

Journal of the Senate

FIRST REGULAR SESSION

SIXTY-EIGHTH DAY—THURSDAY, MAY 16, 2019

The Senate met pursuant to adjournment.

Senator Hough in the Chair.

Reverend Carl Gauck offered the following prayer:

“Relieve the troubles of my heart, and bring me out of my distress.” (Psalm 25:17)

Heavenly Father, we know that You assure us that we can endure all things because of Your willingness to take the stress we are experiencing on Yourself. You have taught us to cast all our troubles on You so that we are relieved of carrying these burdens all by ourselves for You are there to help us. No matter what the stressful moments we go through this day we are aware of Your love and care for us for which we give You thanks and praise. In Your Holy Name we pray. Amen.

The Pledge of Allegiance to the Flag was recited.

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

The Journal of the previous day was read and approved.

Senator Rowden announced photographers from St. Louis Public Radio were given permission to take pictures in the Senate Chamber.

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

Present—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Wieland	Williams—34	

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The Lieutenant Governor was present.

RESOLUTIONS

Senator Riddle offered Senate Resolution No. 951, regarding Corrections Officer I Mason Housman, Vandalia, which was adopted.

Senator Riddle offered Senate Resolution No. 952, regarding Corrections Officer I Matthew Brady, Louisiana, which was adopted.

Senator Riddle offered Senate Resolution No. 953, regarding Maintenance Supervisor I Christopher Gray, Louisiana, which was adopted.

Senator Riddle offered Senate Resolution No. 954, regarding Lieutenant Quinten Pasley, Bowling Green, which was adopted.

Senator Riddle offered Senate Resolution No. 955, regarding Corrections Case Manager II Lisa Bledsoe, New Florence, which was adopted.

Senator Riddle offered Senate Resolution No. 956, regarding Sergeant Larry Hale, Vandalia, which was adopted.

Senator Riddle offered Senate Resolution No. 957, regarding Angelica Boyd, Vandalia, which was adopted.

Senator Riddle offered Senate Resolution No. 958, regarding Sergeant Sonny Orbin, Vandalia, which was adopted.

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 **SB 185**.

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 **SS** for **SB 213**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 138**.

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 **SS** for **SB 414**.

Bill ordered enrolled.

Emergency clause defeated.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCR 13**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCR 4**.

Concurrent Resolution enrolled.

President Kehoe assumed the Chair.

PRIVILEGED MOTIONS

Senator Riddle, on behalf of the conference committee appointed to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HB 397**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 397

The Conference Committee appointed on Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 397, with Senate 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 Senate recede from its position on Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 397, as amended;
2. That the House recede from its position on House Committee Substitute for House Bill No. 397;
3. That the attached Conference Committee Substitute for Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 397 be Third Read and Finally Passed.

FOR THE HOUSE:

/s/ Mary Elizabeth Coleman
/s/ Travis Fitzwater
David Wood
/s/ Tracy McCreery
/s/ Sarah Unsicker

FOR THE SENATE:

/s/ Jeanie Riddle
/s/ Justin Brown
/s/ David Sater
/s/ Jill Schupp
/s/ Gina Walsh

Senator Riddle moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough

Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Wieland	Williams—34	

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Riddle, **CCS for SS for SCS for HCS for HB 397**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 397

An Act to repeal sections 208.044, 208.151, 210.025, 210.192, 210.194, 210.195, 210.201, 210.211, 210.221, 210.245, 210.252, 210.254, 210.565, 210.1014, 210.1080, 452.377, 454.507, 454.600, 454.603, 513.430, 566.147, 567.020, 567.050, 578.421, 578.423, and 610.131, RSMo, and to enact in lieu thereof twenty-seven new sections relating to the protection of children, with penalty provisions and an emergency clause for certain sections.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Wieland	Williams—34	

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough

Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Wieland	Williams—34	

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

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

Senator Cierpiot, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 182**, 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. 182

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 182, with House Amendment No. 1, House Amendment No. 3 to House Amendment No. 2, and House Amendment No. 2 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 Bill No. 182, as amended;
2. That the Senate recede from its position on Senate Bill No. 182;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 182 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Mike Cierpiot
/s/ Mike Cunningham
/s/ Lincoln Hough
/s/ Jason Holsman
/s/ S. Kiki Curls

FOR THE HOUSE:

/s/ Jeff Coleman
/s/ Jack Bondon
/s/ J. Patterson
/s/ Barbara Washington
/s/ Keri Ingle

Senator Cierpiot moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
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Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O'Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Wieland	Williams—34	

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

On motion of Senator Cierpiot, **CCS** for **HCS** for **SB 182**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 182

An Act to repeal section 135.1670, RSMo, and to enact in lieu thereof one new section relating to incentives for interstate business relocation.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Holsman	Hoskins	Hough	Koenig
Libla	Luetkemeyer	May	Nasheed	O'Laughlin	Onder	Riddle
Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Wieland	Williams—33		

NAYS—Senators—None

Absent—Senator Hegeman—1

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

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

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

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

Senator Romine, on behalf of the conference committee appointed to act with a like committee from the House on **SB 17**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
SENATE BILL NO. 17

The Conference Committee appointed on Senate Bill No. 17, 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 Bill No. 17, as amended;
2. That the Senate recede from its position on Senate Bill No. 17;
3. That the attached Conference Committee Substitute for Senate Bill No. 17, be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Gary Romine
 /s/ Bob Onder
 /s/ Doug Libla
 /s/ Gina Walsh
 /s/ Karla May

FOR THE HOUSE:

/s/ Rusty Black
 /s/ Patricia Pike
 /s/ Barry D. Hovis
 /s/ Richard Brown
 /s/ Doug Clemens

Senator Romine moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle
Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Williams—32			

NAYS—Senator Koenig—1

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator Romine, **CCS** for **SB 17**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 17

An Act to repeal sections 70.600, 169.141, 169.560, 169.715, 215.030, and 260.035, RSMo, and to enact in lieu thereof seven new sections relating to public employee retirement systems, with an emergency clause for a certain section.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
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Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle
Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Williams—32			

NAYS—Senator Koenig—1

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

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

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

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

Senator Wallingford moved that the Senate refuse to concur in **HCS** for **SB 87**, 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 Hegeman moved that the Senate refuse to concur in **HCS** for **SS** for **SCS** for **SB 28**, 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 Riddle moved that the Senate refuse to concur in **HCS** for **SB 204**, 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 Sater moved that the Senate refuse to concur in **HA 1**, **HA 2**, **HA 3**, **HA 4**, **HA 5**, **HA 6**, **HA 7**, **HA 8**, **HA 9**, **HA 1** to **HA 10**, **HA 10**, as amended, **HA 11**, **HA 12**, **HA 13**, **HA 14**, **HA 15**, **HA 16**, **HA 17**,

HA 18, HA 1 to HA 19, HA 19, as amended, HA 20 and HA 21 to SB 358, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Schatz moved that the Senate refuse to recede from its position on SS for HCS No. 2 for HB 499, as amended, and grant the House a conference thereon, which motion prevailed.

Senator Crawford, on behalf of the conference committee appointed to act with a like committee from the House on HCS for SB 54, 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. 54

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 54, 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. 54, as amended;
2. That the Senate recede from its position on Senate Bill No. 54;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 54, be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Sandy Crawford
/s/ Paul Wieland
/s/ Eric Burlison
/s/ Gina Walsh
/s/ Scott Sifton

FOR THE HOUSE:

/s/ Dave Muntzel
/s/ Shane Roden
/s/ Jeff Porter
/s/ Doug Clemons
/s/ Maria Chappelle-Nadal

Senator Crawford moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator Crawford, **CCS** for **HCS** for **SB 54**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 54

An Act to repeal sections 374.191, 382.010, and 382.230, RSMo, and to enact in lieu thereof four new sections relating to insurance companies.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

Senator Romine, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 202**, 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. 202

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 202, with House Amendment Nos. 1, 2 & 3, 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. 202, as amended;
2. That the Senate recede from its position on Senate Bill No. 202;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill

No. 202 be Third Read and Finally Passed.

FOR THE SENATE:

- /s/ Gary Romine
- /s/ Doug Libla
- /s/ Wayne Wallingford
- /s/ Scott Sifton
- /s/ Jason Holsman

FOR THE HOUSE:

- /s/ Chris Dinkins
- Jim Hansen
- /s/ Jeff Shawan
- /s/ Deb Lavender
- /s/ Tracy McCreery

Senator Romine moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

Senator Brown assumed the Chair.

On motion of Senator Romine, CCS for HCS for SB 202, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 202

An Act to amend chapter 256, RSMo, by adding thereto one new section relating to mining royalties on federal land.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

President Kehoe assumed the Chair.

Senator Sater, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SCS** for **SB 147**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 147

The Conference Committee appointed on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 147, with House Amendment Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10, House Amendment No. 1 to House Amendment No. 11, House Amendment No. 11 as amended, House Amendment No. 1 to House Amendment No. 12, House Amendment No. 12 as amended, 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 Committee Substitute for Senate Bill No. 147, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 147;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Committee Substitute for Senate Bill No. 147 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ David Sater
/s/ Doug Libla
/s/ Justin Brown
/s/ Jason Holsman
/s/ Brian Williams

FOR THE HOUSE:

/s/ Jered Taylor
/s/ J Eggleston
/s/ Shane Roden
Gretchen Bangert
Wes Rogers

Senator Sater moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bernskoetter Brown Burlison Cierpiot Crawford Cunningham Eigel

Emery	Hegeman	Holsman	Hoskins	Hough	Koenig	Libla
Luetkemeyer	O’Laughlin	Romine	Rowden	Sater	Wallingford—20	

NAYS—Senators

Arthur	Curls	May	Nasheed	Riddle	Rizzo	Schatz
Schupp	Sifton	Walsh	White	Williams—12		

Absent—Senator Onder—1

Absent with leave—Senator Wieland—1

Vacancies—None

Senator Hough assumed the Chair.

On motion of Senator Sater, **CCS** for **HCS** for **SCS** for **SB 147**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 147

An Act to repeal sections 32.056, 136.055, 144.070, 300.155, 301.010, 301.020, 301.030, 301.032, 301.067, 301.191, 302.020, 302.170, 302.341, 302.720, 302.768, 304.153, 304.281, and 307.350, RSMo, and to enact in lieu thereof twenty new sections relating to motor vehicles, with penalty provisions and an effective date for certain sections.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham	Eigel
Emery	Hegeman	Holsman	Hoskins	Hough	Koenig	Libla
Luetkemeyer	O’Laughlin	Onder	Romine	Rowden	Sater	Wallingford—21

NAYS—Senators

Arthur	Curls	May	Nasheed	Riddle	Rizzo	Schatz
Schupp	Sifton	Walsh	White	Williams—12		

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

President Kehoe assumed the Chair.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Schatz appointed the following conference committee to act with a like committee from the House on **SS** for **HCS No. 2** for **HB 499**: Senators Schatz, Libla, Eigel, Curls and Williams.

PRIVILEGED MOTIONS

Senator Cunningham, on behalf of the conference committee appointed to act with a like committee from the House on **SCS** for **SB 83**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

**CONFERENCE COMMITTEE REPORT ON
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 83**

The Conference Committee appointed on Senate Committee Substitute for Senate Bill No. 83, with House Amendment No. 1, House Amendment Nos. 1 and 2 to House Amendment No. 2, and House Amendment No. 2 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 Senate Committee Substitute for Senate Bill No. 83, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 83;
3. That the attached Conference Committee Substitute for Senate Committee Substitute for Senate Bill No. 83 be Third Read and Finally Passed.

FOR THE SENATE:
/s/ Mike Cunningham
/s/ David Sater
/s/ Jeanie Riddle
/s/ Scott Sifton
/s/ Jill Schupp

FOR THE HOUSE:
/s/ Robert Ross
/s/ Holly Rehder
/s/ David Evans
/s/ Ian Mackey
/s/ Gina Mitten

Senator Cunningham moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator Cunningham, **CCS** for **SCS** for **SB 83**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 83

An Act to repeal sections 452.377, 452.402, 476.001, and 600.042, RSMo, and to enact in lieu thereof fifteen new sections relating to court proceedings.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

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

Senator Riddle, on behalf of the conference committee appointed to act with a like committee from the House on **HCS** for **SB 36**, 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. 36

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 36, with House Amendment Nos. 1 & 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 Bill No. 36, as amended;

2. That the Senate recede from its position on Senate Bill No. 36;

3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 36, be Third Read and Finally Passed.

FOR THE SENATE:

- /s/ Jeanie Riddle
- /s/ Bill White
- /s/ Lincoln Hough
- /s/ Scott Sifton
- /s/ Lauren Arthur

FOR THE HOUSE:

- /s/ Robert Ross
- /s/ Steve Helms
- /s/ Hardy Billington
- /s/ Richard Brown
- /s/ Deb Lavender

Senator Riddle moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Crawford	Cunningham	Eigel
Emery	Hegeman	Holsman	Hoskins	Hough	Koenig	Libla
Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	White	Williams—31				

NAYS—Senator Curls—1

Absent—Senator Cierpiot—1

Absent with leave—Senator Wieland—1

Vacancies—None

Pursuant to Senate Rule 91, Senator Holsman recused himself from voting on the 3rd reading of **CCS** for **HCS** for **SB 36**.

On motion of Senator Riddle, **CCS** for **HCS** for **SB 36**, entitled:

**CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 36**

An Act to repeal section 339.190, RSMo, and to enact in lieu thereof two new sections relating to real estate.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Crawford	Cunningham	Curls
Eigel	Emery	Hegeman	Hoskins	Hough	Koenig	Libla
Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	White	Williams—31				

NAYS—Senators—None

Absent—Senator Cierpiot—1

Absent with leave—Senator Wieland—1

Excused from voting—Senator Holsman—1

Vacancies—None

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

Senator May moved that **SS** for **SB 210**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SS** for **SB 210** was taken up.

Senator May moved that **HCS**, as amended for **SS** for **SB 210**, be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Brown	Cierpiot	Crawford	Cunningham	Curls	Eigel
Holsman	Hoskins	Hough	Koenig	Libla	Luetkemeyer	May
Nasheed	O’Laughlin	Onder	Riddle	Rizzo	Romine	Rowden
Sater	Schatz	Schupp	Sifton	Wallingford	Walsh	White

Williams—29

NAYS—Senators

Bernskoetter	Burlison	Emery	Hegeman—4
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Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator May, **HCS** for **SS** for **SB 210**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Brown	Cierpiot	Crawford	Cunningham	Curls	Eigel
Hegeman	Holsman	Hoskins	Hough	Koenig	Libla	Luetkemeyer
May	Nasheed	O’Laughlin	Onder	Riddle	Rizzo	Romine
Rowden	Sater	Schatz	Schupp	Sifton	Wallingford	Walsh

White Williams—30

NAYS—Senators

Bernskoetter Burlison Emery—3

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

Senator White moved that **SS** for **SB 306**, with **HA 1**, **HA 2** and **HA 3**, be taken up for 3rd reading and final passage, which motion prevailed.

HA 1 was taken up.

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

YEAS—Senators

Arthur	Bernskoetter	Burlison	Cierpiot	Crawford	Cunningham	Curls
Eigel	Emery	Holsman	Hoskins	Hough	Koenig	Libla
Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	White	Williams—31				

NAYS—Senators—None

Absent—Senators

Brown Hegeman—2

Absent with leave—Senator Wieland—1

Vacancies—None

HA 2 was taken up.

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

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Holsman	Hoskins	Hough	Koenig
Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle

Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	White	Williams—31				

NAYS—Senators—None

Absent—Senators

Hegeman	Walsh—2
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Absent with leave—Senator Wieland—1

Vacancies—None

HA 3 was taken up.

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

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator White, **SS** for **SB 306**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

Bill ordered enrolled.

HOUSE BILLS ON THIRD READING

HB 113, with **SCS**, introduced by Representative Smith (163), entitled:

An Act to amend chapter 558, RSMo, by adding thereto one new section relating to minimum terms of imprisonment.

Was taken up by Senator Emery.

SCS for **HB 113**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 113

An Act to repeal section 211.071 as enacted by senate bill no. 793 merged with senate bill no. 800, ninety-ninth general assembly, second regular session, section 211.071 as enacted by house bill no. 215 merged with senate bill no. 36, ninety-seventh general assembly, first regular session, sections 217.195, 221.111, 337.068, 556.061, 558.019, and 567.050, RSMo, and to enact in lieu thereof thirteen new sections relating to public safety, with penalty provisions.

Was taken up.

Senator Emery moved that **SCS** for **HB 113** be adopted.

Senator Emery offered **SS** for **SCS** for **HB 113**, entitled:

SENATE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 113

An Act to repeal sections 32.056, 43.540, 190.335, 195.140, 210.1014, 217.195, 221.111, 311.660, 311.710, 311.720, 313.004, 313.255, 337.068, 479.020, 479.353, 488.5050, 556.061, 558.019, 567.050, 572.010, 572.100, 610.021, and 650.035, RSMo, section 49.266 as enacted by senate bill no. 672, ninety-seventh general assembly, second regular session, section 49.266 as enacted by house bill no. 28, ninety-seventh general assembly, first regular session, section 211.071 as enacted by senate bill no. 793 merged with senate bill no. 800, ninety-ninth general assembly, second regular session, and section 211.071 as enacted by house bill no. 215 merged with senate bill no. 36, ninety-seventh general assembly, first regular session, and to enact in lieu thereof forty-three new sections relating to public safety, with penalty provisions and an emergency clause for certain sections.

Senator Emery moved that **SS** for **SCS** for **HB 113** be adopted.

Senator Williams offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 113, Page 94, Section 569.086, Line 5-10 by striking said lines and renumbering subsequent subsections accordingly.

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

Senator May offered SA 2:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 113, Page 70, Section 479.020, Line 17 of said page, by inserting after all of said line the following:

“479.157. 1. Municipal courts shall be allowed to select and operate a case management system. The supreme court shall allow a two-way interface that supports integrated functions between the municipal court case management system and the Missouri state courts case management system.

2. The supreme court shall develop rules regarding the interface between the municipal court case management system and the Missouri state courts case management system.”; and

Further amend the title and enacting clause accordingly.

Senator May moved that the above amendment be adopted.

Senator May offered SSA 1 for SA 2:

SENATE SUBSTITUTE AMENDMENT NO. 1 FOR
SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Bill No. 113, Page 70, Section 479.020, Line 17 of said page, by inserting after all of said line the following:

“479.157. 1. Municipal courts shall be allowed to select and operate a case management system. The supreme court shall allow a two-way interface that supports integrated functions between the municipal court case management system and the Missouri state courts case management system.

2. The supreme court shall develop rules regarding the interface between the municipal court case management system and the Missouri state courts case management system.

3. The cost of any interface allowed pursuant to this section shall be covered by a nonstate entity.”; and

Further amend the title and enacting clause accordingly.

Senator May moved that the above substitute amendment be adopted.

At the request of Senator Emery, **HB 113**, with **SCS, SS for SCS, SA 2** and **SSA 1 for SA 2** (pending), was placed on the Informal Calendar.

Senator Hoskins moved that **HCS for HB 604**, with **SCS and SS for SCS** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage.

SS for SCS for HCS for HB 604 was again taken up.

At the request of Senator Hoskins, **SS for SCS for HCS for HB 604** was withdrawn.

Senator Hoskins offered **SS No. 2 for SCS for HCS for HB 604**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 604

An Act to repeal sections 160.410, 160.415, 160.545, 160.2500, 161.700, 162.068, 162.081, 162.203, 163.018, 163.031, 167.125, 167.131, 167.151, 167.241, 168.133, 171.031, 171.033, 177.086, 178.530, and 210.110, RSMo, and to enact in lieu thereof thirty-eight new sections relating to elementary and secondary education, with an emergency clause for certain sections.

Senator Hoskins moved that **SS No. 2** for **SCS** for **HCS** for **HB 604** be adopted.

At the request of Senator Hoskins, **HCS** for **HB 604**, with **SCS** and **SS No. 2** for **SCS** (pending), was placed on the Informal Calendar.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 514**.

With House Amendments 1 and 2.

HOUSE AMENDMENT NO. 1

Amend Senate Bill No. 514, Page 1, In the Title, Line 3, by deleting said line and inserting in lieu thereof the words “to health care.”; and

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

HOUSE AMENDMENT NO. 2

Amend Senate Bill No. 514, Page 1, Section A, Line 2, by inserting after said section and line the following:

“21.790. 1. There is hereby established the “Task Force on Substance Abuse Prevention and Treatment”. The task force shall be composed of six members from the house of representatives, six members from the senate, and four members appointed by the governor. The senate members of the task force shall be appointed by the president pro tempore of the senate and the house members by the speaker of the house of representatives. There shall be at least two members from the minority party of the senate and at least two members from the minority party of the house of representatives. The members appointed by the governor shall include one member from the health care industry, one member who is a first responder or law enforcement officer, one member who is a member of the judiciary or a prosecuting attorney, and one member representing a substance abuse prevention advocacy group.

2. The task force shall select a chairperson and a vice-chairperson, one of whom shall be a member of the senate and one a member of the house of representatives. A majority of the members shall constitute a quorum. The task force shall meet at least once during each legislative session and at all other times as the chairperson may designate.

3. The task force shall:

(1) Conduct hearings on current and estimated future drug and substance use and abuse within the state;

(2) Explore solutions to substance abuse issues; and

(3) Draft or modify legislation as necessary to effectuate the goals of finding and funding education and treatment solutions to curb drug and substance use and abuse.

4. The task force may make reasonable requests for staff assistance from the research and appropriations staffs of the senate and house of representatives and the joint committee on legislative research. In the performance of its duties, the task force may request assistance or information from all branches of government and state departments, agencies, boards, commissions, and offices.

5. The task force shall report annually to the general assembly and the governor. The report shall include recommendations for legislation pertaining to substance abuse prevention and treatment.

191.603. As used in sections 191.600 to 191.615, the following terms shall mean:

(1) “Areas of defined need”, areas designated by the department pursuant to section 191.605, when services of a physician, **including a psychiatrist**, chiropractor, or dentist are needed to improve the patient-health professional ratio in the area, to contribute health care professional services to an area of economic impact, or to contribute health care professional services to an area suffering from the effects of a natural disaster;

(2) “Chiropractor”, a person licensed and registered pursuant to chapter 331;

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

(4) “General dentist”, dentists licensed and registered pursuant to chapter 332 engaged in general dentistry and who are providing such services to the general population;

(5) “Primary care physician”, physicians licensed and registered pursuant to chapter 334 engaged in general or family practice, internal medicine, pediatrics or obstetrics and gynecology as their primary specialties, and who are providing such primary care services to the general population;

(6) “Psychiatrist”, the same meaning as in section 632.005.

191.605. The department shall designate counties, communities, or sections of urban areas as areas of defined need for medical, **psychiatric**, chiropractic, or dental services when such county, community or section of an urban area has been designated as a primary care health professional shortage area, **a mental health care professional shortage area**, or a dental health care professional shortage area by the federal Department of Health and Human Services, or has been determined by the director of the department of health and senior services to have an extraordinary need for health care professional services, without a corresponding supply of such professionals.

191.607. The department shall adopt and promulgate regulations establishing standards for determining eligible persons for loan repayment pursuant to sections 191.600 to 191.615. These standards shall include, but are not limited to the following:

(1) Citizenship or permanent residency in the United States;

(2) Residence in the state of Missouri;

(3) Enrollment as a full-time medical student in the final year of a course of study offered by an

approved educational institution or licensed to practice medicine or osteopathy pursuant to chapter 334, **including psychiatrists;**

(4) Enrollment as a full-time dental student in the final year of course study offered by an approved educational institution or licensed to practice general dentistry pursuant to chapter 332;

(5) Enrollment as a full-time chiropractic student in the final year of course study offered by an approved educational institution or licensed to practice chiropractic medicine pursuant to chapter 331;

(6) Application for loan repayment.

191.737. 1. Notwithstanding the physician-patient privilege, any physician or health care provider may refer to the children's division families in which children may have been exposed to a controlled substance listed in section 195.017, schedules I, II and III, or alcohol as evidenced by **a written assessment, made or approved by a physician, health care provider, or by the children's division, that documents the child as being at risk of abuse or neglect and either:**

(1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or

(2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child; and

(3) A written assessment made or approved by a physician, health care provider, or by the children's division which documents the child as being at risk of abuse or neglect].

2. Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder as evidenced by:

(1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or

(2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.

[2]3. Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of section 210.115.

[3]4. Any physician or health care provider complying with the provisions of this section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.

[4]5. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

191.1164. 1. Sections 191.1164 to 191.1168 shall be known and may be cited as the "Ensuring Access to High Quality Care for the Treatment of Substance Use Disorders Act".

2. As used in sections 191.1164 to 191.1168, the following terms shall mean:

(1) "Behavioral therapy", an individual, family, or group therapy designed to help patients engage in the treatment process, modify their attitudes and behaviors related to substance use, and increase healthy life skills;

- (2) “Department of insurance”, the department that has jurisdiction regulating health insurers;
 - (3) “Financial requirements”, deductibles, co-payments, coinsurance, or out-of-pocket maximums;
 - (4) “Health care professional”, a physician or other health care practitioner licensed, accredited, or certified by the state of Missouri to perform specified health services;
 - (5) “Health insurance plan”, an individual or group plan that provides, or pays the cost of, health care items or services;
 - (6) “Health insurer”, any person or entity that issues, offers, delivers, or administers a health insurance plan;
 - (7) “Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)”, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 found at 42 U.S.C. 300gg-26 and its implementing and related regulations found at 45 CFR 146.136, 45 CFR 147.160, and 45 CFR 156.115;
 - (8) “Nonquantitative treatment limitation” or “NQTL”, any limitation on the scope or duration of treatment that is not expressed numerically;
 - (9) “Pharmacologic therapy”, a prescribed course of treatment that may include methadone, buprenorphine, naltrexone, or other FDA-approved or evidence-based medications for the treatment of substance use disorder;
 - (10) “Pharmacy benefits manager”, an entity that contracts with pharmacies on behalf of health carriers or any health plan sponsored by the state or a political subdivision of the state;
 - (11) “Prior authorization”, the process by which the health insurer or the pharmacy benefits manager determines the medical necessity of otherwise covered health care services prior to the rendering of such health care services. “Prior authorization” also includes any health insurer’s or utilization review entity’s requirement that a subscriber or health care provider notify the health insurer or utilization review entity prior to receiving or providing a health care service;
 - (12) “Quantitative treatment limitation” or “QTL”, numerical limits on the scope or duration of treatment, which include annual, episode, and lifetime day and visit limits;
 - (13) “Step therapy”, a protocol or program that establishes the specific sequence in which prescription drugs for a medical condition that are medically appropriate for a particular patient are authorized by a health insurer or prescription drug management company;
 - (14) “Urgent health care service”, a health care service with respect to which the application of the time period for making a non-expedited prior authorization, in the opinion of a physician with knowledge of the enrollee’s medical condition:
 - (a) Could seriously jeopardize the life or health of the subscriber or the ability of the enrollee to regain maximum function; or
 - (b) Could subject the enrollee to severe pain that cannot be adequately managed without the care or treatment that is the subject of the utilization review.
3. For the purpose of this section, “urgent health care service” shall include services provided for the treatment of substance use disorders.

191.1165. 1. Medication-assisted treatment (MAT) shall include pharmacologic therapies. A formulary used by a health insurer or managed by a pharmacy benefits manager, or medical benefit coverage in the case of medications dispensed through an opioid treatment program, shall include:

- (1) Buprenorphine tablets;**
- (2) Methadone;**
- (3) Naloxone;**
- (4) Extended-release injectable naltrexone; and**
- (5) Buprenorphine/naloxone combination.**

2. All MAT medications required for compliance in this section shall be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.

3. MAT medications provided for in this section shall not be subject to any of the following:

- (1) Any annual or lifetime dollar limitations;**
- (2) Financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), specifically 45 CFR 146.136(c)(3);**

(3) Step therapy or other similar drug utilization strategy or policy when it conflicts or interferes with a prescribed or recommended course of treatment from a licensed health care professional; and

(4) Prior authorization for MAT medications as specified in this section.

4. MAT medications outlined in this section shall apply to all health insurance plans delivered in the state of Missouri.

5. Any entity that holds itself out as a treatment program or that applies for licensure by the state to provide clinical treatment services for substance use disorders shall be required to disclose the MAT services it provides, as well as which of its levels of care have been certified by an independent, national, or other organization that has competencies in the use of the applicable placement guidelines and level of care standards.

6. The MO HealthNet program shall cover the MAT medications and services provided for in this section and include those MAT medications in its preferred drug lists for the treatment of substance use disorders and prevention of overdose and death. The preferred drug list shall include all current and new formulations and medications that are approved by the U.S. Food and Drug Administration for the treatment of substance use disorders.

7. Drug courts or other diversion programs that provide for alternatives to jail or prison for persons with a substance use disorder shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a licensed physician who actively treats patients with substance use disorders. The court or other diversion program shall make available the MAT services covered under this section, consistent with a treatment plan developed by the physician, and shall not impose any limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician.

8. Requirements under this section shall not be subject to a covered person's prior success or

failure of the services provided.

191.1167. Any contract provision, written policy, or written procedure in violation of sections 191.1164 to 191.1168 shall be deemed to be unenforceable and shall be null and void.

191.1168. If any provision of sections 191.1164 to 191.1168 or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of sections 191.1164 to 191.1168 which may be given effect without the invalid provision or application, and to that end the provisions of sections 191.1164 to 191.1168 are severable.

192.067. 1. The department of health and senior services, for purposes of conducting epidemiological studies to be used in promoting and safeguarding the health of the citizens of Missouri under the authority of this chapter is authorized to receive information from patient medical records. The provisions of this section shall also apply to the collection, analysis, and disclosure of nosocomial infection data from patient records collected pursuant to section 192.667 **and to the collection of data under section 192.990.**

2. The department shall maintain the confidentiality of all medical record information abstracted by or reported to the department. Medical information secured pursuant to the provisions of subsection 1 of this section may be released by the department only in a statistical aggregate form that precludes and prevents the identification of patient, physician, or medical facility except that medical information may be shared with other public health authorities and coinvestigators of a health study if they abide by the same confidentiality restrictions required of the department of health and senior services and except as otherwise authorized by the provisions of sections 192.665 to 192.667, **or section 192.990.** The department of health and senior services, public health authorities and coinvestigators shall use the information collected only for the purposes provided for in this section [and], section 192.667, **or section 192.990.**

3. No individual or organization providing information to the department in accordance with this section shall be deemed to be or be held liable, either civilly or criminally, for divulging confidential information unless such individual organization acted in bad faith or with malicious purpose.

4. The department of health and senior services is authorized to reimburse medical care facilities, within the limits of appropriations made for that purpose, for the costs associated with abstracting data for special studies.

5. Any department of health and senior services employee, public health authority or coinvestigator of a study who knowingly releases information which violates the provisions of this section shall be guilty of a class A misdemeanor and, upon conviction, shall be punished as provided by law.

192.667. 1. All health care providers shall at least annually provide to the department charge data as required by the department. All hospitals shall at least annually provide patient abstract data and financial data as required by the department. Hospitals as defined in section 197.020 shall report patient abstract data for outpatients and inpatients. Ambulatory surgical centers and abortion facilities as defined in section 197.200 shall provide patient abstract data to the department. The department shall specify by rule the types of information which shall be submitted and the method of submission.

2. The department shall collect data on the incidence of health care-associated infections from hospitals, ambulatory surgical centers, abortion facilities, and other facilities as necessary to generate the reports required by this section. Hospitals, ambulatory surgical centers, abortion facilities, and other facilities shall provide such data in compliance with this section. **In order to streamline government and to eliminate duplicative reporting requirements, if the Centers for Medicare and Medicaid Services, or its**

successor entity, requires hospitals to submit health care-associated infection data, then hospitals and the department shall not be required to comply with the health care-associated infection data reporting requirements of subsections 2 to 17 of this section applicable to hospitals, except that the department shall post a link on its website to publicly reported data by hospitals on the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor.

3. The department shall promulgate rules specifying the standards and procedures for the collection, analysis, risk adjustment, and reporting of the incidence of health care-associated infections and the types of infections and procedures to be monitored pursuant to subsection 13 of this section. In promulgating such rules, the department shall:

(1) Use methodologies and systems for data collection established by the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor; and

(2) Consider the findings and recommendations of the infection control advisory panel established pursuant to section 197.165.

4. By January 1, 2017, the infection control advisory panel created by section 197.165 shall make recommendations to the department regarding the Centers for Medicare and Medicaid Services' health care-associated infection data collection, analysis, and public reporting requirements for hospitals, ambulatory surgical centers, and other facilities in the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor, in lieu of all or part of the data collection, analysis, and public reporting requirements of this section. The advisory panel recommendations shall address which hospitals shall be required as a condition of licensure to use the National Healthcare Safety Network for data collection; the use of the National Healthcare Safety Network for risk adjustment and analysis of hospital submitted data; and the use of the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor, for public reporting of the incidence of health care-associated infection metrics. The advisory panel shall consider the following factors in developing its recommendation:

(1) Whether the public is afforded the same or greater access to facility-specific infection control indicators and metrics;

(2) Whether the data provided to the public is subject to the same or greater accuracy of risk adjustment;

(3) Whether the public is provided with the same or greater specificity of reporting of infections by type of facility infections and procedures;

(4) Whether the data is subject to the same or greater level of confidentiality of the identity of an individual patient;

(5) Whether the National Healthcare Safety Network, or its successor, has the capacity to receive, analyze, and report the required data for all facilities;

(6) Whether the cost to implement the National Healthcare Safety Network infection data collection and reporting system is the same or less.

5. After considering the recommendations of the infection control advisory panel, and provided that the requirements of subsection 13 of this section can be met, the department shall implement guidelines from the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor. It shall be a condition of licensure for hospitals that meet the minimum public reporting requirements of the National Healthcare Safety Network and the Centers for Medicare and Medicaid

Services to participate in the National Healthcare Safety Network, or its successor. Such hospitals shall permit the National Healthcare Safety Network, or its successor, to disclose facility-specific infection data to the department as required under this section, and as necessary to provide the public reports required by the department. It shall be a condition of licensure for any ambulatory surgical center or abortion facility which does not voluntarily participate in the National Healthcare Safety Network, or its successor, to submit facility-specific data to the department as required under this section, and as necessary to provide the public reports required by the department.

6. The department shall not require the resubmission of data which has been submitted to the department of health and senior services or the department of social services under any other provision of law. The department of health and senior services shall accept data submitted by associations or related organizations on behalf of health care providers by entering into binding agreements negotiated with such associations or related organizations to obtain data required pursuant to section 192.665 and this section. A health care provider shall submit the required information to the department of health and senior services:

- (1) If the provider does not submit the required data through such associations or related organizations;
- (2) If no binding agreement has been reached within ninety days of August 28, 1992, between the department of health and senior services and such associations or related organizations; or
- (3) If a binding agreement has expired for more than ninety days.

7. Information obtained by the department under the provisions of section 192.665 and this section shall not be public information. Reports and studies prepared by the department based upon such information shall be public information and may identify individual health care providers. The department of health and senior services may authorize the use of the data by other research organizations pursuant to the provisions of section 192.067. The department shall not use or release any information provided under section 192.665 and this section which would enable any person to determine any health care provider's negotiated discounts with specific preferred provider organizations or other managed care organizations. The department shall not release data in a form which could be used to identify a patient. Any violation of this subsection is a class A misdemeanor.

8. The department shall undertake a reasonable number of studies and publish information, including at least an annual consumer guide, in collaboration with health care providers, business coalitions and consumers based upon the information obtained pursuant to the provisions of section 192.665 and this section. The department shall allow all health care providers and associations and related organizations who have submitted data which will be used in any publication to review and comment on the publication prior to its publication or release for general use. The publication shall be made available to the public for a reasonable charge.

9. Any health care provider which continually and substantially, as these terms are defined by rule, fails to comply with the provisions of this section shall not be allowed to participate in any program administered by the state or to receive any moneys from the state.

10. A hospital, as defined in section 197.020, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.071. An ambulatory surgical center or abortion facility as defined in section 197.200 aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.221.

11. The department of health may promulgate rules providing for collection of data and publication of the incidence of health care-associated infections for other types of health facilities determined to be sources of infections; except that, physicians' offices shall be exempt from reporting and disclosure of such infections.

12. By January 1, 2017, the advisory panel shall recommend and the department shall adopt in regulation with an effective date of no later than January 1, 2018, the requirements for the reporting of the following types of infections as specified in this subsection:

(1) Infections associated with a minimum of four surgical procedures for hospitals and a minimum of two surgical procedures for ambulatory surgical centers that meet the following criteria:

(a) Are usually associated with an elective surgical procedure. An "elective surgical procedure" is a planned, nonemergency surgical procedure that may be either medically required such as a hip replacement or optional such as breast augmentation;

(b) Demonstrate a high priority aspect such as affecting a large number of patients, having a substantial impact for a smaller population, or being associated with substantial cost, morbidity, or mortality; or

(c) Are infections for which reports are collected by the National Healthcare Safety Network or its successor;

(2) Central line-related bloodstream infections;

(3) Health care-associated infections specified for reporting by hospitals, ambulatory surgical centers, and other health care facilities by the rules of the Centers for Medicare and Medicaid Services to the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor; and

(4) Other categories of infections that may be established by rule by the department.

The department, in consultation with the advisory panel, shall be authorized to collect and report data on subsets of each type of infection described in this subsection.

13. In consultation with the infection control advisory panel established pursuant to section 197.165, the department shall develop and disseminate to the public reports based on data compiled for a period of twelve months. Such reports shall be updated quarterly and shall show for each hospital, ambulatory surgical center, abortion facility, and other facility metrics on risk-adjusted health care-associated infections under this section.

14. The types of infections under subsection 12 of this section to be publicly reported shall be determined by the department by rule and shall be consistent with the infections tracked by the National Healthcare Safety Network, or its successor.

15. Reports published pursuant to subsection 13 of this section shall be published and readily accessible on the department's internet website. The reports shall be distributed at least annually to the governor and members of the general assembly. The department shall make such reports available to the public for a period of at least two years.

16. The Hospital Industry Data Institute shall publish a report of Missouri hospitals', ambulatory surgical centers', and abortion facilities' compliance with standardized quality of care measures established by the federal Centers for Medicare and Medicaid Services for prevention of infections related to surgical

procedures. If the Hospital Industry Data Institute fails to do so by July 31, 2008, and annually thereafter, the department shall be authorized to collect information from the Centers for Medicare and Medicaid Services or from hospitals, ambulatory surgical centers, and abortion facilities and publish such information in accordance with this section.

17. The data collected or published pursuant to this section shall be available to the department for purposes of licensing hospitals, ambulatory surgical centers, and abortion facilities pursuant to chapter 197.

18. The department shall promulgate rules to implement the provisions of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid and void.

19. No later than August 28, 2017, each hospital, excluding mental health facilities as defined in section 632.005, and each ambulatory surgical center and abortion facility as defined in section 197.200, shall in consultation with its medical staff establish an antimicrobial stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that are the last line of defense against resistant infections. The hospital's stewardship program and the results of the program shall be monitored and evaluated by hospital quality improvement departments and shall be available upon inspection to the department. At a minimum, the antimicrobial stewardship program shall be designed to evaluate that hospitalized patients receive, in accordance with accepted medical standards of practice, the appropriate antimicrobial, at the appropriate dose, at the appropriate time, and for the appropriate duration.

20. Hospitals described in subsection 19 of this section shall meet the National Healthcare Safety Network requirements for reporting antimicrobial usage or resistance by using the Centers for Disease Control and Prevention's Antimicrobial Use and Resistance (AUR) Module when [regulations concerning Stage 3 of the Medicare and Medicaid Electronic Health Records Incentive Programs promulgated by the Centers for Medicare and Medicaid Services that enable the electronic interface for such reporting are effective] **conditions of participation promulgated by the Centers for Medicare and Medicaid Services requiring the electronic reporting of antibiotic use or antibiotic resistance by hospitals become effective**. When such antimicrobial usage or resistance reporting takes effect, hospitals shall authorize the National Healthcare Safety Network, or its successor, to disclose to the department facility-specific information reported to the AUR Module. Facility-specific data on antibiotic usage and resistance collected under this subsection shall not be disclosed to the public, but the department may release case-specific information to other facilities, physicians, and the public if the department determines on a case-by-case basis that the release of such information is necessary to protect persons in a public health emergency. **Nothing in this section shall prohibit a hospital from voluntarily reporting antibiotic use or antibiotic resistance data through the National Healthcare Safety Network, or its successor, prior to the effective date of the conditions of participation requiring the reporting.**

21. The department shall make a report to the general assembly beginning January 1, 2018, and on every January first thereafter on the incidence, type, and distribution of antimicrobial-resistant infections identified in the state and within regions of the state.

192.990. 1. There is hereby established within the department of health and senior services the “Pregnancy-Associated Mortality Review Board” to improve data collection and reporting with respect to maternal deaths. The department may collaborate with localities and with other states to meet the goals of the initiative.

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

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

(2) “Maternal death”, the death of a woman while pregnant or during the one-year period following the date of the end of pregnancy, regardless of the cause of death and regardless of whether a delivery, miscarriage, or death occurs inside or outside of a hospital.

3. The board shall be composed of no more than eighteen members, with a chair elected from among its membership. The board shall meet at least twice per year and shall approve the strategic priorities, funding allocations, work processes, and products of the board. Members of the board shall be appointed by the director of the department. Members shall serve four-year terms, except that the initial terms shall be staggered so that approximately one-third serve three, four, and five-year terms.

4. The board shall have a multidisciplinary and diverse membership that represents a variety of medical and nursing specialties, including, but not limited to, obstetrics and maternal-fetal care, as well as state or local public health officials, epidemiologists, statisticians, community organizations, geographic regions, and other individuals or organizations that are most affected by maternal deaths and lack of access to maternal health care services.

5. The duties of the board shall include, but not be limited to:

(1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal deaths;

(2) Identifying factors associated with maternal deaths;

(3) Reviewing medical records and other relevant data, which shall include, to the extent available:

(a) A description of the maternal deaths determined by matching each death record of a maternal death to a birth certificate of an infant or fetal death record, as applicable, and an indication of whether the delivery, miscarriage, or death occurred inside or outside of a hospital;

(b) Data collected from medical examiner and coroner reports, as appropriate; and

(c) Using other appropriate methods or information to identify maternal deaths, including deaths from pregnancy outcomes not identified under paragraph (a) of this subdivision;

(4) Consulting with relevant experts, as needed;

(5) Analyzing cases to produce recommendations for reducing maternal mortality;

(6) Disseminating recommendations to policy makers, health care providers and facilities, and the general public;

(7) Recommending and promoting preventative strategies and making recommendations for systems changes;

(8) Protecting the confidentiality of the hospitals and individuals involved in any maternal deaths;

(9) Examining racial and social disparities in maternal deaths;

(10) Subject to appropriation, providing for voluntary and confidential case reporting of maternal deaths to the appropriate state health agency by family members of the deceased, and other appropriate individuals, for purposes of review by the board;

(11) Making publicly available the contact information of the board for use in such reporting;

(12) Conducting outreach to local professional organizations, community organizations, and social services agencies regarding the availability of the review board; and

(13) Ensuring that data collected under this section is made available, as appropriate and practicable, for research purposes, in a manner that protects individually identifiable or potentially identifiable information and that is consistent with state and federal privacy laws.

6. The board may contract with other entities consistent with the duties of the board.

7. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the Director of the Centers for Disease Control and Prevention, the director of the department, the governor, and the general assembly a report on maternal mortality in the state based on data collected through ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and any other projects or efforts funded by the board. The data shall be collected using best practices to reliably determine and include all maternal deaths, regardless of the outcome of the pregnancy and shall include data, findings, and recommendations of the committee, and, as applicable, information on the implementation during such year of any recommendations submitted by the board in a previous year.

(2) The report shall be made available to the public on the department's website and the director shall disseminate the report to all health care providers and facilities that provide women's health services in the state.

8. The director of the department, or his or her designee, shall provide the board with the copy of the death certificate and any linked birth or fetal death certificate for any maternal death occurring within the state.

9. Upon request by the department, health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, law enforcement agencies, driver's license bureaus, other state agencies, and facilities licensed by the department shall provide to the department data related to maternal deaths from sources such as medical records, autopsy reports, medical examiner's reports, coroner's reports, law enforcement reports, motor vehicle records, social services records, and other sources as appropriate. Such data requests shall be limited to maternal deaths which have occurred within the previous twenty-four months. No entity shall be held liable for civil damages or be subject to any criminal or disciplinary action when complying in good faith with a request from the department for information under the provisions of this subsection.

10. (1) The board shall protect the privacy and confidentiality of all patients, decedents, providers, hospitals, or any other participants involved in any maternal deaths. In no case shall any individually identifiable health information be provided to the public or submitted to an information clearinghouse.

(2) Nothing in this subsection shall prohibit the board or department from publishing statistical compilations and research reports that:

(a) Are based on confidential information relating to mortality reviews under this section; and

(b) Do not contain identifying information or any other information that could be used to ultimately identify the individuals concerned.

(3) Information, records, reports, statements, notes, memoranda, or other data collected under this section shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person. Such information, records, reports, notes, memoranda, data obtained by the department or any other person, statements, notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by any officer or representative of the department or any other person. No person participating in such review shall disclose, in any manner, the information so obtained except in strict conformity with such review project. Such information shall not be subject to disclosure under chapter 610.

(4) All information, records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department, the board, and other persons, agencies, or organizations so authorized by the department under this section shall be confidential.

(5) All proceedings and activities of the board, opinions of members of such board formed as a result of such proceedings and activities, and records obtained, created, or maintained under this section, including records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department or any other person, agency, or organization acting jointly or under contract with the department in connection with the requirements of this section, shall be confidential and shall not be subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding; provided, however, that nothing in this section shall be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the board's proceedings.

(6) Members of the board shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the board; provided, however, that nothing in this section shall be construed to prevent a member of the board from testifying to information obtained independently of the board or which is public information.

11. The department may use grant program funds to support the efforts of the board and may apply for additional federal government and private foundation grants as needed. The department may also accept private, foundation, city, county, or federal moneys to implement the provisions of this section.

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates otherwise, the following terms shall mean:

(1) "Advanced practice registered nurse", a person licensed to practice as an advanced practice registered nurse under chapter 335, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(2) "Assistant physician", as such term is defined in section 334.036, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(3) “Dead body”, a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred;

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

(5) “Final disposition”, the burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or fetus;

(6) “Institution”, any establishment, public or private, which provides inpatient or outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary care, or to which persons are committed by law;

(7) “Live birth”, the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached;

(8) “Physician”, a person authorized or licensed to practice medicine or osteopathy pursuant to chapter 334;

(9) “Physician assistant”, a person licensed to practice as a physician assistant pursuant to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a [supervision agreement] **collaborative practice arrangement** under chapter 334;

(10) “Spontaneous fetal death”, a noninduced death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles;

(11) “State registrar”, state registrar of vital statistics of the state of Missouri;

(12) “System of vital statistics”, the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by sections 193.005 to 193.325 and section 194.060; and activities related thereto including the tabulation, analysis and publication of vital statistics;

(13) “Vital records”, certificates or reports of birth, death, marriage, dissolution of marriage and data related thereto;

(14) “Vital statistics”, the data derived from certificates and reports of birth, death, spontaneous fetal death, marriage, dissolution of marriage and related reports.

195.060. 1. Except as provided in subsection 4 of this section, a pharmacist, in good faith, may sell and dispense controlled substances to any person only upon a prescription of a practitioner as authorized by statute, provided that the controlled substances listed in Schedule V may be sold without prescription in accordance with regulations of the department of health and senior services. All written prescriptions shall be signed by the person prescribing the same, **except for electronic prescriptions**. All prescriptions shall be dated on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is prescribed, and the full name, address, and the registry number under the federal controlled substances laws of the person prescribing, if he or she is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of the animal for which the drug is prescribed. The person filling the prescription shall either write the date of filling and his or her own signature on the prescription or retain the date of filling and the identity of the dispenser as electronic

prescription information. The prescription or electronic prescription information shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of two years, so as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of this law. No prescription for a drug in Schedule I or II shall be filled more than six months after the date prescribed; no prescription for a drug in Schedule I or II shall be refilled; no prescription for a drug in Schedule III or IV shall be filled or refilled more than six months after the date of the original prescription or be refilled more than five times unless renewed by the practitioner.

2. A pharmacist, in good faith, may sell and dispense controlled substances to any person upon a prescription of a practitioner located in another state, provided that the:

(1) Prescription was issued according to and in compliance with the applicable laws of that state and the United States; and

(2) Quantity limitations in subsection 4 of section 195.080 apply to prescriptions dispensed to patients located in this state.

3. The legal owner of any stock of controlled substances in a pharmacy, upon discontinuance of dealing in such drugs, may sell the stock to a manufacturer, wholesaler, or pharmacist, but only on an official written order.

4. A pharmacist, in good faith, may sell and dispense any Schedule II drug or drugs to any person in emergency situations as defined by rule of the department of health and senior services upon an oral prescription by an authorized practitioner.

5. Except where a bona fide physician-patient-pharmacist relationship exists, prescriptions for narcotics or hallucinogenic drugs shall not be delivered to or for an ultimate user or agent by mail or other common carrier.

195.080. 1. Except as otherwise provided in this chapter and chapter 579, this chapter and chapter 579 shall not apply to the following cases: prescribing, administering, dispensing or selling at retail of liniments, ointments, and other preparations that are susceptible of external use only and that contain controlled substances in such combinations of drugs as to prevent the drugs from being readily extracted from such liniments, ointments, or preparations, except that this chapter and chapter 579 shall apply to all liniments, ointments, and other preparations that contain coca leaves in any quantity or combination.

2. Unless otherwise provided in sections 334.037, 334.104, and 334.747, a practitioner, other than a veterinarian, shall not issue an initial prescription for more than a seven-day supply of any opioid controlled substance upon the initial consultation and treatment of a patient for acute pain. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new prescription in compliance with the general provisions of this chapter and chapter 579. Prior to issuing an initial prescription for an opioid controlled substance, a practitioner shall consult with the patient regarding the quantity of the opioid and the patient's option to fill the prescription in a lesser quantity and shall inform the patient of the risks associated with the opioid prescribed. If, in the professional medical judgment of the practitioner, more than a seven-day supply is required to treat the patient's acute pain, the practitioner may issue a prescription for the quantity needed to treat the patient; provided, that the practitioner shall document in the patient's medical record the condition triggering the necessity for more than a seven-day supply and that a nonopioid alternative was not appropriate to address the patient's condition. The provisions of this subsection shall not apply to prescriptions for opioid controlled substances for a patient who is currently

undergoing treatment for cancer **or sickle cell disease**, is receiving hospice care from a hospice certified under chapter 197 or palliative care, is a resident of a long-term care facility licensed under chapter 198, or is receiving treatment for substance abuse or opioid dependence.

3. A pharmacist or pharmacy shall not be subject to disciplinary action or other civil or criminal liability for dispensing or refusing to dispense medication in good faith pursuant to an otherwise valid prescription that exceeds the prescribing limits established by subsection 2 of this section.

4. Unless otherwise provided in this section, the quantity of Schedule II controlled substances prescribed or dispensed at any one time shall be limited to a thirty-day supply. The quantity of Schedule III, IV or V controlled substances prescribed or dispensed at any one time shall be limited to a ninety-day supply and shall be prescribed and dispensed in compliance with the general provisions of this chapter and chapter 579. The supply limitations provided in this subsection may be increased up to three months if the physician describes on the prescription form or indicates via telephone, fax, or electronic communication to the pharmacy to be entered on or attached to the prescription form the medical reason for requiring the larger supply. The supply limitations provided in this subsection shall not apply if:

(1) The prescription is issued by a practitioner located in another state according to and in compliance with the applicable laws of that state and the United States and dispensed to a patient located in another state; or

(2) The prescription is dispensed directly to a member of the United States Armed Forces serving outside the United States.

5. The partial filling of a prescription for a Schedule II substance is permissible as defined by regulation by the department of health and senior services.

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial container unless such container bears a label containing an identifying symbol for such substance in accordance with federal laws.

2. It shall be unlawful for any manufacturer of any controlled substance to distribute such substance unless the labeling thereof conforms to the requirements of federal law and contains the identifying symbol required in subsection 1 of this section.

3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such narcotic or dangerous drug to any person other than the patient.

4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the manufacturer or wholesaler shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind, and form of controlled substance contained therein. No person except a pharmacist for the purpose of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in which such drug is sold or dispensed a label showing his or her own name and address of the pharmacy or practitioner for whom he or she is

lawfully acting; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or veterinarian by whom the prescription was written; the name of the collaborating physician if the prescription is written by an advanced practice registered nurse or [the supervising physician if the prescription is written by] a physician assistant, and such directions as may be stated on the prescription. No person shall alter, deface, or remove any label so affixed.

195.550. 1. Notwithstanding any other provision of this section or any other law to the contrary, beginning January 1, 2021, no person shall issue any prescription in this state for any Schedule II, III, or IV controlled substance unless the prescription is made by electronic prescription from the person issuing the prescription to a pharmacy, except for prescriptions:

(1) Issued by veterinarians;

(2) Issued in circumstances where electronic prescribing is not available due to temporary technological or electrical failure;

(3) Issued by a practitioner to be dispensed by a pharmacy located outside the state;

(4) Issued when the prescriber and dispenser are the same entity;

(5) Issued that include elements that are not supported by the most recently implemented version of the National Council for Prescription Drug Programs Prescriber/Pharmacist Interface SCRIPT Standard;

(6) Issued by a practitioner for a drug that the federal Food and Drug Administration requires the prescription to contain certain elements that are not able to be accomplished with electronic processing;

(7) Issued by a practitioner allowing for the dispensing of a nonpatient specific prescription pursuant to a standing order, approved protocol for drug therapy, collaborative drug management or comprehensive medication management, in response to a public health emergency, or other circumstances where the practitioner may issue a nonpatient specific prescription;

(8) Issued by a practitioner prescribing a drug under a research protocol;

(9) Issued by practitioners who have received an annual waiver, or a renewal thereof, from the requirement to use electronic prescribing, pursuant to a process established in regulation by the department of health and senior services, due to economic hardship, technological limitations, or other exceptional circumstances demonstrated by the practitioner;

(10) Issued by a practitioner under circumstances where, notwithstanding the practitioner's present ability to make an electronic prescription as required by this subsection, such practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition; or

(11) Issued where the patient specifically requests a written prescription.

2. A pharmacist who receives a written, oral, or faxed prescription is not required to verify that the prescription properly falls under one of the exceptions from the requirement to electronically prescribe. Pharmacists may continue to dispense medications from otherwise valid written, oral, or

fax prescriptions that are consistent with state and federal laws and regulations.

3. An individual who violates the provisions of this section may be subject to discipline by his or her professional licensing board.

195.820. The department of health and senior services may establish through rule promulgation an administration and processing fee, exclusive of any application or license fee established under article XIV of the Missouri Constitution, if the funds in the Missouri veterans' health and care fund are insufficient to provide for the department's administration of the provisions of article XIV. Such fees shall be deposited in the Missouri veterans' health and care fund for use solely for the administration of the department's duties under article XIV. Such administration and processing fee shall not be increased more than once during a one-year period, but may be set to increase or decrease each year by the percentage of increase or decrease from the end of the previous calendar year of the Consumer Price Index, or successor index as published by the U.S. Department of Labor, or its successor agency.

196.100. 1. Any manufacturer, packer, distributor or seller of drugs or devices in this state shall comply with the current federal labeling requirements contained in the Federal Food, Drug and Cosmetic Act, as amended, and any federal regulations promulgated thereunder. Any drug or device which contains labeling that is not in compliance with the provisions of this section shall be deemed misbranded.

2. A drug dispensed on **an electronic prescription** or a written prescription signed by a licensed physician, dentist, or veterinarian, except a drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to a diagnosis by mail, shall be exempt from the requirements of this section if such physician, dentist, or veterinarian is licensed by law to administer such drug, and such drug bears a label containing the name and place of business of the dispenser, the serial number and date of such prescription, and the name of such physician, dentist, or veterinarian.

3. The department is hereby directed to promulgate regulations exempting from any labeling or packaging requirement of sections 196.010 to 196.120, drugs and devices which are, in accordance with the practice of the trade, to be processed, labeled, or repacked in substantial quantities at establishments other than those where originally processed or packed, on condition that such drugs and devices are not adulterated or misbranded under the provisions of said sections upon removal from such processing, labeling, or repacking establishment.

197.108. 1. The department of health and senior services shall not assign an individual to inspect or survey a hospital, for any purpose, if the inspector or surveyor was an employee of such hospital or another hospital within its organization or a competing hospital within fifty miles of the hospital to be inspected or surveyed in the preceding two years.

2. For any inspection or survey of a hospital, regardless of the purpose, the department shall require every newly hired inspector or surveyor at the time of hiring or any currently employed inspector or surveyor as of August 28, 2019, to disclose:

(1) The name of every hospital in which he or she has been employed in the last ten years and the approximate length of service and the job title at the hospital; and

(2) The name of any member of his or her immediate family who has been employed in the last ten years or is currently employed at a hospital and the approximate length of service and the job title at the hospital.

The disclosures under this subsection shall be made to the department whenever the event giving rise to disclosure first occurs.

3. For purposes of this section, the phrase “immediate family member” shall mean a husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, or grandchild.

4. The information provided under subsection 2 of this section shall be considered a public record under the provisions of section 610.010.

5. Any person may notify the department if facts exist that would lead a reasonable person to conclude that any inspector or surveyor has any personal or business affiliation that would result in a conflict of interest in conducting an inspection or survey for a hospital. Upon receiving such notice, the department, when assigning an inspector or surveyor to inspect or survey a hospital, for any purpose, shall take steps to verify the information and, if the department has reason to believe that such information is correct, the department shall not assign the inspector or surveyor to the hospital or any hospital within its organization so as to avoid an appearance of prejudice or favor to the hospital or bias on the part of the inspector or surveyor.

198.082. 1. Each **certified** nursing assistant hired to work in a skilled nursing or intermediate care facility after January 1, 1980, shall have successfully completed a nursing assistant training program approved by the department or shall enroll in and begin the first available approved training program which is scheduled to commence within ninety days of the date of the **certified** nursing assistant’s employment and which shall be completed within four months of employment. Training programs shall be offered at any facility licensed [or approved] by the department of health and senior services; **any skilled nursing or intermediate care unit in a Missouri veterans home, as defined in section 42.002; or any hospital, as defined in section 197.020. Training programs shall be** [which is most] reasonably accessible to the enrollees in each class. The program may be established by [the] a skilled nursing or intermediate care facility, **unit, or hospital**; by a professional organization[.]; or by the department, and training shall be given by the personnel of the facility, **unit, or hospital**; by a professional organization[.]; by the department[.]; by any community college; or by the vocational education department of any high school.

2. As used in this section the term “**certified** nursing assistant” means an employee[,] **who has completed the training required under subsection 1 of this section, who has passed the certification exam, and** [including a nurse’s aide or an orderly,] who is assigned by a skilled nursing or intermediate care facility, **unit, or hospital** to provide or assist in the provision of direct resident health care services under the supervision of a nurse licensed under the nursing practice law, chapter 335.

3. This section shall not apply to any person otherwise **regulated or** licensed to perform health care services under the laws of this state. It shall not apply to volunteers or to members of religious or fraternal orders which operate and administer the facility, if such volunteers or members work without compensation.

[3.] 4. The training program [after January 1, 1989, shall consist of at least the following:

(1) A training program consisting] **requirements shall be defined in regulation by the department and shall require** [of] at least seventy-five classroom hours of training [on basic nursing skills, clinical practice, resident safety and rights, the social and psychological problems of residents, and the methods of handling and caring for mentally confused residents such as those with Alzheimer’s disease and related

disorders,] and one hundred hours supervised and on-the-job training. **On-the-job training sites shall include supervised practical training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse.** The [one hundred hours] training shall be completed within four months of employment and may consist of normal employment as nurse assistants or **hospital nursing support staff** under the supervision of a licensed nurse[; and

(2) Continuing in-service training to assure continuing competency in existing and new nursing skills. All nursing assistants trained prior to January 1, 1989, shall attend, by August 31, 1989, an entire special retraining program established by rule or regulation of the department which shall contain information on methods of handling mentally confused residents and which may be offered on premises by the employing facility].

[4.] **5. Certified** nursing assistants who have not successfully completed the nursing assistant training program prior to employment may begin duties as a **certified** nursing assistant [only after completing an initial twelve hours of basic orientation approved by the department] and may provide direct resident care only if under the [general] **direct** supervision of a licensed nurse prior to completion of the seventy-five classroom hours of the training program.

6. The competency evaluation shall be performed in a facility, as defined in 42 CFR Sec. 483.5, or laboratory setting comparable to the setting in which the individual shall function as a certified nursing assistant.

7. Persons completing the training requirements of unlicensed assistive personnel under 19 CSR 30-20.125 or its successor regulation, and who have completed the competency evaluation, shall be allowed to sit for the certified nursing assistant examination and be deemed to have fulfilled the classroom and clinical standards for designation as a certified nursing assistant.

8. The department of health and senior services may offer additional training programs and certifications to students who are already certified as nursing assistants according to regulations promulgated by the department and curriculum approved by the board.

208.146. 1. The program established under this section shall be known as the "Ticket to Work Health Assurance Program". Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

(1) Except for earnings, meets the definition of disabled under the Supplemental Security Income Program or meets the definition of an employed individual with a medically improved disability under TWWIA;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section;

(4) Has net income, as defined in subsection 3 of this section, that does not exceed the limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section 208.151; and

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the

federal poverty level. For purposes of this subdivision, “gross income” includes all income of the person and the person’s spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-employed persons shall provide proof of payment of Medicare and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit and the definition of available assets shall be the same as those used to determine MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; and

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an “independent living account” means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person’s disability.

(2) To determine net income, the following shall be disregarded:

(a) All earned income of the disabled worker;

(b) The first sixty-five dollars and one-half of the remaining earned income of a nondisabled spouse’s earned income;

(c) A twenty dollar standard deduction;

(d) Health insurance premiums;

(e) A seventy-five dollar a month standard deduction for the disabled worker’s dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;

(f) All Supplemental Security Income payments, and the first fifty dollars of SSDI payments;

(g) A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker’s earned income.

4. Any person whose gross income exceeds one hundred percent of the federal poverty level shall pay a premium for participation in the medical assistance provided in this section. Such premium shall be:

(1) For a person whose gross income is more than one hundred percent but less than one hundred fifty percent of the federal poverty level, four percent of income at one hundred percent of the federal poverty level;

(2) For a person whose gross income equals or exceeds one hundred fifty percent but is less than two hundred percent of the federal poverty level, four percent of income at one hundred fifty percent of the

federal poverty level;

(3) For a person whose gross income equals or exceeds two hundred percent but less than two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent of the federal poverty level;

(4) For a person whose gross income equals or exceeds two hundred fifty percent up to and including three hundred percent of the federal poverty level, six percent of income at two hundred fifty percent of the federal poverty level.

5. Recipients of services through this program shall report any change in income or household size within ten days of the occurrence of such change. An increase in premiums resulting from a reported change in income or household size shall be effective with the next premium invoice that is mailed to a person after due process requirements have been met. A decrease in premiums shall be effective the first day of the month immediately following the month in which the change is reported.

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance.

7. The provisions of this section shall expire August 28, [2019] **2025.**"; and

Further amend said bill, Page 8, Section 208.151, Line 268, by inserting after all of said section and line the following:

"208.225. 1. To implement fully the provisions of section 208.152, the MO HealthNet division shall calculate the Medicaid per diem reimbursement rates of each nursing home participating in the Medicaid program as a provider of nursing home services based on its costs reported in the Title XIX cost report filed with the MO HealthNet division for its fiscal year as provided in subsection 2 of this section.

2. The recalculation of Medicaid rates to all Missouri facilities will be performed as follows: effective July 1, 2004, the department of social services shall use the Medicaid cost report containing adjusted costs for the facility fiscal year ending in 2001 and redetermine the allowable per-patient day costs for each facility. The department shall recalculate the class ceilings in the patient care, one hundred twenty percent of the median; ancillary, one hundred twenty percent of the median; and administration, one hundred ten percent of the median cost centers. Each facility shall receive as a rate increase one-third of the amount that is unpaid based on the recalculated cost determination.

3. Any intermediate care facility or skilled nursing facility, as such terms are defined in section 198.006, participating in MO HealthNet that incurs total capital expenditures, as such term is defined in section 197.305, in excess of two thousand dollars per bed shall be entitled to obtain from the MO HealthNet division a recalculation of its Medicaid per diem reimbursement rate based on its additional capital costs or all costs incurred during the facility fiscal year during which such capital expenditures were made. Such recalculated reimbursement rate shall become effective and payable when granted by the MO HealthNet division as of the date of application for a rate adjustment.

208.790. 1. The applicant shall have or intend to have a fixed place of residence in Missouri, with the present intent of maintaining a permanent home in Missouri for the indefinite future. The burden of establishing proof of residence within this state is on the applicant. The requirement also applies to persons

residing in long-term care facilities located in the state of Missouri.

2. The department shall promulgate rules outlining standards for documenting proof of residence in Missouri. Documents used to show proof of residence shall include the applicant's name and address in the state of Missouri.

3. Applicant household income limits for eligibility shall be subject to appropriations, but in no event shall applicants have household income that is greater than one hundred eighty-five percent of the federal poverty level for the applicable family size for the applicable year as converted to the MAGI equivalent net income standard. [The provisions of this subsection shall only apply to Medicaid dual eligible individuals.]

4. The department shall promulgate rules outlining standards for documenting proof of household income.

217.930. 1. (1) Medical assistance under MO HealthNet shall be suspended, rather than canceled or terminated, for a person who is an offender in a correctional center if:

- (a) The department of social services is notified of the person's entry into the correctional center;**
- (b) On the date of entry, the person was enrolled in the MO HealthNet program; and**
- (c) The person is eligible for MO HealthNet except for institutional status.**

(2) A suspension under this subsection shall end on the date the person is no longer an offender in a correctional center.

(3) Upon release from incarceration, such person shall continue to be eligible for receipt of MO HealthNet benefits until such time as the person is otherwise determined to no longer be eligible for the program.

2. The department of corrections shall notify the department of social services:

(1) Within twenty days after receiving information that a person receiving benefits under MO HealthNet is or will be an offender in a correctional center; and

(2) Within forty-five days prior to the release of a person who is qualified for suspension under subsection 1 of this section.

208.896. 1. To ensure the availability of comprehensive and cost-effective choices for MO HealthNet participants who have been diagnosed with Alzheimer's or related disorders as defined in section 172.800, to live at home in the community of their choice and to receive support from the caregivers of their choice, the department of social services shall apply to the United States Secretary of Health and Human Services for a structured family caregiver waiver under Section 1915(c) of the federal Social Security Act. Federal approval of the waiver is necessary to implement the provisions of this section. Structured family caregiving shall be considered an agency-directed model, and no financial management services shall be required.

2. The structured family caregiver waiver shall include:

(1) A choice for participants of qualified and credentialed caregivers, including family caregivers;

(2) A choice for participants of community settings in which they receive structured family caregiving. A caregiver may provide structured family caregiving services in the caregiver's home or the participant's home, but the caregiver shall reside full time in the same home as the participant;

(3) A requirement that caregivers under this section are added to the family care safety registry and comply with the provisions of sections 210.900 to 210.936;

(4) A requirement that all caregivers shall obtain liability insurance as required;

(5) A cap of three hundred participants to receive structured family caregiving;

(6) A requirement that all organizations serving as structured family caregiving agencies are considered in-home service provider agencies and are accountable for documentation of services delivered, meeting the requirements set forth for these provider agencies, qualification and requalification of caregivers and homes, caregiver training, providing a case manager or registered nurse to create a service plan tailored to each participant's needs, professional staff support for eligible people, ongoing monitoring and support through monthly home visits, deployment of electronic daily notes, and remote consultation with families;

(7) Caregivers are accountable for providing for the participant's personal care needs. This includes, but is not limited to, laundry, housekeeping, shopping, transportation, and assistance with activities of daily living;

(8) A daily payment rate for services that is adequate to pay stipends to caregivers and pay provider agencies for the cost of providing professional staff support as required under this section and administrative functions required of in-home services provider agencies. The payment to the provider agency is not to exceed thirty-five percent of the daily reimbursement rate; and

(9) Daily payment rates for structured family caregiving services that do not exceed sixty percent of the daily nursing home cost cap established by the state each year.

3. (1) Within ninety days of the effective date of this section, the department of social services shall, if necessary to implement the provisions of this section, apply to the United States Secretary of Health and Human Services for a structured family caregiver waiver. The department of social services shall request an effective date before July 2, 2020, and shall, by such date, take all administrative actions necessary to ensure timely and equitable availability of structured family caregiving services for home- and community-based care participants.

(2) Upon receipt of an approved waiver under subdivision (1) of this subsection, the department of health and senior services shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2019, shall be invalid and void.

208.930. 1. As used in this section, the term "department" shall mean the department of health and senior services.

2. Subject to appropriations, the department may provide financial assistance for consumer-directed personal care assistance services through eligible vendors, as provided in sections 208.900 through 208.927, to each person who was participating as a non-MO HealthNet eligible client pursuant to sections 178.661

through 178.673 on June 30, 2005, and who:

- (1) Makes application to the department;
- (2) Demonstrates financial need and eligibility under subsection 3 of this section;
- (3) Meets all the criteria set forth in sections 208.900 through 208.927, except for subdivision (5) of subsection 1 of section 208.903;
- (4) Has been found by the department of social services not to be eligible to participate under guidelines established by the MO HealthNet plan; and
- (5) Does not have access to affordable employer-sponsored health care insurance or other affordable health care coverage for personal care assistance services as defined in section 208.900. For purposes of this section, “access to affordable employer-sponsored health care insurance or other affordable health care coverage” refers to health insurance requiring a monthly premium less than or equal to one hundred thirty-three percent of the monthly average premium required in the state’s current Missouri consolidated health care plan.

Payments made by the department under the provisions of this section shall be made only after all other available sources of payment have been exhausted.

3. (1) In order to be eligible for financial assistance for consumer-directed personal care assistance services under this section, a person shall demonstrate financial need, which shall be based on the adjusted gross income and the assets of the person seeking financial assistance and such person’s spouse.

(2) In order to demonstrate financial need, a person seeking financial assistance under this section and such person’s spouse must have an adjusted gross income, less disability-related medical expenses, as approved by the department, that is equal to or less than three hundred percent of the federal poverty level. The adjusted gross income shall be based on the most recent income tax return.

(3) No person seeking financial assistance for personal care services under this section and such person’s spouse shall have assets in excess of two hundred fifty thousand dollars.

4. The department shall require applicants and the applicant’s spouse, and consumers and the consumer’s spouse, to provide documentation for income, assets, and disability-related medical expenses for the purpose of determining financial need and eligibility for the program. In addition to the most recent income tax return, such documentation may include, but shall not be limited to:

- (1) Current wage stubs for the applicant or consumer and the applicant’s or consumer’s spouse;
- (2) A current W-2 form for the applicant or consumer and the applicant’s or consumer’s spouse;
- (3) Statements from the applicant’s or consumer’s and the applicant’s or consumer’s spouse’s employers;
- (4) Wage matches with the division of employment security;
- (5) Bank statements; and
- (6) Evidence of disability-related medical expenses and proof of payment.

5. A personal care assistance services plan shall be developed by the department pursuant to section 208.906 for each person who is determined to be eligible and in financial need under the provisions of this section. The plan developed by the department shall include the maximum amount of financial assistance

allowed by the department, subject to appropriation, for such services.

6. Each consumer who participates in the program is responsible for a monthly premium equal to the average premium required for the Missouri consolidated health care plan; provided that the total premium described in this section shall not exceed five percent of the consumer's and the consumer's spouse's adjusted gross income for the year involved.

7. (1) Nonpayment of the premium required in subsection 6 shall result in the denial or termination of assistance, unless the person demonstrates good cause for such nonpayment.

(2) No person denied services for nonpayment of a premium shall receive services unless such person shows good cause for nonpayment and makes payments for past-due premiums as well as current premiums.

(3) Any person who is denied services for nonpayment of a premium and who does not make any payments for past-due premiums for sixty consecutive days shall have their enrollment in the program terminated.

(4) No person whose enrollment in the program is terminated for nonpayment of a premium when such nonpayment exceeds sixty consecutive days shall be reenrolled unless such person pays any past-due premiums as well as current premiums prior to being reenrolled. Nonpayment shall include payment with a returned, refused, or dishonored instrument.

8. (1) Consumers determined eligible for personal care assistance services under the provisions of this section shall be reevaluated annually to verify their continued eligibility and financial need. The amount of financial assistance for consumer-directed personal care assistance services received by the consumer shall be adjusted or eliminated based on the outcome of the reevaluation. Any adjustments made shall be recorded in the consumer's personal care assistance services plan.

(2) In performing the annual reevaluation of financial need, the department shall annually send a reverification eligibility form letter to the consumer requiring the consumer to respond within ten days of receiving the letter and to provide income and disability-related medical expense verification documentation. If the department does not receive the consumer's response and documentation within the ten-day period, the department shall send a letter notifying the consumer that he or she has ten days to file an appeal or the case will be closed.

(3) The department shall require the consumer and the consumer's spouse to provide documentation for income and disability-related medical expense verification for purposes of the eligibility review. Such documentation may include but shall not be limited to the documentation listed in subsection 4 of this section.

9. (1) Applicants for personal care assistance services and consumers receiving such services pursuant to this section are entitled to a hearing with the department of social services if eligibility for personal care assistance services is denied, if the type or amount of services is set at a level less than the consumer believes is necessary, if disputes arise after preparation of the personal care assistance plan concerning the provision of such services, or if services are discontinued as provided in section 208.924. Services provided under the provisions of this section shall continue during the appeal process.

(2) A request for such hearing shall be made to the department of social services in writing in the form prescribed by the department of social services within ninety days after the mailing or delivery of the written decision of the department of health and senior services. The procedures for such requests and for the

hearings shall be as set forth in section 208.080.

10. Unless otherwise provided in this section, all other provisions of sections 208.900 through 208.927 shall apply to individuals who are eligible for financial assistance for personal care assistance services under this section.

11. The department may promulgate rules and regulations, including emergency rules, to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. Any provisions of the existing rules regarding the personal care assistance program promulgated by the department of elementary and secondary education in title 5, code of state regulations, division 90, chapter 7, which are inconsistent with the provisions of this section are void and of no force and effect.

12. The provisions of this section shall expire on June 30, [2019] **2025**.

221.111. 1. A person commits the offense of possession of unlawful items in a prison or jail if such person knowingly delivers, attempts to deliver, possesses, deposits, or conceals in or about the premises of any correctional center as the term “correctional center” is defined under section 217.010, or any city, county, or private jail:

(1) Any controlled substance as that term is defined by law, except upon the written **or electronic** prescription of a licensed physician, dentist, or veterinarian;

(2) Any other alkaloid of any kind or any intoxicating liquor as the term intoxicating liquor is defined in section 311.020;

(3) Any article or item of personal property which a prisoner is prohibited by law, by rule made pursuant to section 221.060, or by regulation of the department of corrections from receiving or possessing, except as herein provided;

(4) Any gun, knife, weapon, or other article or item of personal property that may be used in such manner as to endanger the safety or security of the institution or as to endanger the life or limb of any prisoner or employee thereof.

2. The violation of subdivision (1) of subsection 1 of this section shall be a class D felony; the violation of subdivision (2) of this section shall be a class E felony; the violation of subdivision (3) of this section shall be a class A misdemeanor; and the violation of subdivision (4) of this section shall be a class B felony.

3. The chief operating officer of a county or city jail or other correctional facility or the administrator of a private jail may deny visitation privileges to or refer to the county prosecuting attorney for prosecution any person who knowingly delivers, attempts to deliver, possesses, deposits, or conceals in or about the premises of such jail or facility any personal item which is prohibited by rule or regulation of such jail or facility. Such rules or regulations, including a list of personal items allowed in the jail or facility, shall be prominently posted for viewing both inside and outside such jail or facility in an area accessible to any visitor, and shall be made available to any person requesting such rule or regulation. Violation of this subsection shall be an infraction if not covered by other statutes.

4. Any person who has been found guilty of a violation of subdivision (2) of subsection 1 of this section involving any alkaloid shall be entitled to expungement of the record of the violation. The procedure to expunge the record shall be pursuant to section 610.123. The record of any person shall not be expunged

if such person has been found guilty of knowingly delivering, attempting to deliver, possessing, depositing, or concealing any alkaloid of any controlled substance in or about the premises of any correctional center, or city or county jail, or private prison or jail.

221.125. 1. (1) Medical assistance under MO HealthNet shall be suspended, rather than canceled or terminated, for a person who is an offender in a county jail, a city jail, or a private jail if:

- (a) The department of social services is notified of the person's entry into the jail;**
- (b) On the date of entry, the person was enrolled in the MO HealthNet program; and**
- (c) The person is eligible for MO HealthNet except for institutional status.**

(2) A suspension under this subsection shall end on the date the person is no longer an offender in a jail.

(3) Upon release from incarceration, such person shall continue to be eligible for receipt of MO HealthNet benefits until such time as the person is otherwise determined to no longer be eligible for the program.

2. City, county, and private jails shall notify the department of social services within ten days after receiving information that a person receiving medical assistance under MO HealthNet is or will be an offender in the jail.

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

- (1) "Acute pain", shall have the same meaning as in section 195.010;**
- (2) "Long-acting or extended-release opioids", formulated in such a manner as to make the contained medicament available over an extended period of time following ingestion.**

2. Any duly registered and currently licensed dentist in Missouri may write, and any pharmacist in Missouri who is currently licensed under the provisions of chapter 338 and any amendments thereto, may fill any prescription of a duly registered and currently licensed dentist in Missouri for any drug necessary or proper in the practice of dentistry, provided that no such prescription is in violation of either the Missouri or federal narcotic drug act.

[2.] 3. Any duly registered and currently licensed dentist in Missouri may possess, have under his control, prescribe, administer, dispense, or distribute a "controlled substance" as that term is defined in section 195.010 only to the extent that:

(1) The dentist possesses the requisite valid federal and state registration to distribute or dispense that class of controlled substance;

(2) The dentist prescribes, administers, dispenses, or distributes the controlled substance in the course of his professional practice of dentistry, and for no other reason;

(3) A bona fide dentist-patient relationship exists; and

(4) The dentist possesses, has under his control, prescribes, administers, dispenses, or distributes the controlled substance in accord with all pertinent requirements of the federal and Missouri narcotic drug and controlled substances acts, including the keeping of records and inventories when required therein.

4. Long-acting or extended-release opioids shall not be used for the treatment of acute pain. If in the professional judgement of the dentist, a long-acting or extended-release opioid is necessary to treat

the patient, the dentist shall document and explain in the patient’s dental record the reason for the necessity for the long-acting or extended-release opioid.

5. Dentists shall avoid prescribing doses greater than fifty morphine milligram equivalent (MME) per day for treatment of acute pain. If in the professional judgement of the dentist, doses greater than fifty MME are necessary to treat the patient, the dentist shall document and explain in the patient’s dental record the reason for the necessity for the dose greater than fifty MME. The relative potency of opioids is represented by a value assigned to individual opioids known as a morphine milligram equivalent (MME). The MME value represents how many milligrams of a particular opioid is equivalent to one milligram of morphine. The Missouri dental board shall maintain a MME conversion chart and instructions for calculating MME on its website to assist licensees with calculating MME.

334.037. 1. A physician may enter into collaborative practice arrangements with assistant physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to an assistant physician the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the assistant physician and is consistent with that assistant physician’s skill, training, and competence and the skill and training of the collaborating physician.

2. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the assistant physician;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the assistant physician to prescribe;

(3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an assistant physician and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the assistant physician;

(5) The manner of collaboration between the collaborating physician and the assistant physician, including how the collaborating physician and the assistant physician shall:

(a) Engage in collaborative practice consistent with each professional’s skill, training, education, and competence;

(b) Maintain geographic proximity; except, the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain documentation related to such requirement and

present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the assistant physician's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the assistant physician to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the assistant physician;

(8) The duration of the written practice agreement between the collaborating physician and the assistant physician;

(9) A description of the time and manner of the collaborating physician's review of the assistant physician's delivery of health care services. The description shall include provisions that the assistant physician shall submit a minimum of ten percent of the charts documenting the assistant physician's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the assistant physician prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

3. The state board of registration for the healing arts under section 334.125 shall promulgate rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules shall specify:

(1) Geographic areas to be covered;

(2) The methods of treatment that may be covered by collaborative practice arrangements;

(3) In conjunction with deans of medical schools and primary care residency program directors in the state, the development and implementation of educational methods and programs undertaken during the collaborative practice service which shall facilitate the advancement of the assistant physician's medical knowledge and capabilities, and which may lead to credit toward a future residency program for programs that deem such documented educational achievements acceptable; and

(4) The requirements for review of services provided under collaborative practice arrangements, including delegating authority to prescribe controlled substances.

Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. The state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008.

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician provided the provisions of this section and the rules promulgated thereunder are satisfied.

5. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each assistant physician with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that arrangements are carried out for compliance under this chapter.

6. A collaborating physician [or supervising physician] shall not enter into a collaborative practice arrangement [or supervision agreement] with more than six full-time equivalent assistant physicians, full-time equivalent physician assistants, or full-time equivalent advance practice registered nurses, or any combination thereof. Such limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. No rule or regulation shall require the collaborating physician to review more than ten percent of the assistant physician's patient charts or records during such one-month period. Such limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

8. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

9. No contract or other agreement shall require a physician to act as a collaborating physician for an assistant physician against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any assistant physician, but such requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by a hospital's medical staff.

10. No contract or other agreement shall require any assistant physician to serve as a collaborating assistant physician for any collaborating physician against the assistant physician's will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a particular physician.

11. All collaborating physicians and assistant physicians in collaborative practice arrangements shall wear identification badges while acting within the scope of their collaborative practice arrangement. The identification badges shall prominently display the licensure status of such collaborating physicians and

assistant physicians.

12. (1) An assistant physician with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

(2) The collaborating physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the assistant physician during which the assistant physician shall practice with the collaborating physician on-site prior to prescribing controlled substances when the collaborating physician is not on-site. Such limitation shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

(3) An assistant physician shall receive a certificate of controlled substance prescriptive authority from the state board of registration for the healing arts upon verification of licensure under section 334.036.

13. Nothing in this section or section 334.036 shall be construed to limit the authority of hospitals or hospital medical staff to make employment or medical staff credentialing or privileging decisions.

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in

Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

3. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;

(3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;

(8) The duration of the written practice agreement between the collaborating physician and the advanced

practice registered nurse;

(9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

8. A collaborating physician [or supervising physician] shall not enter into a collaborative practice arrangement [or supervision agreement] with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a

collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment through telemedicine, as defined in section 191.1145, or the internet, a physician shall establish a valid physician-patient relationship as described in section 191.1146. This relationship shall include:

(1) Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;

(2) Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;

(3) If appropriate, following up with the patient to assess the therapeutic outcome;

(4) Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and

(5) Maintaining the electronic prescription information as part of the patient's medical record.

2. The requirements of subsection 1 of this section may be satisfied by the prescribing physician's designee when treatment is provided in:

(1) A hospital as defined in section 197.020;

(2) A hospice program as defined in section 197.250;

(3) Home health services provided by a home health agency as defined in section 197.400;

(4) Accordance with a collaborative practice agreement as defined in section 334.104;

(5) Conjunction with a physician assistant licensed pursuant to section 334.738;

(6) Conjunction with an assistant physician licensed under section 334.036;

(7) Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or

(8) On-call or cross-coverage situations.

3. No health care provider, as defined in section 376.1350, shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician[,] or such physician's on-call designee, or an advanced practice registered nurse, a **physician assistant, or an assistant physician** in a collaborative practice arrangement with such physician, [a physician assistant in a supervision agreement with such physician, or an assistant physician in a supervision agreement with such physician] may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

4. No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

(1) “Applicant”, any individual who seeks to become licensed as a physician assistant;

(2) “Certification” or “registration”, a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;

(3) “Certifying entity”, the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;

(4) **“Collaborative practice arrangement”, written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services;**

(5) “Department”, the department of insurance, financial institutions and professional registration or a designated agency thereof;

[(5)] (6) “License”, a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;

[(6)] (7) “Physician assistant”, a person who has graduated from a physician assistant program accredited by the [American Medical Association’s Committee on Allied Health Education and Accreditation or by its successor agency] **Accreditation Review Commission on Education for the Physician Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs**, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

[(7)] (8) “Recognition”, the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;

[(8) “Supervision”, control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant’s delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient’s home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant’s training and that the physician assistant shall not practice beyond the physician assistant’s training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician’s four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review

of the physician assistant activity by the supervising physician and the physician assistant.

2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, within a geographic proximity to be determined by the board of registration for the healing arts.

(2) For a physician-physician assistant team working in a certified community behavioral health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision requirements in addition to the minimum federal law shall be required.

3.] **2.** The scope of practice of a physician assistant shall consist only of the following services and procedures:

(1) Taking patient histories;

(2) Performing physical examinations of a patient;

(3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;

(4) Performing routine therapeutic procedures;

(5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;

(6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a [licensed] **collaborating** physician;

(7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;

(8) Assisting in surgery; **and**

(9) Performing such other tasks not prohibited by law under the [supervision of] **collaborative practice arrangement with** a licensed physician as the physician[‘s] assistant has been trained and is proficient to perform[; and

(10)].

3. Physician assistants shall not perform or prescribe abortions.

4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a [physician supervision agreement] **collaborative practice arrangement** in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a [physician assistant supervision agreement] **collaborative practice arrangement** which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

(1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;

(2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the [supervising] **collaborating** physician;

(3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;

(4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and

(5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the [supervising] **collaborating** physician is not qualified or authorized to prescribe.

5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician [supervision] **collaboration** or in any location where the [supervising] **collaborating** physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant from enrolling with a **third party plan** or the department of social services as a MO HealthNet or Medicaid provider while acting under a [supervision agreement] **collaborative practice arrangement** between the physician and physician assistant.

6. [For purposes of this section, the] **The** licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, [supervision, supervision agreements] **collaboration, collaborative practice arrangements**, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

7. ["Physician assistant supervision agreement" means a written agreement, jointly agreed-upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services. The agreement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, telephone numbers, and state license numbers of the supervising physician and the physician assistant;

(2) A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;

(3) All specialty or board certifications of the supervising physician;

(4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:

(a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and

(b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;

(5) The duration of the supervision agreement between the supervising physician and physician assistant; and

(6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.

8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.

9.] At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.

[10. It is the responsibility of the supervising physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.

11.] 8. A physician may enter into collaborative practice arrangements with physician assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a physician assistant the authority to prescribe, administer, or dispense drugs and provide treatment which is within the skill, training, and competence of the physician assistant. Collaborative practice arrangements may delegate to a physician assistant, as defined in section 334.735, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of health care services.

9. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the physician assistant;

(2) A list of all other offices or locations, other than those listed in subdivision (1) of this subsection, where the collaborating physician has authorized the physician assistant to prescribe;

(3) A requirement that there shall be posted at every office where the physician assistant is

authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by a physician assistant and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the physician assistant;

(5) The manner of collaboration between the collaborating physician and the physician assistant, including how the collaborating physician and the physician assistant will:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity, as determined by the board of registration for the healing arts; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency of the collaborating physician;

(6) A list of all other written collaborative practice arrangements of the collaborating physician and the physician assistant;

(7) The duration of the written practice arrangement between the collaborating physician and the physician assistant;

(8) A description of the time and manner of the collaborating physician's review of the physician assistant's delivery of health care services. The description shall include provisions that the physician assistant shall submit a minimum of ten percent of the charts documenting the physician assistant's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days. Reviews may be conducted electronically;

(9) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the physician assistant prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (8) of this subsection; and

(10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended.

10. The state board of registration for the healing arts under section 334.125 may promulgate rules regulating the use of collaborative practice arrangements.

11. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to a physician assistant, provided that the provisions of this section and the rules promulgated thereunder are satisfied.

12. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each physician assistant with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that the arrangements are carried out in compliance with this chapter.

13. The collaborating physician shall determine and document the completion of a period of time during which the physician assistant shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2009.

14. No contract or other [agreement] arrangement shall require a physician to act as a [supervising] collaborating physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the [supervising] collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant[, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by the hospital's medical staff]. No contract or other arrangement shall require any physician assistant to collaborate with any physician against the physician assistant's will. A physician assistant shall have the right to refuse to collaborate, without penalty, with a particular physician.

[12.] **15. Physician assistants shall file with the board a copy of their [supervising] collaborating physician form.**

[13.] **16. No physician shall be designated to serve as [supervising physician or] a collaborating physician for more than six full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician assistant [agreements] collaborative practice arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.**

17. No arrangement made under this section shall supercede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital, as defined in section 197.020, if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

334.736. Notwithstanding any other provision of sections 334.735 to 334.749, the board may issue without examination a temporary license to practice as a physician assistant. Upon the applicant paying a temporary license fee and the submission of all necessary documents as determined by the board, the board may grant a temporary license to any person who meets the qualifications provided in [section] **sections**

334.735 to 334.749 which shall be valid until the results of the next examination are announced. The temporary license may be renewed at the discretion of the board and upon payment of the temporary license fee.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a [supervision agreement] **collaborative practice arrangement**. Such authority shall be listed on the [supervision verification] **collaborating physician** form on file with the state board of healing arts. The [supervising] **collaborating** physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the [supervision] **collaborating physician** form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a [supervision agreement] **collaborative practice arrangement** are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the [supervising] **collaborating** physician. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The [supervising] **collaborating** physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the [supervising] **collaborating** physician on-site prior to prescribing controlled substances when the [supervising] **collaborating** physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such requirement;

(2) Completion of a minimum of three hundred clock hours of clinical training by the [supervising] **collaborating** physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;

(4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized

to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a [supervising] **collaborating** physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

334.749. 1. There is hereby established an “Advisory Commission for Physician Assistants” which shall guide, advise and make recommendations to the board. The commission shall also be responsible for the ongoing examination of the scope of practice and promoting the continuing role of physician assistants in the delivery of health care services. The commission shall assist the board in carrying out the provisions of sections 334.735 to 334.749.

2. The commission shall be appointed no later than October 1, 1996, and shall consist of five members, one member of the board, two licensed physician assistants, one physician and one lay member. The two licensed physician assistant members, the physician member and the lay member shall be appointed by the director of the division of professional registration. Each licensed physician assistant member shall be a citizen of the United States and a resident of this state, and shall be licensed as a physician assistant by this state. The physician member shall be a United States citizen, a resident of this state, have an active Missouri license to practice medicine in this state and shall be a [supervising] **collaborating** physician, at the time of appointment, to a licensed physician assistant. The lay member shall be a United States citizen and a resident of this state. The licensed physician assistant members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year and one member whose term shall be for two years. The physician member and lay member shall each be appointed to serve a three-year term. No physician assistant member nor the physician member shall be appointed for more than two consecutive three-year terms. The president of the Missouri Academy of Physicians Assistants in office at the time shall, at least ninety days prior to the expiration of a term of a physician assistant member of a commission member or as soon as feasible after such a vacancy on the commission otherwise occurs, submit to the director of the division of professional registration a list of five physician assistants qualified and willing to fill the vacancy in question, with the request and recommendation that the director appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri Academy of Physicians Assistants shall include in his or her letter of transmittal a description of the method by which the names were chosen by that association.

3. Notwithstanding any other provision of law to the contrary, any appointed member of the commission shall receive as compensation an amount established by the director of the division of professional registration not to exceed seventy dollars per day for commission business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment. All staff for the commission shall be provided by the state board of registration for the healing arts.

4. The commission shall hold an open annual meeting at which time it shall elect from its membership a chairman and secretary. The commission may hold such additional meetings as may be required in the performance of its duties, provided that notice of every meeting shall be given to each member at least ten days prior to the date of the meeting. A quorum of the commission shall consist of a majority of its members.

5. On August 28, 1998, all members of the advisory commission for registered physician assistants shall become members of the advisory commission for physician assistants and their successor shall be appointed

in the same manner and at the time their terms would have expired as members of the advisory commission for registered physician assistants.

335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the “Utilization of Telehealth by Nurses”. An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

2. As used in this section, “telehealth” shall have the same meaning as such term is defined in section 191.1145.

3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.

(2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly 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.

4. For purposes of this section, “rural area of need” means any rural area of this state which is located in a health professional shortage area as defined in section 354.650.

[5. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset six years after August 28, 2013, unless reauthorized by an act of the general assembly; and

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

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

337.712. 1. Applications for licensure as a marital and family therapist shall be in writing, submitted to the committee on forms prescribed by the committee and furnished to the applicant. **The form shall include a statement that the applicant has completed two hours of suicide assessment, referral, treatment, and management training.** The application shall contain the applicant’s statements showing the applicant’s education, experience and such other information as the committee may require. Each application shall contain a statement that it is made under oath or affirmation and that the information contained therein is true and correct to the best knowledge and belief of the applicant, subject to the penalties provided for the making of a false affidavit or declaration. Each application shall be accompanied by the fees required by the division.

2. The division shall mail a renewal notice to the last known address of each licensee prior to the licensure renewal date. Failure to provide the division with the information required for licensure, or to pay

the licensure fee after such notice shall result in the expiration of the license. The license shall be restored if, within two years of the licensure date, the applicant provides written application and the payment of the licensure fee and a delinquency fee.

3. A new certificate to replace any certificate lost, destroyed or mutilated may be issued subject to the rules of the division upon payment of a fee.

4. The committee shall set the amount of the fees authorized. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering the provisions of sections 337.700 to 337.739. All fees provided for in sections 337.700 to 337.739 shall be collected by the director who shall deposit the same with the state treasurer to a fund to be known as the “Marital and Family Therapists’ Fund”.

5. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriations from the marital and family therapists’ fund for the preceding fiscal year or, if the division requires by rule renewal less frequently than yearly then three times the appropriation from the fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the marital and family therapists’ fund for the preceding fiscal year.

338.010. 1. The “practice of pharmacy” means the interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher, or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol authorized by a physician for a specific patient as authorized by rule; the participation in drug selection according to state law and participation in drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records thereof; consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices; **the prescribing and dispensing of any nicotine replacement therapy product under section 338.665**; and the offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy. No person shall engage in the practice of pharmacy unless he **or she** is licensed under the provisions of this chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the auxiliary personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the practice of optometry in accordance with and as provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or her own prescriptions.

2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services. The written protocol and the prescription order for a medication therapeutic plan shall come from the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a [supervision agreement] **collaborative practice arrangement** under section 334.735.

3. Nothing in this section shall be construed as to prevent any person, firm or corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed pharmacist is in charge of such pharmacy.

4. Nothing in this section shall be construed to apply to or interfere with the sale of nonprescription drugs and the ordinary household remedies and such drugs or medicines as are normally sold by those engaged in the sale of general merchandise.

5. No health carrier as defined in chapter 376 shall require any physician with which they contract to enter into a written protocol with a pharmacist for medication therapeutic services.

6. This section shall not be construed to allow a pharmacist to diagnose or independently prescribe pharmaceuticals.

7. The state board of registration for the healing arts, under section 334.125, and the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. Such rules shall require protocols to include provisions allowing for timely communication between the pharmacist and the referring physician, and any other patient protection provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither board shall separately promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.

8. The state board of pharmacy may grant a certificate of medication therapeutic plan authority to a licensed pharmacist who submits proof of successful completion of a board-approved course of academic clinical study beyond a bachelor of science in pharmacy, including but not limited to clinical assessment skills, from a nationally accredited college or university, or a certification of equivalence issued by a nationally recognized professional organization and approved by the board of pharmacy.

9. Any pharmacist who has received a certificate of medication therapeutic plan authority may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by a prescription order from a physician that is specific to each patient for care by a pharmacist.

10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol or the physician's prescription order.

11. “Veterinarian”, “doctor of veterinary medicine”, “practitioner of veterinary medicine”, “DVM”, “VMD”, “BVSe”, “BVMS”, “BSe (Vet Science)”, “VMB”, “MRCVS”, or an equivalent title means a person who has received a doctor’s degree in veterinary medicine from an accredited school of veterinary medicine or holds an Educational Commission for Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

12. In addition to other requirements established by the joint promulgation of rules by the board of pharmacy and the state board of registration for the healing arts:

(1) A pharmacist shall administer vaccines by protocol in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC);

(2) A pharmacist who is administering a vaccine shall request a patient to remain in the pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions. Such pharmacist shall have adopted emergency treatment protocols;

(3) In addition to other requirements by the board, a pharmacist shall receive additional training as required by the board and evidenced by receiving a certificate from the board upon completion, and shall display the certification in his or her pharmacy where vaccines are delivered.

13. A pharmacist shall inform the patient that the administration of the vaccine will be entered into the ShowMeVax system, as administered by the department of health and senior services. The patient shall attest to the inclusion of such information in the system by signing a form provided by the pharmacist. If the patient indicates that he or she does not want such information entered into the ShowMeVax system, the pharmacist shall provide a written report within fourteen days of administration of a vaccine to the patient’s primary health care provider, if provided by the patient, containing:

- (1) The identity of the patient;
- (2) The identity of the vaccine or vaccines administered;
- (3) The route of administration;
- (4) The anatomic site of the administration;
- (5) The dose administered; and
- (6) The date of administration.

338.015. 1. The provisions of sections 338.010 to 338.015 shall not be construed to inhibit the patient’s freedom of choice to obtain prescription services from any licensed pharmacist. However, nothing in sections 338.010 to 338.315 abrogates the patient’s ability to waive freedom of choice under any contract with regard to payment or coverage of prescription expense.

2. All pharmacists may provide pharmaceutical consultation and advice to persons concerning the safe and therapeutic use of their prescription drugs.

3. All patients shall have the right to receive a written prescription from their prescriber to take to the facility of their choice **or to have an electronic prescription transmitted to the facility of their choice.**

338.055. 1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section or if the designated pharmacist-in-charge, manager-in-charge, or any officer, owner, manager, or controlling shareholder of the applicant has committed any act or practice in subsection 2 of this section. The board

shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to this chapter or in obtaining permission to take any examination given or required pursuant to this chapter;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetence, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license, or diploma from any school;

(8) Denial of licensure to an applicant or disciplinary action against an applicant or the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency, or country whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, surrender of the license upon grounds for which denial or discipline is authorized in this state;

(9) A person is finally adjudged incapacitated by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice under this chapter;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated hereunder;

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general

public or persons to whom the advertisement or solicitation is primarily directed;

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(16) The intentional act of substituting or otherwise changing the content, formula or brand of any drug prescribed by written, **electronic**, or oral prescription without prior written or oral approval from the prescriber for the respective change in each prescription; provided, however, that nothing contained herein shall prohibit a pharmacist from substituting or changing the brand of any drug as provided under section 338.056, and any such substituting or changing of the brand of any drug as provided for in section 338.056 shall not be deemed unprofessional or dishonorable conduct unless a violation of section 338.056 occurs;

(17) Personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a health care provider who is authorized by law to do so.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit. The board may impose additional discipline on a licensee, registrant, or permittee found to have violated any disciplinary terms previously imposed under this section or by agreement. The additional discipline may include, singly or in combination, censure, placing the licensee, registrant, or permittee named in the complaint on additional probation on such terms and conditions as the board deems appropriate, which additional probation shall not exceed five years, or suspension for a period not to exceed three years, or revocation of the license, certificate, or permit.

4. If the board concludes that a licensee or registrant has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the licensee's or registrant's license. Within fifteen days after service of the complaint on the licensee or registrant, the administrative hearing commission shall conduct a preliminary hearing to determine whether the alleged activities of the licensee or registrant appear to constitute a clear and present danger to the public health and safety which justify that the licensee's or registrant's license or registration be immediately restricted or suspended. The burden of proving that the actions of a licensee or registrant constitute a clear and present danger to the public health and safety shall be upon the state board of pharmacy. The administrative hearing commission shall issue its decision immediately after the hearing and shall either grant to the board the authority to suspend or restrict the license or dismiss the action.

5. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the licensee's or registrant's license, such temporary authority of the board shall become final authority if there is no request by the licensee or registrant for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the licensee or registrant named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.

6. If the administrative hearing commission dismisses the action filed by the board pursuant to

subsection 4 of this section, such dismissal shall not bar the board from initiating a subsequent action on the same grounds.

338.056. 1. Except as provided in subsection 2 of this section, the pharmacist filling prescription orders for drug products prescribed by trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity and dosage form, and of the same generic drug or interchangeable biological product type, as determined by the United States Adopted Names and accepted by the Federal Food and Drug Administration. Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subsection 2 of this section. The pharmacist who selects the drug or interchangeable biological product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug or biological product as would be incurred in filling a prescription for a drug or interchangeable biological product prescribed by generic or interchangeable biologic name. The pharmacist shall not select a drug or interchangeable biological product pursuant to this section unless the product selected costs the patient less than the prescribed product.

2. A pharmacist who receives a prescription for a brand name drug or biological product may select a less expensive generically equivalent or interchangeable biological product unless:

(1) The patient requests a brand name drug or biological product; or

(2) The prescribing practitioner indicates that substitution is prohibited or displays “brand medically necessary”, “dispense as written”, “do not substitute”, “DAW”, or words of similar import on the prescription.

3. No prescription shall be valid without the signature of the prescriber, **except an electronic prescription.**

4. If an oral prescription is involved, the practitioner or the practitioner’s agent, communicating the instructions to the pharmacist, shall instruct the pharmacist as to whether or not a therapeutically equivalent generic drug or interchangeable biological product may be substituted. The pharmacist shall note the instructions on the file copy of the prescription.

5. Notwithstanding the provisions of subsection 2 of this section to the contrary, a pharmacist may fill a prescription for a brand name drug by substituting a generically equivalent drug or interchangeable biological product when substitution is allowed in accordance with the laws of the state where the prescribing practitioner is located.

6. Violations of this section are infractions.

338.140. 1. The board of pharmacy shall have a common seal, and shall have power to adopt such rules and bylaws not inconsistent with law as may be necessary for the regulation of its proceedings and for the discharge of the duties imposed pursuant to sections 338.010 to 338.198, and shall have power to employ an attorney to conduct prosecutions or to assist in the conduct of prosecutions pursuant to sections 338.010 to 338.198.

2. The board shall keep a record of its proceedings.

3. The board of pharmacy shall make annually to the governor and, upon written request, to persons licensed pursuant to the provisions of this chapter a written report of its proceedings.

4. The board of pharmacy shall appoint an advisory committee composed of six members, one of whom shall be a representative of pharmacy but who shall not be a member of the pharmacy board, three of whom

shall be representatives of wholesale drug distributors as defined in section 338.330, one of whom shall be a representative of drug manufacturers, and one of whom shall be a licensed veterinarian recommended to the board of pharmacy by the board of veterinary medicine. The committee shall review and make recommendations to the board on the merit of all rules and regulations dealing with pharmacy distributors, wholesale drug distributors, drug manufacturers, and veterinary legend drugs which are proposed by the board.

5. A majority of the board shall constitute a quorum for the transaction of business.

6. Notwithstanding any other provisions of law to the contrary, the board may issue letters of reprimand, censure or warning to any holder of a license or registration required pursuant to this chapter for any violations that could result in disciplinary action as defined in section 338.055. **Alternatively, at the discretion of the board, the board may enter into a voluntary compliance agreement with a licensee, permit holder, or registrant to ensure or promote compliance with this chapter and the rules of the board, in lieu of board discipline. The agreement shall be a public record. The time limitation identified in section 324.043 for commencing a disciplinary proceeding shall be tolled while an agreement authorized by this section is in effect.**

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

(1) **“Remote medication dispensing”**, dispensing or assisting in the dispensing of medication outside of a licensed pharmacy;

(2) **“Technology assisted verification”**, the verification of medication or prescription information using a combination of scanning technology and visual confirmation by a pharmacist.

2. The board of pharmacy may approve, modify, and establish requirements for pharmacy pilot or demonstration research projects related to technology assisted verification or remote medication dispensing that are designed to enhance patient care or safety, improve patient outcomes, or expand access to pharmacy services.

3. To be approved, pilot or research projects shall be within the scope of the practice of pharmacy as defined by chapter 338, be under the supervision of a Missouri licensed pharmacist, and comply with applicable compliance and reporting as established by the board by rule, including any staff training or education requirements. Board approval shall be limited to a period of up to eighteen months, provided the board grant an additional six month extension if deemed necessary or appropriate to gather or complete research data or if deemed in the best interests of the patient. The board may rescind approval of a pilot project at any time if deemed necessary or appropriate in the interest of patient safety.

4. The provisions of this subsection shall expire on August 28, 2023. The board shall provide a final report on approved projects and related data or findings to the general assembly on or before December 31, 2022. The name, location, approval dates, general description of and responsible pharmacist for an approved pilot or research project shall be deemed an open record.

338.665. 1. For the purposes of this chapter, “nicotine replacement therapy product” means any drug or product, regardless of whether it is available over-the-counter, that delivers small doses of nicotine to a person and that is approved by the federal Food and Drug Administration for the sole purpose of aiding in tobacco cessation or smoking cessation.

2. The board of pharmacy and the board of healing arts shall jointly promulgate rules governing a pharmacist’s authority to prescribe and dispense nicotine replacement therapy products. Neither board shall separately promulgate rules governing a pharmacist’s authority to prescribe and dispense nicotine replacement therapy products under this subsection.

3. Nothing in this section shall be construed to require third party payment for services described in this section.

4. 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, 2019, shall be invalid and void.

374.500. As used in sections 374.500 to 374.515, the following terms mean:

(1) “Certificate”, a certificate of registration granted by the department of insurance, financial institutions and professional registration to a utilization review agent;

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

(3) “Enrollee”, an individual who has contracted for or who participates in coverage under a health insurance policy, an employee welfare benefit plan, a health services corporation plan or any other benefit program providing payment, reimbursement or indemnification for health care costs for himself or eligible dependents or both himself and eligible dependents. The term “enrollee” shall not include an individual who has health care coverage pursuant to a liability insurance policy, workers’ compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

(4) “Provider of record”, the physician or other licensed practitioner identified to the utilization review agent as having primary responsibility for the care, treatment and services rendered to an enrollee;

(5) “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] **prior authorization** review, second opinion, certification, concurrent review, case management, discharge planning or retrospective review. Utilization review shall not include elective requests for clarification of coverage;

(6) “Utilization review agent”, any person or entity performing utilization review, except:

(a) An agency of the federal government;

(b) An agent acting on behalf of the federal government, but only to the extent that the agent is providing services to the federal government; or

(c) Any individual person employed or used by a utilization review agent for the purpose of performing utilization review services, including, but not limited to, individual nurses and physicians, unless such individuals are providing utilization review services to the applicable benefit plan, pursuant to a direct contractual relationship with the benefit plan;

(d) An employee health benefit plan that is self-insured and qualified pursuant to the federal Employee Retirement Income Security Act of 1974, as amended;

(e) A property-casualty insurer or an employee or agent working on behalf of a property-casualty insurer;

(f) A health carrier, as defined in section 376.1350, that is performing a review of its own health plan;

(7) "Utilization review plan", a summary of the utilization review procedures of a utilization review agent.

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. (1) Health care professionals [may] **shall** send any claim for charges incurred for unanticipated out-of-network care to the patient's health carrier within one hundred eighty days of the delivery of the unanticipated out-of-network care 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.

(2) Within forty-five processing days, as defined in section 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.

(3) 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 from the date of the initial offer of reimbursement to negotiate in good faith to attempt to determine the reimbursement for the unanticipated out-of-network care.

(4) 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.

(5) To initiate arbitration proceedings, either the health carrier or health care professional must provide written notification to the director and the other party within one hundred twenty 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 claim for unanticipated out-of-network care may be resolved between the parties at any point prior to the commencement of the arbitration proceedings. Claims may be combined for purposes of arbitration, but only to the extent the claims represent similar circumstances and services provided by the same health care professional, and the parties attempted

to resolve the dispute in accordance with subdivisions (3) to (5) of this subsection.

(6) No health care professional who sends a claim to a health carrier under subsection 2 of this section 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. (1) When unanticipated out-of-network care is provided, the health care professional who sends a claim to a health carrier under subsection 2 of this section may bill a patient for no more than the cost-sharing requirements described under this section.

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

(3) 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.

(4) 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 (3) 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 section 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.

376.1224. 1. For purposes of this section, the following terms shall mean:

(1) “Applied behavior analysis”, the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior;

(2) “Autism service provider”:

(a) Any person, entity, or group that provides diagnostic or treatment services for autism spectrum disorders who is licensed or certified by the state of Missouri; or

(b) Any person who is licensed under chapter 337 as a board-certified behavior analyst by the behavior analyst certification board or licensed under chapter 337 as an assistant board-certified behavior analyst;

(3) “Autism spectrum disorders”, a neurobiological disorder, an illness of the nervous system, which includes Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder Not Otherwise Specified, Rett’s Disorder, and Childhood Disintegrative Disorder, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association;

(4) “**Developmental or physical disability**”, a **severe chronic disability that:**

(a) **Is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness or autism spectrum disorder which results in impairment of general intellectual functioning or adaptive behavior and requires treatment or services;**

(b) **Manifests before the individual reaches age nineteen;**

(c) **Is likely to continue indefinitely; and**

(d) **Results in substantial functional limitations in three or more of the following areas of major life activities:**

- a. Self-care;
- b. Understanding and use of language;
- c. Learning;
- d. Mobility;
- e. Self-direction; or
- f. Capacity for independent living;

(5) “Diagnosis [of autism spectrum disorders]”, medically necessary assessments, evaluations, or tests in order to diagnose whether an individual has an autism spectrum disorder **or a developmental or physical disability**;

[(5)] (6) “Habilitative or rehabilitative care”, professional, counseling, and guidance services and treatment programs, including applied behavior analysis **for those diagnosed with autism spectrum disorder**, that are necessary to develop the functioning of an individual;

[(6)] (7) “Health benefit plan”, shall have the same meaning ascribed to it as in section 376.1350;

[(7)] (8) “Health carrier”, shall have the same meaning ascribed to it as in section 376.1350;

[(8)] (9) “Line therapist”, an individual who provides supervision of an individual diagnosed with an autism diagnosis and other neurodevelopmental disorders pursuant to the prescribed treatment plan, and implements specific behavioral interventions as outlined in the behavior plan under the direct supervision of a licensed behavior analyst;

[(9)] (10) “Pharmacy care”, medications used to address symptoms of an autism spectrum disorder **or a developmental or physical disability** prescribed by a licensed physician, and any health-related services deemed medically necessary to determine the need or effectiveness of the medications only to the extent that such medications are included in the insured’s health benefit plan;

[(10)] (11) “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

[(11)] (12) “Psychological care”, direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

[(12)] (13) “Therapeutic care”, services provided by licensed speech therapists, occupational therapists, or physical therapists;

[(13)] (14) “Treatment [for autism spectrum disorders]”, care prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist, **or for an individual diagnosed with a developmental or physical disability by a licensed physician or licensed psychologist**, including equipment medically necessary for such care, pursuant to the powers granted under such licensed physician’s or licensed psychologist’s license, including, but not limited to:

- (a) Psychiatric care;
- (b) Psychological care;

(c) Habilitative or rehabilitative care, including applied behavior analysis therapy **for those diagnosed with autism spectrum disorder**;

- (d) Therapeutic care;
- (e) Pharmacy care.

2. **Except as otherwise provided in subsection 12 of this section**, all [group] health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, [2011] **2020**, if written inside the state of Missouri, or written outside the state of Missouri but insuring Missouri residents, shall provide coverage for the diagnosis and treatment of autism spectrum disorders **and for the diagnosis and treatment of developmental or physical disabilities** to the extent that such diagnosis and treatment is not already covered by the health benefit plan.

3. With regards to a health benefit plan, a health carrier shall not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual or their dependent because the individual is diagnosed with autism spectrum disorder **or developmental or physical disabilities**.

4. (1) Coverage provided under this section **for autism spectrum disorder or developmental or physical disabilities** is limited to medically necessary treatment that is ordered by the insured's treating licensed physician or licensed psychologist, pursuant to the powers granted under such licensed physician's or licensed psychologist's license, in accordance with a treatment plan.

(2) The treatment plan, upon request by the health benefit plan or health carrier, shall include all elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

(3) Except for inpatient services, if an individual is receiving treatment for an autism spectrum disorder **or developmental or physical disability**, a health carrier shall have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall only apply to a particular individual [being treated for an autism spectrum disorder] **receiving applied behavior analysis** and shall not apply to all individuals [being treated for autism spectrum disorders by a] **receiving applied behavior analysis from that autism service provider**, physician, or psychologist. The cost of obtaining any review or treatment plan shall be borne by the health benefit plan or health carrier, as applicable.

5. (1) Coverage provided under this section for applied behavior analysis shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of applied behavior analysis services beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavior analysis, shall not be subject to the age and dollar limitations described in this subsection.

[6.] (2) The maximum benefit limitation for applied behavior analysis described in [subsection 5] **subdivision (1)** of this [section] **subsection** shall be adjusted by the health carrier at least triennially for inflation to reflect the aggregate increase in the general price level as measured by the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as defined and officially

published by the United States Department of Labor, or its successor agency. Beginning January 1, 2012, and annually thereafter, the current value of the maximum benefit limitation for applied behavior analysis coverage adjusted for inflation in accordance with this subsection shall be calculated by the director of the department of insurance, financial institutions and professional registration. The director shall furnish the calculated value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

[7.] **(3)** Subject to the provisions set forth in subdivision (3) of subsection 4 of this section, coverage provided for **autism spectrum disorders** under this section shall not be subject to any limits on the number of visits an individual may make to an autism service provider, except that the maximum total benefit for applied behavior analysis set forth in **subdivision (1) of this subsection** [5 of this section] shall apply to this [subsection] **subdivision**.

6. Coverage for therapeutic care provided under this section for developmental or physical disabilities may be limited to a number of visits per calendar year, provided that upon prior approval by the health benefit plan, coverage shall be provided beyond the maximum calendar limit if such therapeutic care is medically necessary as determined by the health care plan.

[8.] **7.** This section shall not be construed as limiting benefits which are otherwise available to an individual under a health benefit plan. The health care coverage required by this section shall not be subject to any greater deductible, coinsurance, or co-payment than other physical health care services provided by a health benefit plan. Coverage of services may be subject to other general exclusions and limitations of the contract or benefit plan, not in conflict with the provisions of this section, such as coordination of benefits, exclusions for services provided by family or household members, and utilization review of health care services, including review of medical necessity and care management; however, coverage for treatment under this section shall not be denied on the basis that it is educational or habilitative in nature.

[9.] **8.** To the extent any payments or reimbursements are being made for applied behavior analysis, such payments or reimbursements shall be made to either:

(1) The autism service provider, as defined in this section; or

(2) The entity or group for whom such supervising person, who is certified as a board-certified behavior analyst by the Behavior Analyst Certification Board, works or is associated.

Such payments or reimbursements under this subsection to an autism service provider or a board-certified behavior analyst shall include payments or reimbursements for services provided by a line therapist under the supervision of such provider or behavior analyst if such services provided by the line therapist are included in the treatment plan and are deemed medically necessary.

[10.] **9.** Notwithstanding any other provision of law to the contrary, health carriers shall not be held liable for the actions of line therapists in the performance of their duties.

[11.] **10.** The provisions of this section shall apply to any health care plans issued to employees and their dependents under the Missouri consolidated health care plan established pursuant to chapter 103 that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, [2011] **2020**. The terms “employees” and “health care plans” shall have the same meaning ascribed to them in section 103.003.

[12.] **11.** The provisions of this section shall also apply to the following types of plans that are

established, extended, modified, or renewed on or after January 1, [2011] **2020**:

(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section 1002(32);

(2) All self-insured group arrangements, to the extent not preempted by federal law;

(3) All plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, or any waiver or exception to that act provided under federal law or regulation; and

(4) All self-insured school district health plans.

[13. The provisions of this section shall not automatically apply to an individually underwritten health benefit plan, but shall be offered as an option to any such plan.

14.] **12.** The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy. **The provisions of this section requiring coverage for autism spectrum disorders shall not apply to an individually underwritten health benefit plan issued prior to January 1, 2011. The provisions of this section requiring coverage for a developmental or physical disability shall not apply to a health benefit plan issued prior to January 1, 2014.**

[15.] **13.** Any health carrier or other entity subject to the provisions of this section shall not be required to provide reimbursement for the applied behavior analysis delivered to a person insured by such health carrier or other entity to the extent such health carrier or other entity is billed for such services by any Part C early intervention program or any school district for applied behavior analysis rendered to the person covered by such health carrier or other entity. This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education plan, or an individualized service plan. This section shall not be construed as affecting any obligation to provide reimbursement pursuant to section 376.1218.

[16.] **14.** The provisions of sections 376.383, 376.384, and 376.1350 to 376.1399 shall apply to this section.

[17. The director of the department of insurance, financial institutions and professional registration shall grant a small employer with a group health plan, as that term is defined in section 379.930, a waiver from the provisions of this section if the small employer demonstrates to the director by actual claims experience over any consecutive twelve-month period that compliance with this section has increased the cost of the health insurance policy by an amount of two and a half percent or greater over the period of a calendar year in premium costs to the small employer.

18.] **15.** The provisions of this section shall not apply to the Mo HealthNet program as described in chapter 208.

[19. (1) By February 1, 2012, and every February first thereafter, the department of insurance, financial institutions and professional registration shall submit a report to the general assembly regarding the implementation of the coverage required under this section. The report shall include, but shall not be limited to, the following:

(a) The total number of insureds diagnosed with autism spectrum disorder;

(b) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by this section;

(c) The cost of such coverage per insured per month; and

(d) The average cost per insured for coverage of applied behavior analysis;

(2) All health carriers and health benefit plans subject to the provisions of this section shall provide the department with the data requested by the department for inclusion in the annual report.]

376.1040. 1. No multiple employer self-insured health plan shall be offered or advertised to the public [generally]. No plan shall be sold, solicited, or marketed by persons or entities defined in section 375.012 or sections 376.1075 to 376.1095. **Multiple employer self-insured health plans with a certificate of authority approved by the director under section 376.1002 shall be exempt from the restrictions set forth in this section.**

2. A health carrier acting as an administrator for a multiple employer self insured health plan shall permit any willing licensed broker to quote, sell, solicit, or market such plan to the extent permitted by this section; provided that such broker is appointed and in good standing with the health carrier and completes all required training.

376.1042. The sale, solicitation or marketing of any plan **in violation of section 376.1040** by an agent, agency or broker shall constitute a violation of section 375.141.

376.1345. 1. As used in this section, unless the context clearly indicates otherwise, terms shall have the same meaning as ascribed to them in section 376.1350.

2. No health carrier, nor any entity acting on behalf of a health carrier, shall restrict methods of reimbursement to health care providers for health care services to a reimbursement method requiring the provider to pay a fee, discount the amount of their claim for reimbursement, or remit any other form of remuneration in order to redeem the amount of their claim for reimbursement.

3. If a health carrier initiates or changes the method used to reimburse a health care provider to a method of reimbursement that will require the health care provider to pay a fee, discount the amount of its claim for reimbursement, or remit any other form of remuneration to the health carrier or any entity acting on behalf of the health carrier in order to redeem the amount of its claim for reimbursement, the health carrier or an entity acting on its behalf shall:

(1) Notify such health care provider of the fee, discount, or other remuneration required to receive reimbursement through the new or different reimbursement method; and

(2) In such notice, provide clear instructions to the health care provider as to how to select an alternative payment method, and upon request such alternative payment method shall be used to reimburse the provider until the provider requests otherwise.

4. A health carrier shall allow the provider to select to be reimbursed by an electronic funds transfer through the Automated Clearing House Network as required pursuant to 45 C.F.R. Sections 162.925, 162.1601, and 162.1602, and if the provider makes such selection, the health carrier shall use such reimbursement method to reimburse the provider until the provider requests otherwise.

5. Violation of this section shall be deemed an unfair trade practice under sections 375.930 to 375.948.

376.1040. **1.** No multiple employer self-insured health plan shall be offered or advertised to the public [generally]. No plan shall be sold, solicited, or marketed by persons or entities defined in section 375.012 or sections 376.1075 to 376.1095. **Multiple employer self-insured health plans with a certificate of authority approved by the director under section 376.1002 shall be exempt from the restrictions set forth in this section.**

2. A health carrier acting as an administrator for a multiple employer self insured health plan shall permit any willing licensed broker to quote, sell, solicit, or market such plan to the extent permitted by this section; provided that such broker is appointed and in good standing with the health carrier and completes all required training.

376.1042. The sale, solicitation or marketing of any plan **in violation of section 376.1040** by an agent, agency or broker shall constitute a violation of section 375.141.

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] **a utilization review [organization] entity** that an admission, availability of care, continued stay or other health care service **furnished or proposed to be furnished to an enrollee** has been reviewed and, based upon the information provided, does not meet the **utilization review entity or** health carrier’s requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness, **or are experimental or investigational**, 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] **a utilization review [organization] entity** 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, **and that payment will be made for that health care service provided the patient is an enrollee of the health benefit plan at the time the service is provided;**

(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 policies**, written screening procedures, **drug formularies or lists of covered drugs, determination rules**, decision abstracts, clinical protocols [and], **medical protocols**, practice guidelines, **and any other criteria or rationale** used by the health carrier **or utilization review entity** 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, **including but not limited to the provision of drugs or durable medical equipment**;

(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 (**42 U.S.C. 1395x**), 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) **“Prior authorization”, a certification made pursuant to a prior authorization review, or notice as required by a health carrier or utilization review entity prior to the provision of health care services**;

(29) “[Prospective review] **Prior authorization review**”, utilization review conducted prior to an admission or a course of treatment, **including but not limited to pre-admission review, pre-treatment review, utilization review, and case management**;

[(29)] (30) “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)] (31) “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)] (32) “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)] (33) “Standard reference compendia”:

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

(b) The United States Pharmacopoeia-Drug Information;

[(33)] (34) “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] **prior authorization** 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)] (35) “Utilization review [organization] entity”, a utilization review agent as defined in section 374.500, **or an individual or entity that performs prior authorization reviews for a health carrier or health care provider. A health carrier or health care provider is a utilization review entity if it performs prior authorization review.**

376.1356. Whenever a health carrier contracts to have a utilization review [organization or other] entity perform the utilization review functions required by sections 376.1350 to 376.1390 or applicable rules and regulations, the health carrier shall be responsible for monitoring the activities of the utilization review [organization or] entity with which the health carrier contracts and for ensuring that the requirements of sections 376.1350 to 376.1390 and applicable rules and regulations are met.

376.1363. 1. A health carrier shall maintain written procedures for making utilization review decisions and for notifying enrollees and providers acting on behalf of enrollees of its decisions. For purposes of this section, “enrollee” includes the representative of an enrollee.

2. For [initial] determinations, a health carrier shall make the determination within thirty-six hours, which shall include one working day, of obtaining all necessary information regarding a proposed admission, procedure or service requiring a review determination. For purposes of this section, “necessary information” includes the results of any face-to-face clinical evaluation or second opinion that may be required:

(1) In the case of a determination to certify an admission, procedure or service, the carrier shall notify the provider rendering the service by telephone or electronically within twenty-four hours of making the [initial] certification, and provide written or electronic confirmation of a telephone or electronic notification to the enrollee and the provider within two working days of making the [initial] certification;

(2) In the case of an adverse determination, the carrier shall notify the provider rendering the service by telephone or electronically within twenty-four hours of making the adverse determination; and shall provide written or electronic confirmation of a telephone or electronic notification to the enrollee and the

provider within one working day of making the adverse determination.

3. For concurrent review determinations, a health carrier shall make the determination within one working day of obtaining all necessary information:

(1) In the case of a determination to certify an extended stay or additional services, the carrier shall notify by telephone or electronically the provider rendering the service within one working day of making the certification, and provide written or electronic confirmation to the enrollee and the provider within one working day after telephone or electronic notification. The written notification shall include the number of extended days or next review date, the new total number of days or services approved, and the date of admission or initiation of services;

(2) In the case of an adverse determination, the carrier shall notify by telephone or electronically the provider rendering the service within twenty-four hours of making the adverse determination, and provide written or electronic notification to the enrollee and the provider within one working day of a telephone or electronic notification. The service shall be continued without liability to the enrollee until the enrollee has been notified of the determination.

4. For retrospective review determinations, a health carrier shall make the determination within thirty working days of receiving all necessary information. A carrier shall provide notice in writing of the carrier's determination to an enrollee within ten working days of making the determination.

5. A written notification of an adverse determination shall include the principal reason or reasons for the determination, **including the clinical rationale, and** the instructions for initiating an appeal or reconsideration of the determination[, and the instructions for requesting a written statement of the clinical rationale, including the clinical review criteria used to make the determination]. A health carrier shall provide the clinical rationale in writing for an adverse determination, including the clinical review criteria used to make that determination, **to the health care provider and to** any party who received notice of the adverse determination [and who requests such information].

6. A health carrier shall have written procedures to address the failure or inability of a provider or an enrollee to provide all necessary information for review. **These procedures shall be made available to health care providers on the health carrier's website or provider portal.** In cases where the provider or an enrollee will not release necessary information, the health carrier may deny certification of an admission, procedure or service.

7. Provided the patient is an enrollee of the health benefit plan, no utilization review entity shall revoke, limit, condition, or otherwise restrict a prior authorization within forty-five working days of the date the health care provider receives the prior authorization.

8. Provided the patient is an enrollee of the health benefit plan at the time the service is provided, no health carrier, utilization review entity, or health care provider shall bill an enrollee for any health care service for which a prior authorization was in effect at the time the health care service was provided, except as consistent with cost-sharing requirements applicable to a covered benefit under the enrollee's health benefit plan. Such cost-sharing shall be subject to and applied toward any in-network deductible or out-of-pocket maximum applicable to the enrollee's health benefit plan.

376.1364. 1. Any utilization review entity performing prior authorization review shall provide a unique confirmation number to a provider upon receipt from that provider of a request for prior authorization. Except as otherwise requested by the provider in writing, unique confirmation

numbers shall be transmitted or otherwise communicated through the same medium through which the requests for prior authorization were made.

2. No later than January 1, 2021, utilization review entities shall accept and respond to requests for prior authorization of drug benefits through a secure electronic transmission using the National Council for Prescription Drugs SCRIPT Standard Version 2017071 or a backwards-compatible successor adopted by the United States Department of Health and Human Services. For purposes of this subsection, facsimile, proprietary payer portals, and electronic forms shall not be considered electronic transmission.

3. No later than January 1, 2021, utilization review entities shall accept and respond to requests for prior authorization of health care services and mental health services electronically. For purposes of this subsection, facsimile, proprietary payer portals, and electronic forms shall not be considered electronic transmission.

4. No later than January 1, 2021, each health carrier utilizing prior authorization review shall develop a single secure electronic prior authorization cover page for all of its health benefit plans utilizing prior authorization review, which the carrier or its utilization review entity shall use to accept and respond to, and which providers shall use to submit, requests for prior authorization. Such cover page shall include, but not be limited to, fields for patient or enrollee information, referring or requesting provider information, rendering or attending provider information, and required clinical information, and shall be supplemented by additional clinical information as required by the health carrier or utilization review entity.

376.1372. 1. In the certificate of coverage and the member handbook provided to enrollees, a health carrier shall include a clear and comprehensive description of its utilization review procedures, including the procedures for obtaining review of adverse determinations, and a statement of rights and responsibilities of enrollees with respect to those procedures.

2. A health carrier shall include a summary of its utilization review procedures in material intended for prospective enrollees.

3. A health carrier shall print on its membership cards a toll-free telephone number to call for utilization review decisions.

4. (1) A health carrier or utilization review entity shall make any current prior authorization requirements or restrictions, including written clinical review criteria, readily accessible on its website or provider portal. Requirements and restrictions, including step therapy protocols as such term is defined in section 376.2030, shall be described in detail.

(2) No health carrier or utilization review entity shall amend or implement a new prior authorization requirement or restriction prior to the change being reflected on the carrier or utilization review entity's website or provider portal as specified in subdivision (1) of this subsection.

(3) Health carriers and utilization review entities shall provide participating providers with written or electronic notice of the new or amended requirement not less than sixty days prior to implementing the requirement or restriction.

376.1385. 1. Upon receipt of a request for second-level review, a health carrier shall submit the grievance to a grievance advisory panel consisting of:

(1) Other enrollees; **and**

(2) Representatives of the health carrier that were not involved in the circumstances giving rise to the grievance or in any subsequent investigation or determination of the grievance[; and].

2. [(3)] Where the grievance involves an adverse determination, [a majority of persons that are appropriate] **and the grievance advisory panel makes a preliminary decision that the determination should be upheld, the health carrier shall submit the grievance for review to two independent clinical peers in the same or similar specialty as would typically manage the case being reviewed [that] who were not involved in the circumstances giving rise to the grievance or in any subsequent investigation or determination of the grievance. In the event that both independent reviews concur with the grievance advisory panel's preliminary decision, the panel's decision shall stand. In the event that both independent reviewers disagree with the grievance advisory panel's preliminary decision, the initial adverse determination shall be overturned. In the event that one of the two independent reviewers disagrees with the grievance advisory panel's preliminary decision, the panel shall reconvene and make a final decision in its discretion.**

2. Review by the grievance advisory panel shall follow the same time frames as a first level review, except as provided for in section 376.1389 if applicable. Any decision of the grievance advisory panel shall include notice of the enrollee's or the health carrier's or plan sponsor's rights to file an appeal with the director's office of the grievance advisory panel's decision. The notice shall contain the toll-free telephone number and address of the director's office.

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people are civilly detained pursuant to chapter 632 and no patient, resident or client of a residential facility or day program operated, funded or licensed by the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility, the attending licensed physician, or in the circumstances specifically set forth in this section, by an advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a [supervision agreement] **collaborative practice arrangement**, with the attending licensed physician that the chosen intervention is imminently necessary to protect the health and safety of the patient, resident, client or others and that it provides the least restrictive environment. An advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a [supervision agreement] **collaborative practice arrangement**, with the attending licensed physician may make a determination that the chosen intervention is necessary for patients, residents, or clients of facilities or programs operated by the department, in hospitals as defined in section 197.020 that only provide psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are defined in section 197.020. Any determination made by the advanced practice registered nurse, physician assistant, or assistant physician shall be documented as required in subsection 2 of this section and reviewed in person by the attending licensed physician if the episode of restraint is to extend beyond:

(1) Four hours duration in the case of a person under eighteen years of age;

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

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

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

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

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

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

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

6. Orders issued under this section by the advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a [supervision agreement] **collaborative practice arrangement**, with the attending licensed physician shall be reviewed in person by the attending licensed physician of the facility within twenty-four hours or the next regular working day of the order being issued, and such review shall be documented in the clinical record of the patient, resident, or client.

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

630.875. 1. This section shall be known and may be cited as the “Improved Access to Treatment for

Opioid Addictions Act” or “IATOA Act”.

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

(1) “Department”, the department of mental health;

(2) “IATOA program”, the improved access to treatment for opioid addictions program created under subsection 3 of this section.

3. Subject to appropriations, the department shall create and oversee an “Improved Access to Treatment for Opioid Addictions Program”, which is hereby created and whose purpose is to disseminate information and best practices regarding opioid addiction and to facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate partnerships between assistant physicians, physician assistants, and advanced practice registered nurses practicing in federally qualified health centers, rural health clinics, and other health care facilities and physicians practicing at remote facilities located in this state. The IATOA program shall provide resources that grant patients and their treating assistant physicians, physician assistants, advanced practice registered nurses, or physicians access to knowledge and expertise through means such as telemedicine and Extension for Community Healthcare Outcomes (ECHO) programs established under section 191.1140.

4. Assistant physicians, physician assistants, and advanced practice registered nurses who participate in the IATOA program shall complete the necessary requirements to prescribe buprenorphine within at least thirty days of joining the IATOA program.

5. For the purposes of the IATOA program, a remote collaborating [or supervising] physician working with an on-site assistant physician, physician assistant, or advanced practice registered nurse shall be considered to be on-site. An assistant physician, physician assistant, or advanced practice registered nurse collaborating with a remote physician shall comply with all laws and requirements applicable to assistant physicians, physician assistants, or advanced practice registered nurses with on-site supervision before providing treatment to a patient.

6. An assistant physician, physician assistant, or advanced practice registered nurse collaborating with a physician who is waiver-certified for the use of buprenorphine may participate in the IATOA program in any area of the state and provide all services and functions of an assistant physician, physician assistant, or advanced practice registered nurse.

7. The department may develop curriculum and benchmark examinations on the subject of opioid addiction and treatment. The department may collaborate with specialists, institutions of higher education, and medical schools for such development. Completion of such a curriculum and passing of such an examination by an assistant physician, physician assistant, advanced practice registered nurse, or physician shall result in a certificate awarded by the department or sponsoring institution, if any.

8. An assistant physician, physician assistant, or advanced practice registered nurse participating in the IATOA program may also:

(1) Engage in community education;

(2) Engage in professional education outreach programs with local treatment providers;

(3) Serve as a liaison to courts;

(4) Serve as a liaison to addiction support organizations;

(5) Provide educational outreach to schools;

(6) Treat physical ailments of patients in an addiction treatment program or considering entering such a program;

(7) Refer patients to treatment centers;

(8) Assist patients with court and social service obligations;

(9) Perform other functions as authorized by the department; and

(10) Provide mental health services in collaboration with a qualified licensed physician.

The list of authorizations in this subsection is a nonexclusive list, and assistant physicians, physician assistants, or advanced practice registered nurses participating in the IATOA program may perform other actions.

9. When an overdose survivor arrives in the emergency department, the assistant physician, physician assistant, or advanced practice registered nurse serving as a recovery coach or, if the assistant physician, physician assistant, or advanced practice registered nurse is unavailable, another properly trained recovery coach shall, when reasonably practicable, meet with the overdose survivor and provide treatment options and support available to the overdose survivor. The department shall assist recovery coaches in providing treatment options and support to overdose survivors.

10. The provisions of this section shall supersede any contradictory statutes, rules, or regulations. The department shall implement the improved access to treatment for opioid addictions program as soon as reasonably possible using guidance within this section.

Further refinement to the improved access to treatment for opioid addictions program may be done through the rules process.

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

Section B. Because immediate action is necessary to ensure vital health care services for Missouri citizens, the repeal and reenactment of section 208.930 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of section 208.930 of section A of this act shall be in full force and effect upon its passage and approval.”; and

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

Emergency clause adopted.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SS No. 3** for **SCS** for **SB 29**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 397**.

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 **SS** for **SCS** for **SB 291**.

Emergency clause adopted.

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 adopted the Conference Committee Report on **SB 368**, and has taken up and passed **CCS** for **SB 368**.

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 **SCR 17**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SB 87**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 87**, as amended. Representatives: Swan, Shawan, Richey, Roberts (77), Carpenter.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HCS** for **SB 204**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 204**, as amended. Representatives: Ross, Helms, Schroer, Lavender, Beck.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on HA 1, HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 8, HA 9, HA 1 to HA 10, HA 10 as amended, HA 11, HA 12, HA 13, HA 14, HA 15, HA 16, HA 17, HA 18, HA 1 to HA 19, HA 19 as amended, HA 20, HA 21 to **SB 358**, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SB 358**, as amended. Representatives: Swan, Solon, Morris (140), Roberts (77), Unsicker.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCS** for **SB 89**

With House Amendments 1, 2, 3 and 4.

HOUSE AMENDMENT NO. 1

Amend Senate Committee Substitute for Senate Bill No. 89, Page 1, In the Title, Line 3, by deleting the words, “commercial driver’s licenses” and inserting in lieu thereof the word, “transportation”; and

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

HOUSE AMENDMENT NO. 2

Amend Senate Committee Substitute for Senate Bill No. 89, Page 1, Section A, Line 3, by inserting after all of said line the following:

“144.070. 1. At the time the owner of any new or used motor vehicle, trailer, boat, or outboard motor which was acquired in a transaction subject to sales tax under the Missouri sales tax law makes application to the director of revenue for an official certificate of title and the registration of the motor vehicle, trailer, boat, or outboard motor as otherwise provided by law, the owner shall present to the director of revenue evidence satisfactory to the director of revenue showing the purchase price exclusive of any charge incident to the extension of credit paid by or charged to the applicant in the acquisition of the motor vehicle, trailer, boat, or outboard motor, or that no sales tax was incurred in its acquisition, and if sales tax was incurred in its acquisition, the applicant shall pay or cause to be paid to the director of revenue the sales tax provided by the Missouri sales tax law in addition to the registration fees now or hereafter required according to law, and the director of revenue shall not issue a certificate of title for any new or used motor vehicle, trailer, boat, or outboard motor subject to sales tax as provided in the Missouri sales tax law until the tax levied for the sale of the same under sections 144.010 to 144.510 has been paid as provided in this section or is registered under the provisions of subsection 5 of this section.

2. As used in subsection 1 of this section, the term “purchase price” shall mean the total amount of the contract price agreed upon between the seller and the applicant in the acquisition of the motor vehicle, trailer, boat, or outboard motor, regardless of the medium of payment therefor.

3. In the event that the purchase price is unknown or undisclosed, or that the evidence thereof is not satisfactory to the director of revenue, the same shall be fixed by appraisalment by the director.

4. The director of the department of revenue shall endorse upon the official certificate of title issued by the director upon such application an entry showing that such sales tax has been paid or that the motor

vehicle, trailer, boat, or outboard motor represented by such certificate is exempt from sales tax and state the ground for such exemption.

5. Any person, company, or corporation engaged in the business of renting or leasing motor vehicles, trailers, boats, or outboard motors, which are to be used exclusively for rental or lease purposes, and not for resale, may apply to the director of revenue for authority to operate as a leasing **or rental company and pay an annual fee of two hundred fifty dollars for such authority**. Any company approved by the director of revenue may pay the tax due on any motor vehicle, trailer, boat, or outboard motor as required in section 144.020 at the time of registration thereof or in lieu thereof may pay a sales tax as provided in sections 144.010, 144.020, 144.070 and 144.440. A sales tax shall be charged to and paid by a leasing company which does not exercise the option of paying in accordance with section 144.020, on the amount charged for each rental or lease agreement while the motor vehicle, trailer, boat, or outboard motor is domiciled in this state. Any motor vehicle, trailer, boat, or outboard motor which is leased as the result of a contract executed in this state shall be presumed to be domiciled in this state.

6. **Every applicant to be a lease or rental company shall furnish with the application a corporate surety bond or irrevocable letter of credit, as defined in section 400.5-102, issued by any state or federal financial institution in the penal sum of one hundred thousand dollars, on a form approved by the department. The bond or irrevocable letter of credit shall be conditioned upon the lease or rental company complying with the provisions of any statutes applicable to lease or rental companies, and the bond shall be an indemnity for any loss sustained by reason of the acts of the person bonded when such acts constitute grounds for the suspension or revocation of the lease or rental license. The bond shall be executed in the name of the state of Missouri for the benefit of all aggrieved parties or the irrevocable letter of credit shall name the state of Missouri as the beneficiary; except that, the aggregate liability of the surety or financial institution to the aggrieved parties shall, in no event, exceed the amount of the bond or irrevocable letter of credit. The proceeds of the bond or irrevocable letter of credit shall be paid upon receipt by the department of a final judgment from a Missouri court of competent jurisdiction against the principal and in favor of an aggrieved party.**

7. Any corporation may have one or more of its divisions separately apply to the director of revenue for authorization to operate as a leasing company, provided that the corporation:

(1) Has filed a written consent with the director authorizing any of its divisions to apply for such authority;

(2) Is authorized to do business in Missouri;

(3) Has agreed to treat any sale of a motor vehicle, trailer, boat, or outboard motor from one of its divisions to another of its divisions as a sale at retail;

(4) Has registered under the fictitious name provisions of sections 417.200 to 417.230 each of its divisions doing business in Missouri as a leasing company; and

(5) Operates each of its divisions on a basis separate from each of its other divisions. However, when the transfer of a motor vehicle, trailer, boat or outboard motor occurs within a corporation which holds a license to operate as a motor vehicle or boat dealer pursuant to sections 301.550 to 301.573 the provisions in subdivision (3) of this subsection shall not apply.

[7.] **8.** If the owner of any motor vehicle, trailer, boat, or outboard motor desires to charge and collect sales tax as provided in this section, the owner shall make application to the director of revenue for a permit

to operate as a motor vehicle, trailer, boat, or outboard motor leasing company. The director of revenue shall promulgate rules and regulations determining the qualifications of such a company, and the method of collection and reporting of sales tax charged and collected. Such regulations shall apply only to owners of motor vehicles, trailers, boats, or outboard motors, electing to qualify as motor vehicle, trailer, boat, or outboard motor leasing companies under the provisions of subsection 5 of this section, and no motor vehicle renting or leasing, trailer renting or leasing, or boat or outboard motor renting or leasing company can come under sections 144.010, 144.020, 144.070 and 144.440 unless all motor vehicles, trailers, boats, and outboard motors held for renting and leasing are included.

9. Any person, company, or corporation engaged in the business of renting or leasing three thousand five hundred or more motor vehicles which are to be used exclusively for rental or leasing purposes and not for resale, and that has applied to the director of revenue for authority to operate as a leasing company may also operate as a registered fleet owner as prescribed in section 301.032.

[8.] **10.** Beginning July 1, 2010, any motor vehicle dealer licensed under section 301.560 engaged in the business of selling motor vehicles or trailers may apply to the director of revenue for authority to collect and remit the sales tax required under this section on all motor vehicles sold by the motor vehicle dealer. A motor vehicle dealer receiving authority to collect and remit the tax is subject to all provisions under sections 144.010 to 144.525. Any motor vehicle dealer authorized to collect and remit sales taxes on motor vehicles under this subsection shall be entitled to deduct and retain an amount equal to two percent of the motor vehicle sales tax pursuant to section 144.140. Any amount of the tax collected under this subsection that is retained by a motor vehicle dealer pursuant to section 144.140 shall not constitute state revenue. In no event shall revenues from the general revenue fund or any other state fund be utilized to compensate motor vehicle dealers for their role in collecting and remitting sales taxes on motor vehicles. In the event this subsection or any portion thereof is held to violate Article IV, Section 30(b) of the Missouri Constitution, no motor vehicle dealer shall be authorized to collect and remit sales taxes on motor vehicles under this section. No motor vehicle dealer shall seek compensation from the state of Missouri or its agencies if a court of competent jurisdiction declares that the retention of two percent of the motor vehicle sales tax is unconstitutional and orders the return of such revenues.

301.032. 1. Notwithstanding the provisions of sections 301.030 and 301.035 to the contrary, the director of revenue shall establish a system of registration of all fleet vehicles owned or purchased by a fleet owner registered pursuant to this section. The director of revenue shall prescribe the forms for such fleet registration and the forms and procedures for the registration updates prescribed in this section. Any owner of ten or more motor vehicles which must be registered in accordance with this chapter may register as a fleet owner. All registered fleet owners may, at their option, register all motor vehicles included in the fleet on a calendar year or biennial basis pursuant to this section in lieu of the registration periods provided in sections 301.030, 301.035, and 301.147. The director shall issue an identification number to each registered owner of fleet vehicles.

2. All fleet vehicles included in the fleet of a registered fleet owner shall be registered during April of the corresponding year or on a prorated basis as provided in subsection 3 of this section. Fees of all vehicles in the fleet to be registered on a calendar year basis or on a biennial basis shall be payable not later than the last day of April of the corresponding year, with two years' fees due for biennially-registered vehicles. Notwithstanding the provisions of section 307.355, an application for registration of a fleet vehicle must be accompanied by a certificate of inspection and approval issued no more than one hundred twenty days prior to the date of application. The fees for vehicles added to the fleet which must be licensed at the time

of registration shall be payable at the time of registration, except that when such vehicle is licensed between July first and September thirtieth the fee shall be three-fourths the annual fee, when licensed between October first and December thirty-first the fee shall be one-half the annual fee and when licensed on or after January first the fee shall be one-fourth the annual fee. When biennial registration is sought for vehicles added to a fleet, an additional year's annual fee will be added to the partial year's prorated fee.

3. At any time during the calendar year in which an owner of a fleet purchases or otherwise acquires a vehicle which is to be added to the fleet or transfers plates to a fleet vehicle, the owner shall present to the director of revenue the identification number as a fleet number and may register the vehicle for the partial year as provided in subsection 2 of this section. The fleet owner shall also be charged a transfer fee of two dollars for each vehicle so transferred pursuant to this subsection.

4. Except as specifically provided in this subsection, all fleet vehicles registered pursuant to this section shall be issued a special license plate which shall have the words "Fleet Vehicle" in place of the words "Show-Me State" in the manner prescribed by the advisory committee established in section 301.129. Alternatively, for a one-time additional five dollar per-vehicle fee beyond the regular registration fee, a fleet owner of at least fifty fleet vehicles may apply for fleet license plates bearing a company name or logo, the size and design thereof subject to approval by the director. All fleet license plates shall be made with fully reflective material with a common color scheme and design, shall be clearly visible at night, and shall be aesthetically attractive, as prescribed by section 301.130. Fleet vehicles shall be issued multiyear license plates as provided in this section which shall not require issuance of a renewal tab. Upon payment of appropriate registration fees, the director of revenue shall issue a registration certificate or other suitable evidence of payment of the annual or biennial fee, and such evidence of payment shall be carried at all times in the vehicle for which it is issued. [The director of revenue shall promulgate rules and regulations establishing the procedure for application and issuance of fleet vehicle license plates.]

5. Notwithstanding the provisions of sections 307.350 to 307.390 to the contrary, a fleet vehicle registered in Missouri is exempt from the requirements of sections 307.350 to 307.390 if at the time of the annual fleet registration, such fleet vehicle is situated outside the state of Missouri.

6. Notwithstanding any other provisions of law to the contrary, any person, company, or corporation engaged in the business of renting or leasing three thousand five hundred or more motor vehicles which are to be used exclusively for rental or leasing purposes and not for resale, that has applied to the director of revenue for authority to operate as a lease or rental company as prescribed in section 144.070 may operate as a registered fleet owner as prescribed in the provisions of this subsection to subsection 10 of this section.

(1) The director of revenue may issue license plates after presentment of an application, as designed by the director, and payment of an annual fee of three hundred sixty dollars for the first ten plates and thirty-six dollars for each additional plate. The payment and issuance of such plates shall be in lieu of registering each motor vehicle with the director as otherwise provided by law.

(2) Such motor vehicles within the fleet shall not be exempted from the safety inspection and emissions inspection provisions as prescribed in chapters 307 and 643, but notwithstanding the provisions of section 307.355, such inspections shall not be required to be presented to the director of revenue.

7. A recipient of a lease or rental company license issued by the director of revenue as prescribed in section 144.070 operating as a registered fleet owner under this section shall register such fleet with

the director of revenue on an annual or biennial basis in lieu of the individual motor vehicle registration periods as prescribed in sections 301.030, 301.035, and 301.147. If an applicant elects a biennial fleet registration, the annual fleet license plate fees prescribed in subdivision (1) of subsection 6 of this section shall be doubled. An agent fee as prescribed in subdivision (1) of subsection 1 of section 136.055 shall apply to the issuance of fleet registrations issued under subsections 6 to 10 of this section, and if a biennial fleet registration is elected, the agent fee shall be collected in an amount equal to the fee for two years.

8. Prior to the issuance of fleet license plates under subsections 6 to 10 of this section, the applicant shall provide proof of insurance as required under section 303.024 or 303.026.

9. The authority of a recipient of a lease or rental company license issued by the director of revenue as prescribed in section 144.070 to operate as a fleet owner as provided in this section shall expire on January 1 of the licensure period.

10. A lease or rental company operating fleet license plates issued under subsections 6 to 10 of this section shall make available, upon request, to the director of revenue and all Missouri law enforcement agencies any corresponding vehicle and registration information that may be requested as prescribed by rule.

11. The director shall make all necessary rules and regulations for the administration of this section and shall design all necessary forms required by this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2019, shall be invalid and void.”; and

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

HOUSE AMENDMENT NO. 3

Amend Senate Committee Substitute for Senate Bill No. 89, Page 1, Section A, Line 3, by inserting after said section and line the following:

“301.020. 1. Every owner of a motor vehicle or trailer, which shall be operated or driven upon the highways of this state, except as herein otherwise expressly provided, shall annually file, by mail or otherwise, in the office of the director of revenue, an application for registration on a blank to be furnished by the director of revenue for that purpose containing:

(1) A brief description of the motor vehicle or trailer to be registered, including the name of the manufacturer, the vehicle identification number, the amount of motive power of the motor vehicle, stated in figures of horsepower and whether the motor vehicle is to be registered as a motor vehicle primarily for business use as defined in section 301.010;

(2) The name, the applicant’s identification number and address of the owner of such motor vehicle or trailer;

(3) The gross weight of the vehicle and the desired load in pounds if the vehicle is a commercial motor vehicle or trailer.

2. If the vehicle is a motor vehicle primarily for business use as defined in section 301.010 and if such vehicle is [five] **ten** years of age or less **and has less than one hundred fifty thousand miles on the odometer**, the director of revenue shall retain the odometer information provided in the vehicle inspection report, and provide for prompt access to such information, together with the vehicle identification number for the motor vehicle to which such information pertains, for a period of [five] **ten** years after the receipt of such information. This section shall not apply unless:

- (1) The application for the vehicle's certificate of ownership was submitted after July 1, 1989; and
- (2) The certificate was issued pursuant to a manufacturer's statement of origin.

3. If the vehicle is any motor vehicle other than a motor vehicle primarily for business use, a recreational motor vehicle, motorcycle, motortricycle, autocycle, bus, or any commercial motor vehicle licensed for over twelve thousand pounds and if such motor vehicle is [five] **ten** years of age or less **and has less than one hundred fifty thousand miles on the odometer**, the director of revenue shall retain the odometer information provided in the vehicle inspection report, and provide for prompt access to such information, together with the vehicle identification number for the motor vehicle to which such information pertains, for a period of [five] **ten** years after the receipt of such information. This subsection shall not apply unless:

- (1) The application for the vehicle's certificate of ownership was submitted after July 1, 1990; and
- (2) The certificate was issued pursuant to a manufacturer's statement of origin.

4. If the vehicle qualifies as a reconstructed motor vehicle, motor change vehicle, specially constructed motor vehicle, non-USA-std motor vehicle, as defined in section 301.010, or prior salvage as referenced in section 301.573, the owner or lienholder shall surrender the certificate of ownership. The owner shall make an application for a new certificate of ownership, pay the required title fee, and obtain the vehicle examination certificate required pursuant to subsection 9 of section 301.190. If an insurance company pays a claim on a salvage vehicle as defined in section 301.010 and the owner retains the vehicle, as prior salvage, the vehicle shall only be required to meet the examination requirements under subsection 10 of section 301.190. Notarized bills of sale along with a copy of the front and back of the certificate of ownership for all major component parts installed on the vehicle and invoices for all essential parts which are not defined as major component parts shall accompany the application for a new certificate of ownership. If the vehicle is a specially constructed motor vehicle, as defined in section 301.010, two pictures of the vehicle shall be submitted with the application. If the vehicle is a kit vehicle, the applicant shall submit the invoice and the manufacturer's statement of origin on the kit. If the vehicle requires the issuance of a special number by the director of revenue or a replacement vehicle identification number, the applicant shall submit the required application and application fee. All applications required under this subsection shall be submitted with any applicable taxes which may be due on the purchase of the vehicle or parts. The director of revenue shall appropriately designate "Reconstructed Motor Vehicle", "Motor Change Vehicle", "Non-USA-Std Motor Vehicle", or "Specially Constructed Motor Vehicle" on the current and all subsequent issues of the certificate of ownership of such vehicle.

5. Every insurance company that pays a claim for repair of a motor vehicle which as the result of such repairs becomes a reconstructed motor vehicle as defined in section 301.010 or that pays a claim on a salvage vehicle as defined in section 301.010 and the owner is retaining the vehicle shall in writing notify the owner of the vehicle, and in a first party claim, the lienholder if a lien is in effect, that he is required to surrender the certificate of ownership, and the documents and fees required pursuant to subsection 4 of this section to obtain a prior salvage motor vehicle certificate of ownership or documents and fees as otherwise

required by law to obtain a salvage certificate of ownership, from the director of revenue. The insurance company shall within thirty days of the payment of such claims report to the director of revenue the name and address of such owner, the year, make, model, vehicle identification number, and license plate number of the vehicle, and the date of loss and payment.

6. Anyone who fails to comply with the requirements of this section shall be guilty of a class B misdemeanor.

7. An applicant for registration may make a donation of one dollar to promote a blindness education, screening and treatment program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the blindness education, screening and treatment program fund established in section 209.015. Moneys in the blindness education, screening and treatment program fund shall be used solely for the purposes established in section 209.015; except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

8. An applicant for registration may make a donation of one dollar to promote an organ donor program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the organ donor program fund as established in sections 194.297 to 194.304. Moneys in the organ donor fund shall be used solely for the purposes established in sections 194.297 to 194.304, except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

301.191. 1. When an application is made for an original Missouri certificate of ownership for a previously untitled trailer [sixteen feet or more in length] which is stated to be homemade, the applicant shall present a certificate of inspection as provided in this section. No certificate of ownership shall be issued for such a homemade trailer if no certificate of inspection is presented.

2. As used in this section, “homemade” means made by a person who is not a manufacturer using readily distinguishable manufacturers’ identifying numbers or a statement of origin.

3. Every person constructing a homemade trailer [sixteen feet or more in length] shall obtain an inspection from the sheriff of his or her county of residence or from the Missouri state highway patrol prior to applying for a certificate of ownership. If the person constructing the trailer sells or transfers the trailer prior to applying for a certificate of ownership, the sheriff’s or the Missouri state highway patrol’s certificate of inspection shall be transferred with the trailer.

4. A fee of [ten] **twenty-five** dollars shall be paid for the inspection. If the inspection is completed by the sheriff, the proceeds from the inspections shall be deposited by the sheriff within thirty days into the county law enforcement fund if one exists; otherwise into the county general revenue fund. If the inspection is completed by the Missouri state highway patrol, the applicant shall pay the [ten] **twenty-five** dollar inspection fee to the director of revenue at the time of application for a certificate of ownership for the homemade trailer. The fee shall be deposited in the state treasury to the credit of the state highway fund.

5. The sheriff or Missouri state highway patrol shall inspect the trailer and certify it if the trailer appears to be homemade. The sheriff or Missouri state highway patrol may request the owner to provide any documents or other evidence showing that the trailer was homemade. When a trailer is certified by the sheriff, the sheriff may stamp a permanent identifying number in the tongue of the frame. The certificate of inspection shall be on a form designed and provided by the director of revenue.

6. Upon presentation of the certificate of inspection and all applicable documents and fees including the identification plate fee provided in section 301.380, the director of revenue shall issue a readily distinguishable manufacturers' identifying number plate. The identification number plate shall be affixed to the tongue of the trailer's frame.

7. The sheriff or Missouri state highway patrol may seize any trailer which has been stolen or has identifying numbers obliterated or removed. The sheriff or Missouri state highway patrol may hold the trailer as evidence while an investigation is conducted. The trailer shall be returned if no related criminal charges are filed within thirty days or when the charges are later dropped or dismissed or when the owner is acquitted.”; and

Further amend said bill, Section 302.768, Page 13, Line 67, by inserting after said section and line the following:

“307.350. 1. The owner of every motor vehicle as defined in section 301.010 which is required to be registered in this state, except:

(1) Motor vehicles **having less than one hundred fifty thousand miles**, for the [five-year] **ten-year** period following their model year of manufacture, excluding prior salvage vehicles immediately following a rebuilding process and vehicles subject to the provisions of section 307.380;

(2) Those motor vehicles which are engaged in interstate commerce and are proportionately registered in this state with the Missouri highway reciprocity commission, although the owner may request that such vehicle be inspected by an official inspection station, and a peace officer may stop and inspect such vehicles to determine whether the mechanical condition is in compliance with the safety regulations established by the United States Department of Transportation; and

(3) Historic motor vehicles registered pursuant to section 301.131;

(4) Vehicles registered in excess of twenty-four thousand pounds for a period of less than twelve months; shall submit such vehicles to a biennial inspection of their mechanism and equipment in accordance with the provisions of sections 307.350 to 307.390 and obtain a certificate of inspection and approval and a sticker, seal, or other device from a duly authorized official inspection station. The inspection, except the inspection of school buses which shall be made at the time provided in section 307.375, shall be made at the time prescribed in the rules and regulations issued by the superintendent of the Missouri state highway patrol; but the inspection of a vehicle shall not be made more than sixty days prior to the date of application for registration or within sixty days of when a vehicle's registration is transferred; however, if a vehicle was purchased from a motor vehicle dealer and a valid inspection had been made within sixty days of the purchase date, the new owner shall be able to utilize an inspection performed within ninety days prior to the application for registration or transfer. Any vehicle manufactured as an even-numbered model year vehicle shall be inspected and approved pursuant to the safety inspection program established pursuant to sections 307.350 to 307.390 in each even-numbered calendar year and any such vehicle manufactured as an odd-numbered model year vehicle shall be inspected and approved pursuant to sections 307.350 to

307.390 in each odd-numbered year. The certificate of inspection and approval shall be a sticker, seal, or other device or combination thereof, as the superintendent of the Missouri state highway patrol prescribes by regulation and shall be displayed upon the motor vehicle or trailer as prescribed by the regulations established by him. The replacement of certificates of inspection and approval which are lost or destroyed shall be made by the superintendent of the Missouri state highway patrol under regulations prescribed by him.

2. For the purpose of obtaining an inspection only, it shall be lawful to operate a vehicle over the most direct route between the owner's usual place of residence and an inspection station of such owner's choice, notwithstanding the fact that the vehicle does not have a current state registration license. It shall also be lawful to operate such a vehicle from an inspection station to another place where repairs may be made and to return the vehicle to the inspection station notwithstanding the absence of a current state registration license.

3. No person whose motor vehicle was duly inspected and approved as provided in this section shall be required to have the same motor vehicle again inspected and approved for the sole reason that such person wishes to obtain a set of any special personalized license plates available pursuant to section 301.144 or a set of any license plates available pursuant to section 301.142, prior to the expiration date of such motor vehicle's current registration.

4. Notwithstanding the provisions of section 307.390, violation of this section shall be deemed an infraction.”; and

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

HOUSE AMENDMENT NO. 4

Amend Senate Committee Substitute for Senate Bill No. 89, Page 13, Section 302.768, Line 67, by inserting after said section and line the following:

“304.580. As used in sections 304.582 and 304.585, the term “construction zone” or “work zone” means any area upon or around any highway as defined in section 302.010 which is visibly marked by the department of transportation or a contractor or subcontractor performing work for the department of transportation as an area where construction, maintenance, incident removal, or other work is temporarily occurring. The term “work zone” or “construction zone” also includes the lanes of highway leading up to the area upon which an activity described in this subsection is being performed, beginning at the point where appropriate signs or traffic control devices are posted or placed. The terms “worker” or “highway worker” as used in sections 304.582 and 304.585 shall mean any person [that] **who** is working in a construction zone or work zone **on a state highway or the right-of-way of a state highway**, [or] any employee of the department of transportation [that] **who** is performing duties under the department's motorist assist program on a state highway or the right-of-way of a state highway, **or any utility worker performing utility work on a state highway or the right-of-way of a state highway**. “Utility worker” means any employee or person employed under contract of a utility that provides gas, heat, electricity, water, steam, telecommunications or cable services, or sewer services, whether privately, municipally, or cooperatively owned, while in performance of his or her job duties.

304.585. 1. A person shall be deemed to commit the offense of “endangerment of a highway worker” upon conviction for any of the following when the offense occurs within a construction zone or work zone, as defined in section 304.580:

(1) Exceeding the posted speed limit by fifteen miles per hour or more;

(2) Passing in violation of subsection 4 of section 304.582;

(3) Failure to stop for a work zone flagman or failure to obey traffic control devices erected in the construction zone or work zone for purposes of controlling the flow of motor vehicles through the zone;

(4) Driving through or around a work zone by any lane not clearly designated to motorists for the flow of traffic through or around the work zone;

(5) Physically assaulting, or attempting to assault, or threatening to assault a highway worker in a construction zone or work zone, with a motor vehicle or other instrument;

(6) Intentionally striking, moving, or altering barrels, barriers, signs, or other devices erected to control the flow of traffic to protect workers and motorists in the work zone for a reason other than avoidance of an obstacle, an emergency, or to protect the health and safety of an occupant of the motor vehicle or of another person; or

(7) Committing any of the following offenses for which points may be assessed under section 302.302:

(a) Leaving the scene of an accident in violation of section 577.060;

(b) Careless and imprudent driving in violation of subsection 4 of section 304.016;

(c) Operating without a valid license in violation of subdivision (1) or (2) of subsection 1 of section 302.020;

(d) Operating with a suspended or revoked license;

(e) Driving while in an intoxicated condition or under the influence of controlled substances or drugs or driving with an excessive blood alcohol content;

(f) Any felony involving the use of a motor vehicle.

2. Upon conviction or a plea of guilty for committing the offense of endangerment of a highway worker under subsection 1 of this section if no injury or death to a highway worker resulted from the offense, in addition to any other penalty authorized by law, the person shall be subject to a fine of not more than one thousand dollars and shall have four points assessed to his or her driver's license under section 302.302.

3. A person shall be deemed to commit the offense of "aggravated endangerment of a highway worker" upon conviction or a plea of guilty for any offense under subsection 1 of this section when such offense occurs in a construction zone or work zone as defined in section 304.580 and results in the injury or death of a highway worker. Upon conviction or a plea of guilty for committing the offense of aggravated endangerment of a highway worker, in addition to any other penalty authorized by law, the person shall be subject to a fine of not more than five thousand dollars if the offense resulted in injury to a highway worker and ten thousand dollars if the offense resulted in death to a highway worker. In addition, such person shall have twelve points assessed to their driver's license under section 302.302 and shall be subject to the provisions of section 302.304 regarding the revocation of the person's license and driving privileges.

4. Except for the offense established under subdivision (6) of subsection 1 of this section, no person shall be deemed to commit the offense of endangerment of a highway worker except when the act or omission constituting the offense occurred when one or more highway workers were in the construction zone or work zone.

5. No person shall be cited or convicted for endangerment of a highway worker or aggravated endangerment of a highway worker, for any act or omission otherwise constituting an offense under subsection 1 of this section, if such act or omission resulted in whole or in part from mechanical failure of the person's vehicle or from the negligence of another person or a highway worker.

6. (1) Notwithstanding any provision of this section or any other law to the contrary, the director of the department of revenue or his or her agent shall order the revocation of a driver's license upon its determination that an individual holding such license was involved in a physical accident where his or her negligent acts or omissions contributed to his or her vehicle striking a highway worker within a designated construction zone or work zone where department of transportation guidelines involving notice and signage were properly implemented. The department shall make its determination of these facts on the basis of the report of a law enforcement officer investigating the incident and this determination shall be final unless a hearing is requested and held as provided under subdivision (2) of this subsection. Upon its determination that the facts support a license revocation, the department shall issue a notice of revocation which shall be mailed to the person at the last known address shown on the department's records. The notice is deemed received three days after mailing unless returned by postal authorities. The notice of revocation shall clearly specify the reason and statutory grounds for the revocation, the effective date of the revocation which shall be at least fifteen days from the date the department issued its order, the right of the person to request a hearing, and the date by which the request for a hearing must be made.

(2) An individual who received notice of revocation from the department under this section may seek reinstatement by either:

(a) Taking and passing the written and driving portions of the driver's license examination, in which case the individual's driver's license shall be immediately reinstated; or

(b) Petitioning for a hearing before a circuit division or associate division of the court in the county in which the work zone accident occurred. The individual may request such court to issue an order staying the revocation until such time as the petition for review can be heard. If the court, in its discretion, grants such stay, it shall enter the order upon a form prescribed by the director of revenue and shall send a copy of such order to the director. Such order shall serve as proof of the privilege to operate a motor vehicle in this state, and the director shall maintain possession of the person's license to operate a motor vehicle until the termination of any suspension under this subsection. The clerk of the court shall notify the prosecuting attorney of the county, and the prosecutor shall appear at the hearing on behalf of the director of revenue. At the hearing, the court shall determine only:

a. Whether the person was involved in a physical accident where his or her vehicle struck a highway worker within a designated construction or work zone;

b. Whether the department of transportation guidelines involving notice and signage were properly implemented in such work zone; and

c. Whether the investigating officer had probable cause to believe the person's negligent acts or omissions contributed to his or her vehicle striking a highway worker.

If the court determines subparagraph a., b., or c. of this subdivision not to be in the affirmative, the court shall order the director to reinstate the license or permit to drive.

(3) The department of revenue administrative adjudication to reinstate a driver's license that was revoked under this subsection, and any evidence provided to the department related to such adjudication, shall not be produced by subpoena or any other means and made available as evidence in any other administrative action, civil case, or criminal prosecution. The court's determinations issued under this section, and the evidence provided to the court relating to such determinations, shall not be produced by subpoena or any other means and made available in any other administrative action, civil case, or criminal prosecution. Nothing in this subdivision shall be construed to prevent the department from providing information to the system authorized under 49 U.S.C. Section 31309, or any successor federal law, pertaining to the licensing, identification, and disqualification of operators of commercial motor vehicles.

304.894. 1. A person commits the offense of endangerment of an emergency responder for any of the following offenses when the offense occurs within an active emergency zone:

(1) Exceeding the posted speed limit by fifteen miles per hour or more;

(2) Passing in violation of subsection 3 of section 304.892;

(3) Failure to stop for an active emergency zone flagman or emergency responder, or failure to obey traffic control devices erected, or personnel posted, in the active emergency zone for purposes of controlling the flow of motor vehicles through the zone;

(4) Driving through or around an active emergency zone via any lane not clearly designated for motorists to control the flow of traffic through or around the active emergency zone;

(5) Physically assaulting, attempting to assault, or threatening to assault an emergency responder with a motor vehicle or other instrument; or

(6) Intentionally striking, moving, or altering barrels, barriers, signs, or other devices erected to control the flow of traffic to protect emergency responders and motorists unless the action was necessary to avoid an obstacle, an emergency, or to protect the health and safety of an occupant of the motor vehicle or of another person.

2. Upon a finding of guilt or a plea of guilty for committing the offense of endangerment of an emergency responder under subsection 1 of this section, if no injury or death to an emergency responder resulted from the offense, the court shall assess a fine of not more than one thousand dollars, and four points shall be assessed to the operator's license pursuant to section 302.302 upon conviction.

3. A person commits the offense of aggravated endangerment of an emergency responder upon a finding of guilt or a plea of guilty for any offense under subsection 1 of this section when such offense results in the injury or death of an emergency responder. Upon a finding of guilt or a plea of guilty for committing the offense of aggravated endangerment of an emergency responder, in addition to any other penalty authorized by law, the court shall assess a fine of not more than five thousand dollars if the offense resulted in injury to an emergency responder, and ten thousand dollars if the offense resulted in the death of an emergency responder. In addition, twelve points shall be assessed to the operator's license pursuant to section 302.302 upon conviction.

4. Except for the offense established under subdivision (6) of subsection 1 of this section, no person shall be deemed to have committed the offense of endangerment of an emergency responder except when the act or omission constituting the offense occurred when one or more emergency responders were

responding to an active emergency.

5. No person shall be cited for, or found guilty of, endangerment of an emergency responder or aggravated endangerment of an emergency responder, for any act or omission otherwise constituting an offense under subsection 1 of this section, if such act or omission resulted in whole or in part from mechanical failure of the person's vehicle, or from the negligence of another person or emergency responder.

6. (1) Notwithstanding any provision of this section or any other law to the contrary, the director of the department of revenue or his or her agent shall order the revocation of a driver's license upon its determination that an individual holding such license was involved in a physical accident where his or her negligent acts or omissions substantially contributed to his or her vehicle striking an emergency responder within an active emergency zone where the appropriate visual markings for active emergency zones were properly implemented. The department shall make its determination of these facts on the basis of the report of a law enforcement officer investigating the incident and this determination shall be final unless a hearing is requested and held as provided under subdivision (2) of this subsection. Upon its determination that the facts support a license revocation, the department shall issue a notice of revocation which shall be mailed to the person at the last known address shown on the department's records. The notice is deemed received three days after mailing unless returned by postal authorities. The notice of revocation shall clearly specify the reason and statutory grounds for the revocation, the effective date of the revocation which shall be at least fifteen days from the date the department issued its order, the right of the person to request a hearing, and the date by which the request for a hearing must be made.

(2) An individual who received notice of revocation from the department under this section may seek reinstatement by either:

(a) Taking and passing the written and driving portions of the driver's license examination, in which case the individual's driver's license shall be immediately reinstated; or

(b) Petitioning for a hearing before a circuit division or associate division of the court in the county in which the emergency zone accident occurred. The individual may request such court to issue an order staying the revocation until such time as the petition for review can be heard. If the court, in its discretion, grants such stay, it shall enter the order upon a form prescribed by the director of revenue and shall send a copy of such order to the director. Such order shall serve as proof of the privilege to operate a motor vehicle in this state, and the director shall maintain possession of the person's license to operate a motor vehicle until the termination of any suspension under this subsection. The clerk of the court shall notify the prosecuting attorney of the county, and the prosecutor shall appear at the hearing on behalf of the director of revenue. At the hearing, the court shall determine only:

a. Whether the person was involved in a physical accident where his or her vehicle struck an emergency responder within an active emergency zone;

b. Whether the guidelines involving notice and signage were properly implemented in such emergency zone; and

c. Whether the investigating officer had probable cause to believe the person's negligent acts or omissions substantially contributed to his or her vehicle striking an emergency responder.

If the court determines subparagraph a., b., or c. of this subdivision not to be in the affirmative, the court shall order the director to reinstate the license or permit to drive.

(3) The department of revenue administrative adjudication to reinstate a driver's license that was revoked under this subsection, and any evidence provided to the department related to such adjudication, shall not be produced by subpoena or any other means and made available as evidence in any other administrative action, civil case, or criminal prosecution. The court's determinations issued under this section, and the evidence provided to the court relating to such determinations, shall not be produced by subpoena or any other means and made available in any other administrative action, civil case, or criminal prosecution. Nothing in this subdivision shall be construed to prevent the department from providing information to the system authorized under 49 U.S.C. Section 31309, or any successor federal law, pertaining to the licensing, identification, and disqualification of operators of commercial motor vehicles."; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SS** for **HCS No. 2** for **HB 499**. Representatives: Griesheimer, Ruth, Knight, Windham, Chappelle-Nadal.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to adopt Conference Committee Report on **HCS** for **SCS** for **SB 147**, as amended, and requests a further conference on **HCS** for **SCS** for **SB 147**, as amended.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Schatz appointed the following conference committee to act with a like committee from the House on **HCS** for **SB 204**, as amended: Senators Riddle, White, Brown, Walsh and Sifton.

President Pro Tem Schatz appointed the following conference committee to act with a like committee from the House on **SB 358**, as amended: Senators Sater, White, Romine, Walsh and Rizzo.

PRIVILEGED MOTIONS

Senator Sater moved that the Senate grant the House further conference on **SCS** for **SB 147**, with **HCS**, as amended, which motion prevailed.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Schatz appointed the following conference committee to act with a like committee from the House on **SCS** for **SB 147**, with **HCS**, as amended: Senators Sater, Libla, Brown, Holsman and Williams.

HOUSE BILLS ON THIRD READING

Senator Hoskins moved that **HCS** for **HB 604**, with **SCS** and **SS No. 2** for **SCS** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS No.2 for **SCS** for **HB 604** was again taken up.

Senator Nasheed offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Committee Substitute for House Bill No. 604, Page 83, Section 168.133, Line 21 of said page, by inserting immediately after said line the following:

“168.221. 1. The first five years of employment of all teachers entering the employment of the metropolitan school district shall be deemed a period of probation during which period all appointments of teachers shall expire at the end of each school year. During the probationary period any probationary teacher whose work is unsatisfactory shall be furnished by the superintendent of schools with a written statement setting forth the nature of his or her incompetency. If improvement satisfactory to the superintendent is not made within one semester after the receipt of the statement, the probationary teacher shall be dismissed. The semester granted the probationary teacher in which to improve shall not in any case be a means of prolonging the probationary period beyond five years and six months from the date on which the teacher entered the employ of the board of education. The superintendent of schools on or before the fifteenth day of April in each year shall notify probationary teachers who will not be retained by the school district of the termination of their services. Any probationary teacher who is not so notified shall be deemed to have been appointed for the next school year. Any principal who prior to becoming a principal had attained permanent employee status as a teacher shall upon ceasing to be a principal have a right to resume his or her permanent teacher position with the time served as a principal being treated as if such time had been served as a teacher for the purpose of calculating seniority and pay scale. The rights and duties and remuneration of a teacher who was formerly a principal shall be the same as any other teacher with the same level of qualifications and time of service.

2. After completion of satisfactory probationary services, appointments of teachers shall become permanent, subject to removal for any one or more causes herein described and to the right of the board to terminate the services of all who attain the age of compulsory retirement fixed by the retirement system. In determining the duration of the probationary period of employment in this section specified, the time of service rendered as a substitute teacher shall not be included.

3. No teacher whose appointment has become permanent may be removed except for one or more of the following causes: immorality, incompetency, or inefficiency in line of duty, violation of the published regulations of the school district, violation of the laws of Missouri governing the public schools of the state, or physical or mental condition which incapacitates him for instructing or associating with children, and then only by a vote of not less than a majority of all the members of the board, upon written charges presented by the superintendent of schools, to be heard by the board after thirty days' notice, with copy of the charges served upon the person against whom they are preferred, who shall have the privilege of being present at the hearing, together with counsel, offering evidence and making defense thereto. At the request of any person so charged the hearing shall be public. During any time in which powers granted to the district's board of education are vested in a special administrative board, the special administrative board may appoint a hearing officer to conduct the hearing. **Should the special administrative board relinquish power to the district's elected board of education, such board of education may also appoint a hearing officer to conduct the hearing.** The hearing officer shall conduct the hearing as a contested case under chapter 536 and shall issue a written recommendation to the board rendering the charges against the teacher.

The board shall render a decision on the charges upon the review of the hearing officer's recommendations and the record from the hearing. The action and decision of the board upon the charges shall be final. Pending the hearing of the charges, the person charged may be suspended if the rules of the board so prescribe, but in the event the board does not by a majority vote of all the members remove the teacher upon charges presented by the superintendent, the person shall not suffer any loss of salary by reason of the suspension. Incompetency or inefficiency in line of duty is cause for dismissal only after the teacher has been notified in writing at least thirty days prior to the presentment of charges against him by the superintendent. The notification shall specify the nature of the incompetency or inefficiency with such particularity as to enable the teacher to be informed of the nature of his or her incompetency or inefficiency.

4. No teacher whose appointment has become permanent shall be demoted nor shall his or her salary be reduced unless the same procedure is followed as herein stated for the removal of the teacher because of inefficiency in line of duty, and any teacher whose salary is reduced or who is demoted may waive the presentment of charges against him by the superintendent and a hearing thereon by the board. The foregoing provision shall apply only to permanent teachers prior to the compulsory retirement age under the retirement system. Nothing herein contained shall in any way restrict or limit the power of the board of education to make reductions in the number of teachers or principals, or both, because of insufficient funds, decrease in pupil enrollment, or abolition of particular subjects or courses of instruction, except that the abolition of particular subjects or courses of instruction shall not cause those teachers who have been teaching the subjects or giving the courses of instruction to be placed on leave of absence as herein provided who are qualified to teach other subjects or courses of instruction, if positions are available for the teachers in the other subjects or courses of instruction.

5. Whenever it is necessary to decrease the number of teachers because of insufficient funds or a substantial decrease of pupil population within the school district, the board of education upon recommendation of the superintendent of schools may cause the necessary number of teachers beginning with those serving probationary periods to be placed on leave of absence without pay, but only in the inverse order of their appointment. Nothing herein stated shall prevent a readjustment by the board of education of existing salary schedules. No teacher placed on a leave of absence shall be precluded from securing other employment during the period of the leave of absence. Each teacher placed on leave of absence shall be reinstated in inverse order of his or her placement on leave of absence. Such reemployment shall not result in a loss of status or credit for previous years of service. No appointment of new teachers shall be made while there are available teachers on unrequested leave of absence who are properly qualified to fill such vacancies. Such leave of absence shall not impair the tenure of a teacher. The leave of absence shall continue for a period of not more than three years unless extended by the board.

6. If any regulation which deals with the promotion of teachers is amended by increasing the qualifications necessary to be met before a teacher is eligible for promotion, the amendment shall fix an effective date which shall allow a reasonable length of time within which teachers may become qualified for promotion under the regulations.

7. A teacher whose appointment has become permanent may give up the right to a permanent appointment to participate in the teacher choice compensation package under sections 168.745 to 168.750.

8. Should the state mandate that professional development for teachers be provided in local school districts and any funds be utilized for such, a metropolitan school district shall be allowed to utilize a professional development plan for teachers which is known within the administration as the "St. Louis

Plan”, should the district and the teacher decide jointly to participate in such plan.”; and

Further amend the title and enacting clause accordingly.

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

Senator Hoskins moved that **SS No. 2 for SCS for HCS for HB 604**, as amended, be read the 3rd time and passed and was recognized to close.

President Pro Tem Schatz referred **SS No. 2 for SCS for HCS for HB 604**, as amended, to the Committee on Fiscal Oversight.

PRIVILEGED MOTIONS

Senator Emery moved that the Senate refuse to concur in **HCS for SCS for SB 131**, as amended, and request the House to recede from its position and take up and pass the bill, which motion prevailed.

Senator Wallingford moved that the conference be dissolved and **SB 87**, with **HCS**, as amended, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for SB 87, as amended, was taken up.

Senator Wallingford moved that **HCS for SB 87**, as amended, be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator Wallingford, **HCS for SB 87**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Cierpiot	Crawford	Cunningham	Curls
Eigel	Emery	Hegeman	Hoskins	Hough	Koenig	Libla
Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	White	Williams—31				

NAYS—Senators—None

Absent—Senators

Burlison Holsman—2

Absent with leave—Senator Wieland—1

Vacancies—None

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

HOUSE BILLS ON THIRD READING

HCS for HBs 243 and 544, with SCS, entitled:

An Act to amend chapter 441, RSMo, by adding thereto one new section relating to victims of certain crimes.

Was taken up by Senator Arthur.

SCS for HCS for HBs 243 and 544, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILLS NOS. 243 and 544

An Act to repeal section 573.110, RSMo, and to enact in lieu thereof two new sections relating to victims of certain crimes, with an existing penalty provision.

Was taken up.

Senator Arthur moved that **SCS for HCS for HBs 243 and 544** be adopted, which motion prevailed.

On motion of Senator Arthur, **SCS for HCS for HBs 243 and 544** was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Williams—32			

NAYS—Senators—None

Absent—Senator Sater—1

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

PRIVILEGED MOTIONS

Senator Crawford, on behalf of the conference committee appointed to act with a like committee from the House on **SS** for **SCS** for **SB 230**, as amended, moved that the following conference committee report be taken up, which motion prevailed.

CONFERENCE COMMITTEE REPORT ON
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 230

The Conference Committee appointed on Senate Substitute for Senate Committee Substitute for Senate Bill No. 230, with House Amendment Nos. 1 and 2, House Amendment No. 1 to House Amendment No. 3, House Amendment No. 3 as amended, House Amendment Nos. 4, 5, and 6, 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 Substitute for Senate Committee Substitute for Senate Bill No. 230, as amended;
2. That the Senate recede from its position on Senate Substitute for Senate Committee Substitute for Senate Bill No. 230;
3. That the attached Conference Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 230 be Third Read and Finally Passed.

FOR THE SENATE:
/s/ Sandy Crawford

FOR THE HOUSE:
/s/ Jeff Knight

/s/ Ed Emery

/s/ Tony Luetkemeyer

/s/ John Rizzo

/s/ Brian Williams

/s/ Glen Kolkmeier

/s/ J. Patterson

/s/ Gina Mitten

/s/ Ingrid Burnett

Senator Crawford moved that the above conference committee report be adopted, which motion prevailed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	O’Laughlin	Onder	Riddle
Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Williams—32			

NAYS—Senators—None

Absent—Senator Nasheed—1

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator Crawford, **CCS** for **SS** for **SCS** for **SB 230**, entitled:

CONFERENCE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 230

An Act to repeal sections 209.625, 472.010, 475.035, 475.115, 476.001, 508.010, and 600.042, RSMo, and to enact in lieu thereof seven new sections relating to judicial proceedings.

Was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 84**.

Bill ordered enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 228**.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend Senate Bill No. 228, Page 1, Section A, Line 2, by inserting after all of said line the following:

“288.100. 1. (1) The division shall maintain a separate account for each employer which is paying contributions, and shall credit each employer’s account with all contributions which each employer has paid. A separate account shall be maintained for each employer making payments in lieu of contributions to which shall be credited all such payments made. The account shall also show payments due as provided in section 288.090. The division may close and cancel such separate account after a period of four consecutive calendar years during which such employer has had no employment in this state subject to contributions. Nothing in this law shall be construed to grant any employer or individuals in the employer’s service prior claims or rights to the amounts paid by the employer into the fund either on the employer’s own behalf or on behalf of such individuals. Except as provided in subdivision (4) of this subsection, regular benefits and that portion of extended benefits not reimbursed by the federal government paid to an eligible individual shall be charged against the accounts of the individual’s base period employers who are paying contributions subject to the provisions of subdivision (4) of subsection 3 of section 288.090. With respect to initial claims filed after December 31, 1984, for benefits paid to an individual based on wages paid by one or more employers in the base period of the claim, the amount chargeable to each employer shall be obtained by multiplying the benefits paid by a ratio obtained by dividing the base period wages from such employer by the total wages appearing in the base period. Except as provided in this subdivision, the maximum amount of extended benefits paid to an individual and charged against the account of any employer shall not exceed one-half of the product obtained by multiplying the benefits paid by a ratio obtained by dividing the base period wages from such employer by the total wages appearing in the base period. The provisions of this subdivision notwithstanding, with respect to weeks of unemployment beginning after December 31, 1978, the maximum amount of extended benefits paid to an individual and charged against the account of an employer which is an employer [pursuant to] **under** subdivision (3) of subsection 1 of section 288.032 and which is paying contributions [pursuant to] **under** subsections 1 and 2 of section 288.090 shall not exceed the calculated entitlement for the extended benefit claim based upon

the wages appearing within the base period of the extended benefit claim.

(2) Beginning as of June 30, 1951, and as of June thirtieth of each year thereafter, any unassigned surplus in the unemployment compensation fund which is five hundred thousand dollars or more in excess of five-tenths of one percent of the total taxable wages paid by all employers for the preceding calendar year as shown on the division's records on such June thirtieth shall be credited on a pro rata basis to all employer accounts having a credit balance in the same ratio that the balance in each such account bears to the total of the credit balances subject to use for rate calculation purposes for the following year in all such accounts on the same date. As used in this subdivision, the term "unassigned surplus" means the amount by which the total cash balance in the unemployment compensation fund exceeds a sum equal to the total of all employer credit account balances. The amount thus prorated to each separate employer's account shall for tax rating purposes be considered the same as contributions paid by the employer and credited to the employer's account for the period preceding the calculation date except that no such amount can be credited against any contributions due or that may thereafter become due from such employer.

(3) At the conclusion of each calendar quarter the division shall, within thirty days, notify each employer by mail of the benefits paid to each claimant by week as determined by the division which have been charged to such employer's account subsequent to the last notice.

(4) (a) No benefits based on wages paid for services performed prior to the date of any act for which a claimant is disqualified [pursuant to] **under** section 288.050 shall be chargeable to any employer directly involved in such disqualifying act.

(b) In the event the deputy has in due course determined [pursuant to] **under** paragraph (a) of subdivision (1) of subsection 1 of section 288.050 that a claimant quit his or her work with an employer for the purpose of accepting a more remunerative job with another employer which the claimant did accept and earn some wages therein, no benefits based on wages paid prior to the date of the quit shall be chargeable to the employer the claimant quit.

(c) In the event the deputy has in due course determined [pursuant to] **under** paragraph (b) of subdivision (1) of subsection 1 of section 288.050 that a claimant quit temporary work in employment with an employer to return to the claimant's regular employer, then, only for the purpose of charging base period employers, all of the wages paid by the employer who furnished the temporary employment shall be combined with the wages actually paid by the regular employer as if all such wages had been actually paid by the regular employer. Further, charges for benefits based on wages paid for part-time work shall be removed from the account of the employer furnishing such part-time work if that employer continued to employ the individual claiming such benefits on a regular recurring basis each week of the claimant's claim to at least the same extent that the employer had previously employed the claimant and so informs the division within thirty days from the date of notice of benefit charges.

(d) No charge shall be made against an employer's account in respect to benefits paid an individual if the gross amount of wages paid by such employer to such individual is four hundred dollars or less during the individual's base period on which the individual's benefit payments are based. Further, no charge shall be made against any employer's account in respect to benefits paid any individual unless such individual was in employment with respect to such employer longer than a probationary period of [twenty-eight] **ninety** days, if such probationary period of employment has been reported to the division as required by regulation.

(e) In the event the deputy has in due course determined [pursuant to] **under** paragraph (c) of

subdivision (1) of subsection 1 of section 288.050 that a claimant is not disqualified, no benefits based on wages paid for work prior to the date of the quit shall be chargeable to the employer the claimant quit.

(f) In the event the deputy has in due course determined under paragraph (e) of subdivision (1) of subsection 1 of section 288.050 that a claimant is not disqualified, no benefits based on wages paid for work prior to the date of the quit shall be chargeable to the employer the claimant quit.

(g) Nothing in paragraph (b), (c), (d), (e), or (f) of this subdivision shall in any way affect the benefit amount, duration of benefits or the wage credits of the claimant.

2. The division may prescribe regulations for the establishment, maintenance, and dissolution of joint accounts by two or more employers, and shall, in accordance with such regulations and upon application by two or more employers to establish such an account, or to merge their several individual accounts in a joint account, maintain such joint account as if it constituted a single employer's account.

3. The division may by regulation provide for the compilation and publication of such data as may be necessary to show the amounts of benefits not charged to any individual employer's account classified by reason no such charge was made and to show the types and amounts of transactions affecting the unemployment compensation fund.”; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS for SB 282**, entitled:

An Act to repeal sections 193.145, 193.265, 194.119, 194.225, 302.171, and 333.011, RSMo, and to enact in lieu thereof seven new sections relating to the disposition of human remains.

With House Amendment No. 1.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 282, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

“36.020. Unless the context clearly requires otherwise, the following terms mean:

(1) “Agency”, “state agency” or “agency of the state”, each department, board, commission or office of the state except for offices of the elected officials, the general assembly, the judiciary and academic institutions;

(2) “Appointing authority”, an officer or agency subject to this chapter having power to make appointments;

(3) “Board”, the personnel advisory board as established by section 36.050;

(4) “Broad classification band”, a grouping of positions with similar levels of responsibility or expertise;

(5) “Class”, “class of positions”, or “job class”, a group of positions subject to this chapter sufficiently alike in duties, authority and responsibilities to justify the same qualifications and the same schedule of pay to all positions in the group;

(6) “Director”, the director of the division of personnel of the office of administration;

(7) “Disabled veteran”, a veteran who has served on active duty in the Armed Forces at any time who receives compensation as a result of a service-connected disability claim allowed by the federal agency responsible for the administration of veteran’s affairs, or who receives disability retirement or disability pension benefits from a federal agency as a result of such a disability or a National Guard veteran who was permanently disabled as a result of active service to the state at the call of the governor;

(8) “Division of service” or “division”, a state department or any division or branch of the state, or any agency of the state government, all the positions and employees in which are under the same appointing authority;

(9) “Eleemosynary or penal institutions”, an institution within state government holding, housing, or caring for inmates, patients, veterans, juveniles, or other individuals entrusted to or assigned to the state where it is anticipated that such individuals will be in residence for longer than one day. Eleemosynary or penal institutions shall not include elementary, secondary, or higher education institutions operated separately or independently from the foregoing institutions;

(10) “Eligible”, a person whose name is on a register or who has been determined to meet the qualifications for a class or position;

(11) “Employee”, shall include only those persons employed in excess of thirty-two hours per calendar week, for a duration that could exceed six months, by a state agency and shall not include patients, inmates, or residents in state eleemosynary or penal institutions who work for the state agency operating an eleemosynary or penal institutions;

(12) “Examination” or “competitive examination”, a means of determining eligibility or fitness for a class or position;

(13) “Open competitive examination”, a selection process for positions in a particular class, admission to which is not limited to persons employed in positions subject to this chapter pursuant to subsection 1 of section 36.030;

(14) “Promotional examination”, a selection process for positions in a particular class, admission to which is limited to employees with regular status in positions subject to this chapter pursuant to subsection 1 of section 36.030;

(15) “Register of eligibles”, a list, which may be restricted by locality, of persons who have been found qualified for appointment to a position subject to this chapter pursuant to subsection 1 of section 36.030;

(16) “Regular employee”, a person employed in a position described under subdivision (2) of subsection 1 of section 36.030 who has successfully completed a probationary period as provided in section 36.250;

(17) “State equal employment opportunity officer”, the individual designated by the governor or the commissioner of administration as having responsibility for monitoring the compliance of the state as an employer with applicable equal employment opportunity law and regulation and for leadership in efforts to establish a state workforce which reflects the diversity of Missouri citizens at all levels of employment;

(18) “Surviving spouse”, the unmarried surviving spouse of a deceased disabled veteran or the unmarried [survivor’s] **surviving** spouse of any person who was killed while on active duty in the Armed Forces of the United States or an unmarried surviving spouse of a National Guard veteran who was killed as a result of active service to the state at the call of the governor;

(19) “Veteran”, any person who is a citizen of this state who has been separated under honorable conditions from the Armed Forces of the United States who served on active duty during peacetime or wartime for at least six consecutive months, unless released early as a result of a service-connected disability or a reduction in force at the convenience of the government, or any member of a reserve or National Guard component who has satisfactorily completed at least six years of service or who was called or ordered to active duty by the President and participated in any campaign or expedition for which a campaign badge or service medal has been authorized.”; 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 receded from its position on **HCS**, as amended and has again taken up and passed **SCS** for **SB 174**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SCR 2**.

Concurrent Resolution enrolled.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SCS**, as amended for **HCS** for **HB 447** and has taken up and passed **SCS** for **HCS** for **HB 447**, as amended.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SS** for **SCS** for **HB 565**, as amended, and has taken up and passed **SS** for **SCS** for **HB 565**, as amended.

PRIVILEGED MOTIONS

Senator Sater moved that **SB 514**, with **HA 1** and **HA 2** be taken up for 3rd reading and final passage, which motion prevailed.

HA 1 was taken up.

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

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder
Riddle	Rizzo	Romine	Rowden	Sater	Schatz	Schupp
Sifton	Wallingford	Walsh	White	Williams—33		

NAYS—Senators—None

Absent—Senators—None

Absent with leave—Senator Wieland—1

Vacancies—None

HA 2 was taken up.

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

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Eigel	Emery	Hegeman	Holsman	Hoskins	Hough	Koenig
Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder	Riddle
Rizzo	Romine	Rowden	Sater	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Williams—32			

NAYS—Senators—None

Absent—Senator Curls—1

Absent with leave—Senator Wieland—1

Vacancies—None

On motion of Senator Sater, **SB 514**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Eigel	Emery	Hegeman	Holsman	Hoskins	Hough	Koenig
Libla	Luetkemeyer	May	O’Laughlin	Onder	Riddle	Rizzo
Romine	Rowden	Sater	Schatz	Schupp	Sifton	Wallingford
Walsh	White	Williams—31				

NAYS—Senators—None

Absent—Senators

Curls Nasheed—2

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

The emergency clause was adopted by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Eigel	Emery	Hegeman	Hoskins	Hough	Koenig	Libla

Luetkemeyer	May	O'Laughlin	Onder	Riddle	Rizzo	Romine
Rowden	Sater	Schatz	Schupp	Sifton	Wallingford	Walsh
White	Williams—30					

NAYS—Senators—None

Absent—Senators

Curls	Holsman	Nasheed—3
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Absent with leave—Senator Wieland—1

Vacancies—None

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

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

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

MESSAGES FROM THE HOUSE

The following message was 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 refuses to adopt **SS** for **SCS** for **HCS** for **HB 399**, as amended, and requests the Senate to recede from its position and failing to do so grant the House a conference thereon.

PRIVILEGED MOTIONS

Senator Hoskins moved that the Senate refuse to recede from its position on **SS** for **SCS** for **HCS** for **HB 399**, as amended, and grant the House a conference thereon, which motion prevailed.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Schatz appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HB 399**, as amended: Senators Hoskins, Eigel, Onder, Walsh and Schupp.

HOUSE BILLS ON THIRD READING

At the request of Senator Hough, **HB 214** was placed on the Informal Calendar.

HCS for **HB 1088**, entitled:

An Act to amend chapter 37, RSMo, by adding thereto one new section relating to the office of administration.

Was taken up by Senator Hoskins.

Senator Hoskins offered **SS** for **HCS** for **HB 1088**, entitled:

SENATE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1088

An Act to repeal sections 33.150, 34.040, 34.042, 34.044, 34.047, 536.015, 536.025, 536.031, 536.033, 536.200, and 536.205, RSMo, and to enact in lieu thereof twelve new sections relating to the office of administration.

Senator Hoskins moved that **SS** for **HCS** for **HB 1088** be adopted.

Senator Rizzo offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for House Committee Substitute for House Bill No. 1088, Page 9, Section 34.047, Line 23 by inserting immediately after all of said line the following:

“37.007. Within six months of August 28, 2012, the commissioner of the office of administration shall develop and implement a statewide system or contract with any third party to allow all state agencies and departments to accept payments made by a credit card, debit card, or other electronic method designated by the commissioner. State agencies and departments shall not incur any additional fees for utilizing such payment methods, **unless authorized by the commissioner of administration upon a finding that the payment of such fees would result in a positive fiscal impact to the state.**”; and

Further amend the title and enacting clause accordingly.

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

Senator Bernskoetter offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for House Committee Substitute for House Bill No. 1088, Page 9, Section 37.960, Line 22, by inserting after all of said line the following:

“**174.345. Nothing shall prohibit an institution under this chapter from entering into a long-term concession with a private developer to construct, operate, maintain, and finance the project in exchange for annual payments subject to abatement for nonperformance. For the purposes of this section, a concession agreement shall be defined as a license or lease between a private partner and an institution of higher education for the development, operation, maintenance, or finance of a project.**”; and

Further amend the title and enacting clause accordingly.

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

Senator Hoskins moved that **SS** for **HCS** for **HB 1088**, as amended be adopted, which motion prevailed.

On motion of Senator Hoskins, **SS** for **HCS** for **HB 1088**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Arthur	Bernskoetter	Brown	Burlison	Cierpiot	Crawford	Cunningham
Curls	Eigel	Emery	Hegeman	Holsman	Hoskins	Hough
Koenig	Libla	Luetkemeyer	May	Nasheed	O’Laughlin	Onder

Riddle	Rizzo	Romine	Rowden	Schatz	Schupp	Sifton
Wallingford	Walsh	White	Williams—32			

NAYS—Senators—None

Absent—Senator Sater—1

Absent with leave—Senator Wieland—1

Vacancies—None

The President declared the bill passed.

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

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

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

HB 355, introduced by Representative Plocher, with **SCS**, entitled:

An Act to repeal sections 386.510 and 386.515, RSMo, and to enact in lieu thereof two new sections relating to the public service commission.

Was taken up by Senator Wallingford.

SCS for **HB 355**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 355

An Act to repeal sections 386.020, 386.510, and 386.515, RSMo, and to enact in lieu thereof four new sections relating to matters within the scope of the public service commission.

Was taken up.

Senator Wallingford moved that **SCS** for **HB 355** be adopted.

Senator Cierpiot offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 355, Page 4, Section 386.020, Lines 92-99, by striking said lines and inserting in lieu thereof the following:

“(c) Persons or corporations not otherwise engaged in the production or sale of electricity at wholesale or retail that sell, lease, own, control, operate, or manage one or more electric vehicle charging stations;”; and further amend said section by renumbering the remaining subdivisions accordingly; and

Further amend said bill, Page 12, Section 386.805, line 4, by striking “the” and inserting in lieu thereof the following: **“their”**.

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

Senator Cunningham offered SA 2:

SENATE AMENDMENT NO. 2

Amend Senate Committee Substitute for House Bill No. 355, Page 13, Section 386.805, Line 8, by inserting after all of said line the following:

“537.340. 1. If any person shall cut down, injure or destroy or carry away any tree placed or growing for use, shade or ornament, or any timber, rails or wood standing, being or growing on the land of any other person, including any governmental entity, or shall dig up, quarry or carry away any stones, ore or mineral, gravel, clay or mold, or any ice or other substance or material being a part of the realty, or any roots, fruits or plants, or cut down or carry away grass, grain, corn, flax or hemp in which such person has no interest or right, standing, lying or being on land not such person's own, or shall knowingly break the glass or any part of it in any building not such person's own, the person so offending shall pay to the party injured treble the value of the things so injured, broken, destroyed or carried away, with costs. Any person filing a claim for damages pursuant to this section need not prove negligence or intent.

2. Notwithstanding the provisions of subsection 1 of this section, the following rules shall apply to the trimming, removing, and controlling of trees and other vegetation by any electric supplier:

(1) Every electric supplier that operates electric transmission or distribution lines shall have the authority to maintain the same by trimming, removing, and controlling trees and other vegetation posing a hazard to the continued safe and reliable operation thereof;

(2) An electric supplier may exercise its authority under subdivision (1) of this subsection if the trees and other vegetation are within the legal description of any recorded easement or, in the absence of a recorded easement, the following:

(a) Within ten feet, plus one-half the length of any attached cross arm, of either side of the centerline of electricity lines potentially energized at or below 34.5 kilovolts measured line to line and located within the limits of any city; or

(b) Within thirty feet of either side of the centerline of electricity lines potentially energized at or below 34.5 kilovolts measured line to line and located outside the limits of any city; or

(c) Within fifty feet of either side of the centerline of electricity lines potentially energized between 34.5 and one hundred kilovolts measured line to line; or

(d) Within the greater of the following for any electricity lines potentially energized at one hundred kilovolts or more measured line to line:

a. Seventy-five feet to either side of the centerline; or

b. Any required clearance distance adopted by either the Federal Energy Regulatory Commission or an Electric Reliability Organization authorized by the Energy Policy Act of 2005, 16 U.S.C. Section 824o. Such exercise shall be considered reasonable and necessary for the proper and reliable operation of electric service and shall create a rebuttable presumption, in claims for property damage, that the electric supplier acted with reasonable care, operated within its rights regarding the operation and maintenance of its electricity lines, and has not committed a trespass;

(3) An electric supplier may trim, remove, and control trees and other vegetation outside the provisions in subdivision (2) of this subsection if such actions are necessary to maintain the continued safe and reliable

operation of its electric lines;

(4) An electric supplier may secure from the owner or occupier of land greater authority to trim, remove, and control trees and other vegetation than the provisions set forth in subdivision (2) of this subsection and may exercise any and all rights regarding the trimming, removing, and controlling of trees and other vegetation granted in any easement held by the electric supplier;

(5) An electric supplier may trim or remove any tree of sufficient height outside the provisions of subdivision (2) of this subsection when such tree, if it were to fall, would threaten the integrity and safety of any electric transmission or distribution line and would pose a hazard to the continued safe and reliable operation thereof;

(6) Prior to the removal of any tree under the provisions of subdivision (5) of this subsection, an electric supplier shall notify the owner or occupier of land, if available, at least fourteen days prior to such removal unless either the electric supplier deems the removal to be immediately necessary to continue the safe and reliable operation of its electricity lines, or the electric supplier is trimming or removing trees and other vegetation following a major weather event or other emergency situation;

(7) If any tree which is partially trimmed by an electric supplier dies within three months as a result of said trimming, the owner or occupier of land upon which the tree was trimmed may request in writing that the electric supplier remove said tree at the electric supplier's expense. The electric supplier shall respond to such request within ninety days;

(8) Nothing in this subsection shall be interpreted as requiring any electric supplier to fully exercise the authorities granted in this subsection.

3. For purposes of this section, the term “electric supplier” means any rural electric cooperative that is subject to the provisions of chapter 394[, and]; any electrical corporation which is required by its bylaws to operate on the not-for-profit cooperative business plan, with its consumers who receive service as the stockholders of such corporation, and which holds a certificate of public convenience and necessity to serve a majority of its customer-owners in counties of the third classification as of August 28, 2003; **any municipally owned or operated electric power system that is subject to the provisions of chapter 91; and any municipally owned utility whose service area is set by state statute, service agreement, or other authority to include areas which are not incorporated into city limits.**”; and

Further amend the title and enacting clause accordingly.

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

Senator Romine offered SA 3:

SENATE AMENDMENT NO. 3

Amend Senate Committee Substitute for House Bill No. 355, Page 11, Section 386.020, Line 352, by inserting immediately after said line the following:

“386.135. 1. The commission [shall have] **may retain** an independent technical advisory staff of up to six full-time employees. The **technical** advisory staff shall have expertise in accounting, economics, finance, engineering/utility operations, law, or public policy.

2. In addition, each commissioner [shall] **may** also [have the authority to] retain one personal advisor[, who shall be deemed a member of the technical advisory staff]. The personal advisors [will] **shall** serve at

the pleasure of the individual commissioner whom they serve and shall possess expertise in one or more of the following fields: accounting, economics, finance, engineering/utility operations, law, or public policy.

3. The commission shall only [hire technical] **establish technical advisory staff and personal advisor positions** pursuant to subsections 1 and 2 of this section if there is a corresponding elimination in comparable staff positions for commission staff to offset the hiring of such technical advisory staff and **personal advisors** on a cost-neutral basis. [Such technical advisory staff shall be hired on or before July 1, 2005.]

4. It shall be the duty of the technical advisory staff **and personal advisors** to render advice and assistance to the commissioners and the commission's administrative law judges on technical matters within their respective areas of expertise that may arise during the course of proceedings before the commission. **Communications with the technical advisory staff or the personal advisors regarding deliberations by the commission or matters that may arise during the course of proceedings before the commission shall be deemed privileged and protected from disclosure.**

5. The technical advisory staff shall also update the commission and the commission's administrative law judges periodically on developments and trends in public utility regulation, including updates comparing the use, nature, and effect of various regulatory practices and procedures as employed by the commission and public utility commissions in other jurisdictions.

6. Each member of the technical advisory staff **and the personal advisors** shall be subject to any applicable ex parte or conflict of interest requirements in the same manner and to the same degree as any commissioner[, provided that neither any person regulated by, appearing before, or employed by the commission shall be permitted to offer such member a different appointment or position during that member's tenure on the technical advisory staff.

7. No employee of a company or corporation regulated by the public service commission, no employee of the office of public counsel or the public counsel, and no staff members of either the utility operations division or utility services division who were an employee or staff member on, during the two years immediately preceding, or anytime after August 28, 2003, may be a member of the commission's technical advisory staff for two years following the termination of their employment with the corporation, office of public counsel or commission staff member]. **All technical advisory staff members and the personal advisors who were previously employees of entities regulated by or appearing before the commission shall be precluded from advising the commission on cases in which the technical advisory staff member or personal advisor participated while employed by the entity.**

[8.] 7. The technical advisory staff and personal advisors shall never be a party to any case before the commission.”; and

Further amend the title and enacting clause accordingly.

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

Senator Hough offered SA 4:

SENATE AMENDMENT NO. 4

Amend Senate Committee Substitute for House Bill No. 355, Page 13, Section 386.805, Line 8, by inserting after all of said line the following:

“569.086. 1. As used in this section, “critical infrastructure facility” means any of the following

facilities that are under construction or operational: a petroleum or alumina refinery; critical electric infrastructure, as defined in 18 CFR Section 118.113(c)(3) including, but not limited to, an electrical power generating facility, substation, switching station, electrical control center, or electric power lines and associated equipment infrastructure; a chemical, polymer, or rubber manufacturing facility; a water intake structure, water storage facility, water treatment facility, wastewater treatment plant, wastewater pumping facility, or pump station; a natural gas compressor station; a liquid natural gas terminal or storage facility; a telecommunications central switching office; wireless telecommunications infrastructure, including cell towers, telephone poles and lines, including fiber optic lines; a port, railroad switching yard, railroad tracks, trucking terminal, or other freight transportation facility; a gas processing plant, including a plant used in the processing, treatment, or fractionation of natural gas or natural gas liquids; a transmission facility used by a federally licensed radio or television station; a steelmaking facility that uses an electric arc furnace to make steel; a facility identified and regulated by the United States Department of Homeland Security Chemical Facility Anti-Terrorism Standards (CFATS) program; a dam that is regulated by the state or federal government; a natural gas distribution utility facility including, but not limited to, natural gas distribution and transmission mains and services, pipeline interconnections, a city gate or town border station, metering station, aboveground piping, a regulator station, and a natural gas storage facility; a crude oil or refined products storage and distribution facility including, but not limited to, valve sites, pipeline interconnection, pump station, metering station, below or aboveground pipeline or piping and truck loading or offloading facility, a grain mill or processing facility; a generation, transmission, or distribution system of broadband internet access; or any aboveground portion of an oil, gas, hazardous liquid or chemical pipeline, tank, railroad facility, or other storage facility that is enclosed by a fence, other physical barrier, or is clearly marked with signs prohibiting trespassing, that are obviously designed to exclude intruders.

2. A person commits the offense of trespass on a critical infrastructure facility if he or she purposely trespasses or enters property containing a critical infrastructure facility without the permission of the owner of the property or lawful occupant thereof. The offense of trespass on a critical infrastructure facility is a class B misdemeanor. If it is determined that the intent of the trespasser is to damage, destroy, or tamper with equipment, or impede or inhibit operations of the facility, the person shall be guilty of a class A misdemeanor.

3. A person commits the offense of damage of a critical infrastructure if he or she purposely damages, destroys, or tampers with equipment in a critical infrastructure facility. The offense of damage of a critical infrastructure facility is a class D felony.

4. This section shall not apply to conduct protected under the Constitution of the United States, the Constitution of the state of Missouri, or a state or federal law or rule.”; and

Further amend the title and enacting clause accordingly.

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

Senator Emery offered SA 5:

SENATE AMENDMENT NO. 5

Amend Senate Committee Substitute for House Bill No. 355, Page 1, In the Title, Lines 3-4, by striking “matters within the scope of the public service commission” and inserting in lieu thereof the following:

“utilities”; and

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

“88.770. 1. The board of aldermen may provide for and regulate the lighting of streets and the erection of lamp posts, poles and lights therefor, and may make contracts with any person, association or corporation, either private or municipal, for the lighting of the streets and other public places of the city with gas, electricity or otherwise, except that each initial contract shall be ratified by a majority of the voters of the city voting on the question and any renewal contract or extension shall be subject to voter approval of the majority of the voters voting on the question, pursuant to the provisions of section 88.251. The board of aldermen may erect, maintain and operate gas works, electric light works, or light works of any other kind or name, and to erect lamp posts, electric light poles, or any other apparatus or appliances necessary to light the streets, avenues, alleys or other public places, and to supply private lights for the use of the inhabitants of the city and its suburbs, and may regulate the same, and may prescribe and regulate the rates to be paid by the consumers thereof, and may acquire by purchase, donation or condemnation suitable grounds within or without the city upon which to erect such works and the right-of-way to and from such works, and also the right-of-way for laying gas pipes, electric wires under or above the grounds, and erecting posts and poles and such other apparatus and appliances as may be necessary for the efficient operation of such works. The board of aldermen may, in its discretion, grant the right to any person, persons or corporation, to erect such works and lay the pipe, wires, and erect the posts, poles and other necessary apparatus and appliances therefor, upon such terms as may be prescribed by ordinance. Such rights shall not extend for a longer time than twenty years, but may be renewed for another period or periods not to exceed twenty years per period. Every initial grant shall be approved by a majority of the voters of the municipality voting on the question, and each renewal or extension of such rights shall be subject to voter approval of the majority of the voters voting on the question, pursuant to the provisions of section 88.251. Nothing herein contained shall be so construed as to prevent the board of aldermen from contracting with any person, persons or corporation for furnishing the city with gas or electric lights in cities where franchises have already been granted, and where gas or electric light plants already exist, without a vote of the people, except that the board of aldermen may sell, convey, encumber, lease, abolish or otherwise dispose of any public utilities owned by the city including electric light systems, electric distribution systems or transmission lines, or any part of the electric light systems, electric or other heat systems, electric or other power systems, electric or other railways, gas plants, telephone systems, telegraph systems, transportation systems of any kind, waterworks, equipments and all public utilities not herein enumerated and everything acquired therefor, after first having passed an ordinance setting forth the terms of the sale, conveyance or encumbrance and when ratified by two-thirds of the voters voting on the question, except for the sale of a water or wastewater system, or the sale of a gas plant, which shall be authorized by a simple majority vote of the voters voting on the question. In the event of the proposed sale of a water or wastewater system, or a gas plant, the board of alderman shall hold a public meeting on such proposed sale at least thirty days prior to the vote. The municipality in question shall notify its customers of the informational meeting through radio, television, newspaper, regular mail, electronic mail, or any combination of notification methods to most effectively notify customers at least fifteen days prior to the informational meeting. **In advance of putting a proposed sale of a water or wastewater system, or a gas plant before the voters, the board of aldermen may seek an appraisal as set forth in subsections 3 and 4 of section 393.320. The board may also seek and provide additional reasonable analyses to inform voters of such sale, including but not limited to, the impact of such sale on all city funds and revenues, other city services, and annexation. Nothing in this section shall be so construed as to discourage the board of aldermen from seeking multiple bids when considering the**

disposal of a water or wastewater system or a gas plant by sale.

2. The board of aldermen’s determination of the fair market value of a water or wastewater system or a gas plant for the purposes of this section shall not be dispositive of the price of a water or wastewater system, or a gas plant, which may be subject to negotiation by the board of aldermen.

3. The board of aldermen may consider alternatives to disposing of a water or wastewater system, or a gas plant by sale, including entering into a finance agreement, purchase agreement, management agreement, or lease agreement with another entity.

4. The board of aldermen may make available on its internet site, if such internet site exists, at least forty-five days prior to submitting a proposal for election pursuant to this section, a copy of the appraisal or additional reasonable analyses under subsection 1 of this section and the fair market value of a water or wastewater system or a gas plant. Such information may also be posted in the building where the board of aldermen has its monthly meetings.

5. The board of aldermen may make a good-faith effort to notify each property owner of the city and each ratepayer of a water or wastewater system or a gas plant of the proposal to dispose of the water or wastewater system, or a gas plant, by sale through radio, television, newspaper, regular mail, electronic mail, or any combination of such notification methods. Such notice may also include instructions for locating a summary of the proposal and a summary of any appraisal and analyses as under subsection 1 of this section on the board of aldermen’s internet site, if such internet site exists. In the event the board of aldermen does not have an internet site, the notice may inform the recipient that written copies of such information may be made available at the building where the board of aldermen has its monthly meetings.

6. Nothing in this section shall be construed as a violation of section 115.646, relating to the use of public funds to advocate, support, or oppose the ballot measure prescribed in subsection 7 of this section.

7. The ballots shall be substantially in the following form and shall indicate the property, or portion thereof, and whether the same is to be sold, leased or encumbered:

Shall _____ (Indicate the property by stating whether electric distribution system, electric transmission lines or waterworks, etc.) be _____ (Indicate whether sold, leased or encumbered.)?"; and

Further amend the title and enacting clause accordingly.

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

Senator Hough offered SA 6:

SENATE AMENDMENT NO. 6

Amend Senate Committee Substitute for House Bill No. 355, Page 1, Section A, Line 3 by inserting after all of said line the following:

“327.401. 1. The right to practice as an architect or to practice as a professional engineer or to practice as a professional land surveyor or to practice as a professional landscape architect shall be deemed a personal right, based upon the qualifications of the individual, evidenced by such individual’s professional license and shall not be transferable; but any architect or any professional engineer or any professional land surveyor or any professional landscape architect may practice his or her profession through the medium of,

or as a member or as an employee of, a partnership or corporation if the plans, specifications, estimates, plats, reports, surveys or other like documents or instruments of the partnership or corporation are signed and stamped with the personal seal of the architect, professional engineer, professional land surveyor, or professional landscape architect by whom or under whose immediate personal supervision the same were prepared and provided that the architect or professional engineer or professional land surveyor or professional landscape architect who affixes his or her signature and personal seal to any such plans, specifications, estimates, plats, reports or other documents or instruments shall be personally and professionally responsible therefor.

2. Any domestic corporation formed under the corporation law of this state, or any foreign corporation, now or hereafter organized and having as one of its purposes the practicing of architecture or professional engineering or professional land surveying or professional landscape architecture and any existing corporation which amends its charter to propose to practice architecture or professional engineering or professional land surveying or professional landscape architecture shall obtain a certificate of authority for each profession named in the articles of incorporation or articles of organization from the board which shall be renewed in accordance with the provisions of section 327.171 or 327.261 or 327.351, as the case may be, and from and after the date of such certificate of authority and while the authority or a renewal thereof is in effect, may offer and render architectural or professional engineering or professional land surveying or professional landscape architectural services in this state if:

(1) At all times during the authorization or any renewal thereof the directors of the corporation shall have assigned responsibility for the proper conduct of all its architectural or professional engineering or professional land surveying or professional landscape architectural activities in this state to an architect licensed and authorized to practice architecture in this state or to a professional engineer licensed and authorized to practice engineering in this state or to a professional land surveyor licensed and authorized to practice professional land surveying in this state, or to a professional landscape architect licensed and authorized to practice professional landscape architecture in this state, as the case may be; and

(2) The person or persons who is or are personally in charge and supervises or supervise the architectural or professional engineering or professional land surveying or professional landscape architectural activities, as the case may be, of any such corporation in this state shall be licensed and authorized to practice architecture or professional engineering or professional land surveying or professional landscape architecture, as the case may be, as provided in this chapter; and

(3) The corporation pays such fees for the certificate of authority, renewals or reinstatements thereof as are required.

The provisions of this subsection requiring corporations to obtain a certificate of authority shall not apply to any rural electrical cooperative organized under the provisions of chapter 394 or to any corporation organized on a nonprofit or a cooperative basis as described in subsection 1 of section 394.200, or to any electrical corporation operating under cooperative business plan, as described in subsection 2 of section 393.110.”; and

Further amend the title and enacting clause accordingly.

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

Senator Wallingford moved that SCS for **HB 355**, as amended, be adopted, which motion prevailed.

Senator Wallingford moved that SCS for **HB 355**, as amended, be read the 3rd time and passed and was

recognized to close.

President Pro Tem Schatz referred **SCS** for **HB 355**, as amended, to the Committee on Fiscal Oversight.

Senator Emery moved that **HB 113**, with **SCS**, **SS** for **SCS**, **SA 2** and **SSA 1** for **SA 2** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

At the request of Senator Emery, **SS** for **SCS** for **HB 113** was withdrawn, rendering **SA 2** and **SSA 1** for **SA 2** moot.

Senator Emery offered **SS No. 2** for **SCS** for **HB 113**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 113

An Act to repeal sections 32.056, 43.540, 190.092, 190.335, 195.140, 210.1014, 217.195, 221.111, 311.660, 311.710, 311.720, 313.004, 313.255, 337.068, 479.020, 479.353, 488.5050, 556.061, 558.019, 567.050, 572.010, 572.100, 610.021, and 650.035, RSMo, section 49.266 as enacted by senate bill no. 672, ninety-seventh general assembly, second regular session, section 49.266 as enacted by house bill no. 28, ninety-seventh general assembly, first regular session, section 211.071 as enacted by senate bill no. 793 merged with senate bill no. 800, ninety-ninth general assembly, second regular session, and section 211.071 as enacted by house bill no. 215 merged with senate bill no. 36, ninety-seventh general assembly, first regular session, and section 190.462 as truly agreed to and finally passed by senate substitute for senate committee substitute for senate bill no. 291, one hundredth general assembly, first regular session, and to enact in lieu thereof forty-seven new sections relating to public safety, with penalty provisions and an emergency clause for certain sections.

Senator Emery moved that **SS No. 2** for **SCS** for **HB 113** be adopted.

Senator Emery offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 113, Page 106, Section 569.086, Lines 3-8 of said page, by striking said lines; and further amend said section by renumbering the remaining subsection accordingly.

Senator Emery moved that the above amendment be adopted.

At the request of Senator Emery, **HB 113**, with **SCS**, **SS No. 2** for **SCS** and **SA 1** (pending), was placed on the Informal Calendar.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCR 4**, entitled:

HOUSE CONCURRENT RESOLUTION NO. 4
Relating to the "National Day of the Cowboy"

WHEREAS, Missouri's pioneering men and women, known as cowboys, helped establish America's frontier; and

WHEREAS, the first large-scale effort to drive cattle from Texas to the nearest railhead for shipment to Chicago occurred in 1866, when many Texas ranchers banded together to drive their cattle to the closest point that railroad tracks reached, which at that time was Sedalia, Missouri, now known as the Trail's End in Sedalia, Missouri; and

WHEREAS, the Kansas City Stockyards were established in 1871 in the West Bottoms, west of downtown Kansas City, and flourished until closing in 1991. The stockyards were built around the facilities of the Central Overland California and Pike's Peak Express Company, which had outfitted travelers on the Santa Fe Trail and Oregon Trail following the Kansas River. The company went out of business in 1862 following the failure of its Pony Express business from St. Joseph, Missouri, to Sacramento, California; and

WHEREAS, the stockyards and Hereford breeders began the American Royal Livestock and Horse Show in October of 1899 as the National Hereford Show, the first nationwide show for the exposition and sale of purebred cattle. In 1907 the first American Royal Horse Show was added and now includes five different shows, known as the Quarter Horse Show, the Hunter-Jumper Horse Show, the Arabian Horse Show, the Youth Horse Show, and the Cutting Horse Show. The American Royal is an annual eight-week season of barbecue competition, rodeos, livestock shows, equestrian events, and agricultural activities benefitting youth and education; and

WHEREAS, in 1926, the American Royal began inviting vocational agriculture students to judge the livestock shows. During the 1928 American Royal, 33 of the students meeting at the Baltimore Hotel in downtown Kansas City formed the Future Farmers of America. Now, the National FFA Organization has 579,678 members; and

WHEREAS, the cowboy archetype transcends gender, generations, ethnicity, geographic boundaries, and political affiliations; and

WHEREAS, the cowboy embodies honesty, integrity, courage, compassion, and determination; and

WHEREAS, the cowboy vaquero spirit exemplifies patriotism and strength of character and is an excellent steward of the land and its creatures; and

WHEREAS, the core values expressed within the Cowboy Code of Conduct continue to inspire the pursuit of the highest caliber of personal integrity; and

WHEREAS, cowboy and ranching traditions have been part of the American landscape and culture since 1523, and today's cowboys continue to strive to preserve and perpetuate this unique element of America's heritage; and

WHEREAS, membership and participation in the National Day of the Cowboy Organization and other organizations that encompass the livelihood of the cowboy continue to expand both nationally and internationally; and

WHEREAS, the cowboy and his horse are a central figure in literature, art, film, poetry, photography, and music; and

WHEREAS, the cowboy is a true American icon occupying a central place in the public's imagination;

NOW THEREFORE BE IT RESOLVED that the members of the House of Representatives of the One Hundredth General Assembly, First Regular Session, the Senate concurring therein, hereby designate the fourth Saturday in July each year as "National Day of the Cowboy" in Missouri; and

BE IT FURTHER RESOLVED that the General Assembly recommends to the citizens to observe the day with appropriate ceremonies and activities; and

BE IT FURTHER RESOLVED that this resolution be sent to the Governor for his approval or rejection pursuant to the Missouri Constitution.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 656**, entitled:

An Act to repeal sections 115.631 and 115.637, RSMo, and to enact in lieu thereof two new sections relating to election offenses, with penalty provisions.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to

act with a like committee from the Senate on **SS** for **SCS** for **HCS** for **HB 399**, as amended. Representatives: Basye, Ruth, Muntzel, Sauls, Ellebracht.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SCS** for **SB 147**, as amended. Representatives: Taylor, Eggleston, Roden, Bangert, Rogers.

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 was referred **HCS No. 2** for **HB 626**; **HCS** for **HB 207**; **HJR 54**, **HB 758**, with **SCS**; **HB 1237**, with **SCS**; and **HB 637**, with **SCS**, begs leave to report that it has considered the same and recommends that the bills do pass.

PRIVILEGED MOTIONS

Senator Riddle moved that the conference committee on **HCS** for **SB 204**, be allowed to exceed the differences to add language relating to athletic trainers in Chapter 334, RSMo, which motion prevailed.

RESOLUTIONS

Senator Williams offered Senate Resolution No. 959, regarding Camilo Haller, St. Louis, which was adopted.

Senator Walsh offered Senate Resolution No. 960, regarding Code Enforcement Officer Gary Schlottach, St. Louis, which was adopted.

Senator O’Laughlin offered Senate Resolution No. 961, regarding Elizabeth Stilley, which was adopted.

Senator O’Laughlin offered Senate Resolution No. 962, regarding Aaron Evans, which was adopted.

Senator O’Laughlin offered Senate Resolution No. 963, regarding Victoria Butler, which was adopted.

Senator O’Laughlin offered Senate Resolution No. 964, regarding Xavier Pociask, which was adopted.

Senator Romine offered Senate Resolution No. 965, regarding Rebecca Hawthorn, Festus, which was adopted.

Senator Cunningham offered Senate Resolution No. 966, regarding Barbara Brumitt, Doniphan, which was adopted.

Senator Nasheed offered Senate Resolution No. 967, regarding Herschel D. Parks Jr., St. Louis, which was adopted.

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

SENATE CALENDAR

SIXTY-NINTH DAY—FRIDAY, MAY 17, 2019

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HB 1006-Rehder

HCS for HB 656

THIRD READING OF SENATE BILLS

SCS for SB 465-Burlison (In Fiscal Oversight)

SB 255-Bernskoetter

SENATE BILLS FOR PERFECTION

- | | |
|-------------------------------|----------------------------------|
| 1. SB 430-Libla | 17. SB 286-Hough |
| 2. SB 186-Hegeman | 18. SB 325-Crawford, with SCS |
| 3. SB 302-Wallingford | 19. SBs 8 & 74-Emery, with SCS |
| 4. SB 347-Burlison | 20. SB 386-O'Laughlin, with SCS |
| 5. SB 439-Brown | 21. SB 272-Emery, with SCS |
| 6. SB 303-Riddle, with SCS | 22. SB 265-Luetkemeyer, with SCS |
| 7. SB 376-Riddle | 23. SB 135-Sifton, with SCS |
| 8. SB 82-Cunningham, with SCS | 24. SB 342-Curls and Nasheed |
| 9. SB 161-Cunningham | 25. SB 424-Luetkemeyer |
| 10. SB 144-Burlison, with SCS | 26. SB 367-Burlison |
| 11. SJR 20-Koenig, with SCS | 27. SB 22-Nasheed, with SCS |
| 12. SB 208-Wallingford | 28. SJR 25-Libla, with SCS |
| 13. SB 189-Crawford, with SCS | 29. SB 140-Koenig, with SCS |
| 14. SB 385-Bernskoetter | 30. SJR 21-May |
| 15. SB 409-Wieland, et al | 31. SB 308-Onder |
| 16. SB 437-Hoskins | |

HOUSE BILLS ON THIRD READING

- | | |
|--|--|
| 1. HB 485-Dogan, with SCS (Emery)
(In Fiscal Oversight) | 3. HB 584-Knight, with SCS (Wallingford) |
| 2. HCS for HB 160, with SCS (White) | 4. HB 599-Bondon, with SCS (Cunningham) |
| | 5. HB 1029-Bondon (Brown) |

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|--|--|
| 6. HB 257-Stephens (Sater) | 32. HB 600-Bondon (Cunningham) |
| 7. HB 563-Wiemann (Wallingford) | 33. HB 943-McGill (Hoskins) |
| 8. HCS for HB 266, with SCS (Hoskins) | 34. HB 372-Trent (Wallingford) |
| 9. HCS for HB 959, with SCS (Cierpiot) | 35. HCS for HB 438 (Brown) |
| 10. HCS for HB 333, with SCS (Crawford) | 36. HCS for HB 1127 (Riddle) |
| 11. HB 461-Pfautsch (Brown) | 37. HCS for HB 400 (White) |
| 12. HCS for HB 824 (Hoskins) | 38. HB 966-Gregory (Onder) |
| 13. HB 587-Rone (Crawford) | 39. HB 1062-Hansen, with SCS (Hoskins) |
| 14. HCS for HB 346 (Wallingford) | 40. HJR 54-Plocher (Walsh) |
| 15. HB 1061-Patterson (Hoskins) | 41. HB 191 & HB 873-Kolkmeier, with SCS
(Hoskins) |
| 16. HB 470-Grier, with SCS (O'Laughlin) | 42. HCS#2 for HB 626 (Brown) |
| 17. HB 186-Trent, with SCS (Burlison) | 43. HCS for HB 207 (White) |
| 18. HCS for HB 466, with SCS (Riddle)
(In Fiscal Oversight) | 44. HB 756-Pfautsch (Schupp) |
| 19. HCS for HB 229, with SCS (Wallingford) | 45. HB 83-Hill (O'Laughlin) |
| 20. HB 646-Rowland (Sater) | 46. HB 758-Bondon, with SCS (Onder) |
| 21. HCS for HBs 161 & 401, with SCS
(Cunningham) | 47. HCS for HJRs 48, 46 & 47 (Rowden)
(In Fiscal Oversight) |
| 22. HB 321-Solon (Luetkemeyer) | 48. HCS for HB 937, with SCS (Wieland) |
| 23. HCS for HB 67, with SCS (Luetkemeyer) | 49. HCS for HB 703, with SCS (Luetkemeyer) |
| 24. HB 240-Schroer, with SCS (Luetkemeyer) | 50. HB 761-Pfautsch, with SCS (Cierpiot) |
| 25. HB 337-Swan (Wallingford) | 51. HCS for HB 844 (Sater) |
| 26. HB 267-Baker (Emery) | 52. HB 637-Shawan, with SCS (Eigel) |
| 27. HB 757-Bondon (Wieland) | 53. HB 1237-Fitzwater, with SCS (Bernskoetter) |
| 28. HB 942-Wiemann (Brown) | 54. HCS for HB 700, with SCS (Cunningham) |
| 29. HB 815-Black (137) (Hough) | 55. HCS for HBs 746 & 722 (Cunningham) |
| 30. HB 705-Helms, with SCS (Riddle) | 56. HCS for HB 842 (Bernskoetter) |
| 31. HCS for HB 301, with SCS (Burlison) | 57. HB 523-Roden, with SCS (Wieland) |

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

- | | |
|--|--|
| SB 4-Sater | SB 19-Libla, with SA 1 (pending) |
| SB 5-Sater, et al, with SCS | SB 31-Wieland |
| SB 10-Cunningham, with SCS & SA 1
(pending) | SB 39-Onder |
| SB 14-Wallingford | SB 44-Hoskins, with SCS & SS#3 for SCS
(pending) |
| SB 16-Romine, with SCS, SS for SCS, SA 3
& point of order (pending) | SBs 46 & 50-Koenig, with SCS, SS for SCS
& SA 6 (pending) |

SB 49-Rowden, with SCS	SB 259-Romine, with SS & SA 3 (pending)
SB 52-Eigel, with SCS	SB 276-Rowden, with SCS
SB 56-Cierpiot, with SCS, SS for SCS & SA 1 (pending)	SB 278-Wallingford, with SCS
SB 57-Cierpiot	SBs 279, 139 & 345-Onder, with SCS, SS for SCS, SA 1 & SA 1 to SA 1 (pending)
SB 62-Burlison, with SCS	SB 292-Eigel, with SCS & SS#2 for SCS (pending)
SB 65-White, with SS (pending)	SB 293-Hough, with SCS
SB 69-Hough	SB 296-Cierpiot, with SCS
SB 76-Sater, with SCS (pending)	SB 298-White, with SCS
SB 78-Sater	SB 300-Eigel
SB 97-Hegeman, with SCS	SB 312-Eigel
SB 100-Riddle, with SS (pending)	SB 316-Burlison
SB 118-Cierpiot, with SCS	SB 318-Burlison
SB 132-Emery, with SCS	SB 328-Burlison, with SCS
SB 141-Koenig	SB 332-Brown
SB 150-Koenig, with SCS	SB 336-Schupp
SBs 153 & 117-Sifton, with SCS	SB 343-Eigel, with SCS
SB 154-Luetkemeyer, with SS & SA 2 (pending)	SB 344-Eigel, with SCS
SB 155-Luetkemeyer	SB 349-O'Laughlin, with SCS
SB 160-Koenig, with SCS, SS for SCS & SA 2 (pending)	SB 350-O'Laughlin
SB 168-Wallingford, with SCS	SB 354-Cierpiot, with SCS
SB 201-Romine	SB 412-Holsman
SB 205-Arthur, with SCS	SB 426-Williams
SB 211-Wallingford	SB 431-Schatz, with SCS
SB 222-Hough	SJR 1-Sater and Onder, with SS#2 & SA 1 (pending)
SB 225-Curls	SJR 13-Holsman, with SCS, SS for SCS & SA 1 (pending)
SB 234-White	SJR 18-Cunningham
SB 252-Wieland, with SCS	

HOUSE BILLS ON THIRD READING

HB 113-Smith, with SCS, SS#2 for SCS & SA 1 (pending) (Emery)	HCS for HB 255, with SS & SA 5 (pending) (Cierpiot)
HCS for HB 169, with SCS (Romine)	HB 332-Lynch, with SCS (Wallingford)
HB 188-Rehder (Luetkemeyer)	SCS for HB 355-Plocher (Wallingford) (In Fiscal Oversight)
HB 214-Trent (Hough)	HCS for HB 469 (Wallingford)
HCS for HB 225, with SCS, SS for SCS & SA 1 (pending) (Romine)	SCS for HCS for HB 547 (Bernskoetter)

HCS for HB 564, with SCS (Koenig)
 SS#2 for SCS for HCS for HB 604
 (Hoskins) (In Fiscal Oversight)

HCS for HB 678, with SCS (Williams)

SENATE BILLS WITH HOUSE AMENDMENTS

SCS for SB 89-Libla and Brown, with HA 1,
 HA 2, HA 3 & HA 4
 SCS for SB 184-Wallingford with HA 1,
 HA 2, HA 3, HA 4, as amended & HA 5

SB 228-Sater, with HA 1
 SB 282-Brown, with HCS, as amended
 SCS for SB 330-Brown, with HA 1, HA 2,
 HA 3, as amended & HA 4

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SB 17-Romine, with HA 1, HA 2, HA 3,
 HA 4 & HA 5
 (Senate adopted CCR and passed CCS)
 SB 36-Riddle, with HCS, as amended
 (Senate adopted CCR and passed CCS)
 SB 53-Crawford, with HCS, as amended
 SB 54-Crawford, with HCS, as amended
 (Senate adopted CCR and passed CCS)
 SCS for SB 83-Cunningham, with HA 1 &
 HA 2, as amended
 (Senate adopted CCR and passed CCS)
 SCS for SB 147-Sater, with HCS, as amended
 (Senate grants further conference)
 SB 182-Cierpiot, et al, with HCS, as amended
 (Senate adopted CCR and passed CCS)

SB 202-Romine, with HCS, as amended
 (Senate adopted CCR and passed CCS)
 SB 204-Riddle, with HCS, as amended
 SS for SCS for SB 230-Crawford, with HA 1,
 HA 2, HA 3, as amended, HA 4, HA 5 & HA 6
 (Senate adopted CCR and passed CCS)
 SB 358-Sater, with HA 1, HA 2, HA 3, HA 4,
 HA 5, HA 6, HA 7, HA 8, HA 9,
 HA 10, as amended, HA 11, HA 12, HA 13,
 HA 14, HA 15, HA 16, HA 17, HA 18,
 HA 19, as amended, HA 20 & HA 21
 HCS for HB 399, with SS for SCS, as amended
 (Hoskins)
 HCS#2 for HB 499, with SS (Schatz)

Requests to Recede or Grant Conference

SS for SCS for SB 28-Hegeman, with HCS,
 as amended
 (Senate requests House recede or grant
 conference)

SCS for SB 131-Emery, with HCS, as amended
 (Senate requests House recede & take up and
 pass bill)

RESOLUTIONS

SR 20-Holsman

SR 731-Hoskins

Reported from Committee

SCR 8-Holsman

SCR 15-Burlison

SCR 19-Eigel

SCR 21-May

SCR 22-Holsman

SCR 23-Luetkemeyer

SCR 24-Hegeman and Luetkemeyer

SCR 26-Bernskoetter

HCR 6-Chipman (Brown)

HCS for HCR 16 (Hoskins)

HCR 18-Spencer (Eigel)

HCR 34-Riggs (Curls)

To be Referred

HCR 4-Love

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