HOUSE	AMENDMENT NO
	Offered By
AMEND House Co	ommittee Substitute for Senate Bill No. 0090, Section 103.089, Page 3, Line
21, by inserting aft	er all of said section and line the following:
" <u>191.025.</u> "	The Health Care Compact is enacted into law and entered into by the state as a
party, and is of full	force and effect between the state and any other states joining therein in
accordance with th	e terms of the Compact, which such Compact is as follows:
Section 1.	Definitions. As used in this Compact, unless the context clearly indicates
otherwise:	
"Member S	state" shall refer to a state that is signatory to this Compact and has adopted it
under the laws of the	hat state.
"Effective o	date" shall refer to the date upon which this Compact shall become effective for
purposes of the ope	eration of state and federal law in a Member State, which shall be the later of:
(a) the date	e upon which this Compact shall be adopted under the laws of the Member
State, and;	
(b) the date	e upon which this Compact receives the consent of Congress pursuant to Article
I, Section 10, of the	e United States Constitution, after at least two Member States adopt this
Compact.	
"Health Car	re" means care, services, supplies, or plans related to the health of an individual
and includes but is	not limited to:
(a) preventi	ive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care and
counseling, service	e, assessment, or procedure with respect to the physical or mental condition or
functional status of	f an individual or that affects the structure or function of the body; and
(b) sale or o	dispensing of a drug, device, equipment, or other item in accordance with a
prescription; and	
(c) an indiv	ridual or group plan that provides, or pays the cost of, care, services, or supplies
related to the health	h of an individual; except any care, services, supplies, or plans provided by the
United States Depa	artment of Defense, the United States Department of Veteran Affairs, or
provided to Native	Americans.
"Commissi	on" shall refer to the Interstate Advisory Health Care Commission.
"Member S	state" means a state that is signatory to this Compact and has adopted it under
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the laws of that state.	
"Member State Ba	se Funding Level" means a number equal to the total federal spending
on Health Care in the Mer	mber State during federal fiscal year 2010 as determined. On or before
the effective date, each M	ember State shall determine the Member State Base Funding Level for
its state, and that number	shall be binding upon that Member State. (The preliminary estimate of
Member State Base Fundi	ng Level for the State of Missouri is \$18,669,000,000.)
"Member State Cu	urrent Year Funding Level" means the Member State Base Funding
Level multiplied by the M	ember State Current Year Population Adjustment Factor multiplied by
he Current Year Inflation	Adjustment Factor.
"Member State Cu	rrent Year Population Adjustment Factor" means the average population
of the Member State in the	e current year less the average population of the Member State in federal
fiscal year 2010, divided b	by the average population of the Member State in federal fiscal year
2010, plus 1. Average pop	pulation in a Member State shall be determined by the United States
Census Bureau.	
"Current Year Infla	ation Adjustment Factor" means the Total Gross Domestic Product
Deflator in the current year	ur divided by the Total Gross Domestic Product Deflator in federal fiscal
year 2010. Total Gross Do	omestic Product Deflator shall be determined by the Bureau of
Economic Analysis of the	United States Department of Commerce.
Section 2. Pledge.	The Member States shall take joint and separate action to secure the
consent of the United Stat	es Congress to this Compact in order to return the authority to regulate
health care to the Member	States, consistent with the goals and principles articulated in this
Compact. The Member St	ates shall improve health care policy within their respective jurisdictions
and according to the judgr	ment and discretion of each Member States.
Section 3. Legisla	tive Power. The legislatures of the Member States have the primary
responsibility to regulate h	nealth care in their respective states.
Section 4. State C	ontrol. Each Member State, within its state, may suspend by legislation
the operation of all federal	l laws, rules, regulations, and orders regarding Health Care that are
inconsistent with the laws	and regulations adopted by the Member State pursuant to this Compact.
Federal laws, rules, regula	tions, and orders regarding health care will remain in effect unless a
Member State expressly st	uspends them pursuant to its authority under this Compact. For any
federal law, rule, regulation	on, or order that remains in effect in a Member State after the effective
date, that Member State sh	nall be responsible for the associated funding obligations in its state.
Section 5. Funding	<u>g.</u>
(a) Each federal fig	scal year, each Member State shall have the right to federal monies up to
an amount equal to its Me	mber State Current Year Funding Level for that federal fiscal year,
funded by Congress as ma	andatory spending and not subject to annual appropriation, to support the
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1	exercise of Member State authority under this Compact. This funding shall not be conditional on
2	any action of or regulation, policy, law, or rule being adopted by the Member State.
3	(b) By the start of each federal fiscal year, Congress shall establish an initial Member State
4	Current Year Funding Level for each Member State, based upon reasonable estimates. The final
5	Member State Current Year Funding Level shall be calculated, and funding shall be reconciled by
6	the United States Congress, based upon information provided by each Member State and audited
7	by the United States Government Accountability Office.
8	Section 6. Interstate Advisory Health Care Commission.
9	(a) The Commission may study the issues of health care regulation of particular concern
0	to the Member States. The Commission may make nonbinding recommendations to the Member
1	States. The legislatures of the Member States may consider these recommendations in
2	determining the appropriate health care policy in their respective states.
3	(b) The Commission shall collect information and data to assist the Member States in
4	their regulation of health care, including assessing the performance of various state health care
5	programs and compiling information on the prices health care. The Commission shall then make
6	this information and data available to the legislatures of the Member States. Notwithstanding any
7	other provision in this Compact, no Member State shall disclose to the Commission the health
8	information of any individual, nor shall the Commission disclose the health information of any
9	individual.
20	(c) The Commission consists of members appointed by each Member State through a
21	process to be determined by the laws of each Member State. A Member State may not appoint
22	more than two members to the Commission, and at any time a Member State may withdraw
23	membership from the Commission at any time. Each Commission member is entitled to one vote.
24	The Commission shall not act unless a majority of the members are present, and no action shall be
25	binding unless approved by a majority of the commission's total membership.
26	(d) The Commission may elect from among its membership a chairperson. The
27	Commission may adopt and publish bylaws and policies that are not inconsistent with this
28	Compact. The Commission shall meet at least once a year, and may meet more frequently, as its
29	bylaws direct.
30	(e) The Commission shall be funded by the Member States as agreed to by the Member
31	States. The Commission shall have the responsibilities and duties as may be conferred upon it by
32	subsequent action of the respective legislatures of the Member States in accordance with the terms
33	of this Compact.
34	(f) The Commission shall not take any action within a Member State that contravenes any
35	state law of that Member State.
36	Section 7. Congressional Consent. This Compact shall be effective on its adoption by at
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least two Member States and consent of the United States Congress. This Compact shall be
effective unless the United States Congress, in consenting to this Compact, alters the fundamental
purposes of this Compact, which are:
(a) To secure the right of the Member States to regulate Health Care in their respective
states pursuant to this Compact and to suspend the operation of any conflicting federal laws, rules,
regulations, and orders within their states; and
(b) To secure federal funding for Member States that choose to invoke their authority
under this Compact, as prescribed by Section 5 above.
Section 8. Amendments. The Member States, by unanimous agreement, may amend this
Compact from time to time without the prior consent or approval of Congress and any amendment
shall be effective unless, within one year, the Congress disapproves that amendment. Any state
may join this Compact after the date on which Congress consents to the Compact by adoption into
law under its state Constitution.
Section 9. Withdrawal; Dissolution. Any Member State may withdraw from this
Compact by adopting a law to that effect, but no such withdrawal shall take effect until six months
after the Governor of the withdrawing Member State has given notice of the withdrawal to the
other Member States. This Compact shall be dissolved upon the withdrawal of all but one of the
Member States."; and
accordingly.
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