The Senate met pursuant to adjournment.

President Kehoe in the Chair.

The Reverend Carl Gauck offered the following prayer:

“Only fear the Lord, and serve Him faithfully with all your heart; for consider what great things He has done for you.” (I Samuel 12:24)

Merciful Father, in the ancient of days this was a day of sackcloth and ashes, a sign of our repentance as we look critically at our lives and seek to be reconciled. May that be true with us as we pray to You this day, aware of our bumbling ways and need of Your mercy. Keep us close to Your heart that even our groans are heard and You provide us with hope and guidance through this dark day of ashes towards Your promise to be with You always. 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 Nexstar Media Group and KY3 were given permission to take pictures in the Senate Chamber.

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

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<th>Present—Senators</th>
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Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The Lieutenant Governor was present.
RESOLUTIONS

Senator Beck offered Senate Resolution No. 592, regarding the students at Gotsch Intermediate School, Affton, which was adopted.

Senator Wieland offered the following resolution:

SENATE RESOLUTION NO. 593

Whereas, Ukraine is a sovereign and independent nation located in Eastern Europe; and

Whereas, following the collapse of the Soviet Union, the Ukrainian people voted overwhelmingly to form a nation independent from Russia, building a democracy and a thriving country grounded in the rule of law; and

Whereas, in the three decades since gaining its independence, Ukraine has sought to forge its own path as a sovereign state and sought closer economic, social and political ties with the free market and democratic nations of the West; and

Whereas, the Russian Federation deployed military assets, seeking to block the free will of the Ukrainian people from their pursuit of security, peace and prosperity through their own democratic republic; and

Whereas, the Russian Federation military, at the direction of Vladimir Putin, began a premeditated and brutal assault on the people of Ukraine without provocation and without justification by launching a violent and illegal invasion that has led to war crimes due to the murder of innocent civilian men, women and children; and

Whereas, the Russian Federation violated international peace by mobilizing over one hundred and fifty thousand troops to invade the sovereign nation of Ukraine, bringing the ravages of war, the destruction it sows and the tyranny it leaves behind; and

Whereas, the Russian Federation’s actions are a direct attack against Ukraine and violate the peace, prosperity and stability of Europe that has been enjoyed for more than seventy years:

Now, Therefore, Be It Resolved that the members of the Missouri Senate, One Hundred First General Assembly, Second Regular Session, hereby condemn and oppose the unprovoked invasion and egregious act of aggression against the sovereign state of Ukraine by the Russian Federation; and

Be it further resolved that the Missouri Senate strongly supports the rights of the people of Ukraine to freely determine their future, including their country’s relationship with other nations and international organizations, without interference, intimidation, or coercion by other countries and the Missouri Senate is committed itself to solidarity with the people and government of Ukraine; and

Be it further resolved that the Missouri Senate urges all Missourians to support and promote the democratic values of a free country and provide as much support as possible through generous donations, support and prayers for the Ukrainian people and the willingness of the United States to take in Ukrainian refugees; and

Be it further resolved that the Missouri Senate urges the United States government to immediately supply arms, ammunition, medical supplies, and humanitarian aid to the Ukrainian people; and

Be it further resolved that the Missouri Senate urges the United States Government to work with the international coalition of the world’s leading nations to ensure that all nations refuse to recognize the illegal invasion of Ukraine by the Russian Federation and to ensure that the Russian Federation is held accountable and sustains the maximum penalty and consequence of its utter disregard for international law and human rights; and

Be it further resolved that the Missouri Senate urges the United States government and its allies to protect the sovereign airspace above Ukraine and give relief to the civilians of Ukraine from the relentless, violent bombings from the Russian Federation military; and

Be it further resolved that the Secretary of the Senate prepare a properly inscribed copy of this resolution for the President of the United States Senate, the Speaker of the United States House of Representatives, and each member of the Missouri Congressional delegation.

Senator Bernskoetter offered the following resolution:

SENATE RESOLUTION NO. 594

Whereas, Ukraine is a sovereign and independent nation located in Eastern Europe and an ally, under a bilateral investment treaty, of the United States; and

Whereas, Russia, a transcontinental country spanning Eastern Europe and Northern Asia, has launched an all-out invasion of Ukraine by land, air, and sea; and
Whereas, Russian forces have dramatically escalated their offenses by deploying a forty-mile long convoy of tanks and other military equipment advancing south to attack the people of Ukraine, including the City of Kyiv; and

Whereas, Russia’s invasion of Ukraine is the largest invasion of a sovereign nation in Europe since World War II; and

Whereas, the combat is directly responsible for massive civilian casualties, including a Russian mortar attack on a children’s hospital that inflicted devastating loss of life; and

Whereas, Russia’s attack on Ukraine was unprovoked and unjustified; and

Whereas, as the attack intensifies, the humanitarian crisis could reach unprecedented levels, with the United Nations estimating that between one million and five million people will be in need of urgent health care, safety, and security; and

Whereas, Ukraine’s President, Volodymyr Zelenskyy, declared that Russia had “embarked on a path of evil, but [Ukraine] is defending itself and won’t give up its freedom ...”:

Now, Therefore, Be It Resolved that the members of the Missouri Senate, One Hundred First General Assembly, Second Regular Session hereby:

(1) Proudly stand alongside Ukraine, its people, and its leaders during this horrific and unnecessary war and vow to support Ukraine and hold Russia fully accountable for its catastrophic decision to invade;

(2) Condemn, in the strongest possible terms, Vladimir Putin’s violent attack on the people of Ukraine and strongly endorse the swift and severe economic sanctions and stringent export controls that President Biden’s administration has imposed on Russia;

(3) Urge Russia to immediately cease its violent, illegal, and immoral assault upon Ukraine, end the needless bloodshed, and return to diplomacy and the rules-based international order that has ensured peace and prosperity for so many; and

(4) Recommend to the President of the United States and the United States Congress to reaffirm our country’s unwavering support for Ukraine’s freedom, sovereignty, and territorial integrity within its internationally recognized borders, extending to its territorial waters; and

Be It Further Resolved that the United States should take prudent and responsible measures to ensure that the required force posture is present in Europe to deter and, if necessary, defeat Russian aggression against any NATO member; and

Be It Further Resolved that the United States should immediately strengthen additional sanctions on Russia by restricting the Russian banking and financial sectors, cybersecurity, and other key industrial sectors; and

Be It Further Resolved that the United States should immediately bolster energy connectivity in Eastern Europe; and

Be It Further Resolved that the United States should expand the target list of Russian officials under the Magnitsky Act, which would implement a greater range of targeted sanctions aimed directly at Russian officials responsible for violating Ukrainian freedom and sovereignty, including the freezing of financial assets and the imposition of visa bans; and

Be It Further Resolved that the Secretary of the Senate be instructed to prepare a properly inscribed copy of this resolution for the President and Secretary of the United States Senate, the Speaker and Clerk of the United States House of Representatives, and each member of the Missouri Congressional delegation.

The Senate observed a moment of silence for the fallen Kansas City Public Works employees and their families.

SENATE BILLS FOR PERFECTION

SB 631, with SCS, was placed on the Informal Calendar.

SB 663, with SCS, was placed on the Informal Calendar.

Senator Rizzo moved that SB 652 be taken up for perfection, which motion prevailed.

Senator Bernskoetter assumed the Chair.

On motion of Senator Rizzo, SB 652 was declared perfected and ordered printed.
At the request of Senator Luetkemeyer, SJR 39 was placed on the Informal Calendar.

At the request of Senator Roberts, SJR 41 was placed on the Informal Calendar.

Senator Gannon moved that SB 698 and SB 639, with SCS, be taken up for perfection, which motion prevailed.

**SCS for SBs 698 and 639, entitled:**

**SENATE COMMITTEE SUBSTITUTE FOR**

**SENATE BILLS NOS. 698 and 639**

An Act to repeal sections 208.151 and 208.662, RSMo, and to enact in lieu thereof two new sections relating to Medicaid services for certain low-income women, with an emergency clause.

Was taken up.

Senator Hough assumed the Chair.

Senator Gannon moved that SCS for SBs 698 and 639 be adopted.

Senator Bernskoetter assumed the Chair.

Senator Onder offered SA 1:

**SENATE AMENDMENT NO. 1**

Amend Senate Committee Substitute for Senate Bills Nos. 698 and 639, Page 1, In the Title, Line 3, by striking the words “services for certain low-income women”; and

Further amend said bill, page 14, section 208.151, line 411 by inserting after all of said line the following:

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

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

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

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

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

(6) Physicians’ services, whether furnished in the office, home, hospital, nursing home, or elsewhere, provided, no funds shall be expended to any abortion facility, as defined in section 188.015, or any affiliate or associate thereof;

(7) Subject to appropriation, up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand MO HealthNet services;

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

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

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

(11) Home health care services;
(12) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions or any abortifacient drug or device that is used for the purpose of inducing an abortion unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician’s professional judgment, the life of the mother would be endangered if the fetus were carried to term;

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

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

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

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

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

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

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

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

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

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

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

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health and senior services which was taken prior to when the participant is admitted to the hospital; and
b. The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

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

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

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

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

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

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

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

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

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

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and
(c) Assessments conducted in the participant’s home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant’s treating physician;

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

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

   (1) Dental services;

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

   (3) Optometric services as described in section 336.010;

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

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

   (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (15) and (16) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

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

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

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

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

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

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

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

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

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

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

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

208.153. 1. Pursuant to and not inconsistent with the provisions of sections 208.151 and 208.152, the MO HealthNet division shall by rule and regulation define the reasonable costs, manner, extent, quantity, quality, charges and fees of MO HealthNet benefits herein provided. The benefits available under these sections shall not replace those provided under other federal or state law or under other contractual or legal entitlements of the persons receiving them, and all persons shall be required to apply for and utilize all benefits available to them and to pursue all causes of action to which they are entitled. Any person entitled
to MO HealthNet benefits may obtain it from any provider of services with which an agreement is in effect under this section and which undertakes to provide the services, as authorized by the MO HealthNet division, provided, said provider shall not include any abortion facility, as defined in section 188.015, or any affiliate or associate thereof. At the discretion of the director of the MO HealthNet division and with the approval of the governor, the MO HealthNet division is authorized to provide medical benefits for participants receiving public assistance by expending funds for the payment of federal medical insurance premiums, coinsurance and deductibles pursuant to the provisions of Title XVIII B and XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. 301, et seq.), as amended.

2. MO HealthNet shall include benefit payments on behalf of qualified Medicare beneficiaries as defined in 42 U.S.C. Section 1396d(p). The family support division shall by rule and regulation establish which qualified Medicare beneficiaries are eligible. The MO HealthNet division shall define the premiums, deductible and coinsurance provided for in 42 U.S.C. Section 1396d(p) to be provided on behalf of the qualified Medicare beneficiaries.

3. MO HealthNet shall include benefit payments for Medicare Part A cost sharing as defined in clause (p)(3)(A)(i) of 42 U.S.C. 1396d on behalf of qualified disabled and working individuals as defined in subsection (s) of Section 42 U.S.C. 1396d as required by subsection (d) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989). The MO HealthNet division may impose a premium for such benefit payments as authorized by paragraph (d)(3) of Section 6408 of P.L. 101-239.

4. MO HealthNet shall include benefit payments for Medicare Part B cost sharing described in 42 U.S.C. Section 1396(d)(p)(3)(A)(ii) for individuals described in subsection 2 of this section, but for the fact that their income exceeds the income level established by the state under 42 U.S.C. Section 1396(d)(p)(2) but is less than one hundred and ten percent beginning January 1, 1993, and less than one hundred and twenty percent beginning January 1, 1995, of the official poverty line for a family of the size involved.

5. For an individual eligible for MO HealthNet under Title XIX of the Social Security Act, MO HealthNet shall include payment of enrollee premiums in a group health plan and all deductibles, coinsurance and other cost-sharing for items and services otherwise covered under the state Title XIX plan under Section 1906 of the federal Social Security Act and regulations established under the authority of Section 1906, as may be amended. Enrollment in a group health plan must be cost effective, as established by the Secretary of Health and Human Services, before enrollment in the group health plan is required. If all members of a family are not eligible for MO HealthNet and enrollment of the Title XIX eligible members in a group health plan is not possible unless all family members are enrolled, all premiums for noneligible members shall be treated as payment for MO HealthNet of eligible family members. Payment for noneligible family members must be cost effective, taking into account payment of all such premiums. Non-Title XIX eligible family members shall pay all deductible, coinsurance and other cost-sharing obligations. Each individual as a condition of eligibility for MO HealthNet benefits shall apply for enrollment in the group health plan.

6. Any Social Security cost-of-living increase at the beginning of any year shall be disregarded until the federal poverty level for such year is implemented.

7. If a MO HealthNet participant has paid the requested spenddown in cash for any month and subsequently pays an out-of-pocket valid medical expense for such month, such expense shall be allowed as a deduction to future required spenddown for up to three months from the date of such expense.”; and
Further amend the title and enacting clause accordingly.

Senator Onder moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Burlison, Eigel, Hoskins, and Moon.

President Kehoe assumed the Chair.

Senator Thompson Rehder assumed the Chair.

Senator Cierpiot offered SA 1 to SA 1:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 1

Amend Senate Amendment No. 1 to Senate Committee Substitute for Senate Bills Nos. 698 and 639, Page 3, Lines 73-77, by striking all of said lines and inserting in lieu thereof the following:

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

(b) No funds shall be expended to any abortion facility, as defined in section 188.015, or any affiliate or associate thereof; provided, that if the Centers for Medicare and Medicaid Services (CMS) provides the state with a notice of noncompliance, the provisions of this paragraph shall be stayed pending an administrative or judicial remedy approving the prohibition of funds for abortion facilities or affiliates or associates thereof. The state shall exhaust all administrative and judicial remedies available to compel CMS approval related to the provisions of this paragraph;

Further amend said amendment, page 17, line 541, by inserting after “thereof”, the following: “consistent with the provisions of paragraph (b) of subdivision (6) of subsection 1 of section 208.152”.

Senator Cierpiot moved that the above amendment be adopted.

Senator Onder requested a roll call vote be taken and was joined in his request by Senators Brattin, Hoskins, Koenig, and Moon.

At the request of Senator Gannon, SB 698 and SB 639, with SCS, SA 1, and SA 1 to SA 1 (pending), was placed on the Informal Calendar.

At the request of Senator Rowden, SB 648 was placed on the Informal Calendar.

SB 869 was placed on the Informal Calendar.

Senator O’Laughlin moved that SB 681 and SB 662, with SCS, be taken up for perfection, which motion prevailed.

SCS for SBs 681 and 662, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILLS NOS. 681 and 662

An Act to repeal sections 161.097, 167.268, 167.640, 167.645, and 170.014, RS Mo, and to enact in lieu thereof eight new sections relating to educational outcomes.
Was taken up.

Senator O’Laughlin moved that SCS for SBs 681 and 662 be adopted.

Senators O’Laughlin and Arthur offered SS for SCS for SBs 681 and 662, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILLS NOS. 681 and 662

An Act to repeal sections 161.097, 167.268, 167.640, 167.645, and 170.014, RSMo, and to enact in lieu thereof eight new sections relating to educational outcomes.

Senator O’Laughlin moved that SS for SCS for SBs 681 and 662 be adopted.

Senator Hough assumed the Chair.

Senator Arthur offered SA 1:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 681 and 662, Page 23, Section 186.080, Line 69, by inserting after all of said line the following:

“Section B. The repeal and reenactment of section 167.645 of this act shall become effective January 1, 2023.”; and

Further amend the title and enacting clause accordingly.

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

Senator O’Laughlin offered SA 2:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 681 and 662, Page 11, Section 167.640, Line 26, by striking “167.245” and inserting in lieu thereof the following: “167.645”.

Senator O’Laughlin moved that the above amendment be adopted, which motion prevailed.

Senator O’Laughlin moved that SCS for SBs 681 and 662, as amended, be adopted, which motion prevailed.

On motion of Senator O’Laughlin, SCS for SBs 681 and 662, as amended, was declared perfected and ordered printed.

Senator Crawford moved that SB 655 be taken up for perfection, which motion prevailed.

On motion of Senator Crawford, SB 655 was declared perfected and ordered printed.

REPORTS OF STANDING COMMITTEES

Senator Rowden, Chairman of the Committee on Rules, Joint Rules, Resolutions and Ethics, submitted the following report:

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred
SB 652, begs leave to report that it has examined the same and finds that the bill has been truly perfected and that the printed copies furnished the Senators are correct.

REFERRALS

President Pro Tem Schatz referred SB 652 to the Committee on Governmental Accountability and Fiscal Oversight.

SECOND READING OF CONCURRENT RESOLUTIONS

The following Concurrent Resolution was read the 2nd time and referred to the Committee indicated:

SCR 36—Rules, Joint Rules, Resolutions and Ethics.

SENATE BILLS FOR PERFECTION

Senator Eigel moved that SB 649, with SCS and SS for SCS, as amended (pending), be called from the Informal Calendar and again taken up for perfection, which motion prevailed.

At the request of Senator Eigel, SS for SCS for SB 649, as amended, was withdrawn, rendering SA 1 and SA 1 to SA 1 moot.

Senator Eigel offered SS No. 2 for SCS for SB 649, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 649

An Act to repeal sections 32.087, 137.115, 143.121, 144.030, 144.190, and 190.800, RSMo, and to enact in lieu thereof nine new sections relating to taxation.

Senator Eigel moved that SS No. 2 for SCS for SB 649 be adopted.

Senator Brattin offered SA 1:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for Senate Bill No. 649, Page 15, Section 137.115, Lines 11-12, by striking “with more than four hundred thousand but fewer than five hundred thousand inhabitants” and inserting in lieu thereof the following: “described in subdivision (5) of this subsection”; and

Further amend said bill and section, page 16, line 45, by inserting after all of said line the following:

“(5) The provisions of subdivisions (1) to (4) of this subsection shall apply to the following counties:

(a) Any county with more than four hundred thousand but fewer than five hundred thousand inhabitants;

(b) Any county with more than one hundred thousand but fewer than one hundred twenty thousand inhabitants and with a county seat with more than nine thousand but fewer than eleven thousand inhabitants;

(c) Any county with more than eleven thousand but fewer than twelve thousand five hundred inhabitants and with a county seat with more than four thousand but fewer than five thousand
inhabitants;

(d) Any county with more than fifteen thousand seven hundred but fewer than seventeen thousand six hundred inhabitants and with a county seat with more than four thousand two hundred ten but fewer than six thousand inhabitants;

(e) Any county with more than nineteen thousand but fewer than twenty-two thousand inhabitants and with a county seat with more than eight thousand five hundred but fewer than ten thousand inhabitants; and

(f) Any county with more than nineteen thousand but fewer than twenty-two thousand inhabitants and with a county seat with more than six thousand but fewer than eight thousand five hundred inhabitants.”.

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

Senator Eigel moved that SS No. 2 for SCS for SB 649, as amended, be adopted, which motion prevailed.

On motion of Senator Eigel, SS No. 2 for SCS for SB 649, as amended, was declared perfected and ordered printed.

REPORTS OF STANDING COMMITTEES

Senator Rowden, Chairman of the Committee on Rules, Joint Rules, Resolutions and Ethics, submitted the following report:

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which was referred SB 655, begs leave to report that it has examined the same and finds that the bill has been truly perfected and that the printed copies furnished the Senators are correct.

RESOLUTIONS

Senator Hoskins offered Senate Resolution No. 595, regarding the One Hundred Eightieth Anniversary of First Baptist Church, Richmond, which was adopted.

INTRODUCTION OF GUESTS

Senator Schupp introduced to the Senate, Missouri State Athletic Training group, Jordyn Vrba, Dixon; Alexandra Woody, Fenton; Edgardo Suto Ramirez, Springfield; Finessa Rassel, St. Louis City; Jared Saylor, Springfield; Nico Helin, Springfield; Hima Tsuchiya, Springfield; O.G. OH, Springfield; Luis Bailon, Springfield; and Tona Hetzler, Springfield.

Senator Thompson Rehder introduced to the Senate, Council for International Education Exchange, Holly Lintner; and students.

Senator Mosely introduced to the Senate, Sherrita Allen, Florissant.

Senator Hoskins introduced to the Senate, Members of the American Planning Association, Jonathan Roper; and Adrienne Weston.

Senator White introduced to the Senate, Harry S. Truman Coordinating Council, Madelyn Wood; Kasei Lewis, and Carrie Campbell.
Senator Burlison introduced to the Senate, students from Teenpact; and parents.
Senator Schatz introduced to the Senate, Caleb Aurther, Springfield.

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

SENATE CALENDAR

TWENTY-NINTH DAY—THURSDAY, MARCH 3, 2022

FORMAL CALENDAR

SECOND READING OF SENATE BILLS

SB 1071-Razer
SB 1072-Eslinger
SB 1073-Burlison
SB 1074-Hegeman
SB 1075-Schupp
SB 1076-Arthur
SB 1077-Eslinger
SB 1078-Razer
SB 1079-Roberts
SB 1080-Bean
SB 1081-Hegeman
SB 1082-Rowden
SB 1083-Arthur
SB 1084-Arthur
SB 1085-Razer
SB 1086-Cierpiot
SB 1087-Roberts
SB 1088-Crawford
SB 1089-Crawford
SB 1090-White
SB 1091-Hoskins
SB 1092-Hoskins
SB 1093-Koenig
SB 1094-Washington
SB 1095-Gannon
SB 1096-Crawford
SB 1097-Burlison
SB 1098-Burlison
SB 1099-Burlison
SB 1100-Burlison
SB 1101-Burlison
SB 1102-Brattin
SB 1103-Brattin
SB 1104-Brattin
SB 1105-Williams
SB 1106-Thompson Rehder
SB 1107-Bean
SB 1108-Koenig
SB 1109-Luetkemeyer
SB 1110-O’Laughlin
SB 1111-O’Laughlin
SB 1112-O’Laughlin
SB 1113-O’Laughlin
SB 1114-O’Laughlin
SB 1115-O’Laughlin
SB 1116-Roberts
SB 1117-Moon
SB 1118-May
SB 1119-Washington
SB 1120-Gannon
SB 1121-Gannon
SB 1122-White
SB 1123-Arthur
SB 1124-Arthur
SB 1125-Arthur
SB 1126-Thompson Rehder
SB 1127-Thompson Rehder
SB 1128-Crawford
SB 1129-White
SB 1130-Washington
SB 1131-Roberts
SB 1132-Roberts
SB 1133-White
SB 1134-Eslinger and Bean
SB 1135-Hegeman
SB 1136-Roberts
SB 1137-Roberts
SB 1138-Hough
SB 1139-Crawford
SB 1140-Schupp
SB 1141-Razer
SB 1142-Hough
SB 1143-Brown
SB 1144-Crawford
SB 1145-Washington
SB 1146-Washington
SB 1147-Washington
SB 1148-Roberts
SB 1149-White
SB 1150-Rowden
SB 1151-Roberts
SB 1152-Eslinger
SB 1153-Eslinger
SB 1154-Koenig
SB 1155-Luetkemeyer
SB 1156-Brown
SB 1157-Brown
SB 1158-Brown
SB 1159-Eslinger
SB 1160-Eslinger
SB 1161-Eslinger
SB 1162-Rowden
SB 1163-Hegeman
SB 1164-Eigel
SB 1165-Roberts
SB 1166-Gannon
SB 1167-Gannon
SB 1168-Gannon
SB 1169-Razer
SB 1170-Schupp
SB 1171-Moon
SB 1172-Washington
SB 1173-Schupp
SB 1174-Eslinger
SB 1175-Eslinger
SB 1176-Schupp
SB 1177-Cierpiot
SB 1178-White and Cierpiot
SB 1179-Hough
SB 1180-Hough
SB 1181-Luetkemeyer
SB 1182-Gannon
SB 1183-Gannon
SB 1184-Thompson Rehder
SB 1185-Thompson Rehder
SB 1186-Thompson Rehder
SB 1187—Thompson Rehder
SB 1188—Beck and Gannon
SB 1189—Cierpiot
SB 1190—Roberts
SB 1191—Crawford
SB 1192—Crawford
SB 1193—Washington
SB 1194—Washington
SB 1195—Washington
SB 1196—Washington
SB 1197—Mosley
SB 1198—Mosley
SB 1199—Mosley
SB 1200—Gannon
SB 1201—Rizzo
SB 1202—Koenig
SB 1203—Koenig
SB 1204—Eigel
SB 1205—Washington
SB 1206—Onder
SB 1207—Onder
SB 1208—Moon
SB 1209—May
SB 1210—May
SB 1211—Bean
SB 1212—Crawford
SB 1213—Crawford
SB 1214—White
SB 1215—Schupp
SB 1216—Cierpiot
SB 1217—Hegeman
SB 1218—Hegeman
SB 1219—Gannon
SB 1220—Gannon
SB 1221—Eslinger
SB 1222—Eslinger
SB 1223—Brattin
SB 1224—Brattin
SB 1225—Brattin
SB 1226—Brattin
SB 1227—Brattin
SB 1228—Bernskoetter
SB 1229—Brown
SB 1230—Washington
SB 1231—O’Laughlin
SB 1232—O’Laughlin
SB 1233—Roberts
SB 1234—Roberts
SB 1235—May
SB 1236—Schatz
SB 1237—Schatz
SB 1238—Schatz
SB 1239—Rizzo
SB 1240—Brattin
SB 1241—Brattin
SB 1242—Brattin
SB 1243—Hegeman
SJR 47—Moon
SJR 48—Moon
SJR 49—Mosley
SJR 50—Eigel
SJR 51—Cierpiot
SJR 52—Koenig
SJR 53—Onder
SJR 54—Bernskoetter
SJR 55—Schatz
SJR 56—Schatz
SJR 57—Schatz
SJR 58—Schatz
SJR 59—Brattin
THIRD READING OF SENATE BILLS

SS for SB 678-Luetkemeyer   SB 655-Crawford
SB 652-Rizzo
(In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

SB 732-Hoskins, with SCS   SB 850-Bean, with SCS
SB 745-Cierpiot, with SCS   SB 664-Bernskoetter
SB 820-Burlison
SB 823-White
SB 762-Brown
SBs 775, 751 & 640-Thompson Rehder and Schupp, with SCS
SB 799-Hegeman, with SCS

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 631-Hegeman, with SCS   SB 869-Koenig
SB 648-Rowden
SB 663-Bernskoetter, with SCS
SBs 698 & 639-Gannon, et al, with SCS,
SA 1 & SA 1 to SA 1 (pending)
SJR 39-Luetkemeyer
SJR 41-Roberts and Mosley

HOUSE BILLS ON THIRD READING

HCS for HB 2117, with SA 1 (pending)
(Bernskoetter)

CONSENT CALENDAR

Senate Bills
Reported 2/24

SB 845-Eslinger
RESOLUTIONS

SR 435-Schatz
SR 448-Eigel
SR 453-Eigel
SR 466-Eigel
SR 467-Eigel
SR 468-Hoskins
SR 496-Hoskins
SR 469-Hoskins
SR 472-White
SR 496-Hoskins
HCR 52-Plocher (Rowden)
HCR 74-Plocher

To be Referred

SR 593-Wieland
SR 594-Bernskoetter

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