

JOURNAL OF THE HOUSE

First Regular Session, 94th GENERAL ASSEMBLY

SEVENTY-THIRD DAY, FRIDAY, MAY 11, 2007

The House met pursuant to adjournment.

Speaker Jetton in the Chair.

Prayer by Ralph Robinett, Sergeant-at-Arms.

When Every Day is Special

O Lord, today is truly special, for it comes as a gift from You to us.

We are surrounded by the marvelous things You have made: babies are born, leaves bud on the trees, bodies heal after illness, people build friendships.

Help us to always see Your hand in our world, even on what seems like the most ordinary of days. Open our eyes to see Your love in countless little things, and in that way become aware of the grand scale of Your grace.

Make our hearts sing with Your praise today and every day.

Today is truly special for it is a gift from You to us. Thank You for this day. Amen.

The Pledge of Allegiance to the flag was recited.

The Speaker appointed the following to act as Honorary Pages for the Day, to serve without compensation: Tyler Matthew Loveall, Judith Svetanics, Neil Svetanics and Laura Ransin.

The Journal of the seventy-second day was approved as printed.

Representative Pratt assumed the Chair.

HOUSE COURTESY RESOLUTIONS OFFERED AND ISSUED

House Resolution No. 3561 through House Resolution No. 3609

COMMITTEE REPORT

Committee on Fiscal Review, Chairman Guest reporting:

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **HCS SS SCS SB 577** (Fiscal Note), begs leave to report it has examined the same and recommends that it **Do Pass**.

HOUSE BILL WITH SENATE AMENDMENT

SS#2 SCS HCS HBs 444, 217, 225, 239, 243, 297, 402 & 172, relating to a deduction for social security, was taken up by Representative Jetton.

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Representative Nieves assumed the Chair.

Representative Pratt resumed the Chair.

On motion of Representative Jetton, **SS#2 SCS HCS HBs 444, 217, 225, 239, 243, 297, 402 & 172** was adopted by the following vote:

AYES: 135

Aull	Avery	Baker 123	Bearden	Bivins
Brandom	Bringer	Brown 30	Burnett	Casey
Chappelle-Nadal	Cooper 120	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Darrough	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Donnelly	Dougherty	Dusenberg	El-Amin	Emery
Ervin	Faith	Fallert	Fares	Fisher
Flook	Frame	Franz	Funderburk	George
Grill	Grisamore	Guest	Harris 23	Hobbs
Hodges	Holsman	Hoskins	Hubbard	Hunter
Ice	Jones 89	Kelly	Komo	Kraus
Lampe	Lembke	LeVota	Liese	Lipke
Loehner	Marsh	May	McClanahan	McGhee
Meadows	Meiners	Moore	Munzlinger	Muschany
Nance	Nieves	Nolte	Norr	Onder
Page	Parson	Pearce	Pollock	Portwood
Pratt	Quinn 7	Quinn 9	Richard	Robb
Robinson	Roorda	Rucker	Ruestman	Ruzicka
Salva	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schieffer	Schlottach	Schneider
Schoeller	Schoemehl	Self	Shively	Silvey
Skaggs	Smith 14	Smith 150	Spreng	Stevenson
St. Onge	Storch	Stream	Sutherland	Swinger
Thomson	Threlkeld	Tilley	Todd	Viebrock
Wallace	Walsh	Wasson	Wells	Weter
Whorton	Wilson 119	Wilson 130	Witte	Wood
Wright 159	Yaeger	Yates	Zimmerman	Mr Speaker

NOES: 011

Baker 25	Corcoran	Daus	Harris 110	Low 39
Nasheed	Oxford	Talboy	Villa	Vogt
Zweifel				

PRESENT: 000

ABSENT WITH LEAVE: 017

Bland	Bowman	Brown 50	Bruns	Curls
Haywood	Hughes	Johnson	Jones 117	Kingery
Kratky	Kuessner	Lowe 44	Walton	Wildberger
Wright-Jones	Young			

On motion of Representative Jetton, **SS#2 SCS HCS HBs 444, 217, 225, 239, 243, 297, 402 & 172** was truly agreed to and finally passed by the following vote:

AYES: 133

Aull	Avery	Baker 123	Bearden	Bivins
Brandom	Bringer	Brown 30	Burnett	Casey
Chappelle-Nadal	Cooper 120	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Darrough	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Donnelly	Dougherty	Dusenberg	El-Amin	Emery
Ervin	Faith	Fallert	Fares	Fisher
Flook	Frame	Franz	Funderburk	George
Grill	Grisamore	Guest	Harris 23	Hobbs
Hodges	Holsman	Hoskins	Hubbard	Hunter
Icet	Jones 89	Kelly	Komo	Kraus
Lampe	Lembke	LeVota	Liese	Lipke
Loehner	Marsh	May	McClanahan	McGhee
Meadows	Meiners	Moore	Munzlinger	Muschany
Nance	Nieves	Nolte	Norr	Onder
Page	Parson	Pearce	Pollock	Portwood
Pratt	Quinn 7	Quinn 9	Richard	Robb
Robinson	Roorda	Rucker	Ruestman	Ruzicka
Salva	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schieffer	Schneider	Schoeller
Schoemehl	Self	Shively	Silvey	Skaggs
Smith 14	Smith 150	Spreng	Stevenson	St. Onge
Storch	Stream	Sutherland	Swinger	Thomson
Threlkeld	Tilley	Todd	Wallace	Walsh
Wasson	Wells	Weter	Whorton	Wilson 119
Wilson 130	Witte	Wood	Wright 159	Yaeger
Yates	Zimmerman	Mr Speaker		

NOES: 011

Baker 25	Corcoran	Daus	Harris 110	Low 39
Nasheed	Oxford	Talboy	Villa	Vogt
Zweifel				

PRESENT: 000

ABSENT WITH LEAVE: 019

Bland	Bowman	Brown 50	Bruns	Curls
Haywood	Hughes	Johnson	Jones 117	Kingery
Kratky	Kuessner	Lowe 44	Schlottach	Viebrock
Walton	Wildberger	Wright-Jones	Young	

Representative Pratt declared the bill passed.

RECESS

On motion of Representative Dempsey, the House recessed until 11:45 a.m.

The hour of recess having expired, the House was called to order by Representative Cooper (120).

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted the Conference Committee Report on **SCS HCS HB 10**, and has taken up and passed **CCS SCS HCS HB 10**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted the Conference Committee Report on **SCS HCS HB 11, as amended**, and has taken up and passed **CCS SCS HCS HB 11**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted the Conference Committee Report on **SCS HCS HB 12**, and has taken up and passed **CCS SCS HCS HB 12**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted the Conference Committee Report on **SCS HCS HB 13**, and has taken up and passed **CCS SCS HCS HB 13**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the President Pro Tem has appointed the following Conference Committee to act with a like Committee from the House on **SS SCS HB 255, as amended**: Senators Vogel, Scott, Ridgeway, Green and Shoemyer.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SS#2 SCS HCS HB 818**, entitled:

An act to repeal sections 103.085, 143.121, 143.782, 313.321, 376.426, 376.776, 376.960, 376.961, 376.964, 376.966, 376.986, 376.989, 379.930, 379.936, 379.938, 379.940, 379.942, 379.943, 379.944, and 379.952, RSMo, and to enact in lieu thereof forty-nine new sections relating to health insurance, with an effective date for certain sections.

With Senate Amendment No. 2.

Senate Amendment No. 2

AMEND Senate Substitute No. 2 for Senate Committee Substitute for House Committee Substitute for House Bill No. 818, Page 70, Section 376.990, Line 20 of said page, by inserting before the word "third" the following:

"licensed".

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted the Conference Committee Report on **HCS SB 81, as amended**, and has taken up and passed **CCS HCS SB 81**.

Emergency clause adopted.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **HCS SCS SB 86, as amended**, and requests the House to recede from its position and, failing to do so, grant the Senate a conference thereon.

HOUSE BILL WITH SENATE AMENDMENTS

SS#2 SCS HCS HB 818, as amended, relating to health insurance portability, was taken up by Representative Ervin.

Representative Ervin moved that the **SS#2 SCS HCS HB 818, as amended**, be adopted.

Representative Donnelly made a substitute motion that the House refuse to adopt **SS#2 SCS HCS HB 818, as amended**, and request the Senate to recede from its position and, failing to do so, grant the House a conference.

Which motion was defeated by the following vote:

AYES: 056

Aull	Baker 25	Bringer	Burnett	Casey
Chappelle-Nadal	Corcoran	Darrough	Daus	Donnelly
Dougherty	El-Amin	Fallert	Frame	George
Grill	Harris 23	Harris 110	Hodges	Holsman
Hubbard	Komo	Lampe	LeVota	Liese
Low 39	McClanahan	Meadows	Meiners	Nasheed
Norr	Oxford	Page	Quinn 9	Robinson
Roorda	Rucker	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Skaggs	Spreng	Storch
Swinger	Talboy	Todd	Villa	Vogt
Walsh	Whorton	Witte	Yaeger	Zimmerman
Zweifel				

NOES: 091

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Bruns	Cooper 120	Cooper 155	Cooper 158
Cox	Cunningham 145	Cunningham 86	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Dusenberg	Emery	Ervin	Faith	Fares
Fisher	Flook	Franz	Funderburk	Grisamore
Guest	Hobbs	Hoskins	Hunter	Icet
Jones 89	Jones 117	Kelly	Kraus	Lembke
Lipke	Loehner	Marsh	May	McGhee
Moore	Munzlinger	Muschany	Nance	Nieves
Nolte	Onder	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Richard	Robb
Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Scharnhorst	Schlottach	Schneider	Schoeller
Self	Silvey	Smith 14	Smith 150	Stevenson
St. Onge	Stream	Sutherland	Thomson	Threlkeld
Tilley	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

PRESENT: 000

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ABSENT WITH LEAVE: 016

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Viebrock	Walton	Wildberger	Wright-Jones
Young				

On motion of Representative Ervin, **SS#2 SCS HCS HB 818, as amended**, was adopted by the following vote:

AYES: 104

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Bruns	Cooper 120	Cooper 155	Cooper 158
Cox	Cunningham 145	Cunningham 86	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Dougherty	Dusenberg	El-Amin	Emery	Ervin
Faith	Fares	Fisher	Flook	Franz
Funderburk	Grill	Grisamore	Guest	Hobbs
Holsman	Hubbard	Hunter	Ice	Jones 89
Jones 117	Kelly	Komo	Kraus	Lembke
Liese	Lipke	Loehner	Marsh	May
McGhee	Meiners	Moore	Munzlinger	Muschany
Nance	Nieves	Nolte	Onder	Page
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Quinn 9	Richard	Robb	Ruestman
Ruzicka	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schlottach	Schneider	Schoeller
Self	Shively	Silvey	Skaggs	Smith 14
Smith 150	Stevenson	St. Onge	Stream	Sutherland
Thomson	Threlkeld	Tilley	Viebrock	Wallace
Wasson	Wells	Weter	Wilson 119	Wilson 130
Wood	Wright 159	Yates	Mr Speaker	

NOES: 043

Aull	Baker 25	Bringer	Burnett	Casey
Chappelle-Nadal	Corcoran	Darrrough	Daus	Donnelly
Fallert	Frame	George	Harris 23	Harris 110
Hodges	Hoskins	Lampe	LeVota	Low 39
McClanahan	Meadows	Norr	Oxford	Robinson
Roorda	Rucker	Salva	Schieffer	Schoemehl
Spreng	Storch	Swinger	Talboy	Todd
Villa	Vogt	Walsh	Whorton	Witte
Yaeger	Zimmerman	Zweifel		

PRESENT: 000

ABSENT WITH LEAVE: 016

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Nasheed	Walton	Wildberger	Wright-Jones
Young				

On motion of Representative Ervin, **SS#2 SCS HCS HB 818, as amended**, was truly agreed to and finally passed by the following vote:

AYES: 106

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Bruns	Cooper 120	Cooper 155	Cooper 158
Cox	Cunningham 145	Cunningham 86	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Dougherty	Dusenberg	El-Amin	Emery	Ervin
Faith	Fallert	Fares	Fisher	Flook
Franz	Funderburk	Grill	Grisamore	Guest
Hobbs	Holsman	Hoskins	Hubbard	Hunter
Ice	Jones 89	Jones 117	Kelly	Komo
Kraus	Lembke	Liese	Lipke	Loehner
Marsh	May	McGhee	Meiners	Moore
Munzlinger	Muschany	Nance	Nieves	Nolte
Onder	Page	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Quinn 9	Richard
Robb	Ruestman	Ruzicka	Sander	Sater
Scavuzzo	Schaaf	Schad	Scharnhorst	Schlottach
Schneider	Schoeller	Self	Shively	Silvey
Skaggs	Smith 14	Smith 150	Stevenson	St. Onge
Stream	Sutherland	Thomson	Threlkeld	Tilley
Viebrock	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

NOES: 041

Aull	Baker 25	Bringer	Burnett	Casey
Chappelle-Nadal	Corcoran	Darrough	Daus	Donnelly
Frame	George	Harris 23	Harris 110	Hodges
Lampe	LeVota	Low 39	McClanahan	Meadows
Nasheed	Norr	Oxford	Robinson	Roorda
Rucker	Schieffer	Schoemehl	Spreng	Storch
Swinger	Talboy	Todd	Villa	Vogt
Walsh	Whorton	Witte	Yaeger	Zimmerman
Zweifel				

PRESENT: 000

ABSENT WITH LEAVE: 016

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Salva	Walton	Wildberger	Wright-Jones
Young				

Representative Cooper (120) declared the bill passed.

Speaker Jetton resumed the Chair.

THIRD READING OF SENATE BILLS

SB 513, relating to the Professional and Practical Nursing Student Loan Program, was taken up by Representative Wasson.

On motion of Representative Wasson, **SB 513** was truly agreed to and finally passed by the following vote:

AYES: 148

Aull	Avery	Baker 25	Baker 123	Bearden
Bivins	Brandom	Bringer	Brown 30	Bruns
Burnett	Casey	Chappelle-Nadal	Cooper 120	Cooper 155
Cooper 158	Corcoran	Cox	Cunningham 145	Cunningham 86
Darrough	Daus	Davis	Day	Deeken
Dempsey	Denison	Dethrow	Dixon	Donnelly
Dougherty	Dusenberg	El-Amin	Emery	Ervin
Faith	Fallert	Fares	Fisher	Flook
Frame	Franz	Funderburk	George	Grill
Grisamore	Guest	Harris 23	Harris 110	Hobbs
Hodges	Holsman	Hoskins	Hubbard	Hunter
Icet	Jones 89	Jones 117	Kelly	Komo
Kraus	Lampe	Lembke	LeVota	Liese
Lipke	Loehner	Low 39	Marsh	May
McClanahan	McGhee	Meadows	Meiners	Moore
Munzlinger	Muschany	Nance	Nasheed	Nieves
Nolte	Norr	Onder	Oxford	Page
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Quinn 9	Richard	Robb	Robinson
Roorda	Rucker	Ruestman	Ruzicka	Salva
Sander	Sater	Scavuzzo	Schaaf	Schad
Scharnhorst	Schieffer	Schlottach	Schneider	Schoeller
Schoemehl	Self	Shively	Silvey	Skaggs
Smith 14	Smith 150	Spreng	Stevenson	St. Onge
Storch	Stream	Sutherland	Swinger	Talboy
Thomson	Threlkeld	Tilley	Todd	Viebrock
Villa	Vogt	Wallace	Walsh	Wasson
Wells	Weter	Whorton	Wilson 119	Wilson 130
Witte	Wood	Wright 159	Yaeger	Yates
Zimmerman	Zweifel	Mr Speaker		

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 015

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Walton	Wildberger	Wright-Jones	Young

Speaker Jetton declared the bill passed.

HCS SS SCS SB 577, relating to the Missouri HealthNet Program, was taken up by Representative Schaaf.

Representative Schaaf offered **House Amendment No 1**.

House Amendment No. 1

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 25, Section 208.001, Subsection 1, Lines 1 through 4, by deleting all of said lines and inserting in lieu thereof the following:

"208.001. 1. Sections 105.711, 135.096, 135.575, 191.411, 191.900, 191.905, 191.907, 191.908, 191.909, 191.910, 191.914, 191.1050, 191.1053, 191.1056, 192.632, 198.069, 198.097, 208.001, 208.146, 208.151, 208.152, 208.153, 208.197, 208.201, 208.212, 208.213, 208.215, 208.217, 208.225, 208.230, 208.612, 208.631, 208.640, 208.659, 208.670, 208.690, 208.692, 208.694, 208.696, 208.698, 208.750, 208.930, 208.950, 208.952, 208.954, 208.956, 208.960, 208.962, 208.964, 208.968, 208.975, 208.978, 375.020, 375.143, 473.398, and 620.510 RSMo, may be known as and may be cited as the "Missouri Continuing Health Improvement Act" "; and

Further amend said bill, Page 44, Section 208.153, Line 30, by deleting the word **"any"** and inserting in lieu thereof the words **"all or part of a"**; and

Further amend said bill, page and section, Line 31, by inserting after the word **"pass"** the words **"the pertinent portion, as defined by departmental regulation, of"**; and

Further amend said bill, Page 45, Section 208.197, Subsection 2, Line 16, by deleting the word **"encourage"** and inserting in lieu thereof **"discourage"**; and

Further amend said bill, Page 70, Section 208.950, Subsection 1, Subdivision (12), Line 58, by inserting before the word **"the"**, the words **"if the participant has a PCP, the office or clinic of a participant's PCP or PCP extender, and any team of individuals associated with that office or clinic, or if the participant has no PCP,"**; and

Further amend said bill, Page 70, Section 208.950, Line 61, by deleting the words **"The home is led by a clinically appropriate provider, who"**; and

Further amend said bill, Pages 70 to 71, Section 208.950, Lines 62 through 69, by deleting said lines; and

Further amend said bill, Page 71, Section 208.950, Subsection 1, Subdivision (14), Line 75, by inserting after **"208.152"** the words **"and other budgeted services"**; and

Further amend said bill, Page 71, Section 208.950, Subsection 1, Subdivision (19), Line 93, by deleting the word **"select"** and inserting in lieu thereof **"selected"**; and

Further amend said bill, Page 73, Section 208.950, Subsection 1, Subdivision (25), Line 146, by deleting the word **"existing"**; and

Further amend said bill, Page 80, Section 208.954, Subsection 1, Subdivision (1), Paragraph (a), Line 4, by inserting after the word **"and"** the word **"of"**; and

Further amend said bill, Page 81, Section 208.954, Subsection 2, Line 50, by inserting after the word **"all"** the word **"primary"**; and

Further amend said bill, Page 83, Section 208.956, Subsection 1, Subdivision (6), Line 15, by inserting after the word **"professionals"** the words **"of which, one shall be a dentist,"**; and

Further amend said bill, Page 92, Section 208.964, Subdivision (6), Lines 87 through 88, by deleting the words **"not included as part of an ASO plan, managed care plan, or component state plan for such population."** and inserting in lieu thereof the following:

"may include services of a component state plan upon approval of the department of mental health, but said ABD participants shall not be included as part of an ASO plan or a managed care plan."; and

Further amend said bill, Page 95, Section 208.975, Subsection 7, Lines 54 and 55, by deleting the words **"seven hundred fifty thousand dollars within any three-year span."** and inserting in lieu thereof the following:

"two million dollars per fiscal year."; and

Further amend said bill, Page 101, Section 620.510, Subsection 3, Subdivision (5), Line 18, by inserting after the word **"services,"** and words **"and the director of the department of mental health,"**; and

Further amend said bill, Page 103, Section 4, by deleting the said section; and

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

Representative Tilley offered **House Amendment No. 1 to House Amendment No. 1.**

House Amendment No. 1

to

House Amendment No. 1

AMEND House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 1, Line 1, by inserting before the word "AMEND" the words 'AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 15, Line 40, by inserting before the word "A" the words "The person so referred shall be subject to the penalties provided for under 42 U.S.C. Chapter 7, Subchapter XI, Section 1320a-7." '.

On motion of Representative Tilley, **House Amendment No. 1 to House Amendment No. 1** was adopted.

On motion of Representative Schaaf, **House Amendment No. 1, as amended**, was adopted.

Representative Hobbs offered **House Amendment No. 2.**

House Amendment No. 2

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 22, Section 191.1050, Lines 9 and 10, by deleting all of said lines and inserting in lieu thereof the following:

"section 632.005, RSMo, rural health clinic, or any group of licensed health care professionals in an area of defined need that is designated by the department as"; and

Further amend said bill, Page 22, Section 191.1053, Line 15, by inserting after all of said lines the following:

"4. The department may promulgate rules to implement the provisions of sections 191.1050 to 191.1056. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, 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, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void."; and

Further amend said bill, Page 22, Section 191.1056, Line 3, by inserting after the second appearance of the word "**fund**" on said line the following:

", with the approval of the oversight committee created in section 208.956, RSMo,"; and

Further amend said title, enacting clause and intersectional references accordingly.

On motion of Representative Hobbs, **House Amendment No. 2** was adopted.

Representative Portwood offered **House Amendment No. 3**.

House Amendment No. 3

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 2, Section A., by inserting after all of said section the following:

"103.003. As used in sections 103.003 to 103.175, the following terms mean:

(1) "Actuarial reserves", the necessary funding required to pay all the medical expenses for services provided to members of the plan but for which the claims have not yet been received by the claims administrator;

(2) "Actuary", a member of the American Academy of Actuaries or who is an enrolled actuary under the Employee Retirement Income Security Act of 1974;

(3) "Agency", a state-sponsored institution of higher learning, political subdivision or governmental entity or instrumentality;

(4) "Alternative delivery health care program", a plan of covered benefits that pays medical expenses through an alternate mechanism rather than on a fee-for-service basis. This includes, but is not limited to, health maintenance organizations and preferred provider organizations, all of which shall include chiropractic physicians licensed under chapter 331, RSMo, in the provider networks or organizations;

(5) "Board", the board of trustees of the Missouri consolidated health care plan;

(6) "Claims administrator", an agency contracted to process medical claims submitted from providers or members of the plan and their dependents;

(7) "Coordination of benefits", to work with another group-sponsored health care plan which also covers a member of the plan to ensure that both plans pay their appropriate amount of the health care expenses incurred by the member;

(8) "Covered benefits", a schedule of covered services, including chiropractic services, which are payable under the plan;

(9) "Dental plan", any contractual arrangement to provide, either directly or through arrangement with others, specified dental benefits to members on a fixed prepayment basis or as a benefit of such subscribers' participation or membership in any other contract, agreement, or group or any corporation, partnership, or other entity which undertakes to provide or arrange specified dental benefits on a prepayment or other basis or to indemnify for specified dental benefits;

[(9)] **(10) "Employee"**, any person employed full time by the state or a participating member agency, or a person eligible for coverage by a state-sponsored retirement system or a retirement system sponsored by a participating member agency of the plan;

[(10)] **(11) "Evidence of good health"**, medical information supplied by a potential member of the plan that is reviewed to determine the financial risk the person represents to the plan and the corresponding determination of whether or not he or she should be accepted into the plan;

[(11)] **(12) "Health care plan"**, any group medical benefit plan providing coverage on an expense-incurred basis, any HMO, any group service or indemnity contract issued by a health plan of any type or description;

[(12)] **(13) "Medical benefits coverages"** shall include services provided by chiropractic physicians as well as physicians licensed under chapter 334, RSMo;

[(13)] **(14) "Medical expenses"**, costs for services performed by a provider and covered under the plan;

(15) "Member", any person who is a participant in the Missouri consolidated health care plan, including eligible subscribers and subscribers' spouses and unemancipated children;

[(14)] (16) "Missouri consolidated health care plan benefit fund account", the benefit trust fund account containing all payroll deductions, payments, and income from all sources for the plan;

[(15)] (17) "Officer", an elected official of the state of Missouri;

[(16)] (18) "Participating member agency", a state-sponsored institution of higher learning, political subdivision or governmental entity that has elected to join the plan and has been accepted by the board;

[(17)] (19) "Plan year", a twelve-month period designated by the board which is used to calculate the annual rate categories and the appropriate coverage;

[(18)] (20) "Provider", a physician, hospital, pharmacist, psychologist, chiropractic physician or other licensed practitioner who or which provides health care services within the respective scope of practice of such practitioner pursuant to state law and regulation;

[(19)] (21) "Retiree", a person who is not an employee and is receiving or is entitled to receive an annuity benefit from a state-sponsored retirement system or a retirement system of a participating member agency of the plan or becomes eligible for retirement benefits because of service with a participating member agency;

(22) "Subscriber", a person who is either:

(a) An eligible employee of the state or a participating member agency;

(b) An eligible retiree of the state or a participating member agency;

(c) An eligible surviving spouse or dependent of a deceased employee or deceased employee or deceased retiree of the state or a participating member agency;

(d) A former employee of the state or a participating member agency who is eligible for coverage under the federal Consolidated Omnibus Budget Reconciliation Act; or

(e) A person eligible for medical assistance under section 208.146, RSMo, and not otherwise eligible for coverage under the Missouri consolidated health care plan and who elects dental or vision coverage or both through the Missouri consolidated health care plan;

(23) "Vision plan", any contractual arrangement to provide, either directly or through arrangement with others, specified vision benefits to members on a fixed prepayment basis or as a benefit of such subscribers' participation or membership in any other contract, agreement, or group or any corporation, partnership, or other entity which undertakes to provide or arrange specified vision benefits on a prepayment or other basis or to indemnify for specified vision benefits.

103.005. For the purpose of covering medical, **dental, and vision** expenses of the officers, employees and retirees, the eligible dependents of officers, employees and retirees and to the surviving spouses and children of deceased officers, employees and retirees of the state and participating member agencies of the state, **and providing dental and vision benefits to eligible participants of medical assistance under section 208.146, RSMo**, there is hereby created and established a health care plan which shall be a body corporate, which shall be under the management of the board of trustees herein described, and shall be known as the "Missouri Consolidated Health Care Plan". Notwithstanding any provision of law to the contrary, such plan may sue and be sued, transact business, contract, invest funds and hold cash, securities and other property and shall be vested with such other powers as may be necessary or proper to enable it, its officers, employees, and agents to carry out fully and effectively all the purposes of sections 103.003 to 103.175.

103.087. For purposes of this section, the terms "medical assistance subscriber" or "medical assistance participant" shall mean a person receiving medical assistance under section 208.146, RSMo. Except as otherwise provided by sections 103.003 to 103.175, dental and vision benefits coverage as provided by sections 103.003 to 103.175 shall be made available to persons receiving medical assistance under section 208.146, RSMo. Spouses or unemancipated children under the age of twenty-three of such persons shall also be eligible to receive such dental and vision benefits.

(1) Dental and vision plans shall be available for enrollment by medical assistance eligible participants no earlier than January 1, 2008, and no later than July 1, 2008;

(2) The cost of providing dental and vision benefits to medical assistance eligible subscribers and subscribers' dependents not otherwise eligible for coverage through the Missouri consolidated health care plan shall not be allowed to adversely affect the state's or participating member agencies' rates or benefits;

(3) An initial thirty-day enrollment period shall be available for persons eligible for medical assistance not otherwise eligible for coverage under the Missouri consolidated health care plan to enroll in the dental or vision benefits or both under the Missouri consolidated health care plan. This initial thirty-day enrollment period shall begin from such person's initial date of approval under medical assistance under section 208.146, RSMo;

(4) There shall be an annual thirty-day enrollment period, at a time designated by the board, during which persons eligible for medical assistance not otherwise eligible for coverage under the Missouri consolidated health care plan shall be able to enroll in the dental or vision plans or both;

(5) Medical assistance participants not otherwise eligible for coverage under the Missouri consolidated health care plan shall also be eligible to enroll in the dental or vision plans or both as a medical assistance participant within sixty days of a loss of other group dental or vision coverage, or both, provided that such coverage was in place for at least twelve consecutive months immediately prior to the loss and that such loss was due to:

(a) The subscriber's or the subscriber's spouse's termination of employment; or

(b) Termination of group dental or vision coverage, or both, by the employer;

(6) Coverage for such dental and vision benefits to medical assistance subscribers and subscribers' dependents shall terminate when the medical assistance participant ceases to be eligible for medical assistance;

(7) Monthly, in accordance with a schedule developed by the board, or its designee, the medical assistance subscriber shall promptly pay to the executive director an amount equal to the amount of the premium due based upon the participation in the dental or vision plans, or both, as billed by the Missouri consolidated health care plan. Such premium shall be set by the board and shall cover all associated costs, including administrative costs, of the plan for providing such services to medical assistance participants. The executive director shall promptly deposit such amounts to the benefit trust fund account;

(8) The plan shall not assume responsibility for any liabilities incurred by the medical assistance program or its eligible participants or its participants' spouses or unemancipated dependents prior to the group's effective date;

(9) If so determined by the board, the department of social services shall reimburse the plan for any initial start-up costs incurred by the plan solely on behalf of the medical assistance participants and necessary in order for the medical assistance participants to be included in the plan;

(10) If a medical assistance subscriber fails to make any payment due the plan, the board may immediately terminate the medical assistance subscriber's and associated members' enrollment in the plan and stop paying claims accrued during the period of nonpayment. Any subscriber terminated for non-payment of premiums shall not be eligible for coverage until the next annual enrollment period as provided in subdivision (4) of this section.”; and

Further amend said bill, Page 26, Section 208.146, Lines 1 to 62, by deleting all of said lines and inserting in lieu thereof the following:

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

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

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

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

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

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred fifty percent of the federal poverty level. For purposes of this subdivision, "gross income" includes all income of the person and the person's spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

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

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

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

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

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

(a) All earned income of the disabled worker;

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

(c) A twenty-dollar standard deduction;

(d) Health insurance premiums;

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

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

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

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

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

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

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

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

(5) For a person whose gross income equals or exceeds three hundred percent but less than three hundred fifty percent of the federal poverty level, seven percent of income at three hundred percent of the federal poverty level.

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

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

7. Those persons found eligible for medical assistance through this section shall have the right to purchase dental or optical insurance or both through the Missouri Consolidated Health Care Plan.”; and

Further amend said bill, Pages 60 and 61, Section 208.640, Lines 1 to 41, by deleting all of said lines and inserting in lieu thereof the following:

“208.640. 1. Parents and guardians of uninsured children with incomes [between] **above** one hundred [fifty-one and] **fifty percent and below** three hundred percent of the federal poverty level who do not have access to affordable employer-sponsored health care insurance or other affordable health care coverage may obtain coverage pursuant to this section.

2. For families with gross income **above one hundred fifty percent to one hundred eighty-five percent of the federal poverty level** for the purposes of sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium **of three percent of one hundred fifty percent of the federal poverty level for a family of three** [less than or equal to one hundred thirty-three percent of the monthly average premium required in the state's current Missouri consolidated health care plan]. For families with gross income **above one hundred eighty-five percent to two hundred twenty-five percent of the federal poverty level** for the purposes of sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium **of four percent of one hundred eighty-five percent of the federal poverty level for a family of three**. For families with gross income **above two hundred twenty-five percent and below three hundred percent of the federal poverty level** for the purposes of sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium **of five percent of two hundred twenty-five percent of the federal poverty level for a family of three**. Health insurance plans that do not cover an eligible child's pre-existing condition shall not be considered "affordable employer-sponsored health care insurance or other affordable health care coverage" for purposes of sections 208.631 to 208.657.

3. The parents and guardians of eligible uninsured children pursuant to this section are responsible for a monthly premium [equal to the average premium required for the Missouri consolidated health care plan] **as required by annual state appropriation**; provided that the total aggregate cost sharing for a family covered by these sections shall not exceed five percent of such family's income for the years involved. No co-payments or other cost sharing is permitted with respect to benefits for well-baby and well-child care including age-appropriate immunizations. Cost-sharing provisions pursuant to sections 208.631 to 208.657 shall not exceed the limits established by 42 U.S.C. Section 1397cc(e).

208.658. Up to one percent of any federal funds received under the provisions of Title XXI of the Social Security Act, as amended, and up to one percent of any state funds used to match those federal funds may be used for outreach through the MO HealthNet division for children's health program established under sections 208.631 to 208.657. The MO HealthNet division may contract with local public health agencies for purposes of this section. The provisions of this section shall be subject to appropriation.”; and

Further amend said bill, Page 64, Section 208.696, Line 19, by deleting the word “**and**”; and

Further amend said bill, Page 64, Section 208.696, Line 20, by inserting immediately following the word “**care**”; the following “**partnership approved**”; and

Further amend said bill, Page 65, Section 208.696, Lines 23 to 24, by deleting all of said lines and inserting in lieu thereof the following:

“**eligibility;**

(7) **Develop requirements that all long-term care policies sold in the state of Missouri shall include coverage for all home and community based services, including but not limited to consumer-directed services, in-home, home health, and assisted living services;**

(8) **Develop requirements that all long-term care insurance policies sold in the state of Missouri shall disallow exclusions based on pre-existing conditions;**

(9) **Develop requirements that vendors of long-term care policies shall not charge a higher fee for premiums for individuals with pre-existing conditions or disabilities; and**

(10) **Develop requirements that all vendors of long-term care insurance shall provide each potential purchaser with accurate and verifiable information on the rates, expressed as a percentage of all claims for long-term care services which the vendor has denied in the past twelve months”; and**

Further amend said bill, Page 103, Section 4, by inserting after all of said section the following:

“Section 5. The provisions in section 103.005, RSMo, relating to dental and vision benefits for medical assistance participants under section 208.146, RSMo, section 103.087, RSMo, section 208.146, RSMo, and subsection 7 of section 208.151, RSMo, shall expire six years after the effective date of this act.”; and

Further amend said bill, Page 107, Section B., by inserting after all of said section the following:

“Section C. The repeal and reenactment of sections 103.003, 103.005, and 208.151, and the enactment of sections 103.087 and 208.146, shall be effective upon notice to the revisor of statutes that a waiver or approval of a state plan amendment has been obtained from the Secretary of the Department of Health and Human Services by the director of the department of social services.”; and

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

Representative Page requested a division of the question on **House Amendment No. 3.**

House Amendment No. 3

PART I

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 2, Section A., by inserting after all of said section the following:

“103.003. As used in sections 103.003 to 103.175, the following terms mean:

(1) "Actuarial reserves", the necessary funding required to pay all the medical expenses for services provided to members of the plan but for which the claims have not yet been received by the claims administrator;

(2) "Actuary", a member of the American Academy of Actuaries or who is an enrolled actuary under the Employee Retirement Income Security Act of 1974;

(3) "Agency", a state-sponsored institution of higher learning, political subdivision or governmental entity or instrumentality;

(4) "Alternative delivery health care program", a plan of covered benefits that pays medical expenses through an alternate mechanism rather than on a fee-for-service basis. This includes, but is not limited to, health maintenance organizations and preferred provider organizations, all of which shall include chiropractic physicians licensed under chapter 331, RSMo, in the provider networks or organizations;

(5) "Board", the board of trustees of the Missouri consolidated health care plan;

(6) "Claims administrator", an agency contracted to process medical claims submitted from providers or members of the plan and their dependents;

(7) "Coordination of benefits", to work with another group-sponsored health care plan which also covers a member of the plan to ensure that both plans pay their appropriate amount of the health care expenses incurred by the member;

(8) "Covered benefits", a schedule of covered services, including chiropractic services, which are payable under the plan;

(9) "Dental plan", any contractual arrangement to provide, either directly or through arrangement with others, specified dental benefits to members on a fixed prepayment basis or as a benefit of such subscribers' participation or membership in any other contract, agreement, or group or any corporation, partnership, or other entity which undertakes to provide or arrange specified dental benefits on a prepayment or other basis or to indemnify for specified dental benefits;

[(9)] (10) "Employee", any person employed full time by the state or a participating member agency, or a person eligible for coverage by a state-sponsored retirement system or a retirement system sponsored by a participating member agency of the plan;

[(10)] (11) "Evidence of good health", medical information supplied by a potential member of the plan that is reviewed to determine the financial risk the person represents to the plan and the corresponding determination of whether or not he or she should be accepted into the plan;

[(11)] (12) "Health care plan", any group medical benefit plan providing coverage on an expense-incurred basis, any HMO, any group service or indemnity contract issued by a health plan of any type or description;

[(12)] (13) "Medical benefits coverages" shall include services provided by chiropractic physicians as well as physicians licensed under chapter 334, RSMo;

[(13)] (14) "Medical expenses", costs for services performed by a provider and covered under the plan;

(15) **"Member", any person who is a participant in the Missouri consolidated health care plan, including eligible subscribers and subscribers' spouses and unemancipated children;**

[(14)] (16) "Missouri consolidated health care plan benefit fund account", the benefit trust fund account containing all payroll deductions, payments, and income from all sources for the plan;

[(15)] (17) "Officer", an elected official of the state of Missouri;

[(16)] (18) "Participating member agency", a state-sponsored institution of higher learning, political subdivision or governmental entity that has elected to join the plan and has been accepted by the board;

[(17)] (19) "Plan year", a twelve-month period designated by the board which is used to calculate the annual rate categories and the appropriate coverage;

[(18)] (20) "Provider", a physician, hospital, pharmacist, psychologist, chiropractic physician or other licensed practitioner who or which provides health care services within the respective scope of practice of such practitioner pursuant to state law and regulation;

[(19)] (21) "Retiree", a person who is not an employee and is receiving or is entitled to receive an annuity benefit from a state-sponsored retirement system or a retirement system of a participating member agency of the plan or becomes eligible for retirement benefits because of service with a participating member agency;

(22) **"Subscriber", a person who is either:**

(a) **An eligible employee of the state or a participating member agency;**

(b) **An eligible retiree of the state or a participating member agency;**

(c) **An eligible surviving spouse or dependent of a deceased employee or deceased employee or deceased retiree of the state or a participating member agency;**

(d) **A former employee of the state or a participating member agency who is eligible for coverage under the federal Consolidated Omnibus Budget Reconciliation Act; or**

(e) **A person eligible for medical assistance under section 208.146, RSMo, and not otherwise eligible for coverage under the Missouri consolidated health care plan and who elects dental or vision coverage or both through the Missouri consolidated health care plan;**

(23) **"Vision plan", any contractual arrangement to provide, either directly or through arrangement with others, specified vision benefits to members on a fixed prepayment basis or as a benefit of such subscribers' participation or membership in any other contract, agreement, or group or any corporation, partnership, or other entity which undertakes to provide or arrange specified vision benefits on a prepayment or other basis or to indemnify for specified vision benefits.**

103.005. For the purpose of covering medical, **dental, and vision** expenses of the officers, employees and retirees, the eligible dependents of officers, employees and retirees and to the surviving spouses and children of deceased officers, employees and retirees of the state and participating member agencies of the state, **and providing dental and vision benefits to eligible participants of medical assistance under section 208.146, RSMo**, there is hereby created and established a health care plan which shall be a body corporate, which shall be under the management of the board of trustees herein described, and shall be known as the "Missouri Consolidated Health Care Plan". Notwithstanding any provision of law to the contrary, such plan may sue and be sued, transact business, contract, invest funds and hold cash, securities and other property and shall be vested with such other powers as may be necessary or proper to enable it, its officers, employees, and agents to carry out fully and effectively all the purposes of sections 103.003 to 103.175.

103.087. For purposes of this section, the terms "medical assistance subscriber" or "medical assistance participant" shall mean a person receiving medical assistance under section 208.146, RSMo. Except as otherwise provided by sections 103.003 to 103.175, dental and vision benefits coverage as provided by sections 103.003 to 103.175 shall be made available to persons receiving medical assistance under section 208.146, RSMo. Spouses or unemancipated children under the age of twenty-three of such persons shall also be eligible to receive such dental and vision benefits.

(1) **Dental and vision plans shall be available for enrollment by medical assistance eligible participants no earlier than January 1, 2008, and no later than July 1, 2008;**

(2) The cost of providing dental and vision benefits to medical assistance eligible subscribers and subscribers' dependents not otherwise eligible for coverage through the Missouri consolidated health care plan shall not be allowed to adversely affect the state's or participating member agencies' rates or benefits;

(3) An initial thirty-day enrollment period shall be available for persons eligible for medical assistance not otherwise eligible for coverage under the Missouri consolidated health care plan to enroll in the dental or vision benefits or both under the Missouri consolidated health care plan. This initial thirty-day enrollment period shall begin from such person's initial date of approval under medical assistance under section 208.146, RSMo;

(4) There shall be an annual thirty-day enrollment period, at a time designated by the board, during which persons eligible for medical assistance not otherwise eligible for coverage under the Missouri consolidated health care plan shall be able to enroll in the dental or vision plans or both;

(5) Medical assistance participants not otherwise eligible for coverage under the Missouri consolidated health care plan shall also be eligible to enroll in the dental or vision plans or both as a medical assistance participant within sixty days of a loss of other group dental or vision coverage, or both, provided that such coverage was in place for at least twelve consecutive months immediately prior to the loss and that such loss was due to:

(a) The subscriber's or the subscriber's spouse's termination of employment; or

(b) Termination of group dental or vision coverage, or both, by the employer;

(6) Coverage for such dental and vision benefits to medical assistance subscribers and subscribers' dependents shall terminate when the medical assistance participant ceases to be eligible for medical assistance;

(7) Monthly, in accordance with a schedule developed by the board, or its designee, the medical assistance subscriber shall promptly pay to the executive director an amount equal to the amount of the premium due based upon the participation in the dental or vision plans, or both, as billed by the Missouri consolidated health care plan. Such premium shall be set by the board and shall cover all associated costs, including administrative costs, of the plan for providing such services to medical assistance participants. The executive director shall promptly deposit such amounts to the benefit trust fund account;

(8) The plan shall not assume responsibility for any liabilities incurred by the medical assistance program or its eligible participants or its participants' spouses or unemancipated dependents prior to the group's effective date;

(9) If so determined by the board, the department of social services shall reimburse the plan for any initial start-up costs incurred by the plan solely on behalf of the medical assistance participants and necessary in order for the medical assistance participants to be included in the plan;

(10) If a medical assistance subscriber fails to make any payment due the plan, the board may immediately terminate the medical assistance subscriber's and associated members' enrollment in the plan and stop paying claims accrued during the period of nonpayment. Any subscriber terminated for non-payment of premiums shall not be eligible for coverage until the next annual enrollment period as provided in subdivision (4) of this section.”; and

Further amend said bill, Page 26, Section 208.146, Lines 1 to 62, by deleting all of said lines and inserting in lieu thereof the following:

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

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

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

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

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

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred fifty percent of the federal poverty level. For purposes of this subdivision, "gross income" includes all income of the person and the

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

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

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

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

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

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

(a) All earned income of the disabled worker;

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

(c) A twenty-dollar standard deduction;

(d) Health insurance premiums;

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

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

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

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

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

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

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

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

(5) For a person whose gross income equals or exceeds three hundred percent but less than three hundred fifty percent of the federal poverty level, seven percent of income at three hundred percent of the federal poverty level.

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

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

7. Those persons found eligible for medical assistance through this section shall have the right to purchase dental or optical insurance or both through the Missouri Consolidated Health Care Plan.”; and

On motion of Representative Portwood, **Part I of House Amendment No. 3** was adopted by the following vote:

AYES: 145

Aull	Avery	Baker 25	Baker 123	Bearden
Bivins	Brandom	Bringer	Brown 30	Bruns
Burnett	Casey	Chappelle-Nadal	Cooper 120	Cooper 155
Cooper 158	Corcoran	Cox	Cunningham 145	Cunningham 86
Darrough	Daus	Davis	Day	Deeken
Dempsey	Denison	Dethrow	Dixon	Donnelly
Dougherty	Dusenberg	El-Amin	Faith	Fallert
Fares	Fisher	Flook	Frame	Franz
Funderburk	George	Grill	Grisamore	Guest
Harris 23	Harris 110	Hobbs	Hodges	Holsman
Hubbard	Hunter	Icet	Jones 89	Jones 117
Kelly	Komo	Kraus	Lampe	Lembke
LeVota	Liese	Lipke	Loehner	Low 39
Marsh	May	McClanahan	McGhee	Meadows
Meiners	Moore	Munzlinger	Muschany	Nance
Nasheed	Nieves	Nolte	Norr	Onder
Oxford	Page	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Quinn 9	Richard
Robb	Robinson	Roorda	Rucker	Ruestman
Ruzicka	Salva	Sander	Sater	Scavuzzo
Schaaf	Schad	Scharnhorst	Schieffer	Schlottach
Schneider	Schoeller	Schoemehl	Self	Shively
Silvey	Skaggs	Smith 14	Smith 150	Spreng
Stevenson	St. Onge	Storch	Stream	Sutherland
Swinger	Talboy	Thomson	Threlkeld	Tilley
Todd	Viebrock	Villa	Vogt	Wallace
Walsh	Wasson	Wells	Weter	Whorton
Wilson 119	Wilson 130	Witte	Wood	Wright 159
Yaeger	Yates	Zimmerman	Zweifel	Mr Speaker

NOES: 003

Emery	Ervin	Hoskins
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PRESENT: 000

ABSENT WITH LEAVE: 015

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Walton	Wildberger	Wright-Jones	Young

House Amendment No. 3

PART II

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Pages 60 and 61, Section 208.640, Lines 1 to 41, by deleting all of said lines and inserting in lieu thereof the following:

“208.640. 1. Parents and guardians of uninsured children with incomes [between] **above** one hundred [fifty-one and] **fifty percent and below** three hundred percent of the federal poverty level who do not have access to affordable employer-sponsored health care insurance or other affordable health care coverage may obtain coverage pursuant to this section.

2. For families with gross income **above one hundred fifty percent to one hundred eighty-five percent of the federal poverty level** for the purposes of sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium **of three percent of one hundred fifty percent of the federal poverty level for a family of three** [less than or equal to one hundred thirty-three percent of the monthly average premium required in the state's current Missouri consolidated health care plan]. For families with gross income **above one hundred eighty-five percent to two hundred twenty-five percent of the federal poverty level** for the purposes of sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium **of four percent of one hundred eighty-five percent of the federal poverty level for a family of three**. For families with gross income **above two hundred twenty-five percent and below three hundred percent of the federal poverty level** for the purposes of sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium **of five percent of two hundred twenty-five percent of the federal poverty level for a family of three**. Health insurance plans that do not cover an eligible child's pre-existing condition shall not be considered "affordable employer-sponsored health care insurance or other affordable health care coverage" for purposes of sections 208.631 to 208.657.

3. The parents and guardians of eligible uninsured children pursuant to this section are responsible for a monthly premium [equal to the average premium required for the Missouri consolidated health care plan] **as required by annual state appropriation**; provided that the total aggregate cost sharing for a family covered by these sections shall not exceed five percent of such family's income for the years involved. No co-payments or other cost sharing is permitted with respect to benefits for well-baby and well-child care including age-appropriate immunizations. Cost-sharing provisions pursuant to sections 208.631 to 208.657 shall not exceed the limits established by 42 U.S.C. Section 1397cc(e).

208.658. Up to one percent of any federal funds received under the provisions of Title XXI of the Social Security Act, as amended, and up to one percent of any state funds used to match those federal funds may be used for outreach through the MO HealthNet division for children's health program established under sections 208.631 to 208.657. The MO HealthNet division may contract with local public health agencies for purposes of this section. The provisions of this section shall be subject to appropriation.”; and

Representative Portwood moved that **Part II of House Amendment No. 3** be adopted.

Which motion was defeated by the following vote:

AYES: 001

Whorton

NOES: 145

Aull	Avery	Baker 25	Baker 123	Bearden
Bivins	Brandom	Bringer	Brown 30	Bruns
Burnett	Casey	Chappelle-Nadal	Cooper 120	Cooper 155
Cooper 158	Corcoran	Cox	Cunningham 145	Cunningham 86
Darrough	Daus	Davis	Day	Deeken
Dempsey	Denison	Dethrow	Dixon	Donnelly
Dougherty	Dusenberg	El-Amin	Emery	Ervin
Faith	Fallert	Fares	Fisher	Flook
Frame	Franz	Funderburk	George	Grill
Grisamore	Guest	Harris 23	Harris 110	Hobbs
Hodges	Holsman	Hoskins	Hubbard	Hunter

Icet	Jones 89	Jones 117	Komo	Kraus
Lampe	Lembke	LeVota	Liese	Lipke
Loehner	Low 39	Marsh	May	McClanahan
McGhee	Meadows	Meiners	Moore	Munzlinger
Muschany	Nance	Nasheed	Nieves	Nolte
Norr	Onder	Oxford	Page	Parson
Pearce	Pollock	Portwood	Pratt	Quinn 7
Quinn 9	Richard	Robb	Robinson	Roorda
Ruestman	Ruzicka	Salva	Sander	Sater
Scavuzzo	Schaaf	Schad	Scharnhorst	Schieffer
Schlottach	Schneider	Schoeller	Schoemehl	Self
Shively	Silvey	Skaggs	Smith 14	Smith 150
Spreng	Stevenson	St. Onge	Storch	Stream
Sutherland	Swinger	Talboy	Thomson	Threlkeld
Tilley	Todd	Viebrock	Villa	Vogt
Wallace	Walsh	Wasson	Wells	Weter
Wilson 119	Wilson 130	Witte	Wood	Wright 159
Yaeger	Yates	Zimmerman	Zweifel	Mr Speaker

PRESENT: 000

ABSENT WITH LEAVE: 017

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kelly	Kingery	Kratky
Kuessner	Lowe 44	Rucker	Walton	Wildberger
Wright-Jones	Young			

House Amendment No. 3

PART III

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 64, Section 208.696, Line 19, by deleting the word “**and**”; and

Further amend said bill, Page 64, Section 208.696, Line 20, by inserting immediately following the word “**care**”; the following “**partnership approved**”; and

Further amend said bill, Page 65, Section 208.696, Lines 23 to 24, by deleting all of said lines and inserting in lieu thereof the following:

“**eligibility;**

(7) **Develop requirements that all long-term care policies sold in the state of Missouri shall include coverage for all home and community based services, including but not limited to consumer-directed services, in-home, home health, and assisted living services;**

(8) **Develop requirements that all long-term care insurance policies sold in the state of Missouri shall disallow exclusions based on pre-existing conditions;**

(9) **Develop requirements that vendors of long-term care policies shall not charge a higher fee for premiums for individuals with pre-existing conditions or disabilities; and**

(10) **Develop requirements that all vendors of long-term care insurance shall provide each potential purchaser with accurate and verifiable information on the rates, expressed as a percentage of all claims for long-term care services which the vendor has denied in the past twelve months”; and**

Further amend said bill, Page 103, Section 4, by inserting after all of said section the following:

“Section 5. The provisions in section 103.005, RSMo, relating to dental and vision benefits for medical assistance participants under section 208.146, RSMo, section 103.087, RSMo, section 208.146, RSMo, and subsection 7 of section 208.151, RSMo, shall expire six years after the effective date of this act.”; and

Further amend said bill, Page 107, Section B., by inserting after all of said section the following:

“Section C. The repeal and reenactment of sections 103.003, 103.005, and 208.151, and the enactment of sections 103.087 and 208.146, shall be effective upon notice to the revisor of statutes that a waiver or approval of a state plan amendment has been obtained from the Secretary of the Department of Health and Human Services by the director of the department of social services.”; and

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

On motion of Representative Portwood, **Part III of House Amendment No. 3** was adopted by the following vote:

AYES: 142

Aull	Avery	Baker 25	Baker 123	Bearden
Bivins	Brandom	Bringer	Brown 30	Bruns
Burnett	Casey	Chappelle-Nadal	Cooper 120	Cooper 155
Cooper 158	Corcoran	Cox	Cunningham 145	Cunningham 86
Darrough	Daus	Davis	Day	Deeken
Dempsey	Denison	Dixon	Donnelly	Dougherty
Dusenberg	El-Amin	Emery	Ervin	Faith
Fallert	Fares	Fisher	Flook	Frame
Franz	Funderburk	George	Grill	Grisamore
Guest	Harris 23	Harris 110	Hobbs	Hodges
Holsman	Hubbard	Hunter	Ice	Jones 89
Jones 117	Kelly	Komo	Kraus	Lampe
Lembke	LeVota	Liese	Lipke	Loehner
Low 39	Marsh	May	McClanahan	McGhee
Meadows	Meiners	Moore	Munzlinger	Muschany
Nance	Nasheed	Nieves	Nolte	Norr
Onder	Oxford	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Quinn 9	Richard
Robb	Robinson	Roorda	Ruestman	Ruzicka
Salva	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schieffer	Schlottach	Schneider
Schoeller	Schoemehl	Self	Shively	Silvey
Skaggs	Smith 14	Smith 150	Spreng	Stevenson
St. Onge	Storch	Stream	Sutherland	Swinger
Talboy	Thomson	Tilley	Todd	Viebrock
Villa	Vogt	Wallace	Walsh	Wells
Weter	Whorton	Wilson 119	Wilson 130	Witte
Wood	Wright 159	Yaeger	Yates	Zimmerman
Zweifel	Mr Speaker			

NOES: 001

Hoskins

PRESENT: 000

ABSENT WITH LEAVE: 020

Bland	Bowman	Brown 50	Curls	Dethrow
Haywood	Hughes	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Page	Rucker	Threlkeld
Walton	Wasson	Wildberger	Wright-Jones	Young

Representative Bearden offered **House Amendment No. 4.**

House Amendment No. 4

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 73, Section 208.950, Lines 145-153, by deleting all of said lines and inserting in lieu thereof the following:

"state beginning with the next contract renewal period. The division may promulgate rules to compare different methods for dental management. Such rules shall include but are not limited to methods to compare cost, outcomes, encounter data, network adequacy including availability of specialty providers, timeliness of service delivery, delivery of preventative services and emergency services, and patient satisfaction. Once such rules have been adopted the division may, in the following contract period in one managed care region, negotiate with one managed care organization to have dental services for enrolles provided using the division's technology and internal resources and negotiate with one managed care organization to have dental services for enrollees provided using an administrative services organization to be contracted separately from the managed care organization. Three months prior to the end of at least a twelve-month contract period a comparison of the methods of dental management shall be conducted by the division in accordance with the rules, and the results reported to the oversight committee, who shall"; and

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

Representative Skaggs raised a point of order that **House Amendment No. 4** amends previously amended material.

The Chair ruled the point of order not well taken.

On motion of Representative Bearden, **House Amendment No. 4** was adopted.

Representative Bearden offered **House Amendment No. 5.**

House Amendment No. 5

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 36, Section 208.152, Line 89, by inserting after the word "**appropriations**" the following:

"**. Until such time as a four-tier level is implemented, each resident of such facility who qualifies for assistance under section 208.030, RSMo shall, at a minimum, if prescribed by a physician, be authorized 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 her or she transfers to another such facility**"; and

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

On motion of Representative Bearden, **House Amendment No. 5** was adopted.

Representative Kraus offered **House Amendment No. 6.**

House Amendment No. 6

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Section 208.152, Page 43, Line 318, by inserting after all of said line the following:

“(11) Pursuant to federal law and subject to appropriations, MO HealthNet participants shall submit to random testing for illegal drugs to remain eligible for MO HealthNet services.”; and

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

Representative Tilley assumed the Chair.

Representative Schaaf offered **House Amendment No. 1 to House Amendment No. 6.**

*House Amendment No. 1
to
House Amendment No. 6*

AMEND House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Line 4, by deleting the words "**Pursuant to**" and inserting in lieu thereof the word "**Notwithstanding**".

Speaker Jetton resumed the Chair.

On motion of Representative Schaaf, **House Amendment No. 1 to House Amendment No. 6** was adopted.

Representative Page offered **House Amendment No. 2 to House Amendment No. 6.**

Representative Pratt raised a point of order that **House Amendment No. 2 to House Amendment No. 6** goes beyond the scope of the bill.

The Chair ruled the point of order well taken.

On motion of Representative Kraus, **House Amendment No. 6, as amended**, was adopted by the following vote:

AYES: 123

Aull	Avery	Baker 123	Bearden	Bivins
Brandom	Bringer	Brown 30	Bruns	Casey
Chappelle-Nadal	Cooper 120	Cooper 155	Cooper 158	Corcoran
Cox	Cunningham 145	Cunningham 86	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Donnelly	Dusenberg	Emery	Ervin	Faith
Fallert	Fares	Fisher	Flook	Franz
Funderburk	Grill	Grisamore	Guest	Harris 23
Harris 110	Hobbs	Hodges	Hunter	Icet
Jones 89	Jones 117	Kelly	Komo	Kraus
Lampe	Lembke	Lipke	Loehner	Marsh
May	McClanahan	McGhee	Meiners	Moore
Munzlinger	Muschany	Nance	Nieves	Nolte
Norr	Onder	Page	Parson	Pearce
Pollock	Portwood	Pratt	Quinn 7	Quinn 9
Richard	Robb	Robinson	Ruestman	Ruzicka

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Salva	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schieffer	Schlottach	Schneider
Schoeller	Schoemehl	Self	Silvey	Skaggs
Smith 14	Smith 150	Stevenson	St. Onge	Storch
Stream	Sutherland	Swinger	Thomson	Threlkeld
Tilley	Todd	Viebrock	Wallace	Wasson
Wells	Weter	Whorton	Wilson 119	Wilson 130
Witte	Wood	Wright 159	Yaeger	Yates
Zimmerman	Zweifel	Mr Speaker		

NOES: 024

Baker 25	Burnett	Darrough	Daus	Dougherty
El-Amin	Frame	George	Holsman	Hoskins
Hubbard	LeVota	Liese	Low 39	Meadows
Nasheed	Oxford	Roorda	Rucker	Spreng
Talboy	Villa	Vogt	Walsh	

PRESENT: 000

ABSENT WITH LEAVE: 016

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Shively	Walton	Wildberger	Wright-Jones
Young				

Representative Pratt offered **House Amendment No. 7.**

House Amendment No. 7

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 49, Section 208.215.1, Line 12, by deleting the words "any health benefit plan" on such line; and

Further amend such bill, by deleting the Lines 13-19; and

Further amend such bill, Page 51, Section 208.215.8, by deleting Lines 86-91, and replace in lieu thereof the following:

"and after the time of the service of the notice."

On motion of Representative Pratt, **House Amendment No. 7** was adopted.

Representative Sater offered **House Amendment No. 8.**

House Amendment No. 8

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Section 105.711, Page 4, Line 98, by deleting the word "**community**"; and

Further amend said bill, Section 208.151, Subsection 1, Subdivision (22), Page 31, Line 141, by deleting the words "**By January 1, 2008, the department of social services shall**"; and

Further amend said bill and section, Pages 31 and 32, Lines 142 through 164, by deleting said lines; and

Further amend said bill, Section 208.153, Subsection 2, Page 44, Lines 25 through 29, by deleting said lines; and

Further amend said bill, Section 208.952, Subsection 8, Page 77, Lines 47 to 48, by deleting said lines and inserting in lieu thereof the following:

"8. No provisions of any statute shall be construed as to require any aged, blind or disabled person to enroll in a managed care plan."; and

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

On motion of Representative Sater, **House Amendment No. 8** was adopted.

Representative Cooper (158) offered **House Amendment No. 9**.

House Amendment No. 9

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Section 4, Page 103, by inserting after all of said section the following:

"Section 5. Beginning July 1, 2007, a joint interim committee appointed by the speaker of the house of representatives and the president pro tem of the senate shall make a comprehensive study on the effects of asthma on children and adults, including the solicitation of information from appropriate state agencies and the public on the social, economic, educational and health implications of asthma. The committee shall prepare and submit a report including its recommendation for changes to the governor, the house of representatives, and the senate no later than December 31, 2007."; and

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

On motion of Representative Cooper (158), **House Amendment No. 9** was adopted.

Representative Onder offered **House Amendment No. 10**.

House Amendment No. 10

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Pages 10-12, Section 167.182, by striking all of said section; and

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

On motion of Representative Onder, **House Amendment No. 10** was adopted by the following vote:

AYES: 074

Baker 123	Bearden	Bivins	Brandom	Brown 30
Bruns	Cooper 120	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Davis	Day	Deeken
Dempsey	Denison	Dethrow	Emery	Ervin
Faith	Fisher	Flook	Franz	Funderburk
Grisamore	Guest	Hobbs	Hunter	Icet
Jones 89	Jones 117	Kelly	Lembke	Lipke
Loehner	May	Moore	Munzlinger	Nance
Nieves	Nolte	Onder	Pearce	Pollock
Pratt	Quinn 7	Richard	Robb	Ruestman

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Ruzicka	Sander	Sater	Schad	Scharnhorst
Schlottach	Schneider	Schoeller	Self	Smith 14
Smith 150	Stevenson	Sutherland	Thomson	Tilley
Viebrock	Wallace	Wasson	Wells	Wilson 119
Wilson 130	Wood	Wright 159	Yates	

NOES: 072

Aull	Avery	Baker 25	Bringer	Burnett
Casey	Chappelle-Nadal	Corcoran	Darrough	Daus
Dixon	Donnelly	Dougherty	Dusenberg	El-Amin
Fallert	Fares	Frame	George	Grill
Harris 23	Harris 110	Hodges	Holsman	Hoskins
Hubbard	Komo	Kraus	Lampe	LeVota
Liese	Low 39	Marsh	McClanahan	McGhee
Meadows	Meiners	Muschany	Nasheed	Norr
Oxford	Page	Portwood	Quinn 9	Robinson
Roorda	Rucker	Salva	Scavuzzo	Schaaf
Schieffer	Schoemehl	Shively	Silvey	Skaggs
Spreng	St. Onge	Storch	Stream	Swinger
Talboy	Todd	Villa	Vogt	Walsh
Weter	Whorton	Witte	Yaeger	Zimmerman
Zweifel	Mr Speaker			

PRESENT: 001

Threlkeld

ABSENT WITH LEAVE: 016

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Parson	Walton	Wildberger	Wright-Jones
Young				

Representative Sater offered **House Amendment No. 11.**

House Amendment No. 11

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 61, Section 208.640, Lines 33 to 41, by deleting all of said lines and inserting in lieu thereof the following:

“2. The department of social services shall study the expansion of a presumptive eligibility process for children for medical assistance benefits.”; and

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

On motion of Representative Sater, **House Amendment No. 11** was adopted by the following vote:

AYES: 076

Baker 123	Bearden	Bivins	Brandom	Brown 30
Bruns	Cooper 155	Cooper 158	Cox	Cunningham 86
Davis	Day	Deeken	Dempsey	Denison
Dethrow	Dixon	Dusenberg	Emery	Ervin
Fisher	Flook	Franz	Funderburk	Guest

Hobbs	Hunter	Ice	Jones 89	Jones 117
Kelly	Lembke	Lipke	Loehner	Marsh
May	McGhee	Moore	Munzlinger	Muschany
Nieves	Onder	Parson	Pearce	Pollock
Pratt	Quinn 7	Robb	Ruestman	Ruzicka
Sander	Sater	Schaaf	Schad	Scharnhorst
Schlottach	Schoeller	Self	Smith 14	Stevenson
St. Onge	Sutherland	Thomson	Threlkeld	Tilley
Viebrock	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

NOES: 069

Aull	Avery	Baker 25	Bringer	Burnett
Casey	Chappelle-Nadal	Corcoran	Darrough	Daus
Donnelly	Dougherty	El-Amin	Faith	Fallert
Fares	Frame	George	Grill	Grisamore
Harris 23	Harris 110	Hodges	Holsman	Hoskins
Hubbard	Komo	Kraus	Lampe	LeVota
Liese	Low 39	McClanahan	Meadows	Meiners
Nance	Nasheed	Nolte	Norr	Oxford
Page	Portwood	Quinn 9	Robinson	Roorda
Rucker	Salva	Scavuzzo	Schieffer	Schneider
Schoemehl	Shively	Silvey	Skaggs	Smith 150
Spreng	Storch	Stream	Swinger	Talboy
Todd	Villa	Vogt	Walsh	Whorton
Witte	Yaeger	Zimmerman	Zweifel	

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Cooper 120	Cunningham 145
Curls	Haywood	Hughes	Johnson	Kingery
Kratky	Kuessner	Lowe 44	Richard	Walton
Wildberger	Wright-Jones	Young		

Representative Schaaf offered **House Amendment No. 12.**

House Amendment No. 12

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 61, Section 208.640, Line 30, by deleting all of said line and inserting in lieu thereof the following:

“exceeded the annual coverage limits for all health care services, the child is not”; and

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

On motion of Representative Schaaf, **House Amendment No. 12** was adopted.

Representative Wilson (130) offered **House Amendment No. 13.**

House Amendment No. 13

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Pages 73 and 74, Section 208.950, Lines 167 through 172, by deleting all of said lines and inserting in lieu thereof the following:

“(29) "Comprehensive Entry Point", an entity that has staff available to access the web-based/terminal server electronic patient health record, has minimal conflict of interest, has experience in providing federally-funded information and assistance, and utilizes the universal information and assessment system and where a person can seek information and assistance about long-term care services including, but not limited to, hospitals, home care agencies, county developmental disabilities boards, centers for independent living, facilities licensed under chapter 198, RSMo, area agencies on aging, health care providers, transportation providers, home-delivered meal providers, and behavioral health providers;”; and

Further amend said bill, Page 75, Section 208.950, Line 226, by inserting immediately following the first instance of the word **“based”** the following:

“/terminal server”; and

Further amend said bill, Page 77, Section 208.952, Line 41, by inserting immediately following the word **“web-based”** the following:

“/terminal server”; and

Further amend said bill, Pages 85 through 87, Section 208.956, Lines 99 through 185, by deleting all of said lines and inserting in lieu thereof the following:

“4. By October 1, 2008, the Department of Health and Senior Services, in conjunction with the commission convened by the Lieutenant Governor, shall develop and implement a comprehensive entry point system for long-term care through a public process that shall:

(1) Offer Missourians an array of choices including community-based, in-home, residential and institutional services;

(2) Provide information and assistance about the array of long-term care services to Missourians through a complete state-wide information and assistance system that is accessible by phone, in-person, and via the Internet or other appropriate technology;

(3) Allow consumers to independently choose from a full range of home, community-based, and facility-based health and social services as well as access appropriate services to meet individual needs and preferences from the provider of the consumer’s choice;

(4) Create a delivery system that is easy to understand and accessible and which shall include financial presumptive eligibility for home and community based services;

(5) Create a delivery system that is efficient, reduces duplication, minimizes conflict of interest, and streamlines access to federal, state and local funding sources and programs;

(6) Establishes a long-term care system that seeks to achieve timely access to and payment for care, foster quality and excellence in service delivery, and promote innovative and cost-effective strategies;

(7) Implements an electronic system utilizing a uniform screening and assessment mechanism establishing consumers’ need for services, availability of informal supports, plan of service, service authorization, and services provided;

(8) Provides a nursing home pre-admission screening and resident review (PASRR) mechanism for all Missourians seeking nursing home care that will also track community-based unmet needs; and

(9) Provides a care coordination system to be available as needed for consumers at risk of premature institutionalization, those being discharged from a hospital and those individuals in a crisis.

5. The duties and functions of the comprehensive entry point shall include but not be limited to:

(1) Provide a comprehensive and coordinated service system for Missouri’s long-term care population, prioritizing by greatest need of individuals;

- (2) Evaluate programs and services for the the long-term care population, and determine the extent to which those programs and services meet the needs of the consumer;
- (3) Provide consultation and assistance to communities and groups developing local services;
- (4) Promote community education regarding the services available through publications, presentations, radio, television, and the press;
- (5) Cooperate with agencies of the federal, state and local government in studies and conferences designed to examine the needs of the long-term care consumer and prepare programs to address those needs;
- (6) Establish and maintain information and referral sources throughout Missouri;
- (7) Initiate, evaluate, and provide assistance for improving programs in cooperation with all other state agencies having concerns or responsibility for long-term care;
- (8) Screen, assess, authorize, and track services delivered, and identify unmet needs;
- (9) Provide Missouri's long-term care consumers and their families with a locally focused, coordinated approach to integrating information and referral for all available services;
- (10) Provide for easier access to long-term-care services by providing local access to the long-term-care network;
- (11) Develop referral agreements with local community service organizations, such as senior centers, existing service providers, volunteer associations, and other similar organizations, to better assist clients who do not need or do not wish to enroll in programs funded by the state or the comprehensive entry point;
- (12) Develop a referral agreement that includes protocols designed to ensure that consumers and their families are able to access information and services in the most efficient and least cumbersome manner possible;
- (13) Provide an initial screening of all clients who request long-term-care services to determine whether the person would be most appropriately served through any combination of federally funded programs, state-funded programs, locally funded or community volunteer programs, or private funding for services;
- (14) Determine functional eligibility for the programs and services administered through the comprehensive entry point for long-term care services for persons residing within the geographic area served by the comprehensive entry point and determine a priority ranking for services which is based upon the potential recipient's frailty level, likelihood of pre-mature institutional placement without such services, and abuse or neglect survivors;
- (15) Manage the availability of financial resources for the programs and services within MO HealthNet for long-term care participants residing within the geographic area served by the comprehensive entry point;
- (16) Refer a client to the most appropriate entity to begin receiving services when financial resources become available;
- (17) Assist the department in locating services for individuals in need of adult protective services and shall give these individuals primary consideration for receiving services;
- (18) Develop an annual program improvement plan for submission to the department;
- (19) Develop strong community partnerships to maximize the use of community resources for the purpose of assisting to remain in their community settings for as long as it is safely possible and needs are met; and
- (20) Conduct comprehensive assessments as appropriate of clients and develop a service plan consistent with established protocols that ensure that the unique needs of each client are met.

6. The services to be coordinated through the comprehensive entry point system shall include those funded through MO HealthNet waivers, MO HealthNet state plans, Older Americans Act, and other funding as appropriate.

7. The department shall, prior to designation of an comprehensive entry point system , develop by rule operational and quality assurance standards and outcome measures to ensure that clients receiving services through all long-term-care programs administered through a comprehensive entry point are receiving the appropriate care they require and that contractors and subcontractors are adhering to the terms of their contracts and are acting in the best interests of the clients they are serving, consistent with the intent of the Legislature to ensure the most appropriate care in the least restrictive care setting to met the needs of the clients.

8. The department shall by rule provide operating procedures for a comprehensive entry point system, which shall include:

- (1) Minimum standards for financial operation, including audit procedures.
- (2) Procedures for monitoring and sanctioning.
- (3) Minimum standards for technology utilized by the comprehensive entry point system.

(4) Minimum staff requirements which shall ensure that the comprehensive entry point system employs sufficient quality and quantity of staff to adequately meet the needs of the consumers residing within the area served by the comprehensive entry point system.

(5) Minimum accessibility standards, including hours of operation.

(6) Minimum oversight standards for the governing body of the comprehensive entry point to ensure its continuous involvement in, and accountability for, all matters related to the development, implementation, staffing, administration, and operations of the comprehensive entry point.

(7) Minimum education and experience requirements for executive directors and other executive staff positions of comprehensive entry point system.

(8) Minimum requirements regarding any executive staff positions that the comprehensive entry point must employ and minimum requirements that a candidate must meet in order to be eligible for appointment to such positions.

9. This section shall not be construed to allow the comprehensive entry point to restrict, manage, or impede the local fundraising activities of service providers.

10. (1) The Lieutenant Governor shall convene a commission to advise in the planning, implementation, and evaluation of the comprehensive entry point system. In addition, the commission shall have an on-going responsibility to review and act upon the recommendations contained in the annual program improvement plans.

(2) The commission shall be comprised of state-wide representatives of long-term care service providers, housing authorities, social service organizations, advocacy groups, representatives of clients receiving services through the comprehensive entry point, and any other persons or groups as determined by the Lt. Governor.

11. Starting July 1, 2009, the department shall provide to the Governor, Lieutenant Governor and the general assembly a yearly report that provides an update on the implementation the comprehensive entry point system, successes, roadblocks and recommendations including but not limited to, a transition plan for implementation to the populations currently served by DHSS.

12. There is hereby created in the state treasury the “Comprehensive Entry Point System Fund”, which shall consist of all moneys deposited in the fund pursuant to this section, and all moneys which may be appropriated to it by the general assembly from federal or other sources.

13. (1) The state treasurer shall be custodian of the fund and may approve disbursements from the fund pursuant to this section. Notwithstanding the provision of section 44.080 RSMo, to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

(2) All funds collected by or due and payable to the comprehensive entry point system shall remain in and accrue to said fund.”; and

Further amend said bill, Page 90, Section 208.964, Lines 29 through 30, by deleting the words “**natural point of entry**” and inserting in lieu thereof the following “**comprehensive entry point**”; and

Further amend said bill, Page 92, Section 208.968, Line 5, by deleting the words “**natural points of entry**” and inserting in lieu thereof the following “**comprehensive entry points**”; and

Further amend said bill, Page 92, Section 208.968, Line 11, by deleting the words “**natural points of entry**” and inserting in lieu thereof the following “**comprehensive entry points**”; and

Further amend said bill, Page 93, Section 208.968, Line 19, by deleting the words “**natural points of entry**” and inserting in lieu thereof the following “**comprehensive entry points**”; and

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

Representative Schoeller offered **House Amendment No. 1 to House Amendment No. 13.**

House Amendment No. 1
to
House Amendment No. 13

AMEND House Amendment No. 13 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 2, on Line 23, by removing the word "all" and adding "MO Health clients"; and

Further amend on Page 3, Line 25, by removing the word "all" and adding "MO Health".

On motion of Representative Schoeller, **House Amendment No. 1 to House Amendment No. 13** was adopted.

Representative Wilson (130) moved that **House Amendment No. 13, as amended**, be adopted.

Which motion was defeated.

Representative Burnett offered **House Amendment No. 14.**

House Amendment No. 14

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, by deleting the word "MO" as it appears throughout the bill and replacing it with the word "NO".

Representative Burnett moved that **House Amendment No. 14** be adopted.

Which motion was defeated by the following vote:

AYES: 054

Aull	Baker 25	Bringer	Burnett	Casey
Chappelle-Nadal	Corcoran	Darrough	Daus	Donnelly
Fallert	Frame	George	Grill	Harris 23
Harris 110	Hodges	Holsman	Hubbard	Komo
Lampe	LeVota	Liese	Low 39	McClanahan
Meadows	Meiners	Nasheed	Norr	Oxford
Page	Quinn 9	Robinson	Roorda	Rucker
Salva	Scavuzzo	Schieffer	Schoemehl	Shively
Skaggs	Spreng	Storch	Swinger	Talboy
Todd	Villa	Vogt	Walsh	Whorton
Witte	Yaeger	Zimmerman	Zweifel	

NOES: 093

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Bruns	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Davis	Day	Deeken
Dempsey	Denison	Dethrow	Dixon	Dougherty
Dusenberg	El-Amin	Emery	Ervin	Faith
Fares	Fisher	Flook	Franz	Funderburk
Grisamore	Guest	Hobbs	Hoskins	Hunter
Ice	Jones 89	Jones 117	Kelly	Kraus
Lembke	Lipke	Loehner	Marsh	May
McGhee	Moore	Munzlinger	Muschany	Nance
Nieves	Nolte	Onder	Parson	Pearce
Pollock	Portwood	Pratt	Quinn 7	Richard

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Robb	Ruestman	Ruzicka	Sander	Sater
Schaaf	Schad	Scharnhorst	Schlottach	Schneider
Schoeller	Self	Silvey	Smith 14	Smith 150
Stevenson	St. Onge	Stream	Sutherland	Thomson
Threlkeld	Tilley	Viebrock	Wallace	Wasson
Wells	Weter	Wilson 119	Wilson 130	Wood
Wright 159	Yates	Mr Speaker		

PRESENT: 000

ABSENT WITH LEAVE: 016

Bland	Bowman	Brown 50	Cooper 120	Curls
Haywood	Hughes	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Walton	Wildberger	Wright-Jones
Young				

Representative McClanahan offered **House Amendment No. 15**.

House Amendment No. 15

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 34, Section 208.151, Line 240, by inserting after said line:

"7. Notwithstanding any other provision of law, eligibility requirements in the state Medicaid program shall be no more restrictive than those in effect on January 1, 2005."; and

Further amend, Page 43, Section 208.152, Line 318, by inserting after said line:

"11. Notwithstanding any other provision of law, state Medicaid services, cost-sharing (including co-payments and premiums), long-term care services criteria, and MC+ for kids affordability standards shall be no more restrictive than the state Medicaid program requirements in effect on January 1, 2005.".

Speaker Pro Tem Bearden assumed the Chair.

Representative Robb offered **House Amendment No. 1 to House Amendment No. 15**.

House Amendment No. 1 to House Amendment No. 15 was withdrawn.

Representative McClanahan moved that **House Amendment No. 15** be adopted.

Which motion was defeated by the following vote:

AYES: 068

Aull	Avery	Baker 25	Bringer	Burnett
Casey	Chappelle-Nadal	Corcoran	Darrough	Daus
Donnelly	Dougherty	El-Amin	Faith	Fallert
Frame	George	Grill	Grisamore	Harris 23
Harris 110	Hodges	Holsman	Hoskins	Hubbard
Komo	Kraus	Lampe	LeVota	Liese
Low 39	Marsh	McClanahan	Meadows	Meiners
Nance	Nasheed	Nolte	Norr	Oxford
Page	Quinn 9	Robinson	Roorda	Rucker
Scavuzzo	Schieffer	Schneider	Schoemehl	Shively
Silvey	Skaggs	Smith 150	Spreng	Storch

Stream	Swinger	Talboy	Todd	Villa
Vogt	Walsh	Whorton	Witte	Wright 159
Yaeger	Zimmerman	Zweifel		

NOES: 078

Baker 123	Bearden	Bivins	Brandom	Brown 30
Bruns	Cooper 120	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Davis	Day	Deeken
Dempsey	Denison	Dethrow	Dixon	Dusenberg
Emery	Ervin	Fares	Fisher	Flook
Franz	Funderburk	Guest	Hobbs	Hunter
Icet	Jones 89	Jones 117	Kelly	Lembke
Lipke	Loehner	May	McGhee	Moore
Munzlinger	Muschany	Nieves	Onder	Parson
Pearce	Pollock	Portwood	Pratt	Quinn 7
Richard	Robb	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Scharnhorst	Schlottach
Schoeller	Self	Smith 14	Stevenson	St. Onge
Sutherland	Thomson	Threlkeld	Tilley	Viebrock
Wallace	Wells	Weter	Wilson 119	Wilson 130
Wood	Yates	Mr Speaker		

PRESENT: 000

ABSENT WITH LEAVE: 017

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Salva	Walton	Wasson	Wildberger
Wright-Jones	Young			

Representative Storch offered **House Amendment No. 16.**

House Amendment No. 16

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Section 208.640, Page 61, Line 32, by inserting after all of said line the following:

"In addition, consistent with 42 U.S.C. section 1396cc(e)(3) amd 42 C.F.R. section 457.560, private or employer-sponsored health insurance shall not be considered affordable if the family's total cost-sharing (including premiums, enrollment fees, deductibles, co-payments, co-insurance, or similar cost-sharing) under such insurance would exceed five percent of the family's annual income. The Family Support Division shall promulgate regulations to establish a process for determining whether the total cost of available private or employer-sponsored health insurance exceeds 5% of family income."; and

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

On motion of Representative Storch, **House Amendment No. 16** was adopted by the following vote:

AYES: 128

Aull	Avery	Baker 25	Bearden	Brandom
Bringer	Brown 30	Bruns	Burnett	Casey
Chappelle-Nadal	Cooper 120	Corcoran	Cox	Cunningham 145

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Cunningham 86	Darrough	Daus	Day	Deeken
Dempsey	Denison	Dixon	Donnelly	Dougherty
Dusenberg	El-Amin	Faith	Fallert	Fares
Fisher	Flook	Frame	Funderburk	George
Grill	Grisamore	Guest	Harris 23	Harris 110
Hobbs	Hodges	Holsman	Hubbard	Hunter
Ice	Jones 117	Kelly	Komo	Kraus
Lampe	Lembke	LeVota	Liese	Lipke
Loehner	Low 39	Marsh	May	McClanahan
McGhee	Meadows	Meiners	Moore	Munzlinger
Muschany	Nance	Nasheed	Nieves	Nolte
Norr	Onder	Oxford	Page	Parson
Pearce	Portwood	Pratt	Quinn 7	Quinn 9
Richard	Robb	Robinson	Roorda	Rucker
Ruestman	Ruzicka	Sander	Scavuzzo	Schaaf
Scharnhorst	Schieffer	Schneider	Schoeller	Schoemehl
Self	Shively	Silvey	Skaggs	Smith 14
Smith 150	Spreng	Stevenson	St. Onge	Storch
Stream	Sutherland	Swinger	Talboy	Thomson
Threlkeld	Tilley	Todd	Viebrock	Villa
Vogt	Walsh	Wasson	Wells	Weter
Wilson 130	Witte	Wright 159	Yaeger	Yates
Zimmerman	Zweifel	Mr Speaker		

NOES: 016

Baker 123	Bivins	Cooper 155	Cooper 158	Davis
Dethrow	Emery	Ervin	Franz	Hoskins
Jones 89	Pollock	Sater	Schad	Wallace
Wood				

PRESENT: 001

Wilson 119

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Salva	Schlottach	Walton	Whorton
Wildberger	Wright-Jones	Young		

Representative Sater offered **House Amendment No. 17.**

House Amendment No. 17

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Section 208.151, Page 34, Line 231, by inserting immediately after the word "state" the following:

", unless subject to appropriation or directed by statute"; and

Further amend said substitute, said section, said page, Line 235, by inserting immediately after the word "thereof" the following:

", unless the request for such a waiver is made subject to appropriation or directed by statute"; and

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

On motion of Representative Sater, **House Amendment No. 17** was adopted.

Representative Zweifel offered **House Amendment No. 18**.

House Amendment No. 18

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 25, Section 208.001, Line 22, by inserting after all of said line the following:

"208.145. **1.** For the purposes of the application of section 208.151, individuals shall be deemed to be recipients of aid to families with dependent children and individuals shall be deemed eligible for [such assistance] **the medical assistance authorized under section 208.151** if:

(1) The individual meets eligibility requirements which are no more restrictive than the July 16, 1996, eligibility requirements for aid to families with dependent children, as established by the **family support** division [of family services]; or

(2) Each dependent child, and each relative with whom such a child is living including the spouse of such relative as described in 42 U.S.C. 606(b), as in effect on July 16, 1996, who ceases to meet the eligibility criteria set forth in subdivision (1) of this [section] **subsection** as a result of the collection or increased collection of child or spousal support under part IV-D of the Social Security Act, 42 U.S.C. 651 et seq., and who has received such aid in at least three of the six months immediately preceding the month in which ineligibility begins, shall be deemed eligible for an additional four calendar months beginning with the month in which such ineligibility begins.

2. For determination of eligibility under subsection 1 of this section, less restrictive income methodologies as authorized in 42 U.S.C. Section 1396 u1(b)(2)(C) shall be used to disregard two-thirds of earned income in place of the disregard of thirty dollars of earned income plus one-third of remaining earned income. Such disregard shall not be time limited and shall be applied on all income eligibility tests except gross income."; and

Further amend said title, enacting clause and intersectional references accordingly.

Representative Zweifel moved that **House Amendment No. 18** be adopted.

Which motion was defeated by the following vote:

AYES: 067

Aull	Avery	Baker 25	Brandom	Bringer
Burnett	Casey	Chappelle-Nadal	Corcoran	Darrough
Daus	Day	Donnelly	El-Amin	Faith
Fallert	Frame	George	Grill	Grisamore
Harris 23	Harris 110	Hodges	Holsman	Hubbard
Komo	Kraus	Lampe	LeVota	Liese
Low 39	Marsh	McClanahan	Meadows	Meiners
Nance	Nasheed	Nolte	Norr	Oxford
Page	Portwood	Quinn 9	Robinson	Roorda
Rucker	Scavuzzo	Schieffer	Schoemehl	Shively
Silvey	Skaggs	Smith 150	Spreng	Storch
Stream	Swinger	Talboy	Todd	Villa
Vogt	Walsh	Witte	Wright 159	Yaeger
Zimmerman	Zweifel			

NOES: 078

Baker 123	Bearden	Bivins	Brown 30	Bruns
Cooper 120	Cooper 155	Cooper 158	Cox	Cunningham 145
Cunningham 86	Davis	Deeken	Dempsey	Denison

Dethrow	Dixon	Dusenberg	Emery	Ervin
Fares	Fisher	Flook	Franz	Funderburk
Guest	Hobbs	Hoskins	Hunter	Icet
Jones 89	Jones 117	Kelly	Lembke	Lipke
Loehner	May	McGhee	Moore	Munzlinger
Muschany	Nieves	Onder	Parson	Pearce
Pollock	Pratt	Quinn 7	Richard	Robb
Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Scharnhorst	Schlottach	Schneider	Schoeller
Self	Smith 14	Stevenson	St. Onge	Sutherland
Thomson	Threlkeld	Tilley	Viebrock	Wallace
Wasson	Wells	Weter	Wilson 119	Wilson 130
Wood	Yates	Mr Speaker		

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Dougherty
Haywood	Hughes	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Salva	Walton	Whorton
Wildberger	Wright-Jones	Young		

Representative Zweifel offered **House Amendment No. 19.**

House Amendment No. 19

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 1, In the Title, Line 5, by inserting after "RSMo," the following:

"and section 208.755 as truly agreed and finally passed in Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 327, Ninety-fourth General Assembly, First Regular Session,"; and

Further amend said bill, Page 1, Section A, Line 4, by inserting after "RSMo," the following:

"and section 208.755 as truly agreed and finally passed in Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 327, Ninety-fourth General Assembly, First Regular Session,"; and

Further amend said bill, Page 104, Section 208.014, Line 29, by inserting after all of said line the following:

"[208.755. 1. There is hereby established within the department of economic development a program to be known as the "Family Development Account Program". The program shall provide eligible families and individuals with an opportunity to establish special savings accounts for moneys which may be used by such families and individuals for education, home ownership or small business capitalization.

2. The department shall solicit proposals from community-based organizations seeking to administer the accounts on a not-for-profit basis. Community-based organization proposals shall include:

- (1) A requirement that the individual account holder or the family of an account holder match the contributions of a community-based organization member by contributing cash;
- (2) A process for including account holders in decision making regarding the investment of funds in the accounts;
- (3) Specifications of the population or populations targeted for priority participation in the program;

(4) A requirement that the individual account holder or the family of an account holder attend economic literacy seminars;

(5) A process for including economic literacy seminars in the family development account program; and

(6) A process for regular evaluation and review of family development accounts to ensure program compliance by account holders.

3. In reviewing the proposals of community-based organizations, the department shall consider the following factors:

(1) The not-for-profit status of such organization;

(2) The fiscal accountability of the community-based organization;

(3) The ability of the community-based organization to provide or raise moneys for matching contributions;

(4) The ability of the community-based organization to establish and administer a reserve fund account which shall receive all contributions from program contributors; and

(5) The significance and quality of proposed auxiliary services, including economic literacy seminars, and their relationship to the goals of the family development account program.

4. No more than [twenty] **fifteen** percent of all funds in the reserve fund account may be used for administrative costs of the program in each of the first two years of the program, and no more than [fifteen] **ten** percent of such funds may be used for administrative costs for any subsequent year. Funds deposited by account holders shall not be used for administrative costs.

5. The department shall promulgate rules and regulations to implement and administer the provisions of sections 208.750 to 208.775. No rule or portion of a rule promulgated pursuant to the authority of sections 208.750 to 208.775 shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo.]"; and

Further amend said title, enacting clause and intersectional references accordingly.

On motion of Representative Zweifel, **House Amendment No. 19** was adopted.

Representative Holsman offered **House Amendment No. 20**.

House Amendment No. 20

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 41, Section 208.152, Line 238, by inserting after the number “(27)” the following:

“Home nursing visits for newborn infants. Such nursing services shall consist of home visits designed to prevent infant mortality, child abuse and neglect for at-risk infants by providing health care, education, and positive parenting skills and shall be capable of providing follow-up care as needed for up to twenty-four months after the initial visit. For the purposes of this section, “at risk” may include infants born medically fragile, chemically dependent, or deemed by the treating physician as displaying failure to thrive or born to a chemically dependent parent, to a teenage mother, to a mentally or physically challenged mother, to a family where there has been a history of prior premature births, abuse or neglect, or domestic violence.

(a) This shall be developed as a three-year pilot project, using a maximum of four hundred fifty thousand dollars general revenue, in a county of the first classification with more than eighty thousand but fewer than ninety thousand inhabitants, a county of the third classification with more than nineteen thousand five hundred but less than twenty-one thousand five hundred inhabitants, a county with a charter form of government and with more than one million inhabitants, a city not within a county, and a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants.

(b) The division shall request appropriate waivers or state plan amendments from the Secretary of the federal Department of Health and Human Services to permit the establishment of this pilot project; (28)”; and

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

Representative Page offered **House Substitute Amendment No. 1 for House Amendment No. 20**.

Representative Pratt raised a point of order that **House Substitute Amendment No. 1 for House Amendment No. 20** goes beyond the scope of the bill.

The Chair ruled the point of order well taken.

On motion of Representative Holsman, **House Amendment No. 20** was adopted by the following vote:

AYES: 101

Aull	Avery	Baker 25	Brandom	Bringer
Bruns	Burnett	Casey	Chappelle-Nadal	Cooper 158
Corcoran	Cunningham 145	Daus	Day	Deeken
Dempsey	Dixon	Donnelly	Dougherty	Dusenberg
El-Amin	Faith	Fallert	Fares	Flook
Frame	Funderburk	George	Grill	Grisamore
Harris 23	Harris 110	Hodges	Holsman	Hubbard
Komo	Kraus	Lampe	Lembke	LeVota
Liese	Lipke	Loehner	Low 39	Marsh
McClanahan	McGhee	Meadows	Meiners	Muschany
Nance	Nasheed	Nieves	Nolte	Norr
Oxford	Page	Pollock	Portwood	Pratt
Quinn 9	Robinson	Roorda	Rucker	Ruzicka
Salva	Sander	Scavuzzo	Schieffer	Schlottach
Schneider	Schoeller	Schoemehl	Self	Shively
Silvey	Skaggs	Smith 14	Smith 150	Spreng
Storch	Stream	Sutherland	Swinger	Talboy
Thomson	Threlkeld	Tilley	Todd	Villa
Vogt	Walsh	Wasson	Wells	Weter
Wilson 130	Witte	Yaeger	Yates	Zimmerman
Zweifel				

NOES: 044

Baker 123	Bearden	Bivins	Brown 30	Cooper 120
Cooper 155	Cox	Cunningham 86	Davis	Denison
Dethrow	Emery	Ervin	Fisher	Franz
Guest	Hobbs	Hoskins	Hunter	Ice
Jones 89	Jones 117	Kelly	May	Moore
Munzlinger	Onder	Parson	Pearce	Quinn 7
Richard	Robb	Ruestman	Sater	Schaaf
Schad	Scharnhorst	Stevenson	St. Onge	Viebrock
Wilson 119	Wood	Wright 159	Mr Speaker	

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Darrrough
Haywood	Hughes	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Wallace	Walton	Whorton
Wildberger	Wright-Jones	Young		

Representative Donnelly offered **House Amendment No. 21**.

House Amendment No. 21

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 38, Section 208.152, Line 160, by inserting after the word "therapy" the following:

"and any evaluation required to make the determination of medically necessary"; and

Further amend said section, Line 198, by inserting after the word "wheelchairs" the words "and any evaluation required to make the determination of medically necessary"; and

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

On motion of Representative Donnelly, **House Amendment No. 21** was adopted by the following vote:

AYES: 114

Aull	Avery	Baker 25	Brandom	Bringer
Bruns	Burnett	Casey	Chappelle-Nadal	Cooper 155
Cooper 158	Corcoran	Cunningham 145	Cunningham 86	Darrough
Daus	Day	Deeken	Dempsey	Denison
Dixon	Donnelly	Dougherty	Dusenberg	El-Amin
Faith	Fallert	Fares	Fisher	Frame
Funderburk	George	Grill	Grisamore	Guest
Harris 23	Harris 110	Hobbs	Hodges	Holsman
Hubbard	Jones 117	Kelly	Komo	Kraus
Lampe	Lembke	LeVota	Liese	Lipke
Loehner	Low 39	Marsh	May	McClanahan
McGhee	Meiners	Moore	Munzlinger	Muschany
Nance	Nasheed	Nieves	Nolte	Norr
Oxford	Page	Pearce	Portwood	Pratt
Quinn 9	Richard	Robb	Robinson	Roorda
Rucker	Ruzicka	Salva	Sander	Scavuzzo
Schaaf	Scharnhorst	Schieffer	Schlottach	Schneider
Schoeller	Schoemehl	Self	Shively	Silvey
Skaggs	Smith 14	Smith 150	Spreng	St. Onge
Storch	Stream	Swinger	Talboy	Thomson
Threlkeld	Tilley	Todd	Villa	Vogt
Walsh	Wasson	Weter	Wilson 130	Witte
Wright 159	Yaeger	Yates	Zimmerman	

NOES: 031

Baker 123	Bearden	Bivins	Brown 30	Cooper 120
Cox	Davis	Dethrow	Emery	Ervin
Flook	Franz	Hoskins	Hunter	Icet
Jones 89	Onder	Parson	Pollock	Quinn 7
Ruestman	Sater	Schad	Stevenson	Sutherland
Viebrock	Wallace	Wells	Wilson 119	Wood
Mr Speaker				

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Meadows	Walton	Whorton	Wildberger
Wright-Jones	Young	Zweifel		

Representative Fallert offered **House Amendment No. 22**.

House Amendment No. 22

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 66, Section 208.750, Line 25, by inserting after all of said section the following:

“208.784. 1. The program shall coordinate prescription drug coverage with the Medicare Part D prescription drug benefit, including related supplies as determined by the department, who:

(1) Is a resident of the state of Missouri and is either:

(a) Sixty-five years of age or older; [or]

(b) **Sixty-five years of age or older and retired; or**

(c) Is disabled and receiving a Social Security benefit and is enrolled in the Medicare program;

(2) Is enrolled in a Medicare Part D drug plan;

(3) Is not a member of a retirement plan that is receiving a benefit under the Medicare Prescription Drug, Improvement and Modernization Act of 2003, P.L. 108-173.

2. The department shall give initial enrollment priority to the Medicaid dual eligible population. A second enrollment priority will be afforded to Medicare-eligible applicants with annual household incomes at or below one hundred fifty percent of the federal poverty guidelines who also meet the asset test. **A third enrollment priority will be afforded to Medicare-eligible applicants who are retired with annual household incomes of up to twenty-five thousand dollars for individuals and up to fifty thousand dollars for married couples.** Medicaid dual eligible persons may be automatically enrolled into the program, as long as they may opt out of the program if they so choose. The department shall determine the procedures for automatic enrollment in, and election out of, the Missouri Rx plan. Applicants meeting the eligibility requirements set forth in this section may begin enrolling in the program as determined by the department.

3. An individual or married couple who meet the eligibility requirements in subsection 1 of this section and who are not Medicaid dual eligible persons may apply for enrollment in the program by submitting an application to the department, or the department's designee, that attests to the age, residence, household income, and liquid assets of the individual or couple.”; and

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

Representative Fallert moved that **House Amendment No. 22** be adopted.

Which motion was defeated by the following vote:

AYES: 070

Aull	Avery	Baker 25	Brandom	Bringer
Burnett	Casey	Chappelle-Nadal	Corcoran	Darrough
Daus	Day	Donnelly	Dougherty	El-Amin
Faith	Fallert	Fares	Frame	George
Grill	Grisamore	Harris 23	Harris 110	Hodges
Holsman	Hubbard	Komo	Kraus	Lampe
LeVota	Liese	Low 39	Marsh	McClanahan
Meiners	Nance	Nasheed	Nolte	Norr
Oxford	Page	Quinn 9	Robinson	Roorda
Rucker	Salva	Scavuzzo	Schieffer	Schneider

Schoemehl	Shively	Silvey	Skaggs	Smith 150
Spreng	Storch	Stream	Swinger	Talboy
Tilley	Todd	Villa	Vogt	Walsh
Witte	Wright 159	Yaeger	Zimmerman	Zweifel

NOES: 075

Baker 123	Bearden	Bivins	Brown 30	Bruns
Cooper 120	Cooper 155	Cooper 158	Cox	Cunningham 145
Cunningham 86	Davis	Deeken	Dempsey	Denison
Dethrow	Dixon	Dusenberg	Emery	Ervin
Fisher	Flook	Franz	Funderburk	Guest
Hobbs	Hoskins	Hunter	Ice	Jones 89
Jones 117	Kelly	Lembke	Lipke	Loehner
May	McGhee	Moore	Munzlinger	Muschany
Nieves	Onder	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Richard	Robb
Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Scharnhorst	Schlottach	Schoeller	Self
Smith 14	Stevenson	St. Onge	Sutherland	Thomson
Threlkeld	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Yates	Mr Speaker

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Meadows	Viebrock	Walton	Whorton
Wildberger	Wright-Jones	Young		

Representative Chappelle-Nadal offered **House Amendment No. 23.**

House Amendment No. 23

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 25, Section 208.001, Line 22, by inserting after all of said line the following:

"208.010. 1. In determining the eligibility of a claimant for public assistance pursuant to this law, it shall be the duty of the division of family services to consider and take into account all facts and circumstances surrounding the claimant, including his or her living conditions, earning capacity, income and resources, from whatever source received, and if from all the facts and circumstances the claimant is not found to be in need, assistance shall be denied. In determining the need of a claimant, the costs of providing medical treatment which may be furnished pursuant to sections 208.151 to 208.158 and 208.162 shall be disregarded. The amount of benefits, when added to all other income, resources, support, and maintenance shall provide such persons with reasonable subsistence compatible with decency and health in accordance with the standards developed by the division of family services; provided, when a husband and wife are living together, the combined income and resources of both shall be considered in determining the eligibility of either or both. "Living together" for the purpose of this chapter is defined as including a husband and wife separated for the purpose of obtaining medical care or nursing home care, except that the income of a husband or wife separated for such purpose shall be considered in determining the eligibility of his or her spouse, only to the extent that such income exceeds the amount necessary to meet the needs (as defined by rule or regulation of the division) of such husband or wife living separately. In determining the need of a claimant in federally aided programs there shall be disregarded such amounts per month of earned income in making such determination as shall be required for federal participation by the provisions of the federal Social Security Act (42 U.S.C.A. 301 et seq.), or any amendments thereto. When federal

law or regulations require the exemption of other income or resources, the division of family services may provide by rule or regulation the amount of income or resources to be disregarded.

2. Benefits shall not be payable to any claimant who:

(1) Has or whose spouse with whom he or she is living has, prior to July 1, 1989, given away or sold a resource within the time and in the manner specified in this subdivision. In determining the resources of an individual, unless prohibited by federal statutes or regulations, there shall be included (but subject to the exclusions pursuant to subdivisions (4) and (5) of this subsection, and subsection 5 of this section) any resource or interest therein owned by such individual or spouse within the twenty-four months preceding the initial investigation, or at any time during which benefits are being drawn, if such individual or spouse gave away or sold such resource or interest within such period of time at less than fair market value of such resource or interest for the purpose of establishing eligibility for benefits, including but not limited to benefits based on December, 1973, eligibility requirements, as follows:

(a) Any transaction described in this subdivision shall be presumed to have been for the purpose of establishing eligibility for benefits or assistance pursuant to this chapter unless such individual furnishes convincing evidence to establish that the transaction was exclusively for some other purpose;

(b) The resource shall be considered in determining eligibility from the date of the transfer for the number of months the uncompensated value of the disposed of resource is divisible by the average monthly grant paid or average Medicaid payment in the state at the time of the investigation to an individual or on his or her behalf under the program for which benefits are claimed, provided that:

a. When the uncompensated value is twelve thousand dollars or less, the resource shall not be used in determining eligibility for more than twenty-four months; or

b. When the uncompensated value exceeds twelve thousand dollars, the resource shall not be used in determining eligibility for more than sixty months;

(2) The provisions of subdivision (1) of this subsection shall not apply to a transfer, other than a transfer to claimant's spouse, made prior to March 26, 1981, when the claimant furnishes convincing evidence that the uncompensated value of the disposed of resource or any part thereof is no longer possessed or owned by the person to whom the resource was transferred;

(3) Has received, or whose spouse with whom he or she is living has received, benefits to which he or she was not entitled through misrepresentation or nondisclosure of material facts or failure to report any change in status or correct information with respect to property or income as required by section 208.210. A claimant ineligible pursuant to this subsection shall be ineligible for such period of time from the date of discovery as the division of family services may deem proper; or in the case of overpayment of benefits, future benefits may be decreased, suspended or entirely withdrawn for such period of time as the division may deem proper;

(4) Owns or possesses resources in the sum of one thousand dollars or more, **except that for eligibility for medical assistance, the resource limit shall be two thousand five hundred dollars or more**; provided, however, that if such person is married and living with spouse, he or she, or they, individually or jointly, may own resources not to exceed two thousand dollars, **except that for eligibility for medical assistance, the resource limit shall be five thousand dollars or more**; and provided further, that in the case of a temporary assistance for needy families claimant, the provision of this subsection shall not apply;

(5) Prior to October 1, 1989, owns or possesses property of any kind or character, excluding amounts placed in an irrevocable prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053, RSMo, or has an interest in property, of which he or she is the record or beneficial owner, the value of such property, as determined by the division of family services, less encumbrances of record, exceeds twenty-nine thousand dollars, or if married and actually living together with husband or wife, if the value of his or her property, or the value of his or her interest in property, together with that of such husband and wife, exceeds such amount;

(6) In the case of temporary assistance for needy families, if the parent, stepparent, and child or children in the home owns or possesses property of any kind or character, or has an interest in property for which he or she is a record or beneficial owner, the value of such property, as determined by the division of family services and as allowed by federal law or regulation, less encumbrances of record, exceeds one thousand dollars, excluding the home occupied by the claimant, amounts placed in an irrevocable prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053, RSMo, one automobile which shall not exceed a value set forth by federal law or regulation and for a period not to exceed six months, such other real property which the family is making a good-faith effort to sell, if the family agrees in writing with the division of family services to sell such property and from the net proceeds of the sale repay the amount of assistance received during such period. If the

property has not been sold within six months, or if eligibility terminates for any other reason, the entire amount of assistance paid during such period shall be a debt due the state;

(7) Is an inmate of a public institution, except as a patient in a public medical institution.

3. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the income and resources of a relative or other person living in the home shall be taken into account to the extent the income, resources, support and maintenance are allowed by federal law or regulation to be considered.

4. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the value of burial lots or any amounts placed in an irrevocable prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053, RSMo, shall not be taken into account or considered an asset of the burial lot owner or the beneficiary of an irrevocable prearranged funeral or funeral contract. For purposes of this section, "burial lots" means any burial space as defined in section 214.270, RSMo, and any memorial, monument, marker, tombstone or letter marking a burial space. If the beneficiary, as defined in chapter 436, RSMo, of an irrevocable prearranged funeral or burial contract receives any public assistance benefits pursuant to this chapter and if the purchaser of such contract or his or her successors in interest cancel or amend the contract so that any person will be entitled to a refund, such refund shall be paid to the state of Missouri up to the amount of public assistance benefits provided pursuant to this chapter with any remainder to be paid to those persons designated in chapter 436, RSMo.

5. In determining the total property owned pursuant to subdivision (5) of subsection 2 of this section, or resources, of any person claiming or for whom public assistance is claimed, there shall be disregarded any life insurance policy, or prearranged funeral or burial contract, or any two or more policies or contracts, or any combination of policies and contracts, which provides for the payment of one thousand five hundred dollars or less upon the death of any of the following:

- (1) A claimant or person for whom benefits are claimed; or
- (2) The spouse of a claimant or person for whom benefits are claimed with whom he or she is living.

If the value of such policies exceeds one thousand five hundred dollars, then the total value of such policies may be considered in determining resources; except that, in the case of temporary assistance for needy families, there shall be disregarded any prearranged funeral or burial contract, or any two or more contracts, which provides for the payment of one thousand five hundred dollars or less per family member.

6. Beginning September 30, 1989, when determining the eligibility of institutionalized spouses, as defined in 42 U.S.C. Section 1396r-5, for medical assistance benefits as provided for in section 208.151 and 42 U.S.C. Sections 1396a et seq., the division of family services shall comply with the provisions of the federal statutes and regulations. As necessary, the division shall by rule or regulation implement the federal law and regulations which shall include but not be limited to the establishment of income and resource standards and limitations. The division shall require:

(1) That at the beginning of a period of continuous institutionalization that is expected to last for thirty days or more, the institutionalized spouse, or the community spouse, may request an assessment by the division of family services of total countable resources owned by either or both spouses;

(2) That the assessed resources of the institutionalized spouse and the community spouse may be allocated so that each receives an equal share;

(3) That upon an initial eligibility determination, if the community spouse's share does not equal at least twelve thousand dollars, the institutionalized spouse may transfer to the community spouse a resource allowance to increase the community spouse's share to twelve thousand dollars;

(4) That in the determination of initial eligibility of the institutionalized spouse, no resources attributed to the community spouse shall be used in determining the eligibility of the institutionalized spouse, except to the extent that the resources attributed to the community spouse do exceed the community spouse's resource allowance as defined in 42 U.S.C. Section 1396r-5;

(5) That beginning in January, 1990, the amount specified in subdivision (3) of this subsection shall be increased by the percentage increase in the Consumer Price Index for All Urban Consumers between September, 1988, and the September before the calendar year involved; and

(6) That beginning the month after initial eligibility for the institutionalized spouse is determined, the resources of the community spouse shall not be considered available to the institutionalized spouse during that continuous period of institutionalization.

7. Beginning July 1, 1989, institutionalized individuals shall be ineligible for the periods required and for the reasons specified in 42 U.S.C. Section 1396p.

8. The hearings required by 42 U.S.C. Section 1396r-5 shall be conducted pursuant to the provisions of section 208.080.

9. Beginning October 1, 1989, when determining eligibility for assistance pursuant to this chapter there shall be disregarded unless otherwise provided by federal or state statutes, the home of the applicant or recipient when the home is providing shelter to the applicant or recipient, or his or her spouse or dependent child. The division of family services shall establish by rule or regulation in conformance with applicable federal statutes and regulations a definition of the home and when the home shall be considered a resource that shall be considered in determining eligibility.

10. Reimbursement for services provided by an enrolled Medicaid provider to a recipient who is duly entitled to Title XIX Medicaid and Title XVIII Medicare Part B, Supplementary Medical Insurance (SMI) shall include payment in full of deductible and coinsurance amounts as determined due pursuant to the applicable provisions of federal regulations pertaining to Title XVIII Medicare Part B, except the applicable Title XIX cost sharing.

11. A "community spouse" is defined as being the noninstitutionalized spouse.

12. An institutionalized spouse applying for Medicaid and having a spouse living in the community shall be required, to the maximum extent permitted by law, to divert income to such community spouse to raise the community spouse's income to the level of the minimum monthly needs allowance, as described in 42 U.S.C. Section 1396r-5. Such diversion of income shall occur before the community spouse is allowed to retain assets in excess of the community spouse protected amount described in 42 U.S.C. Section 1396r-5."; and

Further amend said bill, Page 45, Section 208.153, Line 74, by inserting after all of said line the following:

"208.174. 1. Within thirty days of August 28, 1992, the director of the department of social services shall apply to the United States Secretary of Health and Human Services for an amendment of the waiver of comparability of services for persons under section 42 U.S.C. 1396a (a)(10)(A)(ii)(VI) to include medical assistance benefits for persons who are defined in 42 U.S.C. 1396 r-5.

2. Upon receipt of an amended waiver received pursuant to subsection 1 of this section, the director of the department of social services shall, subject to appropriations made for such purpose, promulgate rules and regulations to extend eligibility for medical assistance benefits by applying institutional status to individuals who are at risk of placement in an intermediate care facility or skilled nursing facility licensed pursuant to chapter 198, RSMo, but who, with the provision of home and community based services, may be cared for at home.

3. No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.

4. Within thirty days of August 28, 2007, the director of the department of social services shall apply to the United States Secretary of Health and Human Services for an amendment to the home and community-based waiver to extend medical assistance benefits under such waiver to persons with incomes up to three hundred percent of the federal poverty level. Upon receipt of an amended waiver received under this subsection, the director shall, subject to appropriations made for such purpose, promulgate rules to extend eligibility for medical assistance benefits under the home and community-based waiver to persons with incomes up to three hundred percent of the federal poverty level."; and

Further amend said title, enacting clause and intersectional references accordingly.

Representative Chapelle-Nadal moved that **House Amendment No. 23** be adopted.

Which motion was defeated by the following vote:

AYES: 070

Aull	Avery	Baker 25	Brandom	Bringer
Burnett	Casey	Chappelle-Nadal	Corcoran	Darrough
Daus	Donnelly	Dougherty	El-Amin	Faith
Fallert	Frame	George	Grill	Grisamore
Harris 23	Harris 110	Hodges	Holsman	Hubbard
Komo	Kraus	Lampe	LeVota	Liese
Low 39	Marsh	McClanahan	McGhee	Meiners

Muschany	Nance	Nasheed	Nolte	Norr
Oxford	Page	Pollock	Quinn 9	Robinson
Roorda	Rucker	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Silvey	Skaggs	Smith 150
Spreng	Storch	Stream	Swinger	Talboy
Todd	Villa	Vogt	Walsh	Wells
Witte	Wright 159	Yaeger	Zimmerman	Zweifel

NOES: 075

Baker 123	Bearden	Bivins	Brown 30	Bruns
Cooper 120	Cooper 155	Cooper 158	Cox	Cunningham 145
Cunningham 86	Davis	Day	Deeken	Dempsey
Denison	Dethrow	Dixon	Dusenberg	Emery
Ervin	Fares	Fisher	Flook	Franz
Funderburk	Guest	Hobbs	Hoskins	Hunter
Jones 89	Jones 117	Kelly	Lembke	Lipke
Loehner	May	Moore	Munzlinger	Nieves
Onder	Parson	Pearce	Portwood	Pratt
Quinn 7	Richard	Robb	Ruestman	Ruzicka
Sander	Sater	Schaaf	Schad	Schamhorst
Schlottach	Schneider	Schoeller	Self	Smith 14
Stevenson	St. Onge	Sutherland	Thomson	Threlkeld
Tilley	Viebrock	Wallace	Wasson	Weter
Wilson 119	Wilson 130	Wood	Yates	Mr Speaker

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Ice	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Meadows	Walton	Whorton
Wildberger	Wright-Jones	Young		

Representative LeVota offered **House Amendment No. 24.**

House Amendment No. 24

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 69, Section 208.950.1, Line 27, by inserting after the word "participants," the following:

"including members".

Representative Skaggs offered **House Amendment No. 1 to House Amendment No. 24.**

Representative Yates raised a point of order that **House Amendment No. 1 to House Amendment No. 24** goes beyond the scope of the bill.

The Chair ruled the point of order well taken.

Representative LeVota moved that **House Amendment No. 24** be adopted.

Which motion was defeated by the following vote:

AYES: 064

Aull	Baker 25	Bringer	Burnett	Casey
Chappelle-Nadal	Corcoran	Daus	Day	Donnelly
Dougherty	El-Amin	Fallert	Flook	Frame
George	Grill	Grisamore	Harris 23	Harris 110
Hodges	Holsman	Hubbard	Komo	Kraus
Lampe	LeVota	Liese	Low 39	Marsh
McClanahan	Meiners	Muschany	Nance	Nasheed
Norr	Oxford	Page	Portwood	Quinn 9
Robinson	Roorda	Rucker	Salva	Scavuzzo
Schieffer	Schoemehl	Shively	Silvey	Skaggs
Smith 150	Spreng	Storch	Stream	Swinger
Talboy	Todd	Villa	Vogt	Walsh
Witte	Yaeger	Zimmerman	Zweifel	

NOES: 079

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Bruns	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Davis	Deeken	Dempsey
Denison	Dethrow	Dixon	Dusenberg	Emery
Ervin	Faith	Fares	Fisher	Franz
Funderburk	Guest	Hobbs	Hoskins	Hunter
Jones 89	Jones 117	Kelly	Lembke	Lipke
Loehner	May	McGhee	Moore	Munzlinger
Nieves	Nolte	Onder	Parson	Pearce
Pollock	Pratt	Quinn 7	Richard	Robb
Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Scharnhorst	Schlottach	Schneider	Schoeller
Self	Smith 14	Stevenson	St. Onge	Sutherland
Thomson	Threlkeld	Tilley	Viebrock	Wallace
Wasson	Wells	Weter	Wilson 119	Wilson 130
Wood	Wright 159	Yates	Mr Speaker	

PRESENT: 000

ABSENT WITH LEAVE: 020

Bland	Bowman	Brown 50	Cooper 120	Curls
Darrough	Haywood	Hughes	Icet	Johnson
Kingery	Kratky	Kuessner	Lowe 44	Meadows
Walton	Whorton	Wildberger	Wright-Jones	Young

Representative Talboy offered **House Amendment No. 25.**

House Amendment No. 25

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 103, Section 4, Line 9, by inserting after said line:

"Section 5. 1. No person related within the second degree of consanguinity or affinity of a statewide officeholder who is working as a lobbyist, consultant, or principal shall be awarded a contract for services under sections 208.950 to 208.975, RSMo.

2. No entity employing such person or the clients of such person or entity shall be awarded a contract for services under sections 208.950 to 208.975, RSMo."

On motion of Representative Talboy, **House Amendment No. 25** was adopted by the following vote:

AYES: 107

Aull	Avery	Baker 25	Baker 123	Bringer
Brown 30	Bruns	Burnett	Casey	Chappelle-Nadal
Cooper 120	Cooper 158	Corcoran	Cox	Cunningham 145
Darrough	Daus	Day	Deeken	Dempsey
Denison	Dixon	Donnelly	Dougherty	Dusenberg
El-Amin	Faith	Fallert	Fares	Flook
Frame	Franz	George	Grill	Grisamore
Guest	Harris 23	Harris 110	Hobbs	Hodges
Holsman	Komo	Kraus	Lampe	Lembke
LeVota	Liese	Lipke	Loehner	Low 39
Marsh	McClanahan	McGhee	Meiners	Munzlinger
Muschany	Nance	Nasheed	Nieves	Nolte
Norr	Oxford	Page	Parson	Pearce
Portwood	Pratt	Quinn 7	Quinn 9	Robinson
Roorda	Rucker	Ruzicka	Salva	Scavuzzo
Schad	Schieffer	Schlottach	Schneider	Schoeller
Schoemehl	Self	Shively	Silvey	Skaggs
Smith 14	Smith 150	Spreng	St. Onge	Storch
Stream	Sutherland	Swinger	Talboy	Threlkeld
Todd	Villa	Vogt	Walsh	Weter
Wilson 130	Witte	Yaeger	Yates	Zimmerman
Zweifel	Mr Speaker			

NOES: 038

Bearden	Bivins	Brandom	Cooper 155	Cunningham 86
Davis	Dethrow	Emery	Ervin	Fisher
Funderburk	Hoskins	Hubbard	Hunter	Jones 89
Jones 117	Kelly	May	Moore	Onder
Pollock	Richard	Robb	Ruestman	Sander
Sater	Schaaf	Scharnhorst	Stevenson	Thomson
Tilley	Viebrock	Wallace	Wasson	Wells
Wilson 119	Wood	Wright 159		

PRESENT: 000

ABSENT WITH LEAVE: 018

Bland	Bowman	Brown 50	Curls	Haywood
Hughes	Ice	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Meadows	Walton	Whorton
Wildberger	Wright-Jones	Young		

Representative Oxford offered **House Amendment No. 26.**

House Amendment No. 26

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 17, Section 191.905, Line 126, by inserting after said line:

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"16. Any person who violates the provisions of this section shall be forever excluded from participation as a provider for the MO HealthNet program."

On motion of Representative Oxford, **House Amendment No. 26** was adopted by the following vote:

AYES: 113

Aull	Avery	Baker 25	Baker 123	Bivins
Bringer	Brown 30	Bruns	Burnett	Casey
Chappelle-Nadal	Cooper 158	Corcoran	Cunningham 145	Daus
Day	Deeken	Dempsey	Dixon	Donnelly
Dusenberg	El-Amin	Emery	Ervin	Faith
Fallert	Fares	Flook	Frame	Funderburk
George	Grill	Grisamore	Guest	Harris 23
Harris 110	Hobbs	Hodges	Holsman	Hubbard
Jones 117	Komo	Kraus	Lampe	Lembke
LeVota	Liese	Lipke	Loehner	Low 39
Marsh	McClanahan	Meiners	Moore	Munzlinger
Muschany	Nance	Nasheed	Nieves	Nolte
Norr	Oxford	Page	Parson	Portwood
Pratt	Quinn 7	Quinn 9	Robb	Robinson
Roorda	Rucker	Ruzicka	Salva	Sander
Sater	Scavuzzo	Scharnhorst	Schieffer	Schlottach
Schneider	Schoeller	Schoemehl	Shively	Silvey
Skaggs	Smith 14	Smith 150	Spreng	St. Onge
Storch	Stream	Sutherland	Talboy	Thomson
Threlkeld	Todd	Viebrock	Villa	Vogt
Wallace	Walsh	Weter	Wilson 119	Wilson 130
Witte	Wood	Wright 159	Yaeger	Yates
Zimmerman	Zweifel	Mr Speaker		

NOES: 030

Bearden	Brandom	Cooper 120	Cooper 155	Cox
Cunningham 86	Davis	Denison	Dethrow	Dougherty
Fisher	Franz	Hoskins	Hunter	Jones 89
Kelly	May	McGhee	Onder	Pearce
Pollock	Richard	Ruestman	Schaaf	Schad
Self	Stevenson	Tilley	Wasson	Wells

PRESENT: 000

ABSENT WITH LEAVE: 020

Bland	Bowman	Brown 50	Curls	Darrough
Haywood	Hughes	Ice	Johnson	Kingery
Kratky	Kuessner	Lowe 44	Meadows	Swinger
Walton	Whorton	Wildberger	Wright-Jones	Young

Representative Bowman offered **House Amendment No. 27**.

House Amendment No. 27

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Pages 12 and 13, Section 191.411, Lines 1 to 35, by deleting all of said lines;

Further amend said bill, Page 14, Section 191.900, Line 29, by deleting the words "**MO HealthNet, or**"; and

Further amend said bill, Page 16, Section 191.905, Lines 67 to 91, by deleting all of said lines and inserting in lieu thereof the following:

"deposited to the credit of the "Medicaid Fraud Prosecution Revolving Fund", which is hereby established in the state treasury. Moneys in the Medicaid fraud prosecution revolving fund may be appropriated to the attorney general, or to any prosecuting or circuit attorney who has successfully prosecuted an action for a violation of sections 191.900 to 191.910 and been awarded such costs of prosecution, in order to defray the costs of the attorney general and any such prosecuting or circuit attorney in connection with their duties provided by sections 191.900 to 191.910. No moneys shall be paid into the Medicaid fraud protection revolving fund pursuant to this subsection unless the attorney general or appropriate prosecuting or circuit attorney shall have commenced a prosecution pursuant to this section, and the court finds in its discretion that payment of attorneys' fees and investigative costs is appropriate under all the circumstances, and the attorney general and prosecuting or circuit attorney shall prove to the court those expenses which were reasonable and necessary to the investigation and prosecution of such case, and the court approves such expenses as being reasonable and necessary. The provisions of section 33.080, RSMo, notwithstanding, moneys in the Medicaid fraud prosecution revolving fund shall not lapse at the end of the biennium."; and

Further amend said bill, Page 19, Section 191.909, Lines 23 to 38, by deleting all of said lines and inserting in lieu thereof the following:

"(1) The number of Medicaid provider and participant investigations and audits relating to allegations of violations under sections 191.900 to 191.910 completed within the reporting year, including the age and type of cases;

(2) The number of Medicaid long-term care facility reviews;

(3) The number of Medicaid provider and participant utilization reviews;

(4) The number of referrals sent by the department to the attorney general's office;

(5) The total amount of overpayments identified as the result of completed investigations, reviews, or audits;

(6) The amount of fines and restitutions ordered to be reimbursed, with a delineation between amounts the provider has been ordered to repay, including whether or not such repayment will be completed in a lump sum payment or installment payments, and any adjustments or deductions ordered to future provider payments;

(7) The total amount of monetary recovery as the result of completed investigation, reviews, or audits;

(8) The number of administrative sanctions against Medicaid providers, including the number of providers excluded from the program."; and

Further amend said bill, Pages 25 to 48, Sections 208.001, 208.151, 208.152, 208.153, 208.197, 208.201, and 208.212, by deleting all of said sections and inserting in lieu thereof the following:

"208.014. 1. There is hereby established the "Medicaid Reform Commission". The commission shall have as its purpose the study and review of recommendations for reforms of the state Medicaid system. The commission shall consist of ten members:

(1) Five members of the house of representatives appointed by the speaker; and

(2) Five members of the senate appointed by the pro tem.

No more than three members from each house shall be of the same political party. The directors of the department of social services, the department of health and senior services, and the department of mental health or the directors' designees shall serve as ex officio members of the commission.

2. Members of the commission shall be reimbursed for the actual and necessary expenses incurred in the discharge of the member's official duties.

3. A chair of the commission shall be selected by the members of the commission.

4. The commission shall meet as necessary.

5. The commission is authorized to contract with a consultant. The compensation of the consultant and other personnel shall be paid from the joint contingent fund or jointly from the senate and house contingent funds until an appropriation is made therefor.

6. The commission shall make recommendations in a report to the general assembly by January 1, 2006, on reforming, redesigning, and restructuring a new, innovative state Medicaid healthcare delivery system under Title XIX, Public Law 89-97, 1965, amendments to the federal Social Security Act (42 U.S.C. Section 30 et. seq.) as amended, to replace the current state Medicaid system under Title XIX, Public Law 89-97, 1965, amendments to the federal Social Security Act (42 U.S.C. Section 30, et seq.), which shall sunset on June 30, [2008] **2013**.

208.152. 1. Benefit payments for medical assistance shall be made on behalf of those eligible needy persons as defined 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 division of medical services, 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 division of medical services 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 Medicaid children's diagnosis length-of-stay schedule; and provided further that the division of medical services 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. 301, et seq.), but the division of medical services may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the division of medical services not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for recipients, except to 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. 301, et seq.), as amended, for nursing facilities. The division of medical services may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of Medicaid patients. The division of medical services 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 recipients of 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 recipient is on a temporary leave of absence from the hospital or nursing home, provided that no such recipient 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 recipient 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) **Dental services;**

(8) **Services of podiatrists as defined in section 330.010, RSMo;**

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

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

[(9)] (11) 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;

[(10)] (12) Home health care services;

[(11)] (13) **Optometric services as defined in section 336.010, RSMo;**

(14) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions unless such abortions are certified in writing by a physician to the Medicaid agency that, in his professional judgment, the life of the mother would be endangered if the fetus were carried to term;

[(12)] (15) **Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;**

(16) 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. 1396d, et seq.);

[(13)] (17) 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;

[(14)] (18) 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 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 recipient'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 recipient one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time;

[(15)] (19) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. 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, RSMo. 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, division of medical services, 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 division of medical services. 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;

[(16)] (20) **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 division of medical services shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations, and payment mechanism;

(21) Hospice care. As used in this subsection, 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 division of medical services 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) Such additional services as defined by the division of medical services to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. 301, et seq.) subject to appropriation by the general assembly;

[(17)] (23) Beginning July 1, 1990, the services of a certified pediatric or family nursing practitioner to the extent that such services are provided in accordance with chapter 335, RSMo, and regulations promulgated thereunder, regardless of whether the nurse practitioner is supervised by or in association with a physician or other health care provider;

[(18)] (24) Nursing home costs for recipients of benefit payments under subdivision (4) of this subsection to reserve a bed for the recipient in the nursing home during the time that the recipient 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 Medicaid 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 recipient 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 recipient pursuant to this subdivision during any period of six consecutive months such recipient 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 recipient or the recipient's responsible party that the recipient 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 recipient or the recipient's responsible party prior to release of the reserved bed.

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 division of medical services, unless otherwise hereinafter provided, for the following:

(1) Dental services;

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

(3) Optometric services as defined in section 336.010, RSMo;

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

(5) Hospice care. As used in this subsection, 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 division of medical services 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 division of medical services 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, RSMo, 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, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, 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.] Benefit payments for medical assistance for surgery as defined by rule duly promulgated by the division of medical services, and any costs related directly thereto, shall be made only when a second medical opinion by a licensed physician as to the need for the surgery is obtained prior to the surgery being performed.

[4.] **3.** The division of medical services may require any recipient of medical assistance to pay part of the charge or cost, as defined by rule duly promulgated by the division of medical services, for [all covered services except for those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections 208.631 to 208.657] **dental services, drugs and medicines, optometric services, eye glasses, dentures, hearing aids, and other services,** to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, RSMo, and a generic drug is substituted for a name brand drug, the division of medical services 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 recipients the partial payment that may be required by the division of medical services under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by recipients under this section shall be reduced from any payments made by the state for goods or services described herein except the recipient 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 recipient is unable to pay a required cost sharing. 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 recipients 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 recipient. 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 Missouri Medicaid 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.

[5.] **4.** The division of medical services shall have the right to collect medication samples from recipients in order to maintain program integrity.

[6.] **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 medical assistance 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. 1396a and federal regulations promulgated thereunder.

[7.] **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.

[8.] 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 medical assistance 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.

[9.] 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. 1396a, as amended, and regulations promulgated thereunder.

[10.] 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 Medicaid 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. 1396a (a)(13)(C).

[11.] 10. The department of social services, division of medical services, may enroll qualified residential care facilities, as defined in chapter 198, RSMo, as Medicaid personal care providers."; and

Further amend said bill, Pages 49 to 58, Sections 208.215, 208.217, and 208.225, by deleting all of said sections; and

Further amend said bill, Pages 58 and 59, Section 208.230, Lines 1 to 60, by deleting all of said lines and inserting in lieu thereof the following:

"208.230. 1. This section shall be known and may be cited as the "Public Assistance Beneficiary Employer Disclosure Act".

2. The department of social services is hereby directed to prepare a Medicaid beneficiary employer report to be submitted to the governor on a quarterly basis. Such report shall be known as the "Missouri Health Care Responsibility Report". For purposes of this section, a "Medicaid beneficiary" means a person who receives medical assistance from the state of Missouri under this chapter or Titles XIX or XXI of the federal Social Security Act, as amended. To aid in the preparation of the Missouri health care responsibility report, the department shall implement policies and procedures to acquire information required by the report. Such information sources may include, but are not limited to, the following:

- (1) Information required at the time of Medicaid application or during the yearly reverification process;**
- (2) Information that is accumulated from a vendor contracting with the state of Missouri to identify available insurance;**
- (3) Information that is voluntarily submitted by Missouri employers.**

3. The Missouri health care responsibility report shall provide the following information for each employer who has fifty or more employees that are a Medicaid beneficiary, the spouse of a Medicaid beneficiary, or a custodial parent of a Medicaid beneficiary:

- (1) The name of the qualified employer;**
- (2) The number of employees who are either Medicaid beneficiaries or are a financially responsible spouse or custodial parent of a Medicaid beneficiary under Title XIX of the federal Social Security Act, listed as a percentage of the qualified employer's Missouri workforce;**

(3) The number of employees who are either Medicaid beneficiaries or are a financially responsible spouse or custodial parent of a Medicaid beneficiary under Title XXI of the federal Social Security Act (SCHIP), listed as a percentage of the qualified employer's Missouri workforce;

(4) For each employer, the number of employees who are Medicaid beneficiaries, the number of employees who are a financially responsible spouse or custodial parent of a Medicaid beneficiary and the number of Medicaid beneficiaries who are a spouse or a minor child less than nineteen years of age of an employee under Title XIX of the federal Social Security Act;

(5) For each employer, the number of employees who are Medicaid beneficiaries, the number of employees who are a financially responsible spouse or a custodial parent of a Medicaid beneficiary, and the number of Medicaid beneficiaries who are a spouse or a minor child less than nineteen years of age of an employee under Title XXI of the federal Social Security Act;

(6) Whether the reported Medicaid beneficiaries are full-time or part-time employees;

(7) Information on whether the employer offers health insurance benefits to full-time and part-time employees, their spouses, and their dependents;

(8) Information on whether employees receive health insurance benefits through the employer when Medicaid pays some or all of the premiums for such health insurance benefits;

(9) The cost to the state of Missouri of providing Medicaid benefits for the employer's employees and enrolled dependents listed as total cost and per capita cost;

(10) The report shall make industry-wide comparisons by sorting employers into industry categories based on available information from the department of economic development.

4. If it is determined that a Medicaid beneficiary has more than one employer, the department of social services shall count the beneficiary as a portion of one person for each employer for purposes of this report.

5. The Missouri health care responsibility report shall be issued one hundred twenty days after the end of each calendar quarter, starting with the first calendar quarter of 2008. The report shall be made available for public viewing on the department of social services' web site. Any member of the public shall have the right to request and receive a printed copy of the report published under this section through the department of social services."; and

Further amend said bill, Page 60, Section 208.631, Lines 1 to 25, by deleting all of said lines and inserting in lieu thereof the following:

"208.631. 1. Notwithstanding any other provision of law to the contrary, the department of social services shall establish a program to pay for health care for uninsured children. Coverage pursuant to sections 208.631 to 208.660 is subject to appropriation. The provisions of sections 208.631 to 208.657 shall be void and of no effect after June 30, [2008] 2013.

2. For the purposes of sections 208.631 to 208.657, "children" are persons up to nineteen years of age. "Uninsured children" are persons up to nineteen years of age who are emancipated and do not have access to affordable employer-subsidized health care insurance or other health care coverage or persons whose parent or guardian have not had access to affordable employer-subsidized health care insurance or other health care coverage for their children for six months prior to application, are residents of the state of Missouri, and have parents or guardians who meet the requirements in section 208.636. A child who is eligible for medical assistance as authorized in section 208.151 is not uninsured for the purposes of sections 208.631 to 208.657."; and

Further amend said bill, Page 60, Section 208.631, Lines 23 and 24, by deleting the words "[medical assistance] **MO HealthNet benefits**" and inserting in lieu thereof the following "medical assistance"; and

Further amend said bill, Page 61, Section 208.659, Line 1, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the words "**family support**"; and

Further amend said bill, Page 62, Section 208.670, Line 8, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 62, Section 208.690, Line 12, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 62, Section 208.690, Line 14, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 63, Section 208.692, Lines 9, 11, 16, 17, 22 and 23, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 64, Section 208.694, Line 2, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 66, Section 208.930, Lines 5 and 6, by deleting the words "[non-Medicaid] **nonMO HealthNet**" and inserting in lieu thereof the following "non-Medicaid"; and

Further amend said bill, Page 66, Section 208.930, Line 13, by deleting the words "[Medicaid state] **nonMO HealthNet**" and inserting in lieu thereof the following "Medicaid state"; and

Further amend said bill, Pages 69 to 97, Sections 208.950 to 208.978, by deleting all of said sections; and

Further amend said bill, Page 100, Section 473.398, Line 29, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 100, Section 473.398, Line 31, by deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**family support**"; and

Further amend said bill, Page 100, Section 473.398, Lines 31 and 32, deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**Medicaid**"; and

Further amend said bill, Page 100, Section 473.398, Line 33, deleting the words "**MO HealthNet**" and inserting in lieu thereof the word "**family support**"; and

Further amend said bill, Page 102, Section 1, Lines 1 to 16, by deleting all of said lines; and

Further amend said bill, Pages 103 to 104, Section 208.014, Lines 1 to 29, by deleting all of said section; and

Further amend said bill, Page 107, Section B, Lines 1 to 6, by deleting all of said section; and

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

Representative Yates offered **House Amendment No. 1 to House Amendment No. 27.**

House Amendment No. 1 to House Amendment No. 27 was withdrawn.

Representative Bowman moved that **House Amendment No. 27** be adopted.

Which motion was defeated.

Representative Nasheed offered **House Amendment No. 28.**

House Amendment No. 28

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 1, In the Title, Lines 5 to 6, by deleting all of said lines and inserting in lieu thereof the following:

"new sections relating to medical assistance for needy persons."; and

Further amend said bill, Page 1, Section 191.411 to Page 25, Section 208.001, by deleting all of said sections from the bill and inserting in lieu thereof the following:

"208.014. 1. There is hereby established the "Medicaid Reform Commission". The commission shall have as its purpose the study and review of recommendations for reforms of the state Medicaid system. The commission shall consist of ten members:

- (1) Five members of the house of representatives appointed by the speaker; and
- (2) Five members of the senate appointed by the pro tem.

No more than three members from each house shall be of the same political party. The directors of the department of social services, the department of health and senior services, and the department of mental health or the directors' designees shall serve as ex officio members of the commission.

2. Members of the commission shall be reimbursed for the actual and necessary expenses incurred in the discharge of the member's official duties.

3. A chair of the commission shall be selected by the members of the commission.

4. The commission shall meet as necessary.

5. The commission is authorized to contract with a consultant. The compensation of the consultant and other personnel shall be paid from the joint contingent fund or jointly from the senate and house contingent funds until an appropriation is made therefor.

6. The commission shall make recommendations in a report to the general assembly by January 1, 2006, on reforming, redesigning, and restructuring a new, innovative state Medicaid healthcare delivery system under Title XIX, Public Law 89-97, 1965, amendments to the federal Social Security Act (42 U.S.C. Section 30 et. seq.) as amended, to replace the current state Medicaid system under Title XIX, Public Law 89-97, 1965, amendments to the federal Social Security Act (42 U.S.C. Section 30, et seq.), which shall sunset on June 30, [2008] **2010.**"; and

Further amend said bill, Page 14, Section 208.151 to Page 48, Section 208.631, by deleting all of said sections from the bill and inserting in lieu thereof the following:

"208.631. 1. Notwithstanding any other provision of law to the contrary, the department of social services shall establish a program to pay for health care for uninsured children. Coverage pursuant to sections 208.631 to 208.660 is subject to appropriation. The provisions of sections 208.631 to 208.657 shall be void and of no effect after June 30, [2008] **2010.**

2. For the purposes of sections 208.631 to 208.657, "children" are persons up to nineteen years of age. "Uninsured children" are persons up to nineteen years of age who are emancipated and do not have access to affordable employer-subsidized health care insurance or other health care coverage or persons whose parent or guardian have not had access to affordable employer-subsidized health care insurance or other health care coverage for their children for six months prior to application, are residents of the state of Missouri, and have parents or guardians who meet the requirements in section 208.636. A child who is eligible for medical assistance as authorized in section 208.151 is not uninsured for the purposes of sections 208.631 to 208.657."; and

Further amend said bill, Page 48, Section 208.659 to Page 56, Section 208.930, by deleting all of said sections from the bill and inserting in lieu thereof the following:

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

2. Subject to appropriations, the department may provide financial assistance for consumer-directed personal care assistance services through eligible vendors, as provided in sections 208.900 through 208.927, to each person who was participating as a non-Medicaid eligible client pursuant to sections 178.661 through 178.673, RSMo, on June 30, 2005, and who:

(1) Makes application to the department;

(2) Demonstrates financial need and eligibility under subsection 3 of this section;

(3) Meets all the criteria set forth in sections 208.900 through 208.927, except for subdivision (5) of subsection 1 of section 208.903;

(4) Has been found by the department of social services not to be eligible to participate under guidelines established by the Medicaid state plan; and

(5) Does not have access to affordable employer-sponsored health care insurance or other affordable health care coverage for personal care assistance services as defined in section 208.900. For purposes of this section, "access to affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium less than or equal to one hundred thirty-three percent of the monthly average premium required in the state's current Missouri consolidated health care plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) A request for such hearing shall be made to the department of social services in writing in the form prescribed by the department of social services within ninety days after the mailing or delivery of the written decision of the department of health and senior services. The procedures for such requests and for the hearings shall be as set forth in section 208.080.

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

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

12. The provisions of this section shall expire on June 30, [2008] **2010.**"; and

Further amend said bill, Page 56, Section 208.950 to Page 69, Section 473.398, by deleting all of said sections from the bill; and

Further amend said bill, Pages 69 to 71, Sections 1 to 4, by deleting all of said sections from the bill; and

Further amend said bill, Pages 71 to 75, by deleting the bracketed Sections 208.014 to 660.557 from the bill; and

Further amend said bill, Page 75, Section B, by deleting all of said emergency clause; and

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

Representative Avery offered **House Amendment No. 1 to House Amendment No. 28.**

House Amendment No. 1

to

House Amendment No. 28

AMEND House Amendment No. 28 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 7, Line 3, by inserting immediately after all of said line the following:

Further amend said bill, Section 4, Page 103, Line 9, by inserting after all of said section the following:

"Section 5. For any participant who smokes or engages in the consumption of tobacco products, there will be a ten percent surcharge on any service received."; and

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

Representative Skaggs raised a point of order that **House Amendment No. 1 to House Amendment No. 28** goes beyond the scope of the underlying amendment.

The Chair ruled the point of order not well taken.

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On motion of Representative Avery, **House Amendment No. 1 to House Amendment No. 28** was adopted by the following vote:

AYES: 091

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Cooper 120	Cooper 155	Cooper 158	Cox
Cunningham 145	Cunningham 86	Daus	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Dougherty	Dusenberg	Emery	Ervin	Faith
Fisher	Flook	Franz	Funderburk	Grill
Grisamore	Guest	Harris 110	Hobbs	Hunter
Jones 89	Jones 117	Kelly	Kraus	Lembke
Lipke	Loehner	May	McGhee	Meiners
Moore	Munzlinger	Muschany	Nance	Nieves
Nolte	Onder	Parson	Pollock	Pratt
Quinn 7	Richard	Robb	Ruestman	Ruzicka
Sater	Schad	Scharnhorst	Schlottach	Schneider
Schoeller	Schoemehl	Self	Shively	Skaggs
Smith 14	Smith 150	Stevenson	St. Onge	Storch
Stream	Sutherland	Thomson	Threlkeld	Tilley
Viebrock	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wright 159	Yaeger	Yates
Mr Speaker				

NOES: 052

Aull	Baker 25	Bowman	Bringer	Bruns
Burnett	Casey	Chappelle-Nadal	Corcoran	Donnelly
El-Amin	Fallert	Fares	Frame	George
Harris 23	Hodges	Hoskins	Hubbard	Komo
Lampe	LeVota	Liese	Low 39	Marsh
McClanahan	Nasheed	Norr	Oxford	Pearce
Portwood	Quinn 9	Robinson	Roorda	Rucker
Salva	Sander	Scavuzzo	Schaaf	Schieffer
Silvey	Spreng	Swinger	Talboy	Todd
Villa	Vogt	Walsh	Witte	Wood
Wright-Jones	Zweifel			

PRESENT: 003

Darrough	Holsman	Zimmerman
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ABSENT WITH LEAVE: 017

Bland	Brown 50	Curls	Haywood	Hughes
Ice	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Meadows	Page	Walton	Whorton
Wildberger	Young			

Representative Skaggs offered **House Amendment No. 2 to House Amendment No. 28**.

Representative Pratt raised a point of order that **House Amendment No. 2 to House Amendment No. 28** goes beyond the scope of the bill.

The Chair ruled the point of order well taken.

Representative Nasheed moved that **House Amendment No. 28, as amended**, be adopted.

Which motion was defeated by the following vote:

AYES: 068

Aull	Avery	Baker 25	Baker 123	Bowman
Bringer	Burnett	Casey	Chappelle-Nadal	Corcoran
Darrough	Daus	Davis	Donnelly	Dougherty
El-Amin	Fallert	Frame	George	Grill
Grisamore	Guest	Harris 23	Harris 110	Hodges
Holsman	Hubbard	Komo	Kraus	Lampe
LeVota	Liese	Low 39	Marsh	McClanahan
Meiners	Nance	Nasheed	Nolte	Norr
Oxford	Page	Quinn 9	Robinson	Roorda
Rucker	Salva	Scavuzzo	Schieffer	Schneider
Schoemehl	Shively	Silvey	Skaggs	Smith 150
Spreng	Storch	Swinger	Talboy	Todd
Villa	Vogt	Walsh	Witte	Wright-Jones
Yaeger	Zimmerman	Zweifel		

NOES: 076

Bearden	Bivins	Brandom	Brown 30	Bruns
Cooper 120	Cooper 155	Cooper 158	Cox	Cunningham 145
Cunningham 86	Day	Deeken	Dempsey	Denison
Dixon	Dusenberg	Emery	Ervin	Faith
Fares	Fisher	Flook	Franz	Funderburk
Hobbs	Hoskins	Jones 89	Jones 117	Kelly
Lembke	Lipke	Loehner	May	McGhee
Moore	Munzlinger	Muschany	Nieves	Onder
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Richard	Robb	Ruestman	Ruzicka
Sander	Sater	Schaaf	Schad	Scharnhorst
Schlottach	Schoeller	Self	Smith 14	Stevenson
St. Onge	Stream	Sutherland	Thomson	Threlkeld
Tilley	Viebrock	Wallace	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

PRESENT: 000

ABSENT WITH LEAVE: 019

Bland	Brown 50	Curls	Dethrow	Haywood
Hughes	Hunter	Ice	Johnson	Kingery
Kratky	Kuessner	Lowe 44	Meadows	Walton
Wasson	Whorton	Wildberger	Young	

Representative Burnett offered **House Amendment No. 29.**

House Amendment No. 29

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 577, Page 34, Section 208.151, Line 240, by inserting after said line:

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"7. Notwithstanding any other provision of law, eligibility requirements in the state Medicaid program shall be no more restrictive than those in effect on January 10, 2005."; and

Further amend, Page 43, Section 208.152, Line 318, by inserting after said line:

"11. Notwithstanding any other provision of law, state Medicaid services, cost-sharing (including co-payments and premiums), long-term care services criteria, and MC+ for kids affordability standards shall be no more restrictive than the state Medicaid program requirements in effect on January 10, 2005.".

Representative Burnett moved that **House Amendment No. 29** be adopted.

Which motion was defeated by the following vote:

AYES: 068

Aull	Avery	Baker 25	Bowman	Brandom
Bringer	Burnett	Casey	Chappelle-Nadal	Corcoran
Darrough	Daus	Donnelly	Dougherty	El-Amin
Faith	Fallert	Frame	George	Grill
Grisamore	Harris 23	Harris 110	Hodges	Holsman
Hoskins	Komo	Kraus	Lampe	LeVota
Liese	Low 39	Marsh	McClanahan	Meiners
Nance	Nasheed	Nolte	Norr	Oxford
Page	Quinn 9	Robinson	Roorda	Rucker
Salva	Scavuzzo	Schieffer	Schoemehl	Shively
Silvey	Skaggs	Smith 150	Spreng	Storch
Stream	Swinger	Talboy	Todd	Villa
Vogt	Walsh	Witte	Wright 159	Wright-Jones
Yaeger	Zimmerman	Zweifel		

NOES: 078

Baker 123	Bearden	Bivins	Brown 30	Bruns
Cooper 155	Cooper 158	Cox	Cunningham 145	Cunningham 86
Davis	Day	Deeken	Dempsey	Denison
Dethrow	Dixon	Dusenberg	Emery	Ervin
Fares	Fisher	Flook	Franz	Funderburk
Guest	Hobbs	Hubbard	Hunter	Jones 89
Jones 117	Kelly	Lembke	Lipke	Loehner
May	McGhee	Moore	Munzlinger	Muschany
Nieves	Onder	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Richard	Robb
Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Scharnhorst	Schlottach	Schneider	Schoeller
Self	Smith 14	Stevenson	St. Onge	Sutherland
Thomson	Threlkeld	Tilley	Viebrock	Wallace
Wasson	Wells	Weter	Wilson 119	Wilson 130
Wood	Yates	Mr Speaker		

PRESENT: 000

ABSENT WITH LEAVE: 017

Bland	Brown 50	Cooper 120	Curls	Haywood
Hughes	Icet	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Meadows	Walton	Whorton
Wildberger	Young			

Speaker Jetton resumed the Chair.

On motion of Representative Schaaf, **HCS SS SCS SB 577, as amended**, was adopted by the following vote:

AYES: 085

Avery	Bearden	Brandom	Brown 30	Bruns
Cooper 120	Cooper 155	Cooper 158	Cox	Cunningham 145
Cunningham 86	Davis	Day	Deeken	Dempsey
Denison	Dethrow	Dixon	Dougherty	Dusenberg
Emery	Faith	Fares	Fisher	Flook
Funderburk	Grisamore	Guest	Hobbs	Hunter
Jones 89	Jones 117	Kelly	Lembke	Lipke
Loehner	Marsh	May	McGhee	Moore
Munzlinger	Nance	Nieves	Nolte	Onder
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Richard	Robb	Ruestman	Ruzicka
Sander	Sater	Schaaf	Schad	Scharnhorst
Schlottach	Schneider	Schoeller	Self	Silvey
Smith 14	Smith 150	Stevenson	St. Onge	Stream
Sutherland	Thomson	Threlkeld	Tilley	Viebrock
Wallace	Wasson	Wells	Weter	Wilson 119
Wilson 130	Wood	Wright 159	Yates	Mr Speaker

NOES: 061

Aull	Baker 25	Baker 123	Bivins	Bowman
Bringer	Burnett	Casey	Chappelle-Nadal	Corcoran
Darrough	Daus	Donnelly	El-Amin	Ervin
Fallert	Frame	Franz	George	Grill
Harris 23	Harris 110	Hodges	Holsman	Hoskins
Hubbard	Komo	Kraus	Lampe	LeVota
Liese	Low 39	McClanahan	Meiners	Nasheed
Norr	Oxford	Page	Quinn 9	Robinson
Roorda	Rucker	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Skaggs	Spreng	Storch
Swinger	Talboy	Todd	Villa	Vogt
Walsh	Witte	Wright-Jones	Yaeger	Zimmerman
Zweifel				

PRESENT: 000

ABSENT WITH LEAVE: 017

Bland	Brown 50	Curls	Haywood	Hughes
Icet	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Meadows	Muschany	Walton	Whorton
Wildberger	Young			

On motion of Representative Schaaf, **HCS SS SCS SB 577, as amended**, was read the third time and passed by the following vote:

AYES: 091

Avery	Baker 123	Bearden	Bivins	Brandom
Brown 30	Bruns	Cooper 120	Cooper 155	Cooper 158

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Cox	Cunningham 145	Cunningham 86	Davis	Day
Deeken	Dempsey	Denison	Dethrow	Dixon
Dougherty	Dusenberg	Emery	Ervin	Faith
Fares	Fisher	Flook	Franz	Funderburk
Grisamore	Guest	Hobbs	Hunter	Jones 89
Jones 117	Kelly	Kraus	Lembke	Lipke
Loehner	Marsh	May	McGhee	Moore
Munzlinger	Muschany	Nance	Nieves	Nolte
Onder	Parson	Pearce	Pollock	Portwood
Pratt	Quinn 7	Richard	Robb	Ruestman
Ruzicka	Sander	Sater	Schaaf	Schad
Scharnhorst	Schlottach	Schneider	Schoeller	Self
Silvey	Smith 14	Smith 150	Stevenson	St. Onge
Stream	Sutherland	Thomson	Threlkeld	Tilley
Viebrock	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

NOES: 056

Aull	Baker 25	Bowman	Bringer	Burnett
Casey	Chappelle-Nadal	Corcoran	Darrough	Daus
Donnelly	El-Amin	Fallert	Frame	George
Grill	Harris 23	Harris 110	Hodges	Holsman
Hoskins	Hubbard	Komo	Lampe	LeVota
Liese	Low 39	McClanahan	Meiners	Nasheed
Norr	Oxford	Page	Quinn 9	Robinson
Roorda	Rucker	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Skaggs	Spreng	Storch
Swinger	Talboy	Todd	Villa	Vogt
Walsh	Witte	Wright-Jones	Yaeger	Zimmerman
Zweifel				

PRESENT: 000

ABSENT WITH LEAVE: 016

Bland	Brown 50	Curls	Haywood	Hughes
Ice	Johnson	Kingery	Kratky	Kuessner
Lowe 44	Meadows	Walton	Whorton	Wildberger
Young				

Speaker Jetton declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 130

Aull	Avery	Baker 25	Baker 123	Bearden
Bivins	Brandom	Bringer	Brown 30	Bruns
Casey	Cooper 120	Cooper 155	Corcoran	Cox
Cunningham 145	Cunningham 86	Darrough	Daus	Davis
Day	Deeken	Dempsey	Denison	Dethrow
Dixon	Donnelly	Dougherty	Dusenberg	Emery
Ervin	Faith	Fallert	Fares	Fisher
Flook	Frame	Franz	Funderburk	Grill
Grisamore	Guest	Harris 110	Hobbs	Hodges

Hunter	Jones 89	Jones 117	Kelly	Komo
Kraus	Lampe	Lembke	Liese	Lipke
Loehner	Low 39	Marsh	May	McClanahan
McGhee	Meiners	Moore	Munzlinger	Muschany
Nance	Nieves	Nolte	Norr	Onder
Oxford	Page	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Quinn 9	Richard
Robb	Robinson	Rucker	Ruestman	Ruzicka
Salva	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schieffer	Schlottach	Schoeller
Schoemehl	Self	Shively	Silvey	Smith 14
Smith 150	Stevenson	St. Onge	Storch	Stream
Sutherland	Swinger	Talboy	Thomson	Threlkeld
Tilley	Todd	Viebrock	Villa	Vogt
Wallace	Walsh	Wasson	Wells	Weter
Wilson 119	Witte	Wood	Wright 159	Wright-Jones
Yaeger	Yates	Zimmerman	Zweifel	Mr Speaker

NOES: 008

Bowman	Burnett	El-Amin	Hoskins	Hubbard
LeVota	Nasheed	Skaggs		

PRESENT: 006

Chappelle-Nadal	George	Harris 23	Holsman	Roorda
Spreng				

ABSENT WITH LEAVE: 019

Bland	Brown 50	Cooper 158	Curls	Haywood
Hughes	Ice	Johnson	Kingery	Kratky
Kuessner	Lowe 44	Meadows	Schneider	Walton
Whorton	Wildberger	Wilson 130	Young	

COMMITTEE REPORTS

Committee on Rules, Chairman Cooper (120) reporting:

Mr. Speaker: Your Committee on Rules, to which was referred **HCS HJR 31**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HB 1034**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SS SCS SB 3**, begs leave to report it has examined the same and recommends that it **Be Returned to Committee of Origin**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SS SB 40**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SCS SBs 45 & 39**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SS SCS SBs 49, 65, 210 & 251**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SCS SB 75**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS#2 SCS SB 163**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SS#2 SCS SB 204**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **SS SCS SB 225**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SCS SB 368**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SS SCS SB 428**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SB 516**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **SCS SB 530**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **SCS SB 611**, begs leave to report it has examined the same and recommends that it **Do Pass**.

REFERRAL OF SENATE BILLS

The following Senate Bills were referred to the Committee indicated:

HCS#2 SCS SB 333 - Fiscal Review (Fiscal Note)

HCS SB 516 - Fiscal Review (Fiscal Note)

CONFERENCE COMMITTEE REPORT NO. 2 ON HOUSE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 64

The Conference Committee appointed on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 64, with House Amendment No. 3, House Amendment No. 1 to House Substitute Amendment No. 1 for House Amendment No. 4, House Substitute Amendment No. 1 for House Amendment No. 4, as amended, and House Substitute Amendment No. 1 for House Amendment No. 5, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Committee Substitute for Senate Bill No. 64, as amended;
2. That the Senate recede from its position on Senate Committee Substitute for Senate Bill No. 64;
3. That the attached Conference Committee Substitute No. 2 for House Committee Substitute for Senate Committee Substitute for Senate Bill No. 64, be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Jack Goodman
/s/ Charles Shields
/s/ Robert Mayer
/s/ Jeff Smith

FOR THE HOUSE:

/s/ Maynard Wallace
/s/ Jane Cunningham
/s/ Scott Muschany
/s/ Joe Aull

ADJOURNMENT

On motion of Representative Dempsey, the House adjourned until 4:00 p.m., Monday, May 14, 2007.

COMMITTEE MEETINGS

CONFERENCE COMMITTEE NOTICE

Monday, May 14, 2007, 12:00 p.m. Room 401B.
Public hearing to be held on: HB 574

CONFERENCE COMMITTEE NOTICE

Monday, May 14, 2007, 12:30 p.m. Senate Committee Room 2.
Public hearings to be held on: HCS SB 84, HCS SCS SB 82

CONFERENCE COMMITTEE NOTICE

Monday, May 14, 2007, 5:00 p.m. Senate Committee Room 1.
Public hearing to be held on: HCS SCS SB 156

FISCAL REVIEW

Monday, May 14, 2007, 12:00 p.m. Hearing Room 1.
Any bills referred to the Fiscal Review Committee.

FISCAL REVIEW

Tuesday, May 15, 2007, 8:00 a.m. Hearing Room 1.
Any bills referred to the Fiscal Review Committee.

FISCAL REVIEW

Wednesday, May 16, 2007, 8:00 a.m. Hearing Room 1.
Any bills referred to the Fiscal Review Committee.

FISCAL REVIEW

Thursday, May 17, 2007, 8:00 a.m. Hearing Room 1.
Any bills referred to the Fiscal Review Committee.

FISCAL REVIEW

Friday, May 18, 2007, 8:00 a.m. Hearing Room 1.
Any bills referred to the Fiscal Review Committee.

HEALTH CARE POLICY

Monday, May 14, 2007, 12:00 p.m. Hearing Room 5.

JOINT COMMITTEE ON LEGISLATIVE RESEARCH

Monday, May 14, 2007, 11:00 a.m. Hearing Room 6.
Quarterly business meeting. Old/New Business.
Some portions of the meeting may be closed pursuant to Section 610.021.

RULES - PURSUANT TO RULE 25(21)(f)

Monday, May 14, 2007, Hearing Room 6 upon afternoon adjournment.
Any bills referred to the Committee on Rules - Pursuant to Rule 25(21)(f)

HOUSE CALENDAR

SEVENTY-FOURTH DAY, MONDAY, MAY 14, 2007

HOUSE JOINT RESOLUTIONS FOR PERFECTION

- 1 HJR 21 - Cooper (120)
- 2 HCS HJR 9 - Dethrow
- 3 HJR 6 - Bruns
- 4 HCS HJR 20 - Bearden

HOUSE BILLS FOR PERFECTION

- 1 HCS HB 90, HA 1, pending - St. Onge
- 2 HCS HB 889 - Emery
- 3 HCS HB 111, as amended, HA 2, pending - Cunningham (145)
- 4 HCS HB 466 - Schaaf
- 5 HCS HB 771 - Bearden
- 6 HCS HBs 180, 396 & 615 - Day
- 7 HCS HB 238 - Yates
- 8 HB 360, HSA 1 for HA 1, HA 1, pending - Robb
- 9 HCS HB 788 - Cooper (155)
- 10 HCS HB 218 - Stevenson
- 11 HCS HB 811 - Schad
- 12 HB 412 - Emery
- 13 HB 432 - Schaaf
- 14 HCS HB 699 - Tilley
- 15 HCS HB 768 - St. Onge
- 16 HCS HB 122 - Nance
- 17 HCS HB 487 - Cooper (120)
- 18 HCS HB 493 - Baker (123)
- 19 HCS HB 512 - Pratt
- 20 HCS HB 261, as amended - Yates
- 21 HB 746 - Franz
- 22 HB 882 - Page
- 23 HCS HB 1002 - Fisher
- 24 HCS HB 124 - Nance
- 25 HCS HB 765, HA 1, pending - Dempsey

26 HCS HBs 807 & 690 - Baker (123)
27 HCS HB 121 - Nance
28 HB 249 - Moore
29 HCS HB 252 - Robb
30 HCS HB 417 - Cunningham (86)
31 HCS HB 478 - Dethrow
32 HCS HB 490 - Baker (123)
33 HCS HB 508 - Schaaf
34 HCS HB 709 - Dethrow
35 HB 821, HA 1, pending - Onder
36 HCS HB 995 - Hobbs
37 HCS#2 HB 85 - Kraus
38 HCS HB 399 - Walton
39 HCS HB 624 - Wilson (119)
40 HCS#2 HB 752 - Sutherland
41 HCS HB 1000 - Storch
42 HCS HB 1044 - Deeken
43 HCS HB 244 - Wells
44 HCS HB 587 - Tilley
45 HCS HB 628 - Loehner
46 HCS HB 629 - Hunter
47 HCS HB 872 - Cooper (158)
48 HCS HB 913 - Cooper (120)
49 HB 932 - Grill
50 HCS HB 1089 - Stevenson
51 HCS HB 347 - Munzlinger
52 HB 439 - Hunter
53 HCS HB 630 - Schlottach
54 HB 646 - Young
55 HCS HB 919 - Schneider
56 HCS HB 944 - Cooper (120)
57 HCS HB 1264 - Page
58 HCS HB 425 - Pearce
59 HCS HB 429 - Jones (117)
60 HCS HB 716 - Davis
61 HCS HB 95 - Sater
62 HB 479 - Darrough
63 HB 733 - Page
64 HCS HB 769 - Bruns
65 HCS HB 802, *HA 2 to HA 1, HA 1, pending - Page
66 HB 1155 - Wright-Jones
67 HCS HB 442 - Kingery
68 HB 727 - Portwood
69 HB 888 - Grisamore
70 HCS HB 923 - Kratky
71 HB 1251 - Komo
72 HCS HB 331 - Lipke
73 HCS#2 HB 735 - Cooper (158)
74 HCS HB 833 - Wasson
75 HB 1104 - Hughes
76 HCS HBs 112, 26, 37, 78, 79 & 154 - Pearce
77 HCS HB 886 - Schlottach
78 HCS HB 869 - Holsman
79 HB 1052 - Brown (50)

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- 80 HCS HB 1272 - El-Amin
- 81 HCS HB 1023 - Quinn (7)
- 82 HCS HB 1108 - Pratt
- 83 HCS#2 HBs 406 & 726 - Cox
- 84 HCS HB 968 - Bivins
- 85 HB 1034 - Emery

HOUSE CONCURRENT RESOLUTION FOR THIRD READING

HCR 49, (4-23-07, Pages 1277-1278) - Portwood

HOUSE BILL FOR THIRD READING

HCS HBs 365, 804 & 805, (Fiscal Review 4-03-07) - Ervin

HOUSE BILL FOR THIRD READING - CONSENT

HB 910 - Fares

HOUSE CONCURRENT RESOLUTIONS

- 1 HCR 28, (2-27-07, Pages 438-439) - Walton
- 2 HCS HCR 21, (3-29-07, Pages 852-853) - Dethrow
- 3 HCR 33, (3-30-07, Pages 872-873) - Guest
- 4 HCR 43, (4-12-07, Pages 1081-1082) - Page
- 5 HCS HCR 26, (3-14-07, Pages 686-688) - El-Amin
- 6 HCR 54, (4-18-07, Pages 1202-1203) - Sutherland
- 7 HCR 38, (4-19-07, Page 1248) - Wright
- 8 HCR 44, (4-24-07, Page 1314) - Smith (14)
- 9 HCS HCR 45, (4-25-07, Page 1347) - Roorda
- 10 HCS HCR 5, (5-08-07, Pages 1618-1619) - Burnett

SENATE BILLS FOR THIRD READING

- 1 SCS SB 91 - St. Onge
- 2 SB 135 - Kingery
- 3 HCS SCS SB 232 - Cooper (158)
- 4 HCS SCS SB 384, as amended, HSA 1 for HA 2, HA 2, pending, E.C. - Daus
- 5 HCS SCS SB 520 - Hunter
- 6 SB 352 - Ruzicka
- 7 HCS SBs 593 & SCS SB 594 - May
- 8 SB 648 - Kelly
- 9 HCS SS SCS SB 320 - Quinn (7)
- 10 SCS SB 418 - Weter
- 11 HCS SB 218 - Deeken
- 12 HCS SS SCS SB 22, E.C. - Schneider (2 hours debate on Third Reading)
- 13 HCS SS SB 112 - Faith
- 14 SB 271 - Pearce
- 15 HCS SS#2 SCS SB 161, (Fiscal Review 5-07-07) - Muschany
- 16 HCS SB 315 - Munzlinger
- 17 HCS SCS SB 52, (Fiscal Review 5-07-07), E.C. - St. Onge
(150 minutes debate on Third Reading)
- 18 SB 162 - Deeken
- 19 SB 171 - Wasson

- 20 HCS SCS SB 197 - Yates
- 21 HCS SS SCS SBs 255, 249 & 279, E.C. - Muschany
- 22 SS SB 417 - Parson
- 23 HCS SB 419, (Fiscal Review 5-07-07) - Hobbs
- 24 HCS SCS SB 497 - Wilson (119)
- 25 SCS SB 525 - Wasson
- 26 SCS SB 526 - Wasson
- 27 SCS SB 66 - Yates
- 28 HCS SS SCS SB 5, (Fiscal Review 5-10-07), E.C. - Cox
- 29 HCS SS SCS SB 85, (Fiscal Review 5-10-07) - Dixon
- 30 SS SCS SB 215, HCA 1 - Yates
- 31 HCS SCS SB 299 & SS SCS SB 616 - Cooper (120)
- 32 HCS SB 323 - Baker (25)
- 33 HCS SB 325, (Fiscal Review 5-10-07) - Yates
- 34 HCS SCS SB 328, (Fiscal Review 5-10-07) - Robb
- 35 HCS SS SCS SB 429, (Fiscal Review 5-10-07) - Stream
(90 minutes debate on Third Reading)
- 36 SB 481 - Pratt
- 37 SCS SB 482 - Bearden
- 38 HCS SB 582, (Fiscal Review 5-10-07) - Sutherland
(90 minutes debate on Third Reading)
- 39 SB 671 - Pratt
- 40 HCS#2 SCS SB 313 - Sutherland
- 41 HCS SB 516, (Fiscal Review 5-11-07) - Pratt
- 42 HCS#2 SCS SB 333, (Fiscal Review 5-11-07) - Cooper (155)

HOUSE BILLS WITH SENATE AMENDMENTS

- 1 SS HB 744, as amended - St. Onge
- 2 SS HB 134 - Guest
- 3 SCS HCS HB 298 - Cooper (120)
- 4 SS HB 579, E.C. - Dempsey
- 5 SCS HCS HB 159 - Bivins
- 6 SS SCS HCS HB 780, as amended - Wasson

BILL CARRYING REQUEST MESSAGE

HCS SCS SB 86, as amended (request House recede/grant conference), E.C. - Sutherland

BILLS IN CONFERENCE

- 1 CCR HCS SB 30, as amended, E.C. - Stevenson
- 2 CCR HCS SCS SB 308, as amended - Wasson
- 3 CCR#2 HCS SCS SB 64, as amended - Wallace
- 4 CCR HCS SB 81, as amended, E.C. - Schlottach
- 5 HCS SCS SB 198 - Pollock
- 6 CCR HCS SB 25, as amended - Franz
- 7 HB 574, SA 1, SA 3, E.C. - St. Onge
- 8 SS HB 665, as amended - Ervin
- 9 CCR#2 HCS#2 SB 406, as amended - Wallace
- 10 HCS SCS SB 82, as amended - Tilley
- 11 HCS SB 84, as amended - Franz
- 12 CCR HCS SB 416 - Pratt
- 13 HCS SCS SB 156, as amended, E.C. - Quinn (7)

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- 14 HCS SCS SBs 62 & 41, as amended - Ruestman
- 15 CCR HB 488, SA 1 - Wasson
- 16 SS SCS HB 255, as amended, E.C. - Bruns

HOUSE RESOLUTION

HR 1678, (4-12-07, Page 1076) - Jones (117)