

# Journal of the Senate

SECOND REGULAR SESSION

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**TWENTY-SEVENTH DAY - WEDNESDAY, FEBRUARY 28, 2024**

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The Senate met pursuant to adjournment.

Senator Rowden in the Chair.

The Reverend Stephen George offered the following prayer:

"Know also that wisdom is like honey for you: If you find it, there is a future hope for you, and your hope will not be cut off." (Proverbs 24:14 NIV)

Gracious God, as we gather in this Senate chamber today, we acknowledge Your wisdom as a precious treasure. We seek Your guidance and understanding, recognizing that with wisdom comes a future hope that cannot be cut off. Grant us discernment and insight as we deliberate on matters that impact our state. May the decisions made here be rooted in Your divine wisdom, leading to a future filled with hope and prosperity. In Your Holy Name we pray, Amen.

The Pledge of Allegiance to the Flag was recited.

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

The Journal of the previous day was read and approved.

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

Present—Senators

Arthur	Bean	Beck	Bernskoetter	Black	Brattin	Brown (16th Dist.)
Brown (26th Dist.)	Carter	Cierpiot	Coleman	Crawford	Eigel	Eslinger
Fitzwater	Gannon	Hoskins	Hough	Koenig	Luetkemeyer	May
McCreery	Moon	Mosley	O'Laughlin	Razer	Rizzo	Rowden
Schroer	Thompson Rehder	Trent	Washington	Williams—33		

Absent—Senators—None

Absent with leave—Senator Roberts—1

Vacancies—None

The Lieutenant Governor was present.

## INTRODUCTION OF BILLS

The following Bills and Joint Resolution were read the 1st time and ordered printed:

**SB 1481**—By Gannon.

An Act to amend chapter 160, RSMo, by adding thereto one new section relating to public school policies regarding cellular phones.

**SB 1482**—By Crawford.

An Act to repeal sections 362.1010, 362.1015, 362.1030, 362.1035, 362.1055, 362.1060, 362.1085, 362.1090, 362.1095, 362.1100, 362.1105, 362.1110, 362.1115, 362.1116, and 362.1117, RSMo, and to enact in lieu thereof fifteen new sections relating to family trust companies, with penalty provisions.

**SB 1483**—By Bean.

An Act to repeal sections 640.220 and 643.350, RSMo, and to enact in lieu thereof two new sections relating to environmental protection.

**SB 1484**—By Eslinger.

An Act to amend chapter 67, RSMo, by adding thereto one new section relating to county sales taxes for the operations of hospital services.

**SB 1485**—By Brown (16).

An Act to repeal sections 195.417 and 579.060, RSMo, and to enact in lieu thereof two new sections relating to limits on selling or purchasing certain drugs, with penalty provisions.

**SB 1486**—By McCreery.

An Act to repeal section 1.205, RSMo, and to enact in lieu thereof one new section relating to in vitro fertilization, with an emergency clause.

**SB 1487**—By Brown (26).

An Act to amend chapter 324, RSMo, by adding thereto eleven new sections relating to statewide mechanical contractor licenses, with penalty provisions.

**SB 1488**—By Rizzo.

An Act to repeal section 67.1366, RSMo, and to enact in lieu thereof one new section relating to a transient guest tax for tourism.

**SB 1489**—By Rizzo.

An Act to repeal section 571.070, RSMo, and to enact in lieu thereof two new sections relating to certain firearms with smart technology, with penalty provisions and an effective date for a certain section.

**SB 1490**—By Washington.

An Act to amend chapter 9, RSMo, by adding thereto one new section relating to amyloidosis awareness day.

**SB 1491**—By Trent.

An Act to repeal sections 386.890 and 442.404, RSMo, and to enact in lieu thereof two new sections relating to solar energy systems.

**SB 1492**—By Hoskins.

An Act to repeal section 573.550, RSMo, and to enact in lieu thereof one new section relating to the offense of providing explicit sexual material to a student, with penalty provisions.

**SB 1493**—By Eigel.

An Act to repeal section 393.135, RSMo, and to enact in lieu thereof sixteen new sections relating to clean energy generation.

**SJR 93**—By Bernskoetter

Joint Resolution submitting to the qualified voters of the State of Missouri, an amendment to article III of the Constitution of Missouri, by adding thereto two new sections relating to first responders, with penalty provisions.

**REPORTS OF STANDING COMMITTEES**

Senator O'Laughlin, Chair of the Committee on Rules, Joint Rules, Resolutions and Ethics, submitted the following reports:

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which were referred **SB 736** and **SS No. 2** for **SCS** for **SBs 754, 746, 788, 765, 841, 887, and 861**, begs leave to report that it has examined the same and finds that the bills have been truly perfected and that the printed copies furnished the Senators are correct.

**REFERRALS**

President Pro Tem Rowden referred **SB 736** and **SS No. 2** for **SCS** for **SBs 754, 746, 788, 765, 841, 887, and 861** to the Committee on Fiscal Oversight.

President Pro Tem Rowden referred **SCR 34** to the Committee on Rules, Joint Rules, Resolutions and Ethics.

**SENATE BILLS FOR PERFECTION**

Senator Trent moved that **SB 802** be called from the Informal Calendar and taken up for perfection, which motion prevailed.

Senator Trent offered **SS** for **SB 802**, entitled:

**SENATE SUBSTITUTE FOR  
SENATE BILL NO. 802**

An Act to amend chapter 620, RSMo, by adding thereto seven new sections relating to rural workforce development incentives.

Senator Trent moved that **SS** for **SB 802** be adopted.

President Kehoe assumed the Chair.

Senator Eigel offered **SA 1**:

**SENATE AMENDMENT NO. 1**

Amend Senate Substitute for Senate Bill No. 802, Page 3, Section 620.3505, Line 71, by striking “and”; and further amend said line, by inserting after all of said line the following:

“(c) **Is not an alien, foreign entity or foreign-owned entity, or a foreign government; and**”; and further amend line 72, by striking “(c)” and inserting in lieu thereof the following: “(d)”; and

Further amend said bill and section, page 6, line 158, by inserting immediately after “fund” the following “, **provided that such entity is not an alien, foreign entity or foreign-owned entity, or a foreign government**”.

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

Senator Hough assumed the Chair.

Senator Bernskoetter offered **SA 2**, which was read:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Bill No. 802, Page 6, Section 620.3505, Line 154, by striking “fifty” and inserting in lieu thereof the following: “**twenty**”.

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

Senator Trent moved that **SS** for **SB 802**, as amended, be adopted, which motion prevailed.

On motion of Senator Trent, **SS** for **SB 802**, as amended, was declared perfected and ordered printed.

Senator Black moved that **SJR 71**, with **SCS**, be taken up for perfection, which motion prevailed.

**SCS** for **SJR 71**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR  
SENATE JOINT RESOLUTION NO. 71

Joint Resolution submitting to the qualified voters of Missouri, an amendment repealing section 14 of article I of the Constitution of Missouri, and adopting one new section in lieu thereof relating to the administration of justice.

Was taken up.

Senator Black moved that **SCS** for **SJR 71** be adopted.

Senator Black offered **SS** for **SCS** for **SJR 71**, entitled:

SENATE SUBSTITUTE FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
SENATE JOINT RESOLUTION NO. 71

Joint Resolution submitting to the qualified voters of Missouri, an amendment repealing section 14 of article I of the Constitution of Missouri, and adopting one new section in lieu thereof relating to the administration of justice.

Senator Black moved that **SS** for **SCS** for **SJR 71** be adopted, which motion prevailed.

On motion of Senator Black, **SS** for **SCS** for **SJR 71** was declared perfected and ordered printed.

Senator Rowden moved that **SB 830** be taken up for perfection, which motion prevailed.

Senator Rowden offered **SS** for **SB 830**, entitled:

SENATE SUBSTITUTE FOR  
SENATE BILL NO. 830

An Act to repeal section 195.080, RSMo, and to enact in lieu thereof two new sections relating to opioids.

Senator Rowden moved that **SS** for **SB 830** be adopted.

Senator Brattin offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 830, Page 1, In the Title, Line 3, by striking the word “opioids” and inserting in lieu thereof the following: “informational material pertaining to pharmaceuticals”; and

Further amend said bill, page 5, section 195.080, line 102, by inserting after all of said line the following:

**“Section 1. 1. The department of health and senior services shall develop an educational pamphlet regarding the dangers and risks associated with the COVID-19 vaccine and any associated booster shots for adults and children. The information in the pamphlet shall include, but not be limited to, information on vaccine injuries and related deaths, adverse reactions and side effects, and other health-related concerns.**

**2. No later than January 1, 2025, and every two years thereafter, the department shall distribute the most updated version of the educational pamphlet to local public health agencies and associations representing the state's federally qualified health centers, rural health clinics, and community mental health centers.”; and**

Further amend the title and enacting clause accordingly.

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

Senator Bernskoetter offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Bill No. 830, Page 1, In the Title, Line 3, by striking “opioids” and inserting in lieu thereof the following: “pharmaceuticals”; and

Further amend said bill, page 5, Section 195.080, line 102, by inserting after all of said line the following:

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

**(1) “Cost-sharing”, any co-payment, coinsurance, deductible, amount paid by an enrollee for health care services in excess of a coverage limitation, or similar charge required by or on behalf of an enrollee in order to receive a specific health care service covered by a health benefit plan, whether covered under medical benefits or pharmacy benefits. The term “cost-sharing” shall include cost-sharing as defined in 42 U.S.C. Section 18022(c);**

- (2) “Enrollee”, the same meaning given to the term in section 376.1350;
- (3) “Health benefit plan”, the same meaning given to the term in section 376.1350;
- (4) “Health care service”, the same meaning given to the term in section 376.1350;
- (5) “Health carrier”, the same meaning given to the term in section 376.1350;
- (6) “Pharmacy benefits manager”, the same meaning given to the term in section 376.388.

2. When calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement under a health benefit plan, a health carrier or pharmacy benefits manager shall include any amounts paid by the enrollee or paid on behalf of the enrollee for any medication where a generic substitute for said medication is not available.

3. If, under federal law, application of the requirement under subsection 2 of this section would result in health savings account ineligibility under Section 223 of the Internal Revenue Code of 1986, as amended, the requirement under subsection 2 of this section shall apply to health savings account-qualified high deductible health plans with respect to any cost-sharing of such a plan after the enrollee has satisfied the minimum deductible under Section 223, except with respect to items or services that are preventive care under Section 223(c)(2)(C) of the Internal Revenue Code of 1986, as amended, in which case the requirement of subsection 2 of this section shall apply regardless of whether the minimum deductible under Section 223 has been satisfied.

4. Nothing in this section shall prohibit a health carrier or health benefit plan from utilizing step therapy pursuant to section 376.2034.”; and

Further amend the title and enacting clause accordingly.

Senator Bernskoetter moved that the above amendment be adopted.

Senator Bean assumed the Chair.

Senator Beck raised the point of order that **SA 2** goes beyond the scope of the underlying bill.

The point of order was referred to the President Pro Tem, who took it under advisement, which placed **SB 830**, with **SS** and **SA 2** (pending), on the Informal Calendar.

Senator Eslinger moved that **SB 778** be taken up for perfection, which motion prevailed.

Senator Eslinger offered **SS** for **SB 778**, entitled:

SENATE SUBSTITUTE FOR  
SENATE BILL NO. 778

An Act to repeal sections 332.211 and 332.281, RSMo, and to enact in lieu thereof three new sections relating to licensure of dentists and dental hygienists.

Senator Eslinger moved that **SS** for **SB 778** be adopted.

Senator Schroer offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 778, Page 1, In the Title, Line 4, by striking “dentists and dental hygienists” and inserting in lieu thereof the following: “health care professionals”; and

Further amend said bill, page 41, section 332.700, line 1115, by inserting after all of said line the following:

“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. (1) 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.

(2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to an advanced practice registered nurse the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the advanced practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 and the advanced practice registered nurse is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the advanced practice registered nurse is authorized to practice and prescribe.

(3) 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.

(4) 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 as specified in this paragraph. The following provisions shall apply with respect to this requirement:

a. Until August 28, 2025, an advanced practice registered nurse providing services in a correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic proximity requirement if they practice within two hundred miles by road of one another. An incarcerated patient who requests or requires a physician consultation shall be treated by a physician as soon as appropriate;

b. 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. 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;

c. The collaborative practice arrangement may allow for geographic proximity to be waived when the arrangement outlines the use of telehealth, as defined in section 191.1145;

d. In addition to the waivers and exemptions provided in this subsection, an application for a waiver for any other reason of any applicable geographic proximity shall be available if a physician is collaborating with an advanced practice registered nurse in excess of any geographic proximity limit. The board of nursing and the state board of registration for the healing arts shall review each application for a waiver of geographic proximity and approve the application if the boards determine that adequate supervision exists between the collaborating physician and the advanced practice registered nurse. The boards shall have forty-five calendar days to review the completed application for the waiver of geographic proximity. If no action is taken by the boards within forty-five days after the submission of the application for a waiver, then the application shall be deemed approved. If the application is denied by the boards, the provisions of section 536.063 for contested cases shall apply and govern proceedings for appellate purposes; and

e. 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;

(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; and

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

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 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 geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is providing services in a correctional center, as defined in section 217.010. 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 or her 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 arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, or physician assistant collaborative practice arrangement and also report to the board the name of each licensed professional with whom the physician has entered into such arrangement. The board shall make this 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.

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 shall not enter into a collaborative practice arrangement 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, or to collaborative practice arrangements between a primary care physician and a primary care advanced practice registered nurse or a behavioral health physician and a behavioral health advanced practice registered nurse, where the collaborating physician is new to a patient population to which the advanced practice registered nurse is familiar.

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 term of employment 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 term of employment 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.

**13. (1) The provisions of this section shall not apply to an advanced practice registered nurse who has been in a collaborative practice arrangement for a cumulative two thousand documented hours with a collaborating physician and whose license is in good standing. Any such advanced practice registered nurse shall not be required to enter into or remain in an arrangement in order to practice in this state. Any other provisions of law requiring a collaborative practice arrangement or delegation shall not be required for an advanced practice registered nurse described in this subsection.**

**(2) The provisions of this subsection shall not apply to certified registered nurse anesthetists.**

**(3) Notwithstanding any provision of this section to the contrary, an advanced practice registered nurse applying for licensure by endorsement may demonstrate to the state board of nursing completion of a cumulative two thousand documented hours of practice. Such advanced**

**practice registered nurses shall not be required to enter into a collaborative practice arrangement in order to practice in this state.**

As used in this chapter, unless the context clearly requires otherwise, the following words and terms mean:

(1) “Accredited”, the official authorization or status granted by an agency for a program through a voluntary process;

(2) “Advanced practice registered nurse” or “APRN”, a person who is licensed under the provisions of this chapter to engage in the practice of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;

(3) “Approval”, official recognition of nursing education programs which meet standards established by the board of nursing;

(4) “Board” or “state board”, the state board of nursing;

(5) “Certified clinical nurse specialist”, a registered nurse who is currently certified as a clinical nurse specialist by a nationally recognized certifying board approved by the board of nursing;

(6) “Certified nurse midwife”, a registered nurse who is currently certified as a nurse midwife by the American Midwifery Certification Board, or other nationally recognized certifying body approved by the board of nursing;

(7) “Certified nurse practitioner”, a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing;

(8) “Certified registered nurse anesthetist”, a registered nurse who is currently certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, the National Board of Certification and Recertification for Nurse Anesthetists, or other nationally recognized certifying body approved by the board of nursing;

(9) “Executive director”, a qualified individual employed by the board as executive secretary or otherwise to administer the provisions of this chapter under the board's direction. Such person employed as executive director shall not be a member of the board;

(10) “Inactive license status”, as defined by rule pursuant to section 335.061;

(11) “Lapsed license status”, as defined by rule under section 335.061;

(12) “Licensed practical nurse” or “practical nurse”, a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;

(13) “Licensure”, the issuing of a license to candidates who have met the requirements specified under this chapter, authorizing the person to engage in the practice of advanced practice, professional, or practical nursing, and the recording of the names of those persons as holders of a license to practice advanced practice, professional, or practical nursing;

(14) “Practice of advanced practice nursing”, the performance for compensation of activities and services consistent with the required education, training, certification, demonstrated competencies, and

experiences of an advanced practice registered nurse. **In addition to the practice of professional nursing and within the advanced practice registered nurse role and population focus, the term “practice of advanced practice nursing” shall include:**

- (a) Conducting an advanced assessment;**
- (b) Ordering and interpreting diagnostic procedures;**
- (c) Establishing primary and differential diagnoses;**
- (d) Prescribing, ordering, administering, dispensing, and furnishing therapeutic measures;**
- (e) Delegating and assigning therapeutic measures to assistive personnel;**
- (f) Consulting with other disciplines and providing referrals to health care agencies, health care providers, and community resources; and**
- (g) Other acts that require education and training consistent with professional standards and commensurate with the advanced practice registered nurse's education, certification, demonstrated competencies, and experience;**

(15) “Practice of practical nursing”, the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term “direction” shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;

(16) “Practice of professional nursing”, the performance for compensation of any act or action which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social, behavioral, and nursing sciences, including, but not limited to:

- (a) Responsibility for the promotion and teaching of health care and the prevention of illness to the patient and his or her family;
- (b) Assessment, data collection, nursing diagnosis, nursing care, evaluation, and counsel of persons who are ill, injured, or experiencing alterations in normal health processes;
- (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;
- (d) The coordination and assistance in the determination and delivery of a plan of health care with all members of a health team;

(e) The teaching and supervision of other persons in the performance of any of the foregoing;

(17) “Registered professional nurse” or “registered nurse”, a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;

(18) “Retired license status”, any person licensed in this state under this chapter who retires from such practice. Such person shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years, and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.

1. An advanced practice registered nurse's prescriptive authority shall include authority to:

(1) Prescribe, dispense, and administer medications and nonscheduled legend drugs, as defined in section 338.330, **and controlled substances, as provided in subsection 2 of section 195.070**, within such APRN's practice and specialty; and

(2) Notwithstanding any other provision of this chapter to the contrary, receive, prescribe, administer, and provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party.

**2. In addition to advanced practice registered nurses who have a collaborative practice arrangement, the provisions of subsection 1 of this section shall apply to an advanced practice registered nurse who meets the requirements described in subsection 13 of section 334.104 and is no longer required to hold a collaborative practice arrangement.**

3. The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:

(1) Submits proof of successful completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines, and therapeutic devices; and

(2) Provides documentation of a minimum of three hundred clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; and

(3) Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand hours shall not include clinical hours obtained in the advanced practice nursing education program. The one thousand hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician; and

**[(4)] (a) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104 with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the advanced practice registered nurse; or**

**(b) Provides documentation of a minimum of two thousand hours of practice in advanced practice nursing, as provided in subsection 13 of section 334.104.”; and**

Further amend the title and enacting clause accordingly.

Senator Schroer moved that the above amendment be adopted.

Senator Bernskoetter assumed the Chair.

Senator Bean assumed the Chair.

At the request of Senator Eslinger, **SB 778**, with **SS** and **SA 1** (pending), was placed on the Informal Calendar.

Senator Beck moved that **SB 1039** be taken up for perfection, which motion prevailed.

Senator Rowden assumed the Chair.

Senator Eigel offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Bill No. 1039, Page 2, Section 37.1310, Line 3, by striking “assisting and”; and further amend lines 5-12, by striking all of said lines and inserting in lieu thereof the following: “**enhancement of a statewide geospatial data infrastructure. The council shall be established within the**”; and

Further amend said bill, pages 4-5, section 37.1320, lines 77-89, by striking all of said lines; and

Further amend said bill, pages 5-6, section 37.1330, by striking all of said section from the bill; and

Further amend the title and enacting clause accordingly.

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

On motion of Senator Beck, **SB 1039**, as amended, was declared perfected and ordered printed.

Senator Bean moved that **SB 1298** be taken up for perfection, which motion prevailed.

Senator Bean offered **SS** for **SB 1298**, entitled:

SENATE SUBSTITUTE FOR  
SENATE BILL NO. 1298

An Act to repeal sections 301.010 and 307.010, RSMo, and to enact in lieu thereof two new sections relating to cotton trailers, with existing penalty provisions.

Senator Bean moved that **SS** for **SB 1298** be adopted, which motion prevailed.

On motion of Senator Bean, **SS** for **SB 1298** was declared perfected and ordered printed.

Senator Coleman moved that **SB 811**, with **SCS**, be taken up for perfection, which motion prevailed.

**SCS for SB 811**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR  
SENATE BILL NO. 811

An Act to repeal sections 21.771, 210.109, 210.112, 210.135, 210.140, 210.147, 210.762, 211.081, 566.151, and 567.030, RSMo, and to enact in lieu thereof eleven new sections relating to child protection, with penalty provisions.

Was taken up.

Senator Coleman moved that **SCS for SB 811** be adopted.

Senator Coleman offered **SS for SCS for SB 811**, entitled:

SENATE SUBSTITUTE FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
SENATE BILL NO. 811

An Act to repeal sections 21.771, 210.109, 210.112, 210.135, 210.140, 210.147, 210.221, 210.762, 211.081, 211.221, 566.151, and 567.030, RSMo, and to enact in lieu thereof thirteen new sections relating to child protection, with penalty provisions.

Senator Coleman moved that **SS for SCS for SB 811** be adopted.

Senator Arthur offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for Senate Bill No. 811, Page 25, Section 211.221, Line 11, by inserting after all of said line the following:

“452.375. 1. As used in this chapter, unless the context clearly indicates otherwise:

(1) "Custody" means joint legal custody, sole legal custody, joint physical custody or sole physical custody or any combination thereof;

(2) "Joint legal custody" means that the parents share the decision-making rights, responsibilities, and authority relating to the health, education and welfare of the child, and, unless allocated, apportioned, or decreed, the parents shall confer with one another in the exercise of decision-making rights, responsibilities, and authority;

(3) "Joint physical custody" means an order awarding each of the parents significant, but not necessarily equal, periods of time during which a child resides with or is under the care and supervision of each of the parents. Joint physical custody shall be shared by the parents in such a way as to assure the child of frequent, continuing and meaningful contact with both parents;

(4) "Third-party custody" means a third party designated as a legal and physical custodian pursuant to subdivision (5) of subsection 5 of this section.

2. The court shall determine custody in accordance with the best interests of the child. There shall be a rebuttable presumption that an award of equal or approximately equal parenting time to each parent is

in the best interests of the child. Such presumption is rebuttable only by a preponderance of the evidence in accordance with all relevant factors, including, but not limited to, the factors contained in subdivisions (1) to [(8)] **(9)** of this subsection. The presumption may be rebutted if the court finds that the parents have reached an agreement on all issues related to custody, or if the court finds that a pattern of domestic violence has occurred as set out in subdivision [(6)] **(7)** of this subsection. When the parties have not reached an agreement on all issues related to custody, the court shall consider all relevant factors and enter written findings of fact and conclusions of law, including, but not limited to, the following:

(1) The wishes of the child's parents as to custody and the proposed parenting plan submitted by both parties;

(2) The needs of the child for a frequent, continuing and meaningful relationship with both parents and the ability and willingness of parents to actively perform their functions as mother and father for the needs of the child;

(3) The interaction and interrelationship of the child with parents, siblings, and any other person who may significantly affect the child's best interests;

(4) Which parent is more likely to allow the child frequent, continuing and meaningful contact with the other parent **and the willingness and ability of parents to cooperate in the rearing of their child, to maximize sharing information and minimize exposure of the child to parental conflict, and to utilize methods for resolving disputes regarding any major decision concerning the life of the child;**

(5) The child's adjustment to the child's home, school, and community **and the child's physical, emotional, educational, and other needs.** The fact that a parent sends his or her child or children to a home school, as defined in section 167.031, shall not be the sole factor that a court considers in determining custody of such child or children;

(6) The mental and physical health of all individuals involved, including **the mental health or substance abuse history experienced by either parent;**

(7) Any history of abuse of any individuals involved, **including domestic and child abuse. In determining whether the presumption is rebutted by a pattern of domestic violence, the court shall consider the nature and context of the domestic violence and the implications of the domestic violence for parenting and for the child's safety, well-being, and developmental needs.** If the court finds that a pattern of domestic violence as defined in section 455.010 has occurred, and, if the court also finds that awarding custody to the abusive parent is in the best interest of the child, then the court shall enter written findings of fact and conclusions of law. Custody and visitation rights shall be ordered in a manner that best protects the child and any other child or children for whom the parent has custodial or visitation rights, and the parent or other family or household member who is the victim of domestic violence from any further harm, **whether physical, verbal, emotional, or psychological;**

[(7) The intention of either parent to relocate the principal residence of the child; and]

(8) [The unobstructed input of a child, free of coercion and manipulation, as to the child's custodial arrangement] **The distance between the residences of the parents seeking custody, including consideration of any relocation which has occurred or an intent to relocate; and**

**(9) The reasonable input of the child as to the child's custodian, if the court deems the child to be of sufficient ability, age, and maturity to express an independent, reliable preference and that such input is in the best interests of the child and will not be emotionally damaging, with due consideration of the influence that a parent may have on the child's input.**

3. (1) In any court proceedings relating to custody of a child, the court shall not award custody or unsupervised visitation of a child to a parent if such parent or any person residing with such parent has been found guilty of, or pled guilty to, any of the following offenses when a child was the victim:

(a) A felony violation of section 566.030, 566.031, 566.032, 566.060, 566.061, 566.062, 566.064, 566.067, 566.068, 566.083, 566.100, 566.101, 566.111, 566.151, 566.203, 566.206, 566.209, 566.211, or 566.215;

(b) A violation of section 568.020;

(c) A violation of subdivision (2) of subsection 1 of section 568.060;

(d) A violation of section 568.065;

(e) A violation of section 573.200;

(f) A violation of section 573.205; or

(g) A violation of section 568.175.

(2) For all other violations of offenses in chapters 566 and 568 not specifically listed in subdivision (1) of this subsection or for a violation of an offense committed in another state when a child is the victim that would be a violation of chapter 566 or 568 if committed in Missouri, the court may exercise its discretion in awarding custody or visitation of a child to a parent if such parent or any person residing with such parent has been found guilty of, or pled guilty to, any such offense.

4. The general assembly finds and declares that it is the public policy of this state that frequent, continuing and meaningful contact with both parents after the parents have separated or dissolved their marriage is in the best interest of the child, except for cases where the court specifically finds that such contact is not in the best interest of the child, and that it is the public policy of this state to encourage parents to participate in decisions affecting the health, education and welfare of their children, and to resolve disputes involving their children amicably through alternative dispute resolution. In order to effectuate these policies, the general assembly encourages the court to enter a temporary parenting plan as early as practicable in a proceeding under this chapter, consistent with the provisions of subsection 2 of this section, and, in so doing, the court shall determine the custody arrangement which will best assure both parents participate in such decisions and have frequent, continuing and meaningful contact with their children so long as it is in the best interests of the child.

5. Prior to awarding the appropriate custody arrangement in the best interest of the child, the court shall consider each of the following as follows:

(1) Joint physical and joint legal custody to both parents, which shall not be denied solely for the reason that one parent opposes a joint physical and joint legal custody award. The residence of one of the parents shall be designated as the address of the child for mailing and educational purposes;

(2) Joint physical custody with one party granted sole legal custody. The residence of one of the parents shall be designated as the address of the child for mailing and educational purposes;

(3) Joint legal custody with one party granted sole physical custody;

(4) Sole custody to either parent; or

(5) Third-party custody or visitation:

(a) When the court finds that each parent is unfit, unsuitable, or unable to be a custodian, or the welfare of the child requires, and it is in the best interests of the child, then custody, temporary custody or visitation may be awarded to a person related by consanguinity or affinity to the child. If no person related to the child by consanguinity or affinity is willing to accept custody, then the court may award custody to any other person or persons deemed by the court to be suitable and able to provide an adequate and stable environment for the child. Before the court awards custody, temporary custody or visitation to a third person under this subdivision, the court shall make that person a party to the action;

(b) Under the provisions of this subsection, any person may petition the court to intervene as a party in interest at any time as provided by supreme court rule.

6. If the parties have not agreed to a custodial arrangement, or the court determines such arrangement is not in the best interest of the child, the court shall include a written finding in the judgment or order based on the public policy in subsection 4 of this section and each of the factors listed in subdivisions (1) to [(8)] (9) of subsection 2 of this section detailing the specific relevant factors that made a particular arrangement in the best interest of the child. If a proposed custodial arrangement is rejected by the court, the court shall include a written finding in the judgment or order detailing the specific relevant factors resulting in the rejection of such arrangement.

7. Upon a finding by the court that either parent has refused to exchange information with the other parent, which shall include but not be limited to information concerning the health, education and welfare of the child, the court shall order the parent to comply immediately and to pay the prevailing party a sum equal to the prevailing party's cost associated with obtaining the requested information, which shall include but not be limited to reasonable attorney's fees and court costs.

8. As between the parents of a child, no preference may be given to either parent in the awarding of custody because of that parent's age, sex, or financial status, nor because of the age or sex of the child. The court shall not presume that a parent, solely because of his or her sex, is more qualified than the other parent to act as a joint or sole legal or physical custodian for the child.

9. Any judgment providing for custody shall include a specific written parenting plan setting forth the terms of such parenting plan arrangements specified in subsection 8 of section 452.310. Such plan may be a parenting plan submitted by the parties pursuant to section 452.310 or, in the absence thereof, a plan determined by the court, but in all cases, the custody plan approved and ordered by the court shall be in the court's discretion and shall be in the best interest of the child.

10. After August 28, 2016, every court order establishing or modifying custody or visitation shall include the following language: "In the event of noncompliance with this order, the aggrieved party may file a verified motion for contempt. If custody, visitation, or third-party custody is denied or interfered with by a parent or third party without good cause, the aggrieved person may file a family access motion

with the court stating the specific facts that constitute a violation of the custody provisions of the judgment of dissolution, legal separation, or judgment of paternity. The circuit clerk will provide the aggrieved party with an explanation of the procedures for filing a family access motion and a simple form for use in filing the family access motion. A family access motion does not require the assistance of legal counsel to prepare and file."

11. No court shall adopt any local rule, form, or practice requiring a standardized or default parenting plan for interim, temporary, or permanent orders or judgments. Notwithstanding any other provision of law to the contrary, a court may enter an interim order in a proceeding under this chapter, provided that the interim order shall not contain any provisions about child custody or a parenting schedule or plan without first providing the parties with notice and a hearing, unless the parties otherwise agree.

12. Unless a parent has been denied custody rights pursuant to this section or visitation rights under section 452.400, both parents shall have access to records and information pertaining to a minor child including, but not limited to, medical, dental, and school records. If the parent without custody has been granted restricted or supervised visitation because the court has found that the parent with custody or any child has been the victim of domestic violence, as defined in section 455.010, by the parent without custody, the court may order that the reports and records made available pursuant to this subsection not include the address of the parent with custody or the child. A court shall order that the reports and records made available under this subsection not include the address of the parent with custody if the parent with custody is a participant in the address confidentiality program under section 589.663. Unless a parent has been denied custody rights pursuant to this section or visitation rights under section 452.400, any judgment of dissolution or other applicable court order shall specifically allow both parents access to such records and reports.

13. Except as otherwise precluded by state or federal law, if any individual, professional, public or private institution or organization denies access or fails to provide or disclose any and all records and information, including, but not limited to, past and present dental, medical and school records pertaining to a minor child, to either parent upon the written request of such parent, the court shall, upon its finding that the individual, professional, public or private institution or organization denied such request without good cause, order that party to comply immediately with such request and to pay to the prevailing party all costs incurred, including, but not limited to, attorney's fees and court costs associated with obtaining the requested information.

14. An award of joint custody does not preclude an award of child support pursuant to section 452.340 and applicable supreme court rules. The court shall consider the factors contained in section 452.340 and applicable supreme court rules in determining an amount reasonable or necessary for the support of the child.

15. If the court finds that domestic violence or abuse as defined in section 455.010 has occurred, the court shall make specific findings of fact to show that the custody or visitation arrangement ordered by the court best protects the child and the parent or other family or household member who is the victim of domestic violence, as defined in section 455.010, and any other children for whom such parent has custodial or visitation rights from any further harm."; and

Further amend the title and enacting clause accordingly.

Senator Arthur moved that the above amendment be adopted.

Senator Crawford assumed the Chair.

At the request of Senator Coleman, **SB 811**, with **SCS**, **SS** for **SCS**, and **SA 1** (pending), was placed on the Informal Calendar.

### **RESOLUTIONS**

Senator Crawford offered Senate Resolution No. 723, regarding Yaroslav "Yarik" Chervonetskyi, which was adopted.

Senator Black offered Senate Resolution No. 724, regarding Eve Townsend, which was adopted.

Senator Hough offered Senate Resolution No. 725, regarding Aidan Coale, which was adopted.

Senator Razer offered Senate Resolution No. 726, regarding Saint Luke's Muriel I. Kauffman Women's Heart Center, Kansas City, which was adopted.

### **INTRODUCTION OF GUESTS**

Senator Bernskoetter introduced to the Senate, Family, Career and Community Leaders of America, advisors; and students, Sydney Lockridge; Mallory Daniels; Arihanna Heitert; Maleah Hogan; Noel Fawcette; Maya Libbert; Mariah Stemper.

Senator May introduced to the Senate, Theda Wilson, St. Louis.

Senator Eslinger introduced to the Senate, Katie Brennan, Cabool; Renee Nash, Alton; Kaylee Pendergrass, Willow Springs; and Jacqueline Anderson, Alton.

Senator Arthur introduced to the Senate, MO Association of Colleges for Teacher Education members, Lincoln University Legislative Liason, Dr. Ayanna Shivers; President-Elect- UMSL, Dr. Stephanie Kolcnowski; Missouri State University Treasurer, Dr. Daniel Hellman; board member, Dr. Beth Kaneya-Goshe; board member, Dr. Adria Waters; Buddy Alberson; Dr. Michele Augustin; Dr. Stephanie Clark; Dr. Avila Hendricks; and Dr. Alicia Lincoln.

Senator Carter introduced to the Senate, President of Missouri Southern University, Dean Van Galen, Joplin.

On motion of Senator O'Laughlin, the Senate adjourned under the rules.

## SENATE CALENDAR

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 TWENTY-EIGHTH DAY-THURSDAY, FEBRUARY 29, 2024
 

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## FORMAL CALENDAR

## SECOND READING OF SENATE BILLS

SB 1428-Carter	SB 1462-Trent
SB 1429-Carter	SB 1463-O'Laughlin
SB 1430-Bernskoetter	SB 1464-Schroer
SB 1431-Bernskoetter	SB 1465-Schroer
SB 1432-Mosley	SB 1466-Schroer
SB 1433-Eslinger	SB 1467-Schroer
SB 1434-Thompson Rehder	SB 1468-Luetkemeyer
SB 1435-Rowden	SB 1469-Cierpiot
SB 1436-Schroer	SB 1470-Cierpiot
SB 1437-Schroer	SB 1471-McCreery
SB 1438-May	SB 1472-McCreery
SB 1439-Roberts	SB 1473-Carter
SB 1440-Coleman	SB 1474-Carter
SB 1441-Trent	SB 1475-Trent
SB 1442-McCreery	SB 1476-Brown (16)
SB 1443-McCreery	SB 1477-Brown (16)
SB 1444-McCreery	SB 1478-Fitzwater
SB 1445-McCreery	SB 1479-Hough
SB 1446-Williams	SB 1480-Eigel
SB 1447-Williams	SB 1481-Gannon
SB 1448-Razer	SB 1482-Crawford
SB 1449-Razer	SB 1483-Bean
SB 1450-Thompson Rehder	SB 1484-Eslinger
SB 1451-Thompson Rehder	SB 1485-Brown (16)
SB 1452-Moon	SB 1486-McCreery
SB 1453-Brown (16)	SB 1487-Brown (26)
SB 1454-Brown (16)	SB 1488-Rizzo
SB 1455-Eslinger	SB 1489-Rizzo
SB 1456-Rizzo	SB 1490-Washington
SB 1457-Razer	SB 1491-Trent
SB 1458-Razer	SB 1492-Hoskins
SB 1459-Koenig	SB 1493-Eigel
SB 1460-Brown (26)	SJR 89-Eigel
SB 1461-Trent	SJR 90-Cierpiot

SJR 91-Rowden  
SJR 92-Fitzwater

SJR 93-Bernskoetter

HOUSE BILLS ON SECOND READING

HCS for HB 1989  
HB 1488-Shields  
HCS for HB 1511  
HB 1960-Riley  
HCS for HB 1720  
HB 2062-Brown, C. (16)

HCS for HB 1659  
HB 1803-Thompson  
HB 1495-Griffith  
HB 1909-Taylor (48)  
HCS for HB 1749

THIRD READING OF SENATE BILLS

SB 736-Crawford (In Fiscal Oversight)  
SS#2 for SCS for SBs 754, 746, 788,  
765, 841, 887 & 861-Luetkemeyer  
(In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

SB 862-Thompson Rehder  
SB 756-Luetkemeyer, with SCS

SB 1392-Trent  
SB 1375-Eslinger

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 727-Koenig, with SCS  
SB 739-Cierpiot  
SB 742-Arthur, with SS (pending)  
SB 745-Bernskoetter, with SS & SA 1 (pending)  
SB 748-Hough  
SB 778-Eslinger, with SS & SA 1 (pending)  
SB 799-Fitzwater and Eigel, with SCS &  
SS for SCS (pending)

SB 811-Coleman, with SCS, SS for SCS &  
SA 1 (pending)  
SB 830-Rowden, with SS, SA 2 & point of  
order (pending)  
SB 872-Eslinger, with SS & SA 1 (pending)  
SBs 1168 & 810-Coleman, with SCS, SS for  
SCS, SA 2, SA 1 to SA 2 & point of  
order (pending)

RESOLUTIONS

SR 557-Eigel  
SR 558-Eigel  
SR 561-Moon  
SR 562-Moon

SR 563-Moon  
SR 631-May  
SR 647-Coleman

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