled to benefits under a contract of accident and sickness insurance, or medical-payment insurance issued as a supplement to liability insurance but not including any other coverages contained in a liability or a workers’ compensation policy, issued by an insurer;

[(3)] (5) “Insurer”, any person, reciprocal exchange, interinsurer, fraternal benefit society, health services corporation, self-insured group arrangement to the extent not prohibited by federal law, or any other legal entity engaged in the business of insurance;

[(4)] (6) “Provider”, a physician, hospital, dentist, podiatrist, chiropractor, pharmacy, licensed ambulance service, or optometrist, licensed by this state.

2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim.

3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of payment in the single name of the provider.

4. **Except as provided in subsection 5 of this section**, this section shall not require any insurer, health services corporation, health maintenance corporation or preferred provider organization which directly contracts with certain members of a class of providers for the delivery of health care services to issue payment as provided pursuant to this section to those members of the class which do not have a contract with the insurer.

5. When a patient’s health benefit plan does not include or require payment to out-of-network providers for all or most covered services, which would otherwise be covered if the patient received such services from a provider in the carrier’s network, including but not limited to health maintenance organization plans, as such term is defined in section 354.400, or a health benefit plan offered by a carrier consistent with subdivision (19) of section 376.426, payment for all services shall be made directly to the providers when the health carrier has authorized such services to be received from a provider outside the carrier’s network.

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

(1) **“Emergency medical condition”, the same meaning given to such term in section 376.1350;**

(2) **“Facility”, the same meaning given to such term in section 376.1350;**

(3) **“Health care professional”, the same meaning given to such term in section 376.1350;**

(4) **“Health carrier”, the same meaning given to such term in section 376.1350;**

(5) **“Unanticipated out-of-network care”, health care services received by a patient in an in-**

network facility from an out-of-network health care professional from the time the patient presents with an emergency medical condition until the time the patient is discharged;

2. Health care professionals shall send any claim for charges incurred for unanticipated out-of-network care to the patient's health carrier on a U.S. Centers of Medicare and Medicaid Services Form 1500, or its successor form, or electronically using the 837 HIPAA format, or its successor.

(1) Within forty-five processing days, as defined in 376.383, of receiving the health care professional's claim, the health carrier shall offer to pay the health care professional a reasonable reimbursement for unanticipated out-of-network care based on the health care professional's services. If the health care professional participates in one or more of the carrier's commercial networks, the offer of reimbursement for unanticipated out-of-network care shall be the amount from the network which has the highest reimbursement.

(2) If the health care professional declines the health carrier's initial offer of reimbursement, the health carrier and health care professional shall have sixty days to negotiate in good faith to attempt to determine the reimbursement for the unanticipated out-of-network care.

(3) If the health carrier and health care professional do not agree to a reimbursement amount by the end of the sixty day negotiation period, the dispute shall be resolved through an arbitration process as specified in subsection 4 of this section.

(4) To initiate arbitration proceedings, either the health carrier or health care professional must provide written notification to the director and the other party within 120 days of the end of the negotiation period, indicating their intent to arbitrate the matter and notifying the director of the billed amount and the date and amount of the final offer by each party. A bill for unanticipated out of network care may be resolved between the parties at any point prior to the commencement of the arbitration proceedings. Bills may be combined for purposes of arbitration, but only to the extent the bills represent similar circumstances and services provided by the same health care professional, and the parties attempted to resolve the dispute in accordance with subdivisions (2) through (4) of this subsection.

(5) No health care professional shall send a bill to the patient for any difference between the reimbursement rate as determined under this subsection and the health care professional's billed charge.

3. When unanticipated out-of-network care is provided, the health care professional may bill a patient for no more than the cost-sharing requirements described under this section.

(1) Cost-sharing requirements shall be based on the reimbursement amount as determined under subsection 2 of this section.

(2) The patient's health carrier shall inform the health care professional of its enrollee's cost-sharing requirements within forty-five processing days of receiving a claim from the health care professional for services provided.

(3) The in-network deductible and out-of-pocket maximum cost-sharing requirements shall apply to the claim for the unanticipated out-of-network care.

4. The director shall ensure access to an external arbitration process when a health care

professional and health carrier cannot agree to a reimbursement under subdivision (2) of subsection 2 of this section. In order to ensure access, when notified of a parties' intent to arbitrate, the director shall randomly select an arbitrator for each case from the department's approved list of arbitrators or entities that provide binding arbitration. The director shall specify the criteria for an approved arbitrator or entity by rule. The costs of arbitration shall be shared equally between and will be directly billed to the health care professional and health carrier. These costs will include, but are not limited to, reasonable time necessary for the arbitrator to review materials in preparation for the arbitration, travel expenses and reasonable time following the arbitration for drafting of the final decision.

5. At the conclusion of such arbitration process, the arbitrator shall issue a final decision, which shall be binding on all parties. The arbitrator shall provide a copy of the final decision to the director. The initial request for arbitration, all correspondence and documents received by the Department and the final arbitration decision shall be considered a closed record under section 374.071. However, the director may release aggregated summary data regarding the arbitration process. The decision of the arbitrator shall not be considered an agency decision nor shall it be considered a contested case within the meaning of 536.010.

6. The arbitrator shall determine a dollar amount due under subsection 2 of this section between one hundred twenty percent of the Medicare allowed amount and the seventieth percentile of the usual and customary rate for the unanticipated out-of-network care, as determined by benchmarks from independent nonprofit organizations that are not affiliated with insurance carriers or provider organizations.

7. When determining a reasonable reimbursement rate, the arbitrator shall consider the following factors if the health care professional believes the payment offered for the unanticipated out-of-network care does not properly recognize:

- (1) The health care professional's training, education, or experience;
- (2) The nature of the service provided;
- (3) The health care professional's usual charge for comparable services provided;
- (4) The circumstances and complexity of the particular case, including the time and place the services were provided; and
- (5) The average contracted rate for comparable services provided in the same geographic area.

8. The enrollee shall not be required to participate in the arbitration process. The health care professional and health carrier shall execute a nondisclosure agreement prior to engaging in an arbitration under this section.

9. This section shall take effect on January 1, 2019.

10. The department of insurance, financial institutions and professional registration may promulgate rules and fees as necessary to implement the provisions of this section, including but not limited to, procedural requirements for arbitration. 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, Page 36, Section 376.758, Line 10, by inserting after all said section and line the following:

“376.1065. 1. As used in this section, the following terms shall mean:

(1) “Contracting entity”, any health carrier, as such term is defined in section 376.1350, subject to the jurisdiction of the department engaged in the act of contracting with providers for the delivery of dental services, or the selling or assigning of dental network plans to other entities under the jurisdiction of the department;

(2) “Department”, the department of insurance, financial institutions and professional registration;

(3) “Official notification,” written communication by a provider or participating provider to a contracting entity describing such provider’s or participating provider’s change in contact information or participation status with the contracting entity;

(4) “Participating provider”, a provider who has an agreement with a contracting entity to provide dental services with an expectation of receiving payment, other than coinsurance, co-payments, or deductibles, directly or indirectly from such contracting entity;

(5) “Provider”, any person licensed under chapter 332.

2. A contracting entity shall, upon official notification, make changes contained in the official notification to their electronic provider material and their next edition of paper material made available to plan members or other potential plan members.

3. The department, when determining the result of a market conduct examination under sections 374.202 to 374.207, shall consider violations of this section by a contracting entity.

376.1350. For purposes of sections 376.1350 to 376.1390,
the following terms mean:

(1) “Adverse determination”, a determination by a health carrier or its designee utilization review organization that an admission, availability of care, continued stay or other health care service has been reviewed and, based upon the information provided, does not meet the health carrier’s requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness, and the payment for the requested service is therefore denied, reduced or terminated;

(2) “Ambulatory review”, utilization review of health care services performed or provided in an outpatient setting;

(3) “Case management”, a coordinated set of activities conducted for individual patient management of serious, complicated, protracted or other health conditions;

(4) “Certification”, a determination by a health carrier or its designee utilization review organization

that an admission, availability of care, continued stay or other health care service has been reviewed and, based on the information provided, satisfies the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care and effectiveness;

(5) "Clinical peer", a physician or other health care professional who holds a nonrestricted license in a state of the United States and in the same or similar specialty as typically manages the medical condition, procedure or treatment under review;

(6) "Clinical review criteria", the written screening procedures, decision abstracts, clinical protocols and practice guidelines used by the health carrier to determine the necessity and appropriateness of health care services;

(7) "Concurrent review", utilization review conducted during a patient's hospital stay or course of treatment;

(8) "Covered benefit" or "benefit", a health care service that an enrollee is entitled under the terms of a health benefit plan;

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

(10) "Discharge planning", the formal process for determining, prior to discharge from a facility, the coordination and management of the care that a patient receives following discharge from a facility;

(11) "Drug", any substance prescribed by a licensed health care provider acting within the scope of the provider's license and that is intended for use in the diagnosis, mitigation, treatment or prevention of disease. The term includes only those substances that are approved by the FDA for at least one indication;

(12) "Emergency medical condition", the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity, **regardless of the final diagnosis that is given**, that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that immediate medical care is required, which may include, but shall not be limited to:

(a) Placing the person's health in significant jeopardy;

(b) Serious impairment to a bodily function;

(c) Serious dysfunction of any bodily organ or part;

(d) Inadequately controlled pain; or

(e) With respect to a pregnant woman who is having contractions:

a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or

b. That transfer to another hospital may pose a threat to the health or safety of the woman or unborn child;

(13) "Emergency service", a health care item or service furnished or required to evaluate and treat an emergency medical condition, which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider;

(14) "Enrollee", a policyholder, subscriber, covered person or other individual participating in a health

benefit plan;

(15) “FDA”, the federal Food and Drug Administration;

(16) “Facility”, an institution providing health care services or a health care setting, including but not limited to hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings;

(17) “Grievance”, a written complaint submitted by or on behalf of an enrollee regarding the:

(a) Availability, delivery or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review;

(b) Claims payment, handling or reimbursement for health care services; or

(c) Matters pertaining to the contractual relationship between an enrollee and a health carrier;

(18) “Health benefit plan”, a policy, contract, certificate or agreement entered into, offered or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services; except that, health benefit plan shall not include any coverage pursuant to liability insurance policy, workers’ compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

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

(20) “Health care provider” or “provider”, a health care professional or a facility;

(21) “Health care service”, a service for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease;

(22) “Health carrier”, an entity subject to the insurance laws and regulations of this state that contracts or offers to contract to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits or health services; except that such plan shall not include any coverage pursuant to a liability insurance policy, workers’ compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

(23) “Health indemnity plan”, a health benefit plan that is not a managed care plan;

(24) “Managed care plan”, a health benefit plan that either requires an enrollee to use, or creates incentives, including financial incentives, for an enrollee to use, health care providers managed, owned, under contract with or employed by the health carrier;

(25) “Participating provider”, a provider who, under a contract with the health carrier or with its contractor or subcontractor, has agreed to provide health care services to enrollees with an expectation of receiving payment, other than coinsurance, co-payments or deductibles, directly or indirectly from the health carrier;

(26) “Peer-reviewed medical literature”, a published scientific study in a journal or other publication in which original manuscripts have been published only after having been critically reviewed for scientific accuracy, validity and reliability by unbiased independent experts, and that has been determined by the International Committee of Medical Journal Editors to have met the uniform requirements for manuscripts submitted to biomedical journals or is published in a journal specified by the United States Department of Health and Human Services pursuant to Section 1861(t)(2)(B) of the Social Security Act, as amended, as acceptable peer-reviewed medical literature. Peer-reviewed medical literature shall not include publications or supplements to publications that are sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier;

(27) “Person”, an individual, a corporation, a partnership, an association, a joint venture, a joint stock company, a trust, an unincorporated organization, any similar entity or any combination of the foregoing;

(28) “Prospective review”, utilization review conducted prior to an admission or a course of treatment;

(29) “Retrospective review”, utilization review of medical necessity that is conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment;

(30) “Second opinion”, an opportunity or requirement to obtain a clinical evaluation by a provider other than the one originally making a recommendation for a proposed health service to assess the clinical necessity and appropriateness of the initial proposed health service;

(31) “Stabilize”, with respect to an emergency medical condition, that no material deterioration of the condition is likely to result or occur before an individual may be transferred;

(32) “Standard reference compendia”:

(a) The American Hospital Formulary Service-Drug Information; or

(b) The United States Pharmacopoeia-Drug Information;

(33) “Utilization review”, a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures, or settings. Techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning or retrospective review. Utilization review shall not include elective requests for clarification of coverage;

(34) “Utilization review organization”, a utilization review agent as defined in section 374.500.

376.1367. When conducting utilization review or making a benefit determination for emergency services:

(1) A health carrier shall cover emergency services necessary to screen and stabilize an enrollee, **as determined by the treating emergency department health care provider**, and shall not require prior authorization of such services;

(2) Coverage of emergency services shall be subject to applicable co-payments, coinsurance and deductibles;

(3) **Before a health carrier denies payment for an emergency medical service based on the absence**

of an emergency medical condition, it shall review the enrollee's medical record regarding the emergency medical condition at issue. If a health carrier requests records for a potential denial where emergency services were rendered, the health care provider shall submit the record of the emergency services to the carrier within forty-five processing days, or the claim shall be subject to section 376.383. The health carrier's review of emergency services shall be completed by a board-certified physician licensed under chapter 334 to practice medicine in this state;

(4) When an enrollee receives an emergency service that requires immediate post evaluation or post stabilization services, a health carrier shall provide an authorization decision within sixty minutes of receiving a request; if the authorization decision is not made within [thirty] sixty minutes, such services shall be deemed approved;

(5) When a patient's health benefit plan does not include or require payment to out-of-network health care providers for emergency services including but not limited to health maintenance organization plans, as defined in section 354.400, or a health benefit plan offered by a health carrier consistent with subdivision (19) of section 376.426, payment for all emergency services as defined in section 376.1350 necessary to screen and stabilize an enrollee shall be paid directly to the health care provider by the health carrier. Additionally, any services authorized by the health carrier for the enrollee once the enrollee is stabilized shall also be paid by the health carrier directly to the health care provider.

379.1545. Notwithstanding any other provision of law:

(1) An insurer may terminate or otherwise change the terms and conditions of a policy of portable electronics insurance only upon providing the policyholder and enrolled customers with at least thirty days' notice;

(2) If the insurer changes the terms and conditions of a policy of portable electronics insurance, the insurer shall provide the vendor and any policyholders with a revised policy or endorsement and each enrolled customer with a revised certificate, endorsement, updated brochure, or other evidence indicating a change in the terms and conditions has occurred and a summary of material changes;

(3) Notwithstanding subdivision (1) of this section, an insurer may terminate an enrolled customer's enrollment under a portable electronics insurance policy upon fifteen days' notice for discovery of fraud or material misrepresentation in obtaining coverage or in the presentation of a claim thereunder;

(4) Notwithstanding subdivision (1) of this section, an insurer may immediately terminate an enrolled customer's enrollment under a portable electronics insurance policy:

(a) For nonpayment of premium;

(b) If the enrolled customer ceases to have an active service with the vendor of portable electronics; or

(c) If an enrolled customer exhausts the aggregate limit of liability, if any, under the terms of the portable electronics insurance policy and the insurer sends notice of termination to the customer within thirty calendar days after exhaustion of the limit. However, if the notice is not timely sent, enrollment and coverage shall continue notwithstanding the aggregate limit of liability until the insurer sends notice of termination to the enrolled customer;

(5) Where a portable electronics insurance policy is terminated by a policyholder, the policyholder shall mail or deliver written notice to each enrolled customer advising the customer of the termination of the policy and the effective date of termination. The written notice shall be mailed or delivered to the customer at least thirty days prior to the termination;

(6) Whenever notice is required under this section, it shall be in writing and may be mailed or delivered to the vendor at the vendor's mailing address and to its affected enrolled customers' last known mailing addresses on file with the insurer. If notice is mailed, the insurer or vendor, as the case may be, shall maintain proof of mailing in a form authorized or accepted by the U.S. Postal Service or other commercial mail delivery service. Alternatively, an insurer or vendor policyholder may comply with any notice required by this section by providing electronic notice to a vendor or its affected enrolled customers, as the case may be, by electronic means. **For purposes of this subdivision, agreement to receive notices and correspondence by electronic means shall be determined in accordance with section 432.220.** Additionally, if an insurer or vendor policyholder provides electronic notice to an affected enrolled customer and such delivery by electronic means is not available or is undeliverable, the insurer or vendor policyholder shall provide written notice to the enrolled customer by mail in accordance with this section. If notice is accomplished through electronic means, the insurer or vendor of portable electronics, as the case may be, shall maintain proof that the notice was sent.

[208.671. 1. As used in this section and section 208.673, the following terms shall mean:

(1) "Asynchronous store-and-forward", the transfer of a participant's clinically important digital samples, such as still images, videos, audio, text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the participant and the participant's treating provider;

(2) "Asynchronous store-and-forward technology", cameras or other recording devices that store images which may be forwarded via telecommunication devices at a later time;

(3) "Consultation", a type of evaluation and management service as defined by the most recent edition of the Current Procedural Terminology published annually by the American Medical Association;

(4) "Consulting provider", a provider who, upon referral by the treating provider, evaluates a participant and appropriate medical data or images delivered through asynchronous store-and-forward technology. If a consulting provider is unable to render an opinion due to insufficient information, the consulting provider may request additional information to facilitate the rendering of an opinion or decline to render an opinion;

(5) "Distant site", the site where a consulting provider is located at the time the consultation service is provided;

(6) “Originating site”, the site where a MO HealthNet participant receiving services and such participant’s treating provider are both physically located;

(7) “Provider”, any provider of medical, mental health, optometric, or dental health services, including all other medical disciplines, licensed and providing MO HealthNet services who has the authority to refer participants for medical, mental health, optometric, dental, or other health care services within the scope of practice and licensure of the provider;

(8) “Telehealth”, as that term is defined in section 191.1145;

(9) “Treating provider”, a provider who:

(a) Evaluates a participant;

(b) Determines the need for a consultation;

(c) Arranges the services of a consulting provider for the purpose of diagnosis and treatment; and

(d) Provides or supplements the participant’s history and provides pertinent physical examination findings and medical information to the consulting provider.

2. The department of social services, in consultation with the departments of mental health and health and senior services, shall promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program. Such rules shall include, but not be limited to:

(1) Appropriate standards for the use of asynchronous store-and-forward technology in the practice of telehealth;

(2) Certification of agencies offering asynchronous store-and-forward technology in the practice of telehealth;

(3) Timelines for completion and communication of a consulting provider’s consultation or opinion, or if the consulting provider is unable to render an opinion, timelines for communicating a request for additional information or that the consulting provider declines to render an opinion;

(4) Length of time digital files of such asynchronous store-and-forward services are to be maintained;

(5) Security and privacy of such digital files;

(6) Participant consent for asynchronous store-and-forward services; and

(7) Payment for services by providers; except that, consulting providers who decline to render an opinion shall not receive payment under this section unless and until an opinion is rendered.

Telehealth providers using asynchronous store-and-forward technology shall be required to obtain participant consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information.

3. Asynchronous store-and-forward technology in the practice of telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. The total payment for both the treating provider and the consulting provider shall not exceed the payment for a face-to-face consultation of the same level.

4. The standard of care for the use of asynchronous store-and-forward technology in the practice of telehealth shall be the same as the standard of care for services provided in person.]

[208.673. 1. There is hereby established the “Telehealth Services Advisory Committee” to advise the department of social services and propose rules regarding the coverage of telehealth services in the MO HealthNet program utilizing asynchronous store-and-forward technology.

2. The committee shall be comprised of the following members:

- (1) The director of the MO HealthNet division, or the director’s designee;
- (2) The medical director of the MO HealthNet division;
- (3) A representative from a Missouri institution of higher education with expertise in telehealth;
- (4) A representative from the Missouri office of primary care and rural health;
- (5) Two board-certified specialists licensed to practice medicine in this state;
- (6) A representative from a hospital located in this state that utilizes telehealth;
- (7) A primary care physician from a federally qualified health center (FQHC) or rural health clinic;
- (8) A primary care physician from a rural setting other than from an FQHC or rural health clinic;
- (9) A dentist licensed to practice in this state; and
- (10) A psychologist, or a physician who specializes in psychiatry, licensed to practice in this state.

3. Members of the committee listed in subdivisions (3) to (10) of subsection 2 of this section shall be appointed by the governor with the advice and consent of the senate. The first appointments to the committee shall consist of three members to serve three-year terms, three members to serve two-year

terms, and three members to serve a one-year term as designated by the governor. Each member of the committee shall serve for a term of three years thereafter.

4. Members of the committee shall not receive any compensation for their services but shall be reimbursed for any actual and necessary expenses incurred in the performance of their duties.

5. Any member appointed by the governor may be removed from office by the governor without cause. If there is a vacancy for any cause, the governor shall make an appointment to become effective immediately for the unexpired term.

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

[208.675. For purposes of the provision of telehealth services in the MO HealthNet program, the following individuals, licensed in Missouri, shall be considered eligible health care providers:

- (1) Physicians, assistant physicians, and physician assistants;
- (2) Advanced practice registered nurses;
- (3) Dentists, oral surgeons, and dental hygienists under the supervision of a currently registered and licensed dentist;
- (4) Psychologists and provisional licensees;
- (5) Pharmacists;
- (6) Speech, occupational, or physical therapists;
- (7) Clinical social workers;
- (8) Podiatrists;
- (9) Optometrists;
- (10) Licensed professional counselors; and
- (11) Eligible health care providers under subdivisions (1) to (10) of this section practicing in a rural health clinic, federally qualified health center, or community mental health center.]”;

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 597, Page 3, Section 208.152, Line 44, by inserting after the number, “(7)” the following words, “**Subject to appropriation,**”; and

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 597, Page 36, Section 376.758, Line 10, by inserting after all of said section and line the following:

“473.397. All claims and statutory allowances against the estate of a decedent shall be divided into the following classes:

- (1) Costs;
- (2) Expenses of administration;
- (3) Exempt property, family and homestead allowances;
- (4) Funeral expenses;
- (5) Debts and taxes due the United States of America;
- (6) **Debts for medical assistance due to the state of Missouri under section 473.398;**

(7) Expenses of the last sickness, wages of servants, claims for medicine and medical attendance during the last sickness, and the reasonable cost of a tombstone;

[(7)] (8) Debts and taxes due the state of Missouri, any county, or any political subdivision of the state of Missouri;

[(8)] (9) Judgments rendered against the decedent in his lifetime and judgments rendered upon attachments levied upon property of decedent during his lifetime;

[(9)] (10) All other claims not barred by section 473.360.

473.398. 1. Upon the death of a person, who has been a participant of aid, assistance, care, services, or who has had moneys expended on his behalf by the department of health and senior services, department of social services, or the department of mental health, or by a county commission, the total amount paid to the decedent or expended upon his behalf after January 1, 1978, shall be a debt due the state or county, as the case may be, from the estate of the decedent. The debt shall be collected as provided by the probate code of Missouri, chapters 472, 473, 474 and 475.

2. Procedures for the allowance of such claims shall be in accordance with this chapter, and such claims shall be allowed as a claim of [the seventh] **either the sixth or eighth** class under [subdivision (7)] **subdivisions (6) and (8)** of section 473.397.

3. Such claim shall not be filed or allowed if it is determined that:

- (1) The cost of collection will exceed the amount of the claim;
- (2) The collection of the claim will adversely affect the need of the surviving spouse or dependents of

the decedent to reasonable care and support from the estate.

4. Claims consisting of moneys paid on the behalf of a participant as defined in 42 U.S.C. 1396 shall be allowed, except as provided in subsection 3 of this section, upon the showing by the claimant of proof of moneys expended. Such proof may include but is not limited to [the following items which are deemed to be competent and substantial evidence of payment:

(1)] computerized records maintained by any governmental entity as described in subsection 1 of this section of a request for payment for services rendered to the participant]; and

(2) The certified statement of the treasurer or his designee that the payment was made], **which shall be deemed to be competent and substantial evidence of payment.**

5. The provisions of this section shall not apply to any claims, adjustments or recoveries specifically prohibited by federal statutes or regulations duly promulgated thereunder. Further, the federal government shall receive from the amount recovered any portion to which it is entitled.

6. Before any probate estate may be closed under this chapter, with respect to a decedent who, at the time of death, was enrolled in MO HealthNet, the personal representative of the estate shall file with the clerk of the court exercising probate jurisdiction a release from the MO HealthNet division evidencing payment of all MO HealthNet benefits, premiums, or other such costs due from the estate under law, unless waived by the MO HealthNet division.”; and

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

Titling change adopted.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS for SCS for SB 769**, entitled:

An Act to repeal sections 30.270, 67.085, 95.530, 110.010, 110.080, 110.140, 165.221, 165.231, 165.241, and 165.271, RSMo, and to enact in lieu thereof thirteen new sections relating to financial institutions.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SS No. 2 for SCS for SB 590**.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for Senate Bill No. 590, Page 2, Section 253.545, Lines 18, 21, and 22, by deleting from each said line the word “**thirty**” and inserting in lieu thereof in each said line the word “**twenty**”; and

Further amend said bill, Page 3, Section 253.550, Line 37, by deleting the word “**may**” and inserting in lieu thereof the word “**shall**”; and

Further amend said bill, Page 5, Section 253.559, Lines 30 through 34, by deleting all of said lines and inserting in lieu thereof the following:

“(5) A copy of all land use and building approvals reasonably”; and

Further amend said bill and section, Page 6, Line 59, by inserting immediately after the phrase **“from the”** the following: **“local elected officials and”**; and

Further amend said bill and section, Page 7, Line 94, by inserting immediately after said line the following:

“7. All taxpayers with applications receiving approval on or after July 1, 2019, shall submit within sixty days following the award of credits evidence of the capacity of the applicant to finance the costs and expenses for the rehabilitation of the eligible property in the form of a line of credit or letter of commitment subject to the lender’s termination for a material adverse change impacting the extension of credit. If the department of economic development determines that a taxpayer has failed to comply with the requirements under this subsection, then the department shall notify the applicant of such failure and the applicant shall have a thirty day period from the date of such notice to submit additional evidence to remedy the failure.”; and

Further amend said bill and section by renumbering the section accordingly; and

Further amend said bill, Page 9, Section B, Lines 1 through 6, by deleting all of said section and lines from the bill; and

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

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 adopted the Conference Committee Report on **SS** for **SCS** for **HCS** for **HB 1879**, as amended, and has taken up and passed **CCS** for **SS** for **SCS** for **HCS** for **HB 1879**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to adopt **SS** for **SCS** for **HB 1350**, as amended, and requests the Senate to recede from its position and failing to do so grant the House a conference thereon.

REFERRALS

President Pro Tem Richard referred **HCS** for **HBs 2280, 2120, 1468** and **1616** to the Committee on Fiscal Oversight.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SCS** for **SB 598**, entitled:

An Act to repeal section 227.240 RSMo, and to enact in lieu thereof one new section relating to the department of transportation utility corridor, with an existing penalty provision.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Committee Substitute for Senate Bill No. 598, Page 1, Section 227.240, Lines 13-17, by deleting all of said lines and inserting in lieu thereof the following:

“3. The department of transportation utility corridor established for the placement of utility facilities on the right-of-way of highways in the state highway system shall be up to twelve feet in width when space is reasonably available, with the location of the utility corridor to be determined by the state highways and transportation commission. The commission”; 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 Representative Haefner has been removed from the Conference Committee on **HCS** for **SB 660**, as amended. The Speaker has appointed Representative Franklin to the Conference Committee for **HCS** for **SB 660**, as amended.

PRIVILEGED MOTIONS

Senator Walsh, on behalf of the conference committee appointed to act with a like committee from the House on **SCS** for **SB 892** moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 892

The Conference Committee appointed on Senate Committee Substitute for Senate Bill No. 892, with House Amendment Nos. 1, 2, 3, 4, and 5, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on Senate Committee Substitute for Senate Bill No. 892, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 892;
3. That the attached Conference Committee Substitute for Senate Committee Substitute for Senate Bill No. 892, be Third Read and Finally Passed.

FOR THE SENATE:
/s/ Gina Walsh
/s/ Scott Sifton
/s/ Brian Munzlinger
/s/ Mike Cunningham
/s/ Sandy Crawford

FOR THE HOUSE:
/s/ Nate Walker
/s/ Jack Bondon
/s/ Jered Taylor
/s/ Ira Anders
/s/ Judy Morgan

Under the provisions of Senate Rule 91, Senator Riddle requested unanimous consent of the Senate to be excused from voting on the adoption of the conference committee report and 3rd reading of **CCS** for **SCS** for **SB 892**, which request was granted.

Senator Walsh moved that the above conference committee report 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
Munzlinger	Richard	Rizzo	Romine	Rowden	Sater	Schupp
Sifton	Wallingford	Walsh	Wasson	Wieland—26		

NAYS—Senators

Koenig	Libla	Schaaf—3
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Absent—Senators

Nasheed	Onder	Schatz—3
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Absent with leave—Senators—None

Excused from voting—Senator Riddle—1

Vacancies—1

On motion of Senator Walsh, **CCS** for **SCS** for **SB 892**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 892

An Act to repeal sections 56.363, 56.805, 56.807, 56.814, 56.833, 56.840, 169.291, 169.324, 169.350, 169.360, and 169.560, RSMo, and to enact in lieu thereof thirteen new sections relating to public employee retirement systems, with an existing penalty provision.

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	Munzlinger
Onder	Richard	Rizzo	Rowden	Sater	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—25			

NAYS—Senators

Koenig	Libla	Schaaf—3
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Absent—Senators

Eigel	Nasheed	Romine	Schatz—4
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Absent with leave—Senators—None

Excused from voting—Senator Riddle—1

Vacancies—1

The President declared the bill passed.

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

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

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

THIRD READING OF SENATE BILLS

SS No. 2 for SCS for SB 949, introduced by Senator Emery, 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.

Was taken up.

On motion of Senator Emery, **SS No. 2 for SCS for SB 949** 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	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schaaf	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senators—None

Absent—Senator Nasheed—1

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

On motion of Senator Kehoe, the Senate recessed until 1:00 p.m.

RECESS

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

Senator Kehoe announced photographers from KOMU-TV and ABC-17 were given permission to take pictures in the Senate Chamber.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCS** for **SBs 999** and **1000**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SCS** for **SBs 603, 576** and **898**, entitled:

An Act to repeal sections 161.670, 167.121, 173.1101, 173.1102, 173.1104, 173.1105, and 173.1107, RSMo, and to enact in lieu thereof seven new sections relating to virtual education, with a delayed effective date.

With House Amendment Nos. 1, 3 and 4.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 603, 576 and 898, Page 3, Section 161.670, Lines 53 through 56, by deleting all of said lines and inserting in lieu thereof the following:

“(2) Each school district or charter school shall adopt a policy that”; and

Further amend said bill, page, and section, Lines 63 through 68, by deleting all of said lines and inserting in lieu thereof the following:

“student’s enrollment in the Missouri course access and virtual school program. If the school district or charter school disapproves a student’s request to enroll in a course or courses provided by the Missouri course access and virtual school program, including full-time enrollment in courses provided by the Missouri course access and virtual school program, the reason shall be provided in writing and it shall be for “good cause”. “Good cause” justification to disapprove a student’s request for enrollment in a course shall be a determination that doing so is not in the best educational interest of the student. In cases of denial by the school district or charter school, local education agencies shall inform the student and the student’s family of their right to appeal any enrollment denial in the Missouri course access and virtual school program to the local school district board or charter school governing body where the family shall be given an opportunity to present their reasons for the child or children to enroll in the Missouri course access and virtual school program in an official school board meeting. In addition, the school district or charter school administration shall provide its “good cause” justification for denial at a school board meeting or governing body meeting. Both the family and school administration shall also provide

their reasons in writing to the members of the school board or governing body and the documents shall be entered into the official board minutes. The members of the board or governing body shall issue their decision in writing within thirty calendar days, and then an appeal may be made to the department of elementary and secondary education, which shall provide”; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 603, 576 & 898, Page 8, Section 167.121, Line 33, by inserting immediately after all of said section and line the following:

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

(1) “Board”, the coordinating board for higher education;

(2) “Books”, any books required for any course for which tuition was paid by a grant awarded under this section;

(3) “Eligible student”, the natural, adopted, or stepchild of a qualifying military member, who is less than twenty-five years of age and who was a dependent of a qualifying military member at the time of death or injury or within five years subsequent to the injury, or the spouse of a qualifying military member which was the spouse of a veteran at the time of death or injury or within five years subsequent to the injury;

(4) “Grant”, the veteran’s survivors grant as established in this section;

(5) “Institution of postsecondary education”, any approved Missouri public institution of postsecondary education, as defined in subdivision (3) of **subsection 1 of** section 173.1102;

(6) “Qualifying military member”, any member of the military of the United States, whether active duty, reserve, or National Guard, who served in the military after September 11, 2001, during time of war and for whom the following criteria apply:

(a) A veteran was a Missouri resident when first entering the military service or at the time of death or injury;

(b) A veteran died or was injured as a result of combat action or a veteran’s death or injury was certified by the Department of Veterans’ Affairs medical authority to be attributable to an illness or accident that occurred while serving in combat, or became eighty percent disabled as a result of injuries or accidents sustained in combat action after September 11, 2001; and

(c) “Combat veteran”, a Missouri resident who is discharged for active duty service having served since September 11, 2001, and received a DD214 in a geographic area entitled to receive combat pay tax exclusion exemption, hazardous duty pay, or imminent danger pay, or hostile fire pay;

(7) “Survivor”, an eligible student of a qualifying military member;

(8) “Tuition”, any tuition or incidental fee, or both, charged by an institution of postsecondary

education for attendance at the institution by a student as a resident of this state. The tuition grant shall not exceed the amount of tuition charged a Missouri resident at the University of Missouri-Columbia for attendance.

2. Within the limits of the amounts appropriated therefor, the coordinating board for higher education shall award annually up to twenty-five grants to survivors of qualifying military members to attend institutions of postsecondary education in this state, which shall continue to be awarded annually to eligible recipients as long as the recipient achieves and maintains a cumulative grade point average of at least two and one-half on a four-point scale, or its equivalent. If the waiting list of eligible survivors exceeds fifty, the coordinating board may petition the general assembly to expand the quota. If the quota is not expanded, then the eligibility of survivors on the waiting list shall be extended.

3. A survivor may receive a grant under this section only so long as the survivor is enrolled in a program leading to a certificate, or an associate or baccalaureate degree. In no event shall a survivor receive a grant beyond the completion of the first baccalaureate degree, regardless of age.

4. The coordinating board for higher education shall:

(1) Promulgate all necessary rules and regulations for the implementation of this section; and

(2) Provide the forms and determine the procedures necessary for a survivor to apply for and receive a grant under this section.

5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void.

6. In order to be eligible to receive a grant under this section, a survivor shall be certified as eligible by the Missouri veterans' commission.

7. A survivor who is enrolled or has been accepted for enrollment as an undergraduate postsecondary student at an approved institution of postsecondary education, and who is selected to receive a grant under this section, shall receive the following:

(1) An amount not to exceed the actual tuition charged at the approved institution of postsecondary education where the survivor is enrolled or accepted for enrollment;

(2) An allowance of up to two thousand dollars per semester for room and board; and

(3) The actual cost of books, up to a maximum of five hundred dollars per semester.

8. A survivor who is a recipient of a grant may transfer from one approved public institution of postsecondary education to another without losing his or her entitlement under this section. The board shall make necessary adjustments in the amount of the grant. If a grant recipient at any time withdraws from the institution of postsecondary education so that under the rules and regulations of that institution he or she is entitled to a refund of any tuition, fees, room and board, books, or other charges, the institution shall pay the portion of the refund to which he or she is entitled attributable to the grant for

that semester or similar grading period to the board.

9. If a survivor is granted financial assistance under any other student aid program, public or private, the full amount of such aid shall be reported to the board by the institution and the eligible survivor.

10. Nothing in this section shall be construed as a promise or guarantee that a person will be admitted to an institution of postsecondary education or to a particular institution of postsecondary education, will be allowed to continue to attend an institution of postsecondary education after having been admitted, or will be graduated from an institution of postsecondary education.

11. The benefits conferred by this section shall be available to any academically eligible student of a qualifying military member. Surviving children who are eligible shall be permitted to apply for full benefits conferred by this section until they reach twenty-five years of age.

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

(1) The provisions of the new program authorized under this section shall be reauthorized as of June 13, 2016, and shall expire on August 28, 2020, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall sunset automatically twelve years after June 13, 2016; 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.

173.616. 1. The following schools, training programs, and courses of instruction shall be exempt from the provisions of sections 173.600 to 173.618:

(1) A public institution;

(2) Any college or university represented directly or indirectly on the advisory committee of the coordinating board for higher education as provided in subsection 3 of section 173.005;

(3) An institution that is certified by the board as an “approved private institution” under subdivision (2) of **subsection 1 of** section 173.1102;

(4) A not-for-profit religious school that is accredited by the American Association of Bible Colleges, the Association of Theological Schools in the United States and Canada, or a regional accrediting association, such as the North Central Association, which is recognized by the Council on Postsecondary Accreditation and the United States Department of Education; and

(5) Beginning July 1, 2008, all out-of-state public institutions of higher education, as such term is defined in subdivision (13) of subsection 2 of section 173.005.

2. The coordinating board shall exempt the following schools, training programs and courses of instruction from the provisions of sections 173.600 to 173.618:

(1) A not-for-profit school owned, controlled and operated by a bona fide religious or denominational organization which offers no programs or degrees and grants no degrees or certificates other than those specifically designated as theological, bible, divinity or other religious designation;

(2) A not-for-profit school owned, controlled and operated by a bona fide eleemosynary organization which provides instruction with no financial charge to its students and at which no part of

the instructional cost is defrayed by or through programs of governmental student financial aid, including grants and loans, provided directly to or for individual students;

(3) A school which offers instruction only in subject areas which are primarily for avocational or recreational purposes as distinct from courses to teach employable, marketable knowledge or skills, which does not advertise occupational objectives and which does not grant degrees;

(4) A course of instruction, study or training program sponsored by an employer for the training and preparation of its own employees;

(5) A course of study or instruction conducted by a trade, business or professional organization with a closed membership where participation in the course is limited to bona fide members of the trade, business or professional organization, or a course of instruction for persons in preparation for an examination given by a state board or commission where the state board or commission approves that course and school;

(6) A school or person whose clientele are primarily students aged sixteen or under;

(7) A yoga teacher training course, program, or school.

3. A school which is otherwise licensed and approved under and pursuant to any other licensing law of this state shall be exempt from sections 173.600 to 173.618, but a state certificate of incorporation shall not constitute licensing for the purpose of sections 173.600 to 173.618.

4. Any school, training program or course of instruction exempted herein may elect by majority action of its governing body or by action of its director to apply for approval of the school, training program or course of instruction under the provisions of sections 173.600 to 173.618. Upon application to and approval by the coordinating board, such school training program or course of instruction may become exempt from the provisions of sections 173.600 to 173.618 at any subsequent time, except the board shall not approve an application for exemption if the approved school is then in any status of noncompliance with certification standards and a reversion to exempt status shall not relieve the school of any liability for indemnification or any penalty for noncompliance with certification standards during the period of the school's approved status."; and

Further amend said bill, Page 13, Section 173.1107, Line 8, by inserting immediately after all of said section and line the following:

"173.1150. 1. Notwithstanding any provision of law to the contrary, any individual who is in the process of separating from any branch of the military forces of the United States with an honorable discharge or a general discharge shall have student resident status for purposes of admission and in-state tuition at any approved public four-year institution in Missouri or in-state, in-district tuition at any approved two-year institution in Missouri.

2. To be eligible for student resident status under this section, any such individual shall demonstrate presence and declare residency within the state of Missouri. For purposes of attending a community college, an individual shall demonstrate presence and declare residency within the taxing district of the community college he or she attends.

3. The coordinating board for higher education shall promulgate rules to implement this section.

4. For purposes of this section, "approved public institution" shall have the same meaning as

provided in subdivision (3) of **subsection 1 of** section 173.1102.

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

173.1153. 1. Notwithstanding any provision of law to the contrary, any individual who is currently serving in the Missouri National Guard or in a reserve component of the Armed Forces of the United States shall be deemed to be domiciled in this state for purposes of eligibility for in-state tuition at any approved public institution in Missouri.

2. To be eligible for in-state tuition under this section, any such individual shall demonstrate presence within the state of Missouri. For purposes of attending a community college, an individual shall demonstrate presence within the taxing district of the community college he or she attends.

3. If any such individual is eligible to receive financial assistance under any other federal or state student aid program, public or private, the full amount of such aid shall be reported to the coordinating board for higher education by the institution and the individual. The tuition limitation under this section shall be provided after all other federal and state aid for which the individual is eligible has been applied, and no individual shall receive more than the actual cost of attendance when the limitation is combined with other aid made available to such individual.

4. The coordinating board for higher education shall promulgate rules to implement this section.

5. For purposes of this section, “approved public institution” shall have the same meaning as provided in subdivision (3) of **subsection 1 of** section 173.1102.

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

Further amend said bill and page, Section B, Line 1, by deleting the phrase “Section A” and inserting in lieu thereof the phrase “The repeal and reenactment of sections 161.670 and 167.121”; and

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 603, 576 & 898, Page 5, Section 161.670, Lines 138 through 143, by deleting all of said lines and inserting in lieu thereof the following:

“(14) Any online course or virtual program offered by a school district or charter school, including those offered prior to August 28, 2018, which meets the requirements of section 162.1250 shall be automatically approved to participate in the Missouri course access and virtual school program. Such course or program shall be subject to periodic renewal. A school district or charter school offering such a course or virtual school program shall be deemed an approved provider.”; and

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

In which the concurrence of the Senate is respectfully requested.

MESSAGES FROM THE GOVERNOR

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

GOVERNOR OF MISSOURI

JEFFERSON CITY

65102

May 10, 2018

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

I hereby withdraw from your consideration the following appointments:

James R. Wilson, Independent, 36981 State Highway AA, Anabel, Macon County, Missouri 63431, as a member of the State Fair Commission, for a term ending December 29, 2020, and until his successor is duly appointed and qualified; vice, Willis Jackson Magruder, term expired.

Patricia N. Thomas, Republican, 3444 Hobbs Lane, Jefferson City, Cole County, Missouri 65109, as a member of the State Fair Commission, for a term ending December 29, 2018, and until her successor is duly appointed and qualified; vice, Sherry Jones, term expired.

Jeffrey Miyake, Republican, 679 Cherry Ridge Boulevard, Springfield, Greene County, Missouri 65809, as a member of the Missouri Commission on Human Rights, for a term ending April 1, 2021, and until his successor is duly appointed and qualified; vice, Jenifer Placzek, term expired.

Melanie McDole, 320 West Southside Boulevard, Independence, Jackson County, Missouri 64055, as a member of the Missouri State Foster Care and Adoption Board, for a term ending May 31, 2022, and until her successor is duly appointed and qualified; vice, Janet E. Richardson, term expired.

Crissy L. Mayberry, 13026 State Highway 72, Millersville, Cape Girardeau County, Missouri 63766, as a member of the Missouri State Foster Care and Adoption Board, for a term ending May 31, 2018, and until her successor is duly appointed and qualified; vice, Dean Aye, term expired.

Sherry Jones, Republican, 20841 LIV 431, Dawn, Livingston County, Missouri 64638, as a member of the State Fair Commission, for a term ending December 29, 2021, and until her successor is duly appointed and qualified; vice, Lowell F. Mohler, term expired.

Matthew Hearne, Republican, 1 Price Court, Saint Louis, Saint Louis County, Missouri 63132, as a member of the Missouri Commission on Human Rights, for a term ending April 1, 2022, and until his successor is duly appointed and qualified; vice, David C. Zimmerman, term expired.

Michael B. Frazier, 596 North Buffalo Street, Marshfield, Webster County, Missouri 65706, as a member of the Missouri Developmental Disabilities Council, for a term ending June 30, 2020, and until his successor is duly appointed and qualified; vice, Vicki McCarrell, term expired.

John Stamm, Independent, 4152 Juniata Street #2, Saint Louis, Saint Louis City, Missouri 63116, as a member of the Missouri Community Service Commission, for a term ending March 26, 2021, and until his successor is duly appointed and qualified; Nicole N. Roach, term expired.

Casey J. Short, 91 Route O, Greenfield, Dade County, Missouri 65661, as the student representative of the University of Central Missouri Board of Governors, for a term ending December 31, 2019, and until her successor is duly appointed and qualified; vice, Mathew R. Martinez, term expired.

Janet Rogers, 601 Center Street, Lathrop, Clinton County, Missouri 64465, 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, Rhonda K. Haight, term expired.

Margaret “Ellen” Nichols, Republican, 2122 East 47th Street, Joplin, Newton County, Missouri 64804, as a member of the State Board of Registration for the Healing Arts, for a term ending September 3, 2019, and until her successor is duly appointed and qualified; vice, Jeffrey Carter, term expired.

Chassity S. Nevels, 38866 West Saint Cloud Circle, Richmond, Ray County, Missouri 64085, 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, Lana M. Martin, withdrawn.

Robert P. MacDonald, Democrat, 218 Kaylee Circle, Poplar Bluff, Butler County, Missouri 63901, as a member of the Southeast Missouri State University Board of Regents, for a term ending January 1, 2024, and until his successor is duly appointed and qualified; vice, Kendra Neely-Martin, term expired.

Carol S. Comer, 637 Norris Drive, Jefferson City, Cole County, Missouri 65109, as a member of the Midwest Interstate Low-Level Radioactive Waste Compact Commission, for a term ending at the pleasure of the Governor, and until her successor is duly appointed and qualified; vice, Sarah Parker Pauley.

Tiffany Drake, P.O. Box 104231, Jefferson City, Cole County, Missouri 65110, as an alternate member of the Midwest Interstate Low-Level Radioactive Waste Compact Commission, for a term ending at the pleasure of the Governor, and until her successor is duly appointed and qualified.

Donna Washburn, 1059 East Nottingham Lane, Springfield, Greene County, Missouri 65810, 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, Kristen Buckley, resigned.

Amy Robins, 198 Fox Creek Drive, O’Fallon, Saint Charles County, Missouri 63366, as a member of the Child Abuse and Neglect Review Board, for a term ending April 7, 2020, and until her successor is duly appointed and qualified; vice, Nanci A. Bobrow, term expired.

Tiffany M. Middlemas, 1705 Kings Road, Kirksville, Adair County, Missouri 63501, as the student representative of the Truman State University Board of Governors, for a term ending January 1, 2020, and until her successor is duly appointed and qualified; vice, Carter Brooks Templeton, term expired.

Jon M. Kempker, 2139 Deer Trail, Jefferson City, Cole County, Missouri 65101, as a member of the Child Abuse and Neglect Review Board, for a term ending April 7, 2019, and until his successor is duly appointed and qualified; vice, Vincent M. Cannon, term expired.

Sarah E. Mullen, Independent, 140 Buckstone Pass, Defiance, Saint Charles County, Missouri, 63341, as a member of the St. Charles County Convention and Sports Facilities Authority, for a term ending April 27, 2021, and until her successor is duly appointed and qualified; vice, Sarah E. Mullen, withdrawn.

Bobby G. Robertson Jr., Republican, 950 East Minnehaha, Nixa, Christian County, Missouri 65714, as a member of the Coordinating Board for Higher Education, for a term ending June 27, 2018, and until his successor is duly appointed and qualified; vice, Bobby G. Robertson Jr., withdrawn.

Sherman “Bill” Birkes Jr., Republican, 502 Timber Hill Road, Joplin, Jasper County, Missouri 64801, as a member of the Missouri Ethics Commission, for a term ending March 15, 2022, and until his successor is duly appointed and qualified; vice, Nancy C. Hagan, term expired.

Respectfully submitted,
Eric R. Greitens
Governor

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

PRIVILEGED MOTIONS

Senator Schatz, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SS** for **SCS** for **SB 707**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 707

The Conference Committee appointed on House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 707, with House Amendment Nos. 1 and 2, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 707, as amended;
2. That the Senate recede from its position on Senate Substitute for Senate Committee Substitute for Senate Bill No. 707;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 707, be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Dave Schatz
/s/ Doug Libla
/s/ Brian Munzlinger
/s/ Jacob Hummel
/s/ S. Kiki Curls

FOR THE HOUSE:

/s/ Kevin Engler
/s/ Bart Korman
/s/ Becky Ruth
/s/ Bruce Franks
/s/ Jon Carpenter

Senator Schatz moved that the above conference committee report 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	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Schatz, **CCS** for **HCS** for **SS** for **SCS** for **SB 707**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 707

An Act to repeal sections 301.213, 301.550, 301.553, 301.557, 301.559, 301.560, 301.562, 301.563,

301.564, 301.566, 301.568, 301.570, and 307.350, RSMo, and to enact in lieu thereof thirteen new sections relating to vehicle sales, with existing penalty provisions.

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.

Senator Wallingford moved that **SB 793**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for SB 793, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 793

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.

Was taken up.

Senator Wallingford moved that **HCS for SB 793**, as amended, 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	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senator Schaaf—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Wallingford, **HCS** for **SB 793**, 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 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.

Bill ordered enrolled.

Senator Libla moved that **SB 800**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 800**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 800

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.

Was taken up.

Senator Libla moved that **HCS** for **SB 800**, as amended, 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	Rowden	Sater	Schaaf	Schatz	Schupp
Sifton	Wallingford	Walsh	Wasson	Wieland—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Libla, **HCS for SB 800**, 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	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schaaf	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senators—None

Absent—Senator Nasheed—1

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

Senator Libla 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.

Senator Cunningham, on behalf of the conference committee appointed to act with a like committee from the House on **HCS for SB 569**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 569

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 569, with House Amendment No. 1, begs leave to report that we, after free and fair discussion of the differences,

have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 569, as amended;
2. That the Senate recede from its position on Senate Bill No. 569;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 569 be Third Read and Finally Passed.

FOR THE SENATE:
 /s/ Mike Cunningham
 /s/ Paul Wieland
 /s/ Sandy Crawford
 /s/ Gina Walsh
 /s/ Scott Sifton

FOR THE HOUSE:
 /s/ Lyndall Fraker
 /s/ Craig Redmon
 Robert Cornejo
 /s/ Gina Mitten
 /s/ Tracy McCreery

Senator Cunningham moved that the above conference committee report 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	Rowden	Sater	Schaaf	Schatz	Schupp
Sifton	Wallingford	Walsh	Wasson	Wieland—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Cunningham, **CCS for HCS for SB 569**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
 HOUSE COMMITTEE SUBSTITUTE FOR
 SENATE BILL NO. 569

An Act to repeal sections 456.985, 456.1035, 456.1080, 456.1-103, 456.4-414, and 456.8-808, RSMo, and to enact in lieu thereof seven new sections relating to trusts.

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 Cunningham, title to the bill was agreed to.

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

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

President Pro Tem Richard assumed the Chair.

Senator Hegeman, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SS** for **SB 870**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE BILL NO. 870

The Conference Committee appointed on House Committee Substitute for Senate Substitute for Senate Bill No. 870, with House Amendment No. 1, House Amendment No. 1 to House Amendment No. 2, House Amendment No. 2 as amended, House Amendment Nos. 3 and 4, House Substitute Amendment No. 1 for House Amendment No. 5, House Amendment No. 1 to House Amendment No. 6, House Amendment No. 6 as amended, House Amendment Nos. 7, 8, 9, 10, and 11, House Amendment No. 1 to House Amendment No. 13, and House Amendment No. 13 as amended, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Substitute for Senate Bill No. 870, as amended;
2. That the Senate recede from its position on Senate Substitute for Senate Bill No. 870;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Substitute for Senate Bill No. 870 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Dan Hegeman
/s/ David Sater
/s/ Jeanie Riddle
/s/ S. Kiki Curls
/s/ Jacob Hummel

FOR THE HOUSE:

/s/ Justin Alferman
/s/ Shane Roden
/s/ Shamed Dogan
/s/ Jerome Barnes
/s/ Deb Lavender

Senator Onder assumed the Chair.

President Parson assumed the Chair.

Senator Hegeman moved that the above conference committee report 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	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schaaf	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senator Nasheed—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Hegeman, **CCS** for **HCS** for **SS** for **SB 870**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE BILL NO. 870

An Act to repeal sections 99.848, 100.050, 100.059, 105.666, 135.090, 173.260, 190.094, 190.100, 190.101, 190.103, 190.105, 190.131, 190.142, 190.143, 190.165, 190.173, 190.196, 190.246, 191.630, 287.243, 320.086, 353.110, and 577.029, RSMo, and to enact in lieu thereof forty-one new sections relating to emergency services, with existing penalty provisions.

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	Onder	Richard	Riddle	Rizzo
Romine	Rowden	Sater	Schaaf	Schatz	Schupp	Sifton
Wallingford	Walsh	Wasson	Wieland—32			

NAYS—Senator Nasheed—1

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

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

Senator Eigel moved that the Senate refuse to concur in **HCS** for **SCS** for **SB 718**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Cunningham moved that **SCS** for **SB 769**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 769**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 769

An Act to repeal sections 30.270, 67.085, 95.530, 110.010, 110.080, 110.140, 165.221, 165.231, 165.241, and 165.271, RSMo, and to enact in lieu thereof thirteen new sections relating to financial institutions.

Was taken up.

Senator Cunningham moved that **HCS** for **SCS** for **SB 769** be adopted.

At the request of Senator Cunningham, the motion to adopt **HCS** for **SCS** for **SB 769** was withdrawn.

Senator Riddle moved that **SCS** for **SB 598**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 598**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 598

An Act to repeal section 227.240 RSMo, and to enact in lieu thereof one new section relating to the department of transportation utility corridor, with an existing penalty provision.

Was taken up.

Senator Riddle moved that **HCS** for **SCS** for **SB 598**, as amended, be adopted, which motion prevailed by the following vote:

YEAS—Senators

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

NAYS—Senators—None

Absent—Senator Richard—1

Absent with leave—Senators—None

Vacancies—1

On motion of Senator Riddle, **HCS for SCS for SB 598**, 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	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 Riddle, title to the bill was agreed to.

Senator Riddle 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.

SCR 49, introduced by Senator Schatz, entitled:

Relating to the election date for the referendum on Senate Substitute #2 for Senate Bill 19 as enacted by the Ninety-ninth General Assembly, First Regular Session.

Was taken up.

Senator Rowden assumed the Chair.

President Parson assumed the Chair.

Senator Onder assumed the Chair.

Senator Wallingford assumed the Chair.

President Pro Tem Richard assumed the Chair.

Senator Rowden assumed the Chair.

President Pro Tem Richard assumed the Chair.

Senator Onder assumed the Chair.

President Pro Tem Richard assumed the Chair.

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

Amend Journal of the Senate, Second Regular Session, Thirty-third Day, Thursday, March 1, 2018, Page 463, Line 30, by striking “2018” and inserting in lieu thereof the following: “2019”.

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

Senator Rowden assumed the Chair.

Senator Chappelle-Nadal was speaking on the concurrent resolution.

Pursuant to Senate Rule 78, Senator Dixon asked that the Chair call Senator Chappelle-Nadal to order as the words she was reading were offensive to the body, and further asked that she be required to sit down, which request was granted.

President Pro Tem Richard assumed the Chair.

Senator Chappelle-Nadal rose to appeal the decision of the Chair to the Senate and requested to speak on the motion to appeal.

The President stated that the appeal was non-debatable; therefore, her request was denied.

Senator Rowden assumed the Chair.

Senator Schaaf raised the point of order that Senator Chappelle-Nadal must be given the opportunity to explain her appeal and inform members what they were voting on. The point of order was referred to the President Pro Tem, who ruled it not well taken.

President Pro Tem Richard assumed the Chair.

The appeal of the decision of the Chair was defeated on a voice vote.

Senator Rowden assumed the Chair.

President Pro Tem Richard assumed the Chair.

On motion of Senator Schatz, **SCR 49** was read the 3rd time and passed by the following vote:

YEAS—Senators

Brown	Cierpiot	Crawford	Cunningham	Dixon	Eigel	Emery
Hegeman	Hoskins	Kehoe	Koenig	Munzlinger	Onder	Richard
Riddle	Romine	Rowden	Sater	Schaaf	Schatz	Wallingford
Wasson	Wieland—23					

NAYS—Senators

Chappelle-Nadal	Holsman	Hummel	Rizzo	Schupp	Sifton	Walsh—7
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Absent—Senators

Curls

Nasheed—2

Absent with leave—Senator Libla—1

Vacancies—1

The President declared the concurrent resolution passed.

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

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

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

RESOLUTIONS

Senator Schaaf offered Senate Resolution No. 2067, regarding Margueritte (Milbourn) Batsell, St. Joseph, which was adopted.

Senator Schaaf offered Senate Resolution No. 2068, regarding Chip and Pam Brock, St. Joseph, which was adopted.

Senator Romine offered Senate Resolution No. 2069, regarding Heather Michelle Kopp, Odessa, which was adopted.

Senator Libla offered Senate Resolution No. 2070, regarding Gerald H. Wilkison, Kennett, which was adopted.

INTRODUCTION OF GUESTS

Senator Rizzo introduced to the Senate, the Physician of the Day, Dr. Donald Potts, Kansas City.

Senator Emery introduced to the Senate, Nate Bailey, Keon Engeman, Jesse Henzlik, Bailey Carter, Bonnie Smith, Theresa Munsterman, Kim Carter and Liz Bailey, St. Mary's School, Montrose.

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

SENATE CALENDAR

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SIXTY-NINTH DAY—FRIDAY, MAY 11, 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) | 13. HCS for HBs 2277 & 1983, with SCS
(Schatz) (In Fiscal Oversight) |
| 2. HCS for HB 1872 (Hegeman) | 14. HCS for HB 2031 (Hoskins) |
| 3. HB 1516-Wiemann (Riddle) | 15. HCS for HB 2019 (Brown) |
| 4. HCS for HB 1388, with SCS (Riddle) | 16. HCS for HB 1667, with SCS (Wallingford) |
| 5. HB 1719-Grier, with SCS (Riddle) | 17. HCS for HB 1713, with SCS (Sater) |
| 6. HB 1633-Corlew, with SCS (Dixon)
(In Fiscal Oversight) | 18. HB 1249-Plocher, with SCS (Dixon) |
| 7. HCS for HB 2042, with SCS (Dixon)
(In Fiscal Oversight) | 19. HB 1832-Cornejo, with SCS (Riddle) |
| 8. HCS for HB 1868, with SCS (Riddle)
(In Fiscal Oversight) | 20. HB 2347-Davis, with SCS (Wallingford) |
| 9. HCS for HB 2249, with SCS (Riddle)
(In Fiscal Oversight) | 21. HCS for HBs 2280, 2120, 1468 & 1616,
with SCS (Sater) (In Fiscal Oversight) |
| 10. HCS for HB 2540, with SCS (Eigel)
(In Fiscal Oversight) | 22. HB 2562-Austin, with SCS (Dixon) |
| 11. HB 1446-Eggleston, with SCS (Koenig) | 23. HB 1892-Wilson (Cierpiot) |
| 12. HCS for HBs 2337 & 2272, with SCS
(Wieland) (In Fiscal Oversight) | 24. HB 2208-Curtman, with SCS (Eigel) |
| | 25. HB 2039-Fraker (Cunningham) |

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) | SBs 555 & 609-Brown, with SCS |
| SB 550-Wasson, with SCS | SB 556-Brown, with SA 1 (pending) |

SB 561-Sater, with SA 1 (pending)
 SB 567-Cunningham, with SCS, SS for SCS,
 SA 1 & SA 1 to SA 1 (pending)
 SB 578-Romine
 SB 591-Hegeman, with SCS
 SB 596-Riddle, with SCS
 SB 599-Schatz
 SB 602-Onder, 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 663-Schatz, with SCS, SS for SCS &
 SA 1 (pending)
 SB 730-Wallingford, with SCS & SA 1 (pending)
 SB 751-Schatz
 SB 767-Hoskins, with SCS, SS for SCS &
 SA 2 (pending)
 SB 774-Munzlinger
 SB 813-Riddle, with SCS & SA 1 (pending)
 SB 822-Hegeman, with SCS & SS for SCS
 (pending)

SB 832-Rowden, with SCS, SS#2 for SCS &
 point of order (pending)
 SB 837-Rowden
 SB 848-Riddle
 SB 849-Kehoe and Schupp, with SCS, SA 1 &
 SA 1 to SA 1 (pending)
 SB 859-Koenig, with SCS & SS for SCS
 (pending)
 SB 860-Koenig, with SCS, SS for SCS &
 SA 1 (pending)
 SB 861-Hegeman, with SCS
 SB 865-Kehoe
 SB 893-Sater, with SCS, SS for SCS &
 SA 1 (pending)
 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)
 HB 1250-Plocher, with SCS (Dixon)
 HCS for HB 1251, with SCS (Crawford)
 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)
 HB 1578-Kolkmeier (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 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 2119 (Rowden)
HB 1998-Bondon, with SCS (Emery)	HB 2122-Engler, with SCS (Schatz)
HB 2026-Wilson, with SCS (Rowden)	HCS for HB 2129, with SS (pending) (Romine)
HB 2043-Tate (Wasson)	HB 2179-Richardson (Kehoe)
HB 2044-Taylor, with SCS (pending) (Dixon)	HCS for HB 2216, with SCS (Emery)
HCS for HB 2079, with SCS (Crawford)	HJR 59-Brown (57) (Romine)

SENATE BILLS WITH HOUSE AMENDMENTS

SS#2 for SCS for SB 590-Hegeman, with HA 1	SCS for SB 769-Cunningham, with HCS
SS for SB 597-Riddle, with HCS, as amended	
SS for SCS for SBs 603, 576 & 898-Onder, with HCS, as amended	

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SB 569-Cunningham, with HCS, as amended (Senate adopted CCR and passed CCS)	SS for SCS for SB 826-Sater, with HCS, as amended
SS for SB 608-Hoskins, with HCS	SS for SB 870-Hegeman, with HCS, as amended (Senate adopted CCR and passed CCS)
SB 660-Riddle, with HCS, as amended	SCS for SB 892-Walsh, with HA 1, HA 2, HA 3, HA 4 & HA 5 (Senate adopted CCR and passed CCS)
SB 687-Sater, with HCS, as amended	HCS for HB 1879, with SS for SCS, as amended (Cunningham) (House adopted CCR and passed CCS)
SS for SCS for SB 707-Schatz, with HCS, as amended (Senate adopted CCR and passed CCS)	
SB 743-Sater, with HCS, as amended	
SS for SCS for SB 775-Brown, with HCS, as amended	
SB 806-Crawford, with HCS, as amended	

Requests to Recede or Grant Conference

SCS for SB 718-Eigel, with HCS, as amended (Senate requests House recede or grant conference)	HB 1350-Smith (163), with SS for SCS, as amended (Rowden) (House requests Senate recede or grant conference)
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RESOLUTIONS

SR 1137-Walsh, with SS (pending)	SR 1487-Schaaf
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SR 2020-Schaaf
SR 2052-Schaaf
SR 2053-Schaaf
SR 2054-Schaaf
SR 2055-Schaaf
SR 2056-Schaaf
SR 2057-Schaaf
SR 2058-Schaaf

SR 2059-Schaaf
SR 2060-Schaaf
SR 2061-Schaaf
SR 2062-Schaaf
SR 2063-Schaaf
SR 2064-Schaaf
SR 2065-Schaaf
SR 2066-Schaaf

Reported from Committee

SCR 30-Wallingford, with SA 1 (pending)
SCR 50-Hegeman
SCR 53-Munzlinger

HCR 63-Haefner (Wieland)
HCR 69-Davis (Hoskins)
HCR 96-Conway (Eigel)

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