

Journal of the Senate

SECOND REGULAR SESSION

FIFTY-EIGHTH DAY - TUESDAY, APRIL 30, 2024

The Senate met pursuant to adjournment.

Senator Rowden in the Chair.

The Reverend Stephen George offered the following prayer:

"I pray that out of his glorious riches he may strengthen you with power through his Spirit in your inner being." (Ephesians 3:16 NIV)

Almighty God, source of all wisdom and strength, we come before You today seeking Your grace. Fill us with Your Spirit, granting us inner strength and wisdom as we undertake the responsibilities entrusted to us. May Your love permeate our hearts, enabling us to govern with compassion and justice. Strengthen our resolve to serve with humility and unity, that our efforts may bear abundant fruit for the betterment of all who live in our great state. We ask this in Your Holy Name, Amen.

The Pledge of Allegiance to the Flag was recited.

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

The Journal of the previous day was read and approved.

Photographers from Gray TV, Nexstar Media Group, Missouri Independent, KRCG-TV, Kansas City Star, and KOMU-8 were given permission to take pictures in the Senate Chamber.

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	Rizzo	Roberts	Rowden
Schroer	Thompson Rehder	Trent	Washington	Williams—33		

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—1

The Lieutenant Governor was present.

RESOLUTIONS

Senator Brown (26) offered Senate Resolution No. 982, regarding McKenna Baan, Eureka, which was adopted.

Senator Carter offered the following resolution:

SENATE RESOLUTION NO. 983

WHEREAS, autism disorders affect persons regardless of race, sex, religion, socioeconomic status, or geography; and

WHEREAS, autism is the fastest-growing developmental disorder in the United States, with one in thirty-six children being diagnosed with autism spectrum disorder; and

WHEREAS, there are over five million people in the United States with autism; and

WHEREAS, autism disorders are lifelong conditions that require support, training, assistance, and advocacy on behalf of those individuals who suffer from such disorders; and

WHEREAS, in 1972, the Autism Society, the nation's oldest grassroots autism organization, launched National Autistic Children's week, which grew into Autism Awareness Month; and

WHEREAS, April is nationally recognized as Autism Acceptance Month to increase awareness about autism signs and symptoms and promote acceptance of individuals with autism; and

WHEREAS, the aim of Autism Acceptance Month is to celebrate differences and build an inclusive society for individuals with autism to live fully through connection and acceptance:

NOW, THEREFORE, BE IT RESOLVED that the members of the Missouri Senate, One Hundred and Second General Assembly, Second Regular Session, hereby celebrate the month of April as Autism Acceptance month and urge the citizens of Missouri to become informed of the need for services, support, and treatments for individuals with autism disorders; and

Be It Further Resolved that the Secretary of the Senate be instructed to prepare a properly inscribed copy of this resolution for the Director of the Department of Mental Health.

REPORTS OF STANDING COMMITTEES

Senator Thompson Rehder, Chair of the Committee on Fiscal Oversight, submitted the following report:

Mr. President: Your Committee on Fiscal Oversight, to which was referred **SB 1388**, begs leave to report that it has considered the same and recommends that the bill do pass.

THIRD READING OF SENATE BILLS

SB 1388, introduced by Senator Rizzo, entitled:

An Act to repeal section 144.054, RSMo, and to enact in lieu thereof one new section relating to a sales tax exemption for certain nuclear facilities.

Was taken up.

On motion of Senator Rizzo, **SB 1388** was read the 3rd time and passed by the following vote:

YEAS—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	McCreery
Moon	Mosley	O'Laughlin	Rizzo	Roberts	Rowden	Schroer
Thompson Rehder	Trent	Washington	Williams—32			

NAYS—Senators—None

Absent—Senator May—1

Absent with leave—Senators—None

Vacancies—1

The President declared the bill passed.

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

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

Senator O'Laughlin moved that motion lay on the table, which motion prevailed.

Senator Bean assumed the Chair.

HOUSE BILLS ON SECOND READING

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

HCS for HB 2688—Fiscal Oversight.

HB 1991—Select Committee on Empowering Missouri Parents and Children.

Senator Rowden assumed the Chair.

SENATE BILLS FOR PERFECTION

Senator O'Laughlin moved that the Senate go to the Order of Business of Senate Bills for Perfection, Informal Calendar, and recognize the Senator from Greene for a motion on **SB 748**.

Senator Bean assumed the Chair.

Senator Rowden assumed the Chair.

Senator Eigel offered a substitute motion that the Senate go to the Order of Business of Senate Bills with House Amendments and that the Senator from Jefferson be recognized for a privileged motion on **SS No. 4** for **SCS for SJRs 74, 48, 59, 61, and 83**, with **HCS**, as amended and requested a roll call vote be taken. He was joined in his request by Senators Brattin, Hoskins, Moon, and Schroer.

Senator O'Laughlin moved that the above substitute motion lay on the table.

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

The motion to lay the above substitute motion on the table was adopted by the following vote:

YEAS—Senators

Arthur	Bean	Beck	Bernskoetter	Black	Cierpiot	Coleman
Crawford	Eslinger	Fitzwater	Gannon	Hough	Luetkemeyer	McCreery
Mosley	O'Laughlin	Rizzo	Roberts	Rowden	Thompson Rehder	Trent
Washington	Williams—23					

NAYS—Senators

Brattin	Brown (26th Dist.)	Carter	Eigel	Hoskins	Koenig	Moon
Schroer—8						

Absent—Senators

Brown (16th Dist.)	May—2
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Absent with leave—Senators—None

Vacancies—1

Senator Bean assumed the Chair.

Senator Trent assumed the Chair.

Senator Crawford assumed the Chair.

Senator Bernskoetter assumed the Chair.

Senator Cierpiot assumed the Chair.

Senator Fitzwater assumed the Chair.

Senator Luetkemeyer assumed the Chair.

Senator Bean assumed the Chair.

Senator Black assumed the Chair.

On motion of Senator O’Laughlin, the Senate recessed until 6:20 p.m.

RECESS

The time of recess having expired, the Senate was called to order by Senator Black.

Senator Fitzwater assumed the Chair.

Senator Coleman assumed the Chair.

Senator Thompson Rehder assumed the Chair.

Senator Gannon assumed the Chair.

Senator Rowden assumed the Chair.

SENATE BILLS FOR PERFECTION

Senator Hough moved that **SB 748** be called from the Informal Calendar and taken up for perfection, which motion prevailed.

Senator Hough offered **SS** for **SB 748**, entitled:

SENATE SUBSTITUTE FOR SENATE BILL NO. 748

An Act to repeal sections 190.839, 198.439, 208.437, 208.480, 338.550, and 633.401, RSMo, and to enact in lieu thereof six new sections relating to reimbursement allowance taxes.

Senator Hough moved that **SS** for **SB 748** be adopted.

Senator Luetkemeyer assumed the Chair.

Senator Eigel offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Bill No. 748, Page 1, In the Title, Line 5, by striking “reimbursement allowance taxes” and inserting in lieu thereof the following: “MO HealthNet”; and

Further amend said bill and page, Section 198.439, line 2, 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;

(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.

15. There shall be no payments made under this section for gender transition surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section 191.1720, for the purpose of a gender transition.

16. Notwithstanding any provision of law to the contrary, no MO HealthNet funds shall be expended to any abortion facility, as defined in section 188.015, or to any person who or entity that is an affiliate of any entity that operates as an abortion facility in this or any other state or that refers patients to an abortion facility.”; and

Further amend the title and enacting clause accordingly.

Senator Eigel moved that the above amendment be adopted.

Senator Crawford assumed the Chair.

Senator Rowden assumed the Chair.

Senator Cierpiot moved that **SA 1** be laid on the table, which motion prevailed.

Senator Brattin offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Bill No. 748, Page 1, In the Title, Line 5, by striking “reimbursement allowance taxes” and inserting in lieu thereof the following: “MO HealthNet”; and

Further amend said bill and page, Section 198.439, line 2, 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;

(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.

15. There shall be no payments made under this section for gender transition surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section 191.1720, for the purpose of a gender transition.

16. Notwithstanding any provision of law to the contrary, no MO HealthNet funds shall be expended to any abortion facility, as the term "abortion facility" is defined in section 188.015, or to any person who or entity that is an affiliate of any entity that operates an abortion facility in this or any other state or that refers patients to an abortion facility."; and

Further amend the title and enacting clause accordingly.

Senator Brattin moved that the above amendment be adopted.

Senator Cierpiot moved that **SA 2** be laid on the table, which motion prevailed.

Senator Bean assumed the Chair.

Senator Hoskins moved that **SS** for **SB 748** be laid on the table, which motion failed on a standing division vote.

Senator Brattin offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Bill No. 748, Page 1, In the Title, Line 5, by striking all of said line and inserting in lieu thereof the following: "MO HealthNet."; and

Further amend said bill and page, Section 198.439, line 2, by inserting after all of said line the following:

“208.185. 1. Beginning January 1, 2025, MO HealthNet participants ages nineteen to sixty-four shall comply with the work and community engagement requirements under this section in order to remain eligible for MO HealthNet benefits, unless such participant is otherwise exempt from such requirements. Work and community engagement requirements shall include at least eighty hours each month of the following:

(1) Unsubsidized or subsidized private or public sector employment;

(2) Education, including vocational educational training, job skills training directly related to employment, education directly related to employment for individuals who have not received a high school diploma or certificate of high school equivalency, or satisfactory attendance at a secondary school;

(3) Community service;

(4) Job search and job readiness assistance;

(5) Provision of child care services to an individual who is participating in a community service program;

(6) Satisfaction of work requirements for participants of temporary assistance for needy families or the supplemental nutrition assistance program who are also MO HealthNet participants;

(7) Participation in a substance abuse treatment program; or

(8) Any combination thereof.

2. The work and community engagement requirements under this section shall not apply to a participant who is:

(1) Under the age of nineteen or over the age of sixty-four;

(2) Medically frail, including individuals:

(a) With disabling mental disorders;

(b) With serious and complex medical conditions;

(c) With a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or

(d) With a disability determination based on criteria under the Social Security Act, including a current determination by the department of social services that he or she is permanently or totally disabled;

(3) Pregnant or caring for a child under the age of one or otherwise a recipient of MO HealthNet services under section 208.662;

(4) A primary caregiver of a dependent child under the age of six or a dependent adult; provided, that not more than one participant may claim primary caregiver status in a household;

(5) A participant who is also a participant of temporary assistance for needy families or the supplemental nutrition assistance program and who is exempt from the work requirements of either of those programs; or

(6) A participant who is a parent of a student who receives instruction in a home school, as such term is defined in chapter 167.

3. In order that work and community engagement requirements shall not be impossible or unduly burdensome for participants, the department may permit further exemptions from the work and community engagement requirements under this section in areas of high unemployment, limited economies or educational opportunities, or lack of public transportation, or for good cause. Good cause shall include, but not be limited to, the following circumstances:

(1) The participant has a disability as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act and is unable to meet the work and community engagement requirements for reasons related to that disability;

(2) The participant has an immediate family member in the home with a disability as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act and the participant is unable to meet the work and community engagement requirements for reasons related to the disability of such family member;

(3) The participant or an immediate family member in the home experiences a hospitalization or serious illness;

(4) The participant experiences the birth or death of a family member in the home;

(5) The participant experiences severe inclement weather, including a natural disaster, and is unable to meet the work and community engagement requirements; and

(6) The participant experiences a family emergency or other life-changing event, including divorce or domestic violence.

4. The department shall provide reasonable accommodations for participants with disabilities as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act, as necessary, to enable such participants an equal opportunity to participate in and benefit from the work and community engagement requirements under this section. Reasonable accommodations shall include, but not be limited to, the following:

(1) Exemption from the work and community engagement requirements when the participant is unable to comply for reasons relating to his or her disability;

(2) Modification in the number of hours of work and community engagement required when a participant is unable to comply with the required number of hours; and

(3) Provision of support services necessary for compliance, when compliance is possible with such supports.

5. The department may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2024, shall be invalid and void.

6. The department shall seek all appropriate waivers and state plan amendments from the federal Department of Health and Human Services necessary to implement the provisions of this section. The provisions of this section shall not be implemented unless such waivers and state plan amendments are approved.”; and

Further amend the title and enacting clause accordingly.

Senator Brattin moved that the above amendment be adopted.

Senator Hough assumed the Chair.

Senator Bean assumed the Chair.

Senator Cierpiot moved that SA 3 be laid on the table, which motion prevailed.

Senator Rowden assumed the Chair.

Senator Bean assumed the Chair.

Senator Brattin offered SA 4:

SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Bill No. 748, Page 1, Section 190.839, Line 2, by striking “2029” and inserting in lieu thereof the following: “**2026**”; and

Further amend said bill and page, section 198.439, line 2, by striking “2029” and inserting in lieu thereof the following: “**2026**”; and

Further amend said bill, page 2, section 208.437, line 41, by striking “2029” and inserting in lieu thereof the following: “**2026**”; and

Further amend said bill and page, section 208.480, line 3, by striking “2029” and inserting in lieu thereof the following: “**2026**”; and

Further amend said bill, page 3, section 338.550, line 13, by striking “2029” and inserting in lieu thereof the following: “**2026**”; and further amend line 23, by striking “2029” and inserting in lieu thereof the following: “**2026**”; and

Further amend said bill, page 8, section 633.401, line 157, by striking “2029” and inserting in lieu thereof the following: “**2026**”.

Senator Brattin moved that the above amendment be adopted.

Senator Cierpiot moved that SA 4 be laid on the table, which motion prevailed.

Senator Brattin offered SA 5:

SENATE AMENDMENT NO. 5

Amend Senate Substitute for Senate Bill No. 748, Page 1, Section 190.839, Line 2, by striking “2029” and inserting in lieu thereof the following: “**2025**”; and

Further amend said bill and page, section 198.439, line 2, by striking “2029” and inserting in lieu thereof the following: “**2025**”; and

Further amend said bill, page 2, section 208.437, line 41, by striking “2029” and inserting in lieu thereof the following: “**2025**”; and

Further amend said bill and page, section 208.480, line 3, by striking “2029” and inserting in lieu thereof the following: “**2025**”; and

Further amend said bill, page 3, section 338.550, line 13, by striking “2029” and inserting in lieu thereof the following: “**2025**”; and further amend line 23, by striking “2029” and inserting in lieu thereof the following: “**2025**”; and

Further amend said bill, page 8, section 633.401, line 157, by striking “2029” and inserting in lieu thereof the following: “**2025**”.

Senator Brattin moved that the above amendment be adopted.

Senator Hoskins offered SA 1 to SA 5, which was read:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 5

Amend Senate Amendment 5 to Senate Substitute for Senate Bill No. 748, Page 1, Line 3, by striking “2025” and inserting in lieu thereof the following: “**2027**”; and further amend line 6 by striking “2025” and inserting in lieu thereof the following: “**2027**”; and further amend line 9 by striking “2025” and inserting in lieu thereof the following: “**2027**”; and further amend line 12 by striking “2025” and inserting in lieu thereof the following: “**2027**”; and further amend line 15 by striking “2025” and inserting in lieu thereof the following: “**2027**”; and further amend line 16 by striking “2025” and inserting in lieu thereof the following: “**2027**”; and further amend line 20 by striking “2025” and inserting in lieu thereof the following: “**2027**”.

Senator Hoskins moved that the above amendment be adopted.

Senator Bernskoetter assumed the Chair.

Senator Cierpiot moved that SA 1 to SA 5 be laid on the table, which motion prevailed.

Senator Hoskins offered SA 2 to SA 5, which was read:

SENATE AMENDMENT NO. 2 TO
SENATE AMENDMENT NO. 5

Amend Senate Amendment No. 5 to Senate Substitute for Senate Bill No. 748, Page 1, Line 3, by striking “2025” and inserting in lieu thereof the following: “2028”; and further amend line 6 by striking “2025” and inserting in lieu thereof the following: “2028”; and further amend line 9 by striking “2025” and inserting in lieu thereof the following: “2028”; and further amend line 12 by striking “2025” and inserting in lieu thereof the following: “2028”; and further amend line 15 by striking “2025” and inserting in lieu thereof the following: “2028”; and further amend line 16 by striking “2025” and inserting in lieu thereof the following: “2028”; and further amend line 20 by striking “2025” and inserting in lieu thereof the following: “2028”.

Senator Hoskins moved that the above amendment be adopted.

Senator Bean assumed the Chair.

Senator Black assumed the Chair.

On motion of Senator Hoskins, SA 2 to SA 5 was withdrawn.

Senator Hoskins offered SA 3 to SA 5:

SENATE AMENDMENT NO. 3 TO
SENATE AMENDMENT NO. 5

Amend Senate Amendment No. 5 to Senate Substitute for Senate Bill No. 748, Page 1, Line 2, by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”; and further amend said amendment and page, line 5 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”; and further amend said amendment and page, line 8 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”; and further amend said amendment and page, line 11 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”; and further amend said amendment and page, line 14 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”; and further amend said amendment and page, line 15 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”; and further amend said amendment and page, line 19 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “29”; and further amend said line by”.

Senator Hoskins moved that the above amendment be adopted.

Senator Trent assumed the Chair.

Senator Bernskoetter assumed the Chair.

Senator Trent assumed the Chair.

Senator Coleman assumed the Chair.

Senator Bean assumed the Chair.

Senator Black assumed the Chair.

Senator Trent assumed the Chair.

Senator Rowden assumed the Chair.

Senator Eslinger assumed the Chair.

Senator Trent assumed the Chair.

Senator Rowden moved that **SA 3** to **SA 5** be laid on the table, which motion prevailed.

Senator Schroer offered **SA 4** to **SA 5**:

SENATE AMENDMENT NO. 4 TO
SENATE AMENDMENT NO. 5

Amend Senate Amendment No. 5 to Senate Substitute for Senate Bill No. 748, Page 1, Line 3, by striking “2025” and inserting in lieu thereof the following: “**2026**”; and further amend line 6 by striking “2025” and inserting in lieu thereof the following: “**2026**”; and further amend line 9 by striking “2025” and inserting in lieu thereof the following: “**2026**”; and further amend line 12 by striking “2025” and inserting in lieu thereof the following: “**2026**”; and further amend line 15 by striking “2025” and inserting in lieu thereof the following: “**2026**”; and further amend line 16 by striking “2025” and inserting in lieu thereof the following: “**2026**”; and further amend line 20 by striking “2025” and inserting in lieu thereof the following: “**2026**”.

Senator Schroer moved that the above amendment be adopted.

Senator Fitzwater assumed the Chair.

Senator Trent assumed the Chair.

Senator Luetkemeyer assumed the Chair.

Senator Gannon assumed the Chair.

Senator Luetkemeyer assumed the Chair.

Senator Bernskoetter assumed the Chair.

Senator Trent assumed the Chair.

At the request of Senator Brattin **SA 5** was withdrawn, rendering **SA 4** to **SA 5** moot.

Senator Brattin offered **SA 6**:

SENATE AMENDMENT NO. 6

Amend Senate Substitute for Senate Bill No. 748, Page 1, Section 190.839, Line 2, by striking “2029” and inserting in lieu thereof the following: “**2027**”; and

Further amend said bill and page, section 198.439, line 2, by striking “2029” and inserting in lieu thereof the following: “**2027**”; and

Further amend said bill, page 2, section 208.437, line 41, by striking “2029” and inserting in lieu thereof the following: “**2027**”; and

Further amend said bill and page, section 208.480, line 3, by striking “2029” and inserting in lieu thereof the following: “**2027**”; and

Further amend said bill, page 3, section 338.550, line 13, by striking “2029” and inserting in lieu thereof the following: “**2027**”; and further amend line 23, by striking “2029” and inserting in lieu thereof the following: “**2027**”; and

Further amend said bill, page 8, section 633.401, line 157, by striking “2029” and inserting in lieu thereof the following: “**2027**”.

Senator Brattin moved that the above amendment be adopted.

Senator Hoskins offered **SA 1** to **SA 6**:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 6

Amend Senate Amendment No. 6 to Senate Substitute for Senate Bill No. 748, Page 1, Line 2, by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”; and further amend said amendment and page, line 5 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”; and further amend said amendment and page, line 8 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”; and further amend said amendment and page, line 11 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”; and further amend said amendment and page, line 14 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”; and further amend said amendment and page, line 15 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”; and further amend said amendment and page, line 19 by inserting after “by” the following: “striking “30” and inserting in lieu thereof the following: “**28**”; and further amend said line by”.

Senator Hoskins moved that the above amendment be adopted.

At the request of Senator Brattin **SA 6** was withdrawn, rendering **SA 1** to **SA 6** moot.

Senator Hough moved that **SS** for **SB 748** be adopted, which motion prevailed.

On motion of Senator Hough, **SS** for **SB 748** was declared perfected and ordered printed.

On motion of Senator O’Laughlin, the Senate recessed until 3:36 a.m.

RECESS

The time of recess having expired, the Senate was called to order by Senator Rowden.

REPORTS OF STANDING COMMITTEES

Senator O'Laughlin, Chair 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 **SS** for **SB 748**, 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 Rowden referred **HCS** for **HB 1481**, with **SCS**, and **SS** for **SB 748** to the Committee on Fiscal Oversight.

MESSAGES FROM THE HOUSE

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

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HB 1489**, entitled:

An Act to repeal sections 105.963, 143.611, and 209.030, RSMo, and to enact in lieu thereof three new sections relating to mail sent by state departments.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

COMMUNICATIONS

President Pro Tem Rowden submitted the following:

April 30, 2024

Kristina Martin
Secretary of Senate
State Capitol, Room 325
Jefferson City, MO 65101

Secretary Martin,

In accordance with RSMo 285.1005, I hereby appoint Senator Doug Beck to the Show-Me My Retirement Savings Board to replace former Senator Greg Razer.

Thank you for your attention to this matter.

Sincerely,



Caleb Rowden
President Pro Tem
Missouri State Senate

Also,

April 30, 2024

Kristina Martin
Secretary of Senate
State Capitol, Room 325
Jefferson City, MO 65101

Secretary Martin,

In accordance with Senate Concurrent Resolution No. 7 (2023), I hereby appoint Senator Karla May to the America 250 Missouri Commission to replace former Senator Greg Razer.

Thank you for your attention to this matter.

Sincerely,



Caleb Rowden
President Pro Tem
Missouri State Senate

Also,

April 30, 2024

Kristina Martin
Secretary of Senate
State Capitol, Room 325
Jefferson City, MO 65101

Secretary Martin,

In accordance with RSMo 21.915, I hereby appoint Senator John Rizzo to the Joint Committee on Rural Economic Development to replace former Senator Greg Razer.

Thank you for your attention to this matter.

Sincerely,



Caleb Rowden
President Pro Tem
Missouri State Senate

Also,

April 30, 2024

Kristina Martin
Secretary of Senate
State Capitol, Room 325
Jefferson City, MO 65101

Secretary Martin,

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Fifty-Eighth Day - Tuesday, April 30, 2024

In accordance with RSMo 160.254, I hereby appoint Senator Doug Beck to the Joint Committee on Education to replace former Senator Greg Razer.

Thank you for your attention to this matter.

Sincerely,



Caleb Rowden
President Pro Tem
Missouri Senate

Also,

April 30, 2024

Kristina Martin
Secretary of Senate
State Capitol, Room 325
Jefferson City, MO 65101

Secretary Martin,

Please be advised that I hereby appoint Senator Tracy McCreery to the Select Committee on Empowering Missouri Parents and Children to replace former Senator Greg Razer.

Thank you for your attention to this matter.

Sincerely,



Caleb Rowden
President Pro Tem
Missouri Senate

Senator Rizzo submitted the following:

April 30, 2024

Kristina Martin – Secretary of the Senate
State Capitol, Room 325
Jefferson City, Missouri 65101

Dear Kristina:

Pursuant to Senate Rule 12 and in my capacity as minority floor leader, I hereby make the following appointments.

Education and Workforce Development – Senator Tracy McCreery

Sincerely,



John J. Rizzo

RESOLUTIONS

Senator Williams offered Senate Resolution No. 984, regarding Margaret McCarthy, St. Louis, which was adopted.

Senator Beck offered Senate Resolution No. 985, regarding Madeline Wiechel, St. Louis, which was adopted.

Senator Beck offered Senate Resolution No. 986, regarding Brianna Kaiser, St. Louis, which was adopted.

Senator Beck offered Senate Resolution No. 987, regarding Elizabeth Patterson, Webster Grove, which was adopted.

Senator Gannon offered Senate Resolution No. 988, regarding Deborah Anderson, Festus, which was adopted.

Senator Bean offered Senate Resolution No. 989, regarding Dr. Sonja DiCiro, Poplar Bluff, which was adopted.

Senator Williams offered Senate Resolution No. 990, regarding Bonnie Ann Ray, which was adopted.

Senator Williams offered Senate Resolution No. 991, regarding the One Hundred and Twentieth anniversary of YWCA Metro, St. Louis, which was adopted.

Senators Washington and Rowden offered Senate Resolution No. 992, regarding the East High School Bears boys soccer team, Kansas City, which was adopted.

Senator O'Laughlin offered Senate Resolution No. 993, regarding Sheri Kapfer, Memphis, which was adopted.

Senator O'Laughlin offered Senate Resolution No. 994, regarding Shellie L. Jackson, Memphis, which was adopted.

INTRODUCTION OF GUESTS

Senator Rowden introduced to the Senate, Locust Street Expressive Arts Elementary School.

Senator Coleman introduced to the Senate, Stella Kaiser; and Stella was made an honorary page.

Senator Roberts introduced to the Senate, Sydney Brown, Kansas City.

Senator Brattin and Crawford introduced to the Senate, Applewood Christian School Group students, Caleb Summer; Matthew Summer; Madeline Summer; Erika Rehmer; Nathan and Isaiah Nunes; David Nevels; and John Hanson, Sedalia, Daniel Ivadtochis, Smithton, Noel and Natalie Estes; Tipton.

Senator McCreery introduced to the Senate, Ramis Gheith, MD, FASA.

Senator Beck introduced to the Senate, Hilal Safi; Nuhzatullah Mangal; Ferishta Hussaini; and Mutahera Sahibi.

Senator Bernskoetter introduced to the Senate, Aaron Massey.

Senator Fitzwater introduced to the Senate, Sacred Heart School, Troy.

Senator Williams introduced to the Senate, Aaron Harris, Jr.; and Aaron Harris, Sr.

Senator Roberts introduced to the Senate, Mokan Pre-Apprenticeship Program students, St. Louis.

Senator Trent introduced to the Senate, former Senator Bob Dixon.

Senator Schroer introduced to the Senate, former Senator Bob Onder; and his wife, Allison, Augusta.

Senator Washington introduced to the Senate, East High School Bears boys soccer team, Mayson Victor; Jackson Twizerimana; Donat Ekengya; Omari Shabani; Lomge Kebe; Byaombe Makamba; Etando Juma; Esube Byoke; Msafiri (Rasta) Ebunga; Hussein Mwanue; Hector Salazar; and Juan Vergara Bustamante, and Derrick Chievous, Columbia.

On motion of Senator O’Laughlin, the Senate adjourned until 4:00 p.m., Monday, May 6, 2024.

SENATE CALENDAR

FIFTY-NINTH DAY—MONDAY, MAY 6, 2024

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HB 1489-Griffith

THIRD READING OF SENATE BILLS

SS for SB 748-Hough
(In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

- | | |
|-------------------------------------|-----------------------------------|
| 1. SB 844-Bernskoetter | 11. SB 907-Carter |
| 2. SB 768-Thompson Rehder, with SCS | 12. SB 869-Moon, et al |
| 3. SB 1266-Luetkemeyer, with SCS | 13. SB 1029-Moon |
| 4. SB 1379-Arthur | 14. SB 753-Brown (16) |
| 5. SB 1362-Crawford | 15. SB 826-Koenig |
| 6. SB 1155-Mosley | 16. SB 789-Razer |
| 7. SB 1326-McCreery | 17. SB 829-Rowden, with SCS |
| 8. SB 1277-Black | 18. SB 969-Washington |
| 9. SB 884-Roberts, with SCS | 19. SB 1099-Washington |
| 10. SB 1393-O’Laughlin | 20. SB 1468-Luetkemeyer, with SCS |

- | | |
|---------------------------------|----------------------------|
| 21. SB 1200-Trent, with SCS | 26. SB 812-Coleman |
| 22. SB 1070-McCreery, with SCS | 27. SB 1001-Koenig |
| 23. SB 817-Brown (26) | 28. SB 946-Thompson Rehder |
| 24. SB 1340-Bernskoetter | 29. SB 1374-Gannon |
| 25. SB 819-Brown (26), with SCS | 30. SB 1260-Gannon |

HOUSE BILLS ON THIRD READING

- | | |
|--|--|
| 1. HCS for HB 1746, with SCS (Cierpiot)
(In Fiscal Oversight) | 17. HCS for HB 1481, with SCS (Schroer)
(In Fiscal Oversight) |
| 2. HB 2062-Brown, C. (16) (Trent) | 18. HCS for HB 2431, with SCS (Black) |
| 3. HCS for HB 1659, with SCS
(Luetkemeyer) | 19. HCS HBs 2432, 2482 & 2543
(Luetkemeyer) |
| 4. HB 2111-Christofanelli (Fitzwater) | 20. HCS for HBs 2322 & 1774 (Trent) |
| 5. HCS for HBs 2134 & 1956, with SCS
(Carter) (In Fiscal Oversight) | 21. HCS for HB 2015, with SCS (Hough) |
| 6. HB 1713-Schnelting (Schroer) | 22. HCS for HB 2002, with SCS (Hough) |
| 7. HCS for HBs 2626 & 1918 (Black)
(In Fiscal Oversight) | 23. HCS for HB 2003, with SCS (Hough) |
| 8. HCS for HB 2227 (Thompson Rehder) | 24. HCS for HB 2004, with SCS (Hough) |
| 9. HB 1960-Riley (Fitzwater)
(In Fiscal Oversight) | 25. HCS for HB 2005, with SCS (Hough) |
| 10. HB 1912-McGill (Koenig) | 26. HCS for HB 2006, with SCS (Hough) |
| 11. HB 2430-McGill (Schroer)
(In Fiscal Oversight) | 27. HCS for HB 2007, with SCS (Hough) |
| 12. HB 2082-Gregory (Crawford) | 28. HCS for HB 2008, with SCS (Hough) |
| 13. HB 2142-Baker (Eslinger)
(In Fiscal Oversight) | 29. HCS for HB 2009, with SCS (Hough) |
| 14. HCS for HBs 2628 & 2603, with SCS
(Schroer) | 30. HCS for HB 2010, with SCS (Hough) |
| 15. HCS for HB 2065 (Hough) | 31. HCS for HB 2011, with SCS (Hough) |
| 16. HB 1516-Murphy (Trent)
(In Fiscal Oversight) | 32. HCS for HB 2012, with SCS (Hough) |
| | 33. HCS for HB 2013, with SCS (Hough) |
| | 34. HCS for HB 2017, with SCS (Hough) |
| | 35. HCS for HB 2018, with SCS (Hough) |
| | 36. HCS for HB 2019, with SCS (Hough) |
| | 37. HCS for HB 2020, with SCS (Hough) |

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

- | | |
|---|--|
| SB 734-Eigel, with SCS | SB 742-Arthur, with SS (pending) |
| SB 739-Cierpiot, with SS & SA 1 (pending) | SB 745-Bernskoetter, with SS & SA 1
(pending) |
| SB 740-Cierpiot, with SCS, SS for SCS &
SA 3 (pending) | SB 750-Hough, with SCS & SA 1 (pending) |

SB 757-O'Laughlin, with SCS	SB 876-Bean, with SCS & SS for SCS (pending)
SB 772-Gannon	SB 903-Schroer
SB 778-Eslinger, with SS & SA 1 (pending)	SB 936-Bernskoetter, with SCS & SS for SCS (pending)
SB 782-Bean, with SCS, SS for SCS, SA 4 & SSA 1 for SA 4, as amended (pending)	SB 984-Schroer, with SS, SA 1 & SA 1 to SA 1 (pending)
SB 799-Fitzwater and Eigel, with SCS & SS for SCS (pending)	SB 1036-Razer and Rizzo, with SCS
SB 801-Fitzwater, with SCS	SBs 1168 & 810-Coleman, with SCS, SS for SCS, SA 2, SA 1 to SA 2 & point of order (pending)
SB 811-Coleman, with SCS, SS#2 for SCS & SA 1 (pending)	SB 1199-Trent
SB 818-Brown (26) and Coleman, with SS & SA 2 (pending)	SB 1207-Hoskins, with SS & SA 1 (pending)
SB 830-Rowden, with SS, SA 2 & point of order (pending)	SB 1375-Eslinger
SB 845-Bernskoetter	SB 1391-Luetkemeyer, with SCS
SB 847-Hough, with SCS, SS for SCS & SA 1 (pending)	SB 1392-Trent
SB 848-Hough	SB 1422-Black, with SCS
SB 850-Brown (16)	

HOUSE BILLS ON THIRD READING

HB 1488-Shields (Arthur)	HB 1909-Taylor (48) (Gannon)
HB 1495-Griffith (Black)	HB 2057-Keathley (Thompson Rehder)
HCS for HB 1511 (Brown (26))	

SENATE BILLS WITH HOUSE AMENDMENTS

SS#4 for SCS for SJRs 74, 48, 59, 61 &
83-Coleman, et al, with HCS, as amended

RESOLUTIONS

SR 557-Eigel	SR 563-Moon
SR 558-Eigel	SR 631-May
SR 561-Moon	SR 647-Coleman
SR 562-Moon	HCR 65-Patterson (O'Laughlin)

Reported from Committee

SCR 36-Moon, et al

To be Referred

SR 983-Carter

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