JOURNAL OF THE HOUSE

First Regular Session, 99th GENERAL ASSEMBLY

SIXTY-SIXTH DAY, TUESDAY, MAY 2, 2017

The House met pursuant to adjournment.

Speaker Pro Tem Haahr in the Chair.

Prayer by Reverend Monsignor Robert A. Kurwicki, Chaplain.

Blessed are they who observe justice and who do righteousness at all times. (Psalm 106:3)

We come to You, Mighty God, voicing the honest aspirations of our hearts in prayer, endeavoring to become aware of Your presence, and seeking strength and wisdom for the tasks during this stressful time. During the pressure of daily duties we often forget You and in so doing we stifle the finer impulses of our human nature. In this moment of prayer we would regain the feeling of our personal relationship with You. Help us to keep alive the sense of Your spirit during the debates and votes of this day.

Enhance the life of our State with righteousness and truth. Make us equal to our high tasks, reverent in the use of freedom, just in the exercise of power, generous in the protection of weakness, and genuine in the spreading of hope and promise.

Finally, we pray for all whose homes and businesses have been damaged or destroyed by recent flooding. As the recovery begins, let us support it by all means possible.

And the House says, "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: Parker Hemmann, Taylor Hemmann, Makayla Hemmann, Payton Hemmann, Henry Wessels and Lila Wessels.

The Journal of the sixty-fifth day was approved as printed by the following vote:

AYES: 133

Adams	Alferman	Anders	Anderson	Andrews
Arthur	Austin	Bahr	Bangert	Baringer
Barnes 28	Basye	Beard	Beck	Bernskoetter
Berry	Black	Bondon	Brattin	Brown 27
Brown 57	Brown 94	Burnett	Burns	Chipman
Christofanelli	Cierpiot	Conway 10	Conway 104	Corlew
Crawford	Cross	Curtman	Davis	DeGroot
Dogan	Dohrman	Dunn	Eggleston	Ellebracht
Engler	Evans	Fitzpatrick	Fitzwater 144	Fitzwater 49
Fraker	Francis	Franklin	Frederick	Gannon

Gray	Green	Grier	Haahr	Haefner
Hannegan	Harris	Helms	Henderson	Higdon
Hill	Houghton	Houx	Hurst	Johnson
Justus	Kelley 127	Kidd	Kolkmeyer	Lant
Lauer	Lavender	Lichtenegger	Love	Lynch
Marshall	Mathews	Matthiesen	May	McCaherty
McCann Beatty	McCreery	McDaniel	McGaugh	McGee
Meredith 71	Merideth 80	Messenger	Miller	Moon
Morgan	Morris	Mosley	Muntzel	Neely
Nichols	Phillips	Pike	Pogue	Quade
Razer	Redmon	Rehder	Reisch	Remole
Rhoads	Roberts	Rone	Rowland 155	Rowland 29
Runions	Ruth	Schroer	Shaul 113	Shull 16
Shumake	Smith 163	Sommer	Spencer	Stacy
Stephens 128	Stevens 46	Tate	Taylor	Trent
Unsicker	Vescovo	Walker 3	Wessels	White
Wiemann	Wilson	Mr. Speaker		

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 029

Barnes 60	Butler	Carpenter	Cookson	Cornejo
Curtis	Ellington	Franks Jr	Gregory	Hansen
Hubrecht	Kelly 141	Kendrick	Korman	Mitten
Newman	Peters	Pfautsch	Pierson Jr	Pietzman
Plocher	Reiboldt	Roden	Roeber	Ross
Smith 85	Swan	Walker 74	Wood	

VACANCIES: 001

HOUSE RESOLUTIONS

Representative Hannegan offered House Resolution No. 2888.

COMMITTEE REPORTS

Committee on Fiscal Review, Chairman Haefner reporting:

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **SCS SB 240**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (13): Conway (104), Fraker, Haefner, Morgan, Morris, Rowland (29), Smith (163), Swan, Unsicker, Vescovo, Wessels, Wiemann and Wood

Noes (0)

Absent (1): Alferman

THIRD READING OF SENATE BILLS

SB 194, relating to the accreditation of managed care plans, was taken up by Representative Trent.

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

House Amendment No. 1

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"**320.087. Records that are subject to closure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191, as amended, may be closed records as provided under sections 610.100 to 610.105 if maintained by fire departments and fire protection districts.**"; and

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

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

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

House Amendment No. 2

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting the following after all of said section and line:

"335.099. Any licensed practical nurse, as defined in section 335.016:

(1) Who is an approved instructor for the level 1 medication aid program shall be qualified to teach the insulin administration course under chapter 198;

(2) Shall be qualified to perform diabetic nail care and monthly onsite reviews of basic personal care recipients, as required by the department of social services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198;

(3) Shall be qualified to perform dietary oversight, as required by the department of health and senior services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198.

2. A licensed practical nurse, as defined in section 335.016, may perform the monthly on-site visits of basic personal care recipients required by MO HealthNet division regulations without the supervision of a registered nurse and may provide nail care for a diabetic or person with other medically contraindicating conditions without the direction of a registered nurse, pursuant to the Mo HealthNet Personal Care Program, and the lack of supervision or direction by a registered nurse of such tasks shall not, directly or indirectly, affect the eligibility of a residential care facility or assisted living facility to participate in such program as a provider or to receive reimbursement for services."; and

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

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

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

House Amendment No. 3

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

"191.1100. 1. Sections 191.1100 to **[**~~191.1112~~**] 191.1116** shall be known and may be cited as the "Volunteer Health Services Act".

2. As used in **[**~~sections 191.1100 to 191.1112~~**] the volunteer health services act**, the following terms shall mean:

(1) "Gross deviation", a conscious disregard of the safety of others;

(2) "Health care provider", any physician, surgeon, dentist, nurse, optometrist, mental health professional licensed under chapter 337, veterinarian, or other practitioner of a health care discipline, the professional practice of which requires licensure or certification under state law or under comparable laws of another state, territory, district, or possession of the United States;

(3) "Licensed health care provider", any health care provider holding a current license or certificate issued under:

(a) Missouri state law;

(b) Comparable laws of another state, territory, district, or possession of the United States;

(4) "Regularly practice", to practice more than sixty days within any ninety-day period;

(5) "Sponsoring organization", any organization that organizes or arranges for the voluntary provision of health care services and registers with the department of health and senior services as a sponsoring organization in accordance with section 191.1106;

(6) "Voluntary provision of health care services", the providing of professional health care services by a health care provider without charge to a recipient of the services or a third party. The provision of such health care services under sections 191.1100 to 191.1112 shall be the provider's professional practice area in which the provider is licensed or certified.

191.1110. 1. (1) No licensed health care provider **working on behalf of a sponsoring organization or registered with the appropriate licensing body pursuant to section 191.1114** who engages in the voluntary provision of health care services within the limits of the person's license, certificate, or authorization to **[**~~any~~**] a** patient **[**~~of a sponsoring organization~~**]** shall be liable for any civil damages for any act or omission resulting from the rendering of such services, unless the act or omission was the result of such person's gross deviation from the ordinary standard of care or willful misconduct.

(2) The volunteer licensee who is providing free care shall not receive compensation of any type, directly or indirectly, or any benefits of any type whatsoever, or any consideration of any nature, from any person for the free care. Nor shall such service be a part of the provider's training or assignment.

(3) The volunteer licensee shall be acting within the scope of such license, certification, or authority.

(4) A health care licensee providing free health care shall not engage in activities at a clinic, or at the health care licensee's office, if the activities are performed on behalf of the sponsoring organization, unless such activities are authorized by the appropriate authorities to be performed at the clinic or office and the clinic or office is in compliance with all applicable regulations.

2. For purposes of this section, any commissioned or contract medical officer or dentist serving on active duty in the United States Armed Forces and assigned to duty as a practicing, commissioned, or contract medical officer or dentist at any military hospital or medical facility owned and operated by the United States government shall be deemed to be licensed.

191.1114. 1. To qualify for liability protection under subdivision (1) of subsection 1 of section 191.1110, a health care provider who provides volunteer health care services without working on behalf of a sponsoring organization shall register with the appropriate licensing body before providing such services by submitting a registration fee of fifty dollars and filing a registration form. The registration and fee shall be submitted annually to the appropriate licensing body with the fee to be used for the administration of sections 191.1100 to 191.1116. Such registration form shall contain:

(1) The name of the health care provider;

(2) The address, including street, city, zip code, and county, of the health care provider's principal office address;

(3) Telephone numbers for the principal office listed under subdivision (2) of this subsection; and

(4) Such additional information as the appropriate licensing body shall require.

Upon any change in the information required under this subsection, the health care provider shall notify the appropriate licensing body in writing of such change within thirty days of its occurrence.

2. The health care provider shall maintain on file for five years following the date of service the date, place, and type of services provided and shall furnish such records upon request to any regulatory board of any healing arts profession established under state law.

3. Adverse incidents and information on treatment outcomes shall be reported by any provider to the appropriate licensing body if the incidents and information pertain to a patient treated under the volunteer health services act. The appropriate licensing body shall review the incident to determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities or licensing bodies under this subsection are confidential.

4. The appropriate licensing body may revoke the registration of any health care provider that fails to comply with the requirements of this section.

5. Nothing in the volunteer health services act shall prohibit a health care provider from providing health care services without charge or shall require a health care provider to register with an appropriate licensing body. However, a health care provider who does not register or who does not work on behalf of a sponsoring organization shall not be entitled to liability protection under subdivision (1) subsection 1 of section 191.1110 or to continuing education credits under section 191.1116.

191.1116. For every hour of volunteer service performed by a health care provider, the appropriate licensing body shall credit such health care professional one hour of continuing education credit, up to a maximum of eight credit hours per licensure period. The health care provider shall submit to the appropriate licensing body a voluntary services report that lists the dates of voluntary service provided, the type of service provided, and the amount of time spent with each patient."; and

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

On motion of Representative Franklin, **House Amendment No. 3** was adopted.

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

House Amendment No. 4

AMEND Senate Bill No. 194, Page 4, Section 354.603, Line 102, by inserting after all of said line the following:

"**376.1065. 1. As used in this section, the following terms shall mean:**

(1) "Contracting entity", any health insurer subject to the jurisdiction of the department engaged in the act of contracting with providers for the delivery of dental services, or the selling or assigning of dental network plans to other entities under the jurisdiction of the department;

(2) "Department", department of insurance, financial institutions and professional registration;

(3) "Official notification", written communication by the participating provider with the contracting entity describing such participating provider's change in participation status with the contracting entity or contact information;

(4) "Participating provider", a provider who has an agreement with a contracting entity to provide dental services with an expectation of receiving payment, other than coinsurance, co-payments or deductibles, directly or indirectly from such contracting entity;

(5) "Provider", any person licensed under chapter 332.

2. A contracting entity shall make changes contained in the official notification to their electronic provider material within ten business days of receipt of an official notification, and their next edition of paper material made available to plan members or other potential plan members."; and

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

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

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

House Amendment No. 5

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting after said section and line the following:

"191.332. 1. By January 1, 2002, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include potentially treatable or manageable disorders, which may include but are not limited to cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal hyperplasia, maple syrup urine disease (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders, methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric acidemia Type I.

2. By January 1, 2017, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include severe combined immunodeficiency (SCID), also known as bubble boy disease. The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection.

3. **By January 1, 2019, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include spinal muscular atrophy (SMA) and Hunter syndrome (MPS II). The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection. To help fund initial costs incurred by the state, the department shall apply for available newborn screening grant funding specific to screening for spinal muscular atrophy and Hunter syndrome. The department shall have discretion in accepting the terms of such grants.**

4. The department of health and senior services may promulgate rules to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536."; and

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

Representative Pike offered **House Amendment No. 1 to House Amendment No. 5**.

House Amendment No. 1
to
House Amendment No. 5

AMEND House Amendment No. 5 to Senate Bill No. 194, Page 1, Line 4, by deleting said line and inserting in lieu thereof the following:

""**9.158. The month of November shall be known and designated as "Diabetes Awareness Month". The citizens of the state of Missouri are encouraged to participate in appropriate activities and events to increase awareness of diabetes. Diabetes is a group of metabolic diseases in which the body has elevated blood sugar levels over a prolonged period of time and affects Missourians of all ages.**

191.332. 1. By January 1, 2002, the department of health and senior services shall, subject"; and

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

On motion of Representative Pike, **House Amendment No. 1 to House Amendment No. 5** was adopted.

On motion of Representative Ruth, **House Amendment No. 5, as amended**, was adopted.

Representative Rowland (155) offered **House Amendment No. 6**.

House Amendment No. 6

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

3. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;

(3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived **[**~~for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210,~~**]** as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision**[**~~. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested~~**]**; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;

(8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;

(9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to **[**~~specifying geographic areas to be covered,~~**]** the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than **[**~~three~~**] five** full-time equivalent advanced practice registered nurses. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician."; and

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

Representative Bondon assumed the Chair.

On motion of Representative Rowland (155), **House Amendment No. 6** was adopted.

Representative Smith (163) offered **House Amendment No. 7**.

House Amendment No. 7

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"192.2495. 1. For the purposes of this section, the term "provider" means any person, corporation or association who:

(1) Is licensed as an operator pursuant to chapter 198;

(2) Provides in-home services under contract with the department of social services or its divisions;

(3) Employs health care providers as defined in section 376.1350 for temporary or intermittent placement in health care facilities;

(4) Is an entity licensed pursuant to chapter 197;

(5) Is a public or private facility, day program, residential facility or specialized service operated, funded or licensed by the department of mental health; or

(6) Is a licensed adult day care provider.

2. For the purpose of this section "patient or resident" has the same meaning as such term is defined in section 43.540.

3. Prior to allowing any person who has been hired as a full-time, part-time or temporary position to have contact with any patient or resident the provider shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(1) Request a criminal background check as provided in section 43.540. Completion of an inquiry to the highway patrol for criminal records that are available for disclosure to a provider for the purpose of conducting an employee criminal records background check shall be deemed to fulfill the provider's duty to conduct employee criminal background checks pursuant to this section; except that, completing the inquiries pursuant to this subsection shall not be construed to exempt a provider from further inquiry pursuant to common law requirements governing due diligence. If an applicant has not resided in this state for five consecutive years prior to the date of his or her application for employment, the provider shall request a nationwide check for the purpose of determining if the applicant has a prior criminal history in other states. The fingerprint cards and any required fees shall be sent to the highway patrol's central repository. The first set of fingerprints shall be used for searching the state repository of criminal history information. If no identification is made, the second set of fingerprints shall be forwarded to the Federal Bureau of Investigation, Identification Division, for the searching of the federal criminal history files. The patrol shall notify the submitting state agency of any criminal history information or lack of criminal history information discovered on the individual. The provisions relating to applicants for employment who have not resided in this state for five consecutive years shall apply only to persons who have no employment history with a licensed Missouri facility during that five-year period. Notwithstanding the provisions of section 610.120, all records related to any criminal history information discovered shall be accessible and available to the provider making the record request; and

(2) Make an inquiry to the department of health and senior services whether the person is listed on the employee disqualification list as provided in section 192.2490.

4. When the provider requests a criminal background check pursuant to section 43.540, the requesting entity may require that the applicant reimburse the provider for the cost of such record check. When a provider requests a nationwide criminal background check pursuant to subdivision (1) of subsection 3 of this section, the total cost to the provider of any background check required pursuant to this section shall not exceed five dollars which shall be paid to the state. State funding and the obligation of a provider to obtain a nationwide criminal background check shall be subject to the availability of appropriations.

5. An applicant for a position to have contact with patients or residents of a provider shall:

(1) Sign a consent form as required by section 43.540 so the provider may request a criminal records review;

(2) Disclose the applicant's criminal history. For the purposes of this subdivision "criminal history" includes any conviction or a plea of guilty to a misdemeanor or felony charge and shall include any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole;

(3) Disclose if the applicant is listed on the employee disqualification list as provided in section 192.2490; and

(4) Disclose if the applicant is listed on any of the background checks in the family care safety registry established under section 210.903. A provider not otherwise prohibited from employing an individual listed on such background checks may deny employment to an individual listed on any of the background checks in such registry.

6. An applicant who knowingly fails to disclose his or her criminal history as required in subsection 5 of this section is guilty of a class A misdemeanor. A provider is guilty of a class A misdemeanor if the provider knowingly hires or retains a person to have contact with patients or residents and the person has been found guilty in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of chapter 565, 566 or 569, or any violation of subsection 3 of section 198.070 or section 568.020.

7. Any in-home services provider agency or home health agency shall be guilty of a class A misdemeanor if such agency knowingly employs a person to provide in-home services or home health services to any in-home services client or home health patient and such person either refuses to register with the family care safety registry or **[**~~is listed on any of the background check lists in the family care safety registry pursuant to sections 210.900 to 210.937~~**] if such person:**

(1) Has any of the disqualifying factors listed in subsection 6 of this section;

(2) Has been found guilty of or pleaded guilty or nolo contendere to any felony offense under chapter 195;

(3) Has been found guilty of or pleaded guilty or nolo contendere to any felony offense under section 568.020, 568.045, 568.050, 568.060, 568.175, 570.030, 570.040, 570.090, 570.145, 570.223, 575.230, or 576.080;

(4) Has been found guilty of or pleaded guilty or nolo contendere to a violation of section 577.010 or 577.012 and who is alleged and found by the court to be an aggravated or chronic offender under section 577.023;

(5) Has been found guilty of or pleaded guilty or nolo contendere to any offense requiring registration under section 589.400;

(6) Is listed on the department of health and senior services employee disqualification list;

(7) Is listed on the department of mental health disqualification registry; or

(8) Has a finding on the child abuse and neglect registry under sections 210.109 to 210.183.

8. The highway patrol shall examine whether protocols can be developed to allow a provider to request a statewide fingerprint criminal records review check through local law enforcement agencies.

9. A provider may use a private investigatory agency rather than the highway patrol to do a criminal history records review check, and alternatively, the applicant pays the private investigatory agency such fees as the provider and such agency shall agree.

10. Except for the hiring restriction based on the department of health and senior services employee disqualification list established pursuant to section 192.2490, the department of health and senior services shall promulgate rules and regulations to waive the hiring restrictions pursuant to this section for good cause. For purposes of this section, "good cause" means the department has made a determination by examining the employee's prior work history and other relevant factors that such employee does not present a risk to the health or safety of residents.

208.909. 1. Consumers receiving personal care assistance services shall be responsible for:

(1) Supervising their personal care attendant;

(2) Verifying wages to be paid to the personal care attendant;

(3) Preparing and submitting time sheets, signed by both the consumer and personal care attendant, to the vendor on a biweekly basis;

(4) Promptly notifying the department within ten days of any changes in circumstances affecting the personal care assistance services plan or in the consumer's place of residence;

(5) Reporting any problems resulting from the quality of services rendered by the personal care attendant to the vendor. If the consumer is unable to resolve any problems resulting from the quality of service rendered by the personal care attendant with the vendor, the consumer shall report the situation to the department; and

(6) Providing the vendor with all necessary information to complete required paperwork for establishing the employer identification number.

2. Participating vendors shall be responsible for:

(1) Collecting time sheets or reviewing reports of delivered services and certifying the accuracy thereof;

(2) The Medicaid reimbursement process, including the filing of claims and reporting data to the department as required by rule;

(3) Transmitting the individual payment directly to the personal care attendant on behalf of the consumer;

(4) Monitoring the performance of the personal care assistance services plan.

3. No state or federal financial assistance shall be authorized or expended to pay for services provided to a consumer under sections 208.900 to 208.927, if the primary benefit of the services is to the household unit, or is a household task that the members of the consumer's household may reasonably be expected to share or do for one another when they live in the same household, unless such service is above and beyond typical activities household members may reasonably provide for another household member without a disability.

4. No state or federal financial assistance shall be authorized or expended to pay for personal care assistance services provided by a personal care attendant who **[**~~is listed on any of the background check lists in the family care safety registry under sections 210.900 to 210.937~~**] has not undergone the background screening process under section 192.2495. If the personal care attendant has a disqualifying finding under section 192.2495, no state or federal assistance can be made**, unless a good cause waiver is first obtained from the department in accordance with section 192.2495.

5. (1) All vendors shall, by July 1, 2015, have, maintain, and use a telephone tracking system for the purpose of reporting and verifying the delivery of consumer-directed services as authorized by the department of health and senior services or its designee. Use of such a system prior to July 1, 2015, shall be voluntary. The telephone tracking system shall be used to process payroll for employees and for submitting claims for reimbursement to the MO HealthNet division. At a minimum, the telephone tracking system shall:

(a) Record the exact date services are delivered;

(b) Record the exact time the services begin and exact time the services end;

(c) Verify the telephone number from which the services are registered;

(d) Verify that the number from which the call is placed is a telephone number unique to the client;

(e) Require a personal identification number unique to each personal care attendant;

(f) Be capable of producing reports of services delivered, tasks performed, client identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service; and

(g) Be capable of producing reimbursement requests for consumer approval that assures accuracy and compliance with program expectations for both the consumer and vendor.

(2) The department of health and senior services, in collaboration with other appropriate agencies, including centers for independent living, shall establish telephone tracking system pilot projects, implemented in two regions of the state, with one in an urban area and one in a rural area. Each pilot project shall meet the requirements of this section and section 208.918. The department of health and senior services shall, by December 31, 2013, submit a report to the governor and general assembly detailing the outcomes of these pilot projects. The report shall take into consideration the impact of a telephone tracking system on the quality of the services delivered to the consumer and the principles of self-directed care.

(3) As new technology becomes available, the department may allow use of a more advanced tracking system, provided that such system is at least as capable of meeting the requirements of this subsection.

(4) The department of health and senior services shall promulgate by rule the minimum necessary criteria of the telephone tracking system. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2010, shall be invalid and void.

6. In the event that a consensus between centers for independent living and representatives from the executive branch cannot be reached, the telephony report issued to the general assembly and governor shall include a minority report which shall detail those elements of substantial dissent from the main report.

7. No interested party, including a center for independent living, shall be required to contract with any particular vendor or provider of telephony services nor bear the full cost of the pilot program."; and

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

On motion of Representative Smith (163), **House Amendment No. 7** was adopted.

Representative Barnes (60) offered **House Amendment No. 8**.

House Amendment No. 8

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting the following after all of said section and line:

"**192.500. 1. For purposes of this section, the following terms shall mean:**

(1) "Cone beam computed tomography system", a medical imaging device using x-ray computed tomography to capture data using a cone-shaped x-ray beam;

(2) "Panoramic x-ray system", an imaging device that captures the entire mouth in a single, two-dimensional image including the teeth, upper and lower jaws, and surrounding structures and tissues.

2. Cone beam computed tomography systems and panoramic x-ray systems that cannot produce radiation intensity greater than thirty milligrays shall not be required to be inspected more frequently than every three years.

3. Cone beam computed tomography systems that can produce radiation intensity of greater than thirty milligrays shall be inspected annually.

4. In addition to the requirements of subsections 2 and 3 of this section, all cone beam computed tomography systems and panoramic x-ray systems shall be inspected within thirty days of installation and whenever moved within an office.

5**. Notwithstanding any law to the contrary, inspections of conventional x-ray equipment used exclusively on animals by a licensed veterinarian or veterinary facility under chapter 340 shall not be required to be inspected more frequently than every four years.**

210.233. 1. All licensed child care facilities shall report annually to the department whether the child care facility has liability insurance coverage and if so, shall provide the department with proof of such insurance coverage.

2. The department shall publish and update annually on its website whether each licensed child care facility has liability insurance coverage. Upon request, the department shall provide insurance coverage information regarding a child care facility, including the name, address, and telephone number of the facility's liability insurance carrier.

3. The department may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2017, shall be invalid and void.

332.081. 1. **Notwithstanding any other provision of law, hospitals licensed under chapter 197 shall be authorized to employ any or all of the following oral health providers:**

(1) A dentist licensed under this chapter for the purpose of treating on hospital premises those patients who present with a dental condition and such treatment is necessary to ameliorate the condition for which they presented such as severe pain or tooth abscesses;

(2) An oral and maxillofacial surgeon licensed under this chapter for the purpose of treating oral conditions that need to be ameliorated as part of treating the underlying cause of the patient's medical needs including, but not limited to, head and neck cancer, HIV or AIDS, severe trauma resulting in admission to the hospital, organ transplant, diabetes, or seizure disorders. It shall be a condition of treatment that such patients are admitted to the hospital on either an in- or out-patient basis;

(3) A maxillofacial prosthodontist licensed under this chapter for the purpose of treating and supporting patients of a head and neck cancer team or other complex care or surgical team for the fabrication of appliances following ablative surgery, surgery to correct birth anomalies, extensive radiation treatment of the head or neck, or trauma-related surgery.

2. No person or other entity shall practice dentistry in Missouri or provide dental services as defined in section 332.071 unless and until the board has issued to the person a certificate certifying that the person has been duly registered as a dentist in Missouri or to an entity that has been duly registered to provide dental services by licensed dentists and dental hygienists and unless and until the board has issued to the person a license, to be renewed each period, as provided in this chapter, to practice dentistry or as a dental hygienist, or has issued to the person or entity a permit, to be renewed each period, to provide dental services in Missouri. Nothing in this chapter shall be so construed as to make it unlawful for:

(1) A legally qualified physician or surgeon, who does not practice dentistry as a specialty, from extracting teeth;

(2) A dentist licensed in a state other than Missouri from making a clinical demonstration before a meeting of dentists in Missouri;

(3) Dental students in any accredited dental school to practice dentistry under the personal direction of instructors;

(4) Dental hygiene students in any accredited dental hygiene school to practice dental hygiene under the personal direction of instructors;

(5) A duly registered and licensed dental hygienist in Missouri to practice dental hygiene as defined in section 332.091;

(6) A dental assistant, certified dental assistant, or expanded functions dental assistant to be delegated duties as defined in section 332.093;

(7) A duly registered dentist or dental hygienist to teach in an accredited dental or dental hygiene school;

(8) A duly qualified anesthesiologist or nurse anesthetist to administer an anesthetic in connection with dental services or dental surgery; or

(9) A person to practice dentistry in or for:

(a) The United States Armed Forces;

(b) The United States Public Health Service;

(c) Migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b));

(d) Federally qualified health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act;

(e) Governmental entities, including county health departments; or

(f) The United States Veterans Bureau; or

(10) A dentist licensed in a state other than Missouri to evaluate a patient or render an oral, written, or otherwise documented dental opinion when providing testimony or records for the purpose of a civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state.

[~~2~~] 3. No corporation shall practice dentistry as defined in section 332.071 unless that corporation is organized under the provisions of chapter 355 or 356 provided that a corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3) may only employ dentists and dental hygienists licensed in this state to render dental services to Medicaid recipients, low-income individuals who have available income below two hundred percent of the federal poverty level, and all participants in the SCHIP program, unless such limitation is contrary to or inconsistent with federal or state law or regulation. This subsection shall not apply to:

(1) A hospital licensed under chapter 197 that provides care and treatment only to children under the age of eighteen at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(2) A federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396(d)(l)), or a migrant, community, or health care for the homeless health center provided for in Section 330 of the Public Health Services Act (42 U.S.C. 254(b)) at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(3) A city or county health department organized under chapter 192 or chapter 205 at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(4) A social welfare board organized under section 205.770, a city health department operating under a city charter, or a city-county health department at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(5) Any entity that has received a permit from the dental board and does not receive compensation from the patient or from any third party on the patient's behalf at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(6) Any hospital nonprofit corporation exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, as amended, that engages in its operations and provides dental services at facilities owned by a city, county, or other political subdivision of the state at which a person regulated under this chapter provides dental care within the scope of his or her license or registration.

If any of the entities exempted from the requirements of this subsection are unable to provide services to a patient due to the lack of a qualified provider and a referral to another entity is made, the exemption shall extend to the person or entity that subsequently provides services to the patient.

[~~3~~] 4. No unincorporated organization shall practice dentistry as defined in section 332.071 unless such organization is exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and provides dental treatment without compensation from the patient or any third party on their behalf as a part of a broader program of social services including food distribution. Nothing in this chapter shall prohibit organizations under this subsection from employing any person regulated by this chapter.

[4] 5. A dentist shall not enter into a contract that allows a person who is not a dentist to influence or interfere with the exercise of the dentist's independent professional judgment.

[~~5~~] 6. A not-for-profit corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), an unincorporated organization operating pursuant to subsection 3 of this section, or any other person should not direct or interfere or attempt to direct or interfere with a licensed dentist's professional judgment and competent practice of dentistry. Nothing in this subsection shall be so construed as to make it unlawful for not-for-profit organizations to enforce employment contracts, corporate policy and procedure manuals, or quality improvement or assurance requirements.

[~~6~~]7. All entities defined in subsection 2 of this section and those exempted under subsection 3 of this section shall apply for a permit to employ dentists and dental hygienists licensed in this state to render dental services, and the entity shall apply for the permit in writing on forms provided by the Missouri dental board. The board shall not charge a fee of any kind for the issuance or renewal of such permit. The provisions of this subsection shall not apply to a federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)).

[~~7~~] 8. Any entity that obtains a permit to render dental services in this state is subject to discipline pursuant to section 332.321. If the board concludes that the person or entity has committed an act or is engaging in a course of conduct that would be grounds for disciplinary action, the board may file a complaint before the administrative

hearing commission. The board may refuse to issue or renew the permit of any entity for one or any combination of causes stated in subsection 2 of section 332.321. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

[~~8~~] 9. A federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)) shall register with the board. The information provided to the board as part of the registration shall include the name of the health center, the nonprofit status of the health center, sites where dental services will be provided, and the names of all persons employed by, or contracting with, the health center who are required to hold a license pursuant to this chapter. The registration shall be renewed every twenty-four months. The board shall not charge a fee of any kind for the issuance or renewal of the registration. The registration of the health center shall not be subject to discipline pursuant to section 332.321. Nothing in this subsection shall prohibit disciplinary action against a licensee of this chapter who is employed by, or contracts with, such health center for the actions of the licensee in connection with such employment or contract. All licensed persons employed by, or contracting with, the health center shall certify in writing to the board at the time of issuance and renewal of the registration that the facility of the health center meets the same operating standards regarding cleanliness, sanitation, and professionalism as would the facility of a dentist licensed by this chapter. The board shall promulgate rules regarding such standards.

[~~9~~] 10. The board may promulgate rules and regulations to ensure not-for-profit corporations are rendering care to the patient populations as set forth herein, including requirements for covered not-for-profit corporations to report patient census data to the board. The provisions of this subsection shall not apply to a federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)).

[~~10~~] 11. All not-for-profit corporations organized or operated pursuant to the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the requirements relating to migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b)) and federally qualified health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act, that employ persons who practice dentistry or dental hygiene in this state shall do so in accordance with the relevant laws of this state except to the extent that such laws are contrary to, or inconsistent with, federal statute or regulation.

345.051. 1. Every person licensed or registered pursuant to the provisions of sections 345.010 to 345.080 shall renew the license or registration on or before the renewal date. Such renewal date shall be determined by the board **but shall be no less than three years**. The application shall be made on a form furnished by the board. The application shall include, but not be limited to, disclosure of the applicant's full name and the applicant's office and residence addresses and the date and number of the applicant's license or registration, all final disciplinary actions taken against the applicant by any speech-language-hearing association or society, state, territory or federal agency or country and information concerning the applicant's current physical and mental fitness to practice.

2. A blank form for application for license or registration renewal shall be mailed to each person licensed or registered in this state at the person's last known office or residence address. The failure to mail the form of application or the failure to receive it does not, however, relieve any person of the duty to renew the license or registration and pay the fee required by sections 345.010 to 345.080 for failure to renew the license or registration.

3. An applicant for renewal of a license or registration under this section shall:

(1) Submit an amount established by the board; and

(2) Meet any other requirements the board establishes as conditions for license or registration renewal, including the demonstration of continued competence to practice the profession for which the license or registration is issued. A requirement of continued competence may include, but is not limited to, **up to thirty hours triennially of** continuing education, examination, self-evaluation, peer review, performance appraisal or practical simulation.

4. If a license or registration is suspended pursuant to section 345.065, the license or registration expires on the expiration date as established by the board for all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may be renewed but does not entitle the licensee to engage in the licensed or registered activity or in any other conduct or activity which violates the order of judgment by which the license or registration was suspended until such license or registration has been reinstated.

5. If a license or registration is revoked on disciplinary grounds pursuant to section 345.065, the license or registration expires on the expiration date as established by the board for all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may not be renewed. If a license or

registration is reinstated after its expiration, the licensee, as a condition of reinstatement, shall pay a reinstatement fee that is equal to the renewal fee in effect on the last regular renewal date immediately preceding the date of reinstatement plus any late fee established by the board."; and

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

On motion of Representative Barnes (60), **House Amendment No. 8** was adopted.

Representative Taylor offered **House Amendment No. 9**.

House Amendment No. 9

AMEND Senate Bill No. 194, Page 4, Section 354.603, Line 102, by inserting immediately after said section and line the following:

"Section 1. Any fee-for-service in-home telemonitoring program that requires scheduled remote monitoring of data related to a MO HealthNet participant's health and transmits data to a health call center which receives reimbursement from the MO HealthNet Program shall utilize a call center accredited by the Utilization Review Accreditation Commission."; and

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

On motion of Representative Taylor, **House Amendment No. 9** was adopted.

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

House Amendment No. 10

AMEND Senate Bill No. 194, Page 4, Section 354.603, Line 102, by inserting immediately after said section and line the following:

"**376.1236. 1. As used in this section, the following terms mean:**

(1) "Covered person", a person on whose behalf a payer or payer's agent is obligated to pay benefits or provide services in accordance with a health benefit plan;

(2) "Covered physical therapy services", services that are:

(a) Delivered by or under the direction and supervision of a physical therapy provider to a covered person; and

(b) Payable to the physical therapy provider;

(3) "Health benefit plan", the same meaning given to such term in section 376.1350;

(4) "Health carrier", the same meaning given to such term in section 376.1350;

(5) "Medicare physician fee schedule", the Medicare physician fee schedule established under 42 U.S.C. Section 1395w-4;

(6) "Minimum payment schedule", the minimum payment schedule established under this section that provides the minimum payment amount for covered physical therapy services provided by a physical therapy provider in accordance with any health benefit plan;

(7) "Physical therapy provider", a physical therapist licensed in accordance with the provisions of sections 334.500 to 334.687;

(8) "Selective contracting arrangement", an arrangement in which a health carrier or organized delivery system participates in selective contracting with one or more physical therapy providers, and which arrangement contains reasonable benefit differentials including, but not limited to, predetermined fee or reimbursement rates for covered physical therapy services applicable to participating and nonparticipating physical therapy providers.

2. Notwithstanding any provision of law to the contrary, with respect to any health benefit plan delivered, issued, executed, or renewed in this state, or approved for issuance or renewal in this state:

(1) Beginning January 1, 2018, and continuing thereafter, reimbursement to a physical therapy provider for any covered physical therapy services delivered under a health benefit plan shall be at a rate that is not less than the minimum payment schedule. Nothing in this section shall prevent reimbursement at a rate higher than the minimum payment schedule in accordance with a selective contracting arrangement; and

(2) For covered physical therapy services provided in calendar years 2018 and 2019, the minimum payment schedule shall be based on rates that are one hundred thirty percent of the Medicare physician fee schedule in effect for the period beginning January 1, 2017, using the single conversion factor for calendar year 2016 as established under 42 U.S.C. Section 1395w-4(d). The minimum payment schedule shall be updated biennially effective January first of each odd-numbered year. For each biennial update, the minimum payment schedule shall be based on rates that are one hundred thirty percent of the Medicare physician fee schedule established in the preceding odd-numbered year, using the appropriate year's conversion factor as updated based on the percentage increase in the Medicare economic index as defined in 42 U.S.C. Section 1395u(i)(3). Any new procedural codes for physical therapy added after 2017 shall base the rates for such codes at one hundred thirty percent of the Medicare physician fee schedule in effect for the period beginning January first of the calendar year in which the new procedural code was added.

3. The minimum payment schedule provided for under this section shall not apply to covered physical therapy services that are delivered as a course of treatment or care in a hospital inpatient setting, hospital outpatient clinic, skilled nursing facility, or home health benefits delivery system, if reimbursement by the health carrier for the covered physical therapy services is made directly to the hospital, hospital outpatient clinic, skilled nursing facility, or home health benefits delivery system.

4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy."; and

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

On motion of Representative Lichtenegger, **House Amendment No. 10** was adopted.

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

House Amendment No. 11

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. **Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule.**

2. Except as provided for in subsection **[4] 5** of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, appropriate peer-reviewed or evidence-based research on such topics including, but not limited to, the most recent guidelines of the American College of Cardiology and American Heart Association for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by the American Stroke Association. **Such rules shall include designation as a STEMI center without site review if such hospital is certified by a national body.**

3. The department of health and senior services shall, not less than once every five years, conduct an on-site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of stroke centers designated pursuant to subsection **[4] 5** of this section; however, this provision is not intended to limit the department's ability to conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. On-site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. If the department of health and senior services has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

4. **Instead of applying for STEMI center designation under subsection 2 of this section, a hospital may apply for STEMI center designation under this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:**

(1) A level I STEMI center if such hospital has been certified as a Joint Commission Comprehensive Cardiac Center or another department-approved nationally-recognized organization that provides comparable STEMI center accreditation; or

(2) A level II STEMI center if such hospital has been accredited as a Mission: Lifeline STEMI receiving center by the American Heart Association accreditation process or another department-approved nationally-recognized organization that provides STEMI receiving center accreditation.

5. Instead of applying for stroke center designation pursuant to the provisions of subsection 2 of this section, a hospital may apply for stroke center designation pursuant to this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:

(1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines;

(2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines; or

(3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines.

Except as provided by subsection **[~~5~~] 6** of this section, the department shall not require compliance with any additional standards for establishing or renewing stroke designations. The designation shall continue if such hospital remains certified. The department may remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. Any decision made by the department to withdraw its designation of a stroke center pursuant to this subsection that is based on the revocation or suspension of a certification by a certifying organization shall not be subject to judicial review. The department shall report to the certifying organization any complaint it receives related to the stroke center certification of a stroke center designated pursuant to this subsection. The department shall also advise the complainant which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization.

[~~5.~~] 6. Any hospital receiving designation as a stroke center pursuant to subsection **[4] 5** of this section shall:

(1) Annually and within thirty days of any changes submit to the department proof of stroke certification and the names and contact information of the medical director and the program manager of the stroke center;

(2) Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;

(3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;

(4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in rules promulgated by the department;

(5) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.

Any hospital receiving designation as a level III stroke center pursuant to subsection **[4] 5** of this section shall have a formal agreement with a level I or level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy.

[~~6.~~] 7. Hospitals designated as a STEMI or stroke center by the department, including those designated pursuant to subsection **[4] 5** of this section, shall submit data to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done by the following methods:

(1) Entering hospital data directly into a state registry by direct data entry;

(2) Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or

(3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the registry or data bank.

A hospital submitting data pursuant to subdivision (2) or (3) of this subsection shall not be required to collect and submit any additional STEMI or stroke center data elements.

[~~7.~~] 8. When collecting and analyzing data pursuant to the provisions of this section, the department shall comply with the following requirements:

(1) Names of any health care professionals, as defined in section 376.1350, shall not be subject to disclosure;

(2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;

(3) The data shall be used for the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care;

(4) The data collection system shall be capable of accepting file transfers of data entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; **and**

(5) STEMI and stroke center data elements shall conform to nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity**[**~~; and~~

~~(6) Generate from the trauma, stroke, and STEMI registries quarterly regional and state outcome data reports for trauma, stroke, and STEMI designated centers, the state advisory council on EMS, and regional EMS committees to review for performance improvement and patient safety~~**]**.

[~~8.~~] 9. The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.

[~~9.~~] 10. The department of health and senior services may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

[~~10.~~] 11. No hospital shall hold itself out to the public as a STEMI center, stroke center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is designated as such by the department of health and senior services.

[~~11.~~] 12. Any person aggrieved by an action of the department of health and senior services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination thereon by the administrative hearing commission under chapter 621. It shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.

190.242. 1. In order to ensure that hospitals can be free from excessive regulation that increases health care costs without increasing patient safety, any rules and regulations promulgated by the department of health and senior services under sections 190.185, 190.241, and 192.006, chapter 197, or any other provision of Missouri law shall not require hospitals, as a condition of designation under section 190.241, to obtain emergency medical services data under section 190.241, unless such data may be obtained from the state database for emergency medical services. The provisions of this subsection shall not be construed to limit in any way the requirements of any person or entity to submit emergency medical services data to any person or entity.

2. A hospital shall not be required to comply with an interpretation of a specific provision in any regulation concerning trauma, STEMI, or stroke centers if such hospital can demonstrate that the specific provision in the regulation has been interpreted differently for a similarly-situated hospital. The department may require compliance if the specific provision in the regulation has been subsequently interpreted consistently for similarly-situated hospitals.

3. The department shall attend meetings with trauma, STEMI, and stroke centers for the benefit of improved communication, best-practice identification, and facilitation of improvements to the designation process.

4. As used in this section, the term "hospital" shall have the same meaning as in section 197.020."; and

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

Representative Morris offered **House Amendment No. 1 to House Amendment No. 11**.

House Amendment No. 1
to
House Amendment No. 11

AMEND House Amendment No. 11 to Senate Bill No. 194, Page 4, Line 26, by deleting all of said line and inserting in lieu thereof the following:

"**197.020.**

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

(1) "Applicant", any individual who seeks to become licensed as a physician assistant;

(2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;

(3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;

(4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;

(5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;

(6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

(7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;

(8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day

period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, where the supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services.

(2) For a physician-physician assistant team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements in addition to the minimum federal law shall be required.

3. The scope of practice of a physician assistant shall consist only of the following services and procedures:

(1) Taking patient histories;

(2) Performing physical examinations of a patient;

(3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;

(4) Performing routine therapeutic procedures;

(5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;

(6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;

(7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;

(8) Assisting in surgery;

(9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform; and

(10) Physician assistants shall not perform or prescribe abortions.

4. Physician assistants shall not prescribe **[**~~nor dispense~~**]** any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing **[**~~and dispensing~~**]** of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

(1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;

(2) The types of drugs, medications, devices or therapies prescribed **[**~~or dispensed~~**]** by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;

(3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;

(4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; **and**

(5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the supervising physician is not qualified or authorized to prescribe**[**~~; and~~

~~(6) A physician assistant may only dispense starter doses of medication to cover a period of time for seventy-two hours or less~~**]**.

5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician supervision or in any location where the supervising physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant from enrolling with the department of social services as a MO HealthNet or Medicaid provider while acting under a supervision agreement between the physician and physician assistant.

6. For purposes of this section, the licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services. The agreement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, telephone numbers, and state license numbers of the supervising physician and the physician assistant;

(2) A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;

(3) All specialty or board certifications of the supervising physician;

(4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:

(a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and

(b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;

(5) The duration of the supervision agreement between the supervising physician and physician assistant; and

(6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.

8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.

9. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.

10. It is the responsibility of the supervising physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.

11. No contract or other agreement shall require a physician to act as a supervising physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the supervising physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by the hospital's medical staff.

12. Physician assistants shall file with the board a copy of their supervising physician form.

13. No physician shall be designated to serve as supervising physician for more than three full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant agreements of hospital employees providing inpatient care service in hospitals as defined in chapter 197."; and"; and

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

On motion of Representative Morris, **House Amendment No. 1 to House Amendment No. 11** was adopted.

On motion of Representative Crawford, **House Amendment No. 11, as amended**, was adopted.

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

House Amendment No. 12

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their region's ambulance services on matters relating to medical control and medical direction in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245. The regional EMS medical director shall serve a term of four years. The southwest, northwest, and Kansas City regional EMS medical directors shall be elected to an initial two-year term. The central, east central, and southeast regional EMS medical directors shall be elected to an initial four-year term. All subsequent terms following the initial terms shall be four years. **The state EMS medical director shall be elected by the members of the regional EMS medical director's advisory committee, shall serve a term of four years, and shall seek to coordinate EMS services between the EMS regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS medical director, and seek to incorporate the EMS system into the health care system serving Missouri.**

2. A medical director is required for all ambulance services and emergency medical response agencies that provide: advanced life support services; basic life support services utilizing medications or providing assistance with patients' medications; or basic life support services performing invasive procedures including invasive airway procedures. The medical director shall provide medical direction to these services and agencies in these instances.

3. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall have the responsibility and the authority to ensure that the personnel working under their supervision are able to provide care meeting established standards of care with consideration for state and national standards as well as local area needs and resources. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall establish and develop triage, treatment and transport protocols, which may include authorization for standing orders.

4. All ambulance services and emergency medical response agencies that are required to have a medical director shall establish an agreement between the service or agency and their medical director. The agreement will include the roles, responsibilities and authority of the medical director beyond what is granted in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement shall also include grievance procedures regarding the emergency medical response agency or ambulance service, personnel and the medical director.

5. Regional EMS medical directors and the state EMS medical director elected as provided under subsection 1 of this section shall be considered public officials for purposes of sovereign immunity, official immunity, and the Missouri public duty doctrine defenses.

6. The state EMS medical director's advisory committee shall be considered a peer review committee under section 537.035.

7. Regional EMS medical directors may act to provide online telecommunication medical direction to EMT-Bs, EMT-Is, EMT-Ps, and community paramedics and provide offline medical direction per standardized treatment, triage, and transport protocols when EMS personnel, including EMT-Bs, EMT-Is, EMT-Ps, and community paramedics, are providing care to special needs patients or at the request of a local EMS agency or medical director.

8. When developing treatment protocols for special needs patients, regional EMS medical directors may promulgate such protocols on a regional basis across multiple political subdivisions' jurisdictional boundaries and such protocols may be used by multiple agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments. Treatment protocols shall include steps to ensure the receiving hospital is informed of the pending arrival of the special needs patient, the condition of the patient, and the treatment instituted.

9. Multiple EMS agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments shall take necessary steps to follow the regional EMS protocols established as provided under subsection 8 of this section in cases of mass casualty or state-declared disaster incidents.

10. When regional EMS medical directors develop and implement treatment protocols for patients or provide online medical direction for such patients, such activity shall not be construed as having usurped local medical direction authority in any manner.

11. Notwithstanding any other provision of law, when regional EMS medical directors are providing either online telecommunication medical direction to EMT-Bs, EMT-Is, EMT-Ps, and community paramedics, or offline medical direction per standardized EMS treatment, triage, and transport protocols for patients, those medical directions or treatment protocols may include the administration of the patient's own prescription medications.

190.142. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as it deems necessary to be made of the applicant for an emergency medical technician's license. The director may authorize investigations into criminal records in other states for any applicant.

2. The department shall issue a license to all levels of emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to 190.245. The department may promulgate rules relating to the requirements for an emergency medical technician including but not limited to:

(1) Age requirements;

(2) Education and training requirements based on respective **[**~~national curricula of the United States Department of Transportation~~**]** **National Emergency Medical Services Education Standards** and any modification to such curricula specified by the department through rules adopted pursuant to sections 190.001 to 190.245;

(3) **EMT-P programs must be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or hold Committee on Accreditation of Education Programs for the Emergency Medical Services Professions (CoAEMSP) letter of review;**

(4) Initial licensure testing requirements. Initial EMT-P licensure testing shall be through the national registry of EMTs or examinations developed and administered by the department of health and senior services;

[~~(4)~~**]** **(5)** Continuing education and relicensure requirements; and

[~~(5)~~**]** **(6)** Ability to speak, read and write the English language.

3. Application for all levels of emergency medical technician license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical technician meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

4. All levels of emergency medical technicians may perform only that patient care which is:

(1) Consistent with the training, education and experience of the particular emergency medical technician; and

(2) Ordered by a physician or set forth in protocols approved by the medical director.

5. No person shall hold themselves out as an emergency medical technician or provide the services of an emergency medical technician unless such person is licensed by the department.

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

190.144. **1.** No emergency medical technician licensed under section 190.142 or 190.143, if acting in good faith and without gross negligence, shall be liable for:

(1) Transporting a person for whom an application for detention for evaluation and treatment has been filed under section 631.115 or 632.305; **[**~~or~~ **]**

(2) Physically or chemically restraining an at-risk behavioral health patient as that term is defined under section 190.240 if such restraint is to ensure the safety of the patient or technician**; or**

(3) The administration of a patient's personal medication when deemed necessary.

2. Nothing in this section shall be construed as creating an exception to sovereign immunity, official immunity, or the Missouri public duty doctrine defenses.

190.165. 1. The department may refuse to issue or deny renewal of any certificate, permit or license required pursuant to sections 190.100 to 190.245 for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the department to implement its provisions as described in subsection 2 of this section. The department shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The department may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate, permit or license required by sections 190.100 to 190.245 or any person who has failed to renew or has surrendered his or her certificate, permit or license for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the department to implement such sections. Those regulations shall be limited to the following:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any activity licensed or regulated by sections 190.100 to 190.245;

(2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any activity licensed or regulated pursuant to sections 190.100 to 190.245, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate, permit or license issued pursuant to sections 190.100 to 190.245 or in obtaining permission to take any examination given or required pursuant to sections 190.100 to 190.245;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to 190.245;

(6) Violation of, or assisting or enabling any person to violate, any provision of sections 190.100 to 190.245, or of any lawful rule or regulation adopted by the department pursuant to sections 190.100 to 190.245;

(7) Impersonation of any person holding a certificate, permit or license or allowing any person to use his or her certificate, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any activity regulated by sections 190.100 to 190.245 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) For an individual being finally adjudged insane or incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any activity licensed or regulated by sections 190.100 to 190.245 who is not licensed and currently eligible to practice pursuant to sections 190.100 to 190.245;

(11) Issuance of a certificate, permit or license based upon a material mistake of fact;

(12) Violation of any professional trust, confidence, or legally protected privacy rights of a patient by means of an unauthorized or unlawful disclosure;

(13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(15) Refusal of any applicant or licensee to respond to reasonable department of health and senior services' requests for necessary information to process an application or to determine license status or license eligibility;

(16) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health or safety of a patient or the public;

(17) Repeated acts of negligence or recklessness in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to 190.245.

3. If the department conducts investigations, the department, prior to interviewing a licensee who is the subject of the investigation, shall explain to the licensee that he or she has the right to:

(1) Consult legal counsel or have legal counsel present;

(2) Have anyone present whom he or she deems to be necessary or desirable**[**~~, except for any holder of any certificate, permit, or license required by sections 190.100 to 190.245~~**]**; and

(3) Refuse to answer any question or refuse to provide or sign any written statement.

The assertion of any right listed in this subsection shall not be deemed by the department to be a failure to cooperate with any department investigation.

4. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the department may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the department deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate or permit. Notwithstanding any provision of law to the contrary, the department shall be authorized to impose a suspension or revocation as a disciplinary action only if it first files the requisite complaint with the administrative hearing commission. **The administrative hearing commission shall hear all relevant evidence on remediation activities of the licensee and shall make a recommendation to the department of health and senior services as to licensure disposition based on such evidence.**

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the department after compliance with all the requirements of sections 190.100 to 190.245 relative to the licensing of an applicant for the first time. Any individual whose license has been revoked twice within a ten-year period shall not be eligible for relicensure.

6. The department may notify the proper licensing authority of any other state in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the department pursuant to the provisions of sections 190.100 to 190.245 and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. The department of health and senior services may suspend any certificate, permit or license required pursuant to sections 190.100 to 190.245 simultaneously with the filing of the complaint with the administrative hearing commission as set forth in subsection 2 of this section, if the department finds that there is an imminent threat to the public health. The notice of suspension shall include the basis of the suspension and notice of the right to appeal such suspension. The licensee may appeal the decision to suspend the license, certificate or permit to the department. The appeal shall be filed within ten days from the date of the filing of the complaint. A hearing shall be conducted by the department within ten days from the date the appeal is filed. The suspension shall continue in effect until the conclusion of the proceedings, including review thereof, unless sooner withdrawn by the department, dissolved by a court of competent jurisdiction or stayed by the administrative hearing commission."; and

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

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

Representative Pike offered **House Amendment No. 13**.

House Amendment No. 13

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

"337.010. As used in sections 337.010 to 337.090 the following terms mean:

(1) "Committee", the state committee of psychologists;

(2) "Department", the department of insurance, financial institutions and professional registration;

(3) "Division", the division of professional registration;

(4) **"Internship", any supervised hours that occur during a formal internship of twelve to twenty-four months after all academic course work toward a doctorate has been completed but prior to completion of the full degree. Internship is part of successful completion of a doctorate in psychology, and a person cannot earn his or her doctorate without completion of an internship;**

(5) "Licensed psychologist", any person who offers to render psychological services to individuals, groups, organizations, institutions, corporations, schools, government agencies or the general public for a fee, monetary or otherwise, implying that such person is trained, experienced and licensed to practice psychology and who holds a current and valid, whether temporary, provisional or permanent, license in this state to practice psychology;

(6) "Postdoctoral experiences", experiences that follow the completion of a person's doctoral degree. Such person shall not be licensed until he or she satisfies additional supervised hours. Postdoctoral experiences shall include any supervised clinical activities following the completion of the doctoral degree;

(7) "Predoctoral postinternship", any supervised hours that occur following completion of the internship but prior to completing the degree. Such person may continue to provide supervised clinical services even after his or her internship is completed and while still completing his or her doctoral degree requirements;

(8) "Preinternship", any supervised hours acquired as a student or in the course of seeking a doctorate in psychology but before the internship, which includes supervised practicum;

[~~(5)~~**] (9)** "Provisional licensed psychologist", any person who is a graduate of a recognized educational institution with a doctoral degree in psychology as defined in section 337.025, and who otherwise meets all requirements to become a licensed psychologist except for passage of the licensing exams, oral examination and completion of the required period of postdegree supervised experience as specified in subsection 2 of section 337.025;

[~~(6)~~**] (10)** "Recognized educational institution":

(a) A school, college, university or other institution of higher learning in the United States, which, at the time the applicant was enrolled and graduated, had a graduate program in psychology and was accredited by one of the regional accrediting associations approved by the Council on Postsecondary Accreditation; or

(b) A school, college, university or other institution of higher learning outside the United States, which, at the time the applicant was enrolled and graduated, had a graduate program in psychology and maintained a standard of training substantially equivalent to the standards of training of those programs accredited by one of the regional accrediting associations approved by the Council of Postsecondary Accreditation;

[~~(7)~~**] (11)** "Temporary license", a license which is issued to a person licensed as a psychologist in another jurisdiction, who has applied for licensure in this state either by reciprocity or endorsement of the score from the Examination for Professional Practice in Psychology, and who is awaiting either a final determination by the committee relative to such person's eligibility for licensure or who is awaiting the results of the jurisprudence examination or oral examination.

337.025. 1. The provisions of this section shall govern the education and experience requirements for initial licensure as a psychologist for the following persons:

(1) A person who has not matriculated in a graduate degree program which is primarily psychological in nature on or before August 28, 1990; and

(2) A person who is matriculated after August 28, 1990, in a graduate degree program designed to train professional psychologists.

2. Each applicant shall submit satisfactory evidence to the committee that the applicant has received a doctoral degree in psychology from a recognized educational institution, and has had at least one year of satisfactory supervised professional experience in the field of psychology.

3. A doctoral degree in psychology is defined as:

(1) A program accredited, or provisionally accredited, by the American Psychological Association **or the Canadian Psychological Association**; or

(2) A program designated or approved, including provisional approval, by the **[**~~American~~**]** Association of State **and Provincial** Psychology Boards or the Council for the National Register of Health Service Providers in Psychology, or both; or

(3) A graduate program that meets all of the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) The psychology program shall stand as a recognizable, coherent organizational entity within the institution of higher education;

(c) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(d) The program shall be an integrated, organized, sequence of study;

(e) There shall be an identifiable psychology faculty and a psychologist responsible for the program;

(f) The program shall have an identifiable body of students who are matriculated in that program for a degree;

(g) The program shall include a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology;

(h) The curriculum shall encompass a minimum of three academic years of full-time graduate study, with a minimum of one year's residency at the educational institution granting the doctoral degree; and

(i) Require the completion by the applicant of a core program in psychology which shall be met by the completion and award of at least one three-semester-hour graduate credit course or a combination of graduate credit courses totaling three semester hours or five quarter hours in each of the following areas:

a. The biological bases of behavior such as courses in: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

b. The cognitive-affective bases of behavior such as courses in: learning, thinking, motivation, emotion, and cognitive psychology;

c. The social bases of behavior such as courses in: social psychology, group processes/dynamics, interpersonal relationships, and organizational and systems theory;

d. Individual differences such as courses in: personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, and theories of personality;

e. The scientific methods and procedures of understanding, predicting and influencing human behavior such as courses in: statistics, experimental design, psychometrics, individual testing, group testing, and research design and methodology.

4. Acceptable supervised professional experience **may be accrued through preinternship, internship, predoctoral postinternship, or postdoctoral experiences. The academic training director or the postdoctoral training supervisor shall attest to the hours accrued to meet the requirements of this section. Such hours** shall consist of**:**

(1) A minimum of fifteen hundred hours of **[**~~professional~~**]** experience **[**~~obtained~~**] in a successfully completed internship to be completed** in not less than twelve nor more than twenty-four **[**~~consecutive calendar~~**]** months**; and**

(2) A minimum of two thousand hours of experience consisting of any combination of the following:

(a) Preinternship and predoctoral postinternship professional experience that occurs following the completion of the first year of the doctoral program or at any time while in a doctoral program after completion of a master's degree in psychology or equivalent as defined by rule by the committee;

(b) Up to seven hundred fifty hours obtained while on the internship under subdivision (1) of this subsection but beyond the fifteen hundred hours identified in subdivision (1) of this subsection; or

(c) Postdoctoral professional experience obtained in no more than twenty-four consecutive calendar months. In no case shall this experience be accumulated at a rate of **[**~~less than twenty hours per week nor~~**]** more than fifty hours per week. Postdoctoral supervised professional experience for prospective health service providers **and other applicants** shall involve and relate to the delivery of psychological **[**~~health~~**]** services**[**~~. Postdoctoral supervised professional experience for other applicants shall be~~**]** in accordance with professional requirements and relevant to the applicant's intended area of practice.

5. **[**~~Postdoctoral~~**]** Experience for those applicants who intend to seek health service provider certification and who have completed a program in one or more of the American Psychological Association designated health service provider delivery areas shall be obtained under the primary supervision of a licensed psychologist who is also a health service provider or who otherwise meets the requirements for health service provider certification. **[**~~Postdoctoral~~**]** Experience for those applicants who do not intend to seek health service provider certification shall be obtained under the primary supervision of a licensed psychologist or such other qualified mental health professional approved by the committee.

6. **For postinternship and postdoctoral hours,** the psychological activities of the applicant shall be performed pursuant to the primary supervisor's order, control, and full professional responsibility. The primary supervisor shall maintain a continuing relationship with the applicant and shall meet with the applicant a minimum of one hour per month in face-to-face individual supervision. Clinical supervision may be delegated by the primary supervisor to one or more secondary supervisors who are qualified psychologists. The secondary supervisors shall retain order, control**,** and full professional responsibility for the applicant's clinical work under their supervision and shall meet with the applicant a minimum of one hour per week in face-to-face individual supervision. If the primary supervisor is also the clinical supervisor, meetings shall be a minimum of one hour per week. Group supervision shall not be acceptable for supervised professional experience. The primary supervisor shall certify to the committee that the applicant has complied with these requirements and that the applicant has demonstrated ethical and competent practice of psychology. The changing by an agency of the primary supervisor during the course of the supervised experience shall not invalidate the supervised experience.

7. The committee by rule shall provide procedures for exceptions and variances from the requirements for once a week face-to-face supervision due to vacations, illness, pregnancy, and other good causes."; and

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

On motion of Representative Pike, **House Amendment No. 13** was adopted.

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

House Amendment No. 14

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

"192.945. 1. As used in this section, the following terms shall mean:

(1) "Department", the department of health and senior services;

(2) "Hemp extract", as such term is defined in section 195.207;

(3) "Hemp extract registration card", a card issued by the department under this section;

(4) **[**~~"Intractable epilepsy", epilepsy that as determined by a neurologist does not respond to three or more treatment options overseen by the neurologist;~~

~~(5)~~**]** "Neurologist", a physician who is licensed under chapter 334 and board certified in neurology;

[~~(6)~~**] (5)** "Parent", a parent or legal guardian of a minor who is responsible for the minor's medical care;

(6) "Physician", a person who is a physician licensed by the state board of registration for the healing arts and practicing within this state and, by training or experience, is qualified to diagnose and treat a serious condition;

(7) "Registrant", an individual to whom the department issues a hemp extract registration card under this section**;**

(8) "Seizure disorders", epilepsy or nonepileptic seizures that are triggered by other physical or psychological disorders and conditions;

(9) "Serious condition":

(a) Cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, post-traumatic stress disorder, rheumatoid arthritis; or

(b) Any of the following conditions clinically associated with, or a complication of, a condition under this subdivision or its treatment: cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, severe or persistent muscle spasms.

2. The department shall issue a hemp extract registration card to an individual who:

(1) Is eighteen years of age or older;

(2) Is a Missouri resident;

(3) Provides the department with a **[**~~statement~~**] recommendation** signed by a neurologist **or physician** that:

(a) Indicates that the individual suffers from **[**~~intractable epilepsy~~**] a serious condition or seizure disorder** and may benefit from treatment with hemp extract; and

(b) Is consistent with a record from the neurologist **or physician** concerning the individual contained in the database described in subsection **[**~~9~~**] 10** of this section;

(c) Indicates the neurologist or physician, by training or experience, is qualified to treat the serious condition or seizure disorder; and

(d) States that the individual is under the neurologist's or physician's continuing care for the serious condition or seizure disorder;

(4) Pays the department a fee in an amount established by the department under subsection 6 of this section; and

(5) Submits an application to the department on a form created by the department that contains:

(a) The individual's name and address;

(b) A copy of the individual's valid photo identification; and

(c) Any other information the department considers necessary to implement the provisions of this section.

3. The department shall issue a hemp extract registration card to a parent who:

(1) Is eighteen years of age or older;

(2) Is a Missouri resident;

(3) Provides the department with a **[**~~statement~~**] recommendation** signed by a neurologist **or physician** that:

(a) Indicates that a minor in the parent's care suffers from **[**~~intractable epilepsy~~**] a serious condition or seizure disorder** and may benefit from treatment with hemp extract; **[**~~and~~**]**

(b) Is consistent with a record from the neurologist **or physician** concerning the minor contained in the database described in subsection **[**~~9~~**] 10** of this section;

(c) The neurologist or physician, by training or experience, is qualified to treat the serious condition or seizure disorder; and

(d) The minor is under the neurologist's or physician's continuing care for the serious condition or seizure disorder;

(4) Pays the department a fee in an amount established by the department under subsection 6 of this section; and

(5) Submits an application to the department on a form created by the department that contains:

(a) The parent's name and address;

(b) The minor's name;

(c) A copy of the parent's valid photo identification; and

(d) Any other information the department considers necessary to implement the provisions of this section.

4. The department shall maintain a record of the name of each registrant and the name of each minor receiving care from a registrant.

5. The department **may promulgate rules to authorize clinical trials involving hemp extract and** shall promulgate rules to:

(1) Implement the provisions of this section including establishing the information the applicant is required to provide to the department and establishing in accordance with recommendations from the department of public safety the form and content of the hemp extract registration card; and

(2) Regulate the distribution of hemp extract from a cannabidiol oil care center to a registrant, which shall be in addition to any other state **[**~~or federal~~**]** regulations**[**~~; and~~

~~The department may promulgate rules to authorize clinical trials involving hemp extract~~**]**.

6. The department shall establish fees that are no greater than the amount necessary to cover the cost the department incurs to implement the provisions of this section.

7. The registration cards issued under this section shall be valid for one year and renewable if at the time of renewal the registrant meets the requirements of either subsection 2 or 3 of this section.

8. **Only the neurologist or physician may recommend hemp extract and sign the recommendation described in subsection 2 or 3 of this section as part of the treatment plan of a patient diagnosed with a serious condition or seizure disorder.**

9. The neurologist **or physician** who signs the **[**~~statement~~**] recommendation** described in subsection 2 or 3 of this section shall:

(1) Keep a record of the neurologist's **or physician's** evaluation and observation of a patient who is a registrant or minor under a registrant's care including the patient's response to hemp extract; **[**~~and~~**]**

(2) Transmit the record described in subdivision (1) of this subsection to the department**; and**

(3) Notify the patient or the patient's parent or guardian if the patient is a minor, prior to providing a recommendation, that hemp extract has not been approved by the Federal Drug Administration and by using such treatment the patient or patient's parent or guardian is accepting the risks involved in using an unapproved product.

[~~9.~~**] 10.** The department shall maintain a database of the records described in subsection **[**~~8~~**] 9** of this section and treat the records as identifiable health data.

[~~10.~~**] 11.** The department may share the records described in subsection 9 of this section with a higher education institution for the purpose of studying hemp extract.

[~~11.~~**] 12.** Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after July 14, 2014, shall be invalid and void.

192.947. 1. No individual or health care entity organized under the laws of this state shall be subject to any adverse action by the state or any agency, board, or subdivision thereof, including civil or criminal prosecution, denial of any right or privilege, the imposition of a civil or administrative penalty or sanction, or disciplinary action by any accreditation or licensing board or commission if such individual or health care entity, in its normal course of business and within its applicable licenses and regulations, acts in good faith upon or in furtherance of any order or recommendation by a neurologist **or physician** authorized under section 192.945 relating to the medical use and administration of hemp extract with respect to an eligible patient.

2. The provisions of subsection 1 of this section shall apply to the recommendation, possession, handling, storage, transfer, destruction, dispensing, or administration of hemp extract, including any act in preparation of such dispensing or administration.

[~~3. This section shall not be construed to limit the rights provided under law for a patient to bring a civil action for damages against a physician, hospital, registered or licensed practical nurse, pharmacist, any other individual or entity providing health care services, or an employee of any entity listed in this subsection.~~**]**

195.207. 1. As used in sections 192.945, 261.265, 261.267, and this section, the term "hemp extract" shall mean an extract from a cannabis plant or a mixture or preparation containing cannabis plant material that:

(1) Is composed of no more than **[**~~three-tenths~~**] nine-tenths** percent tetrahydrocannabinol by weight;

(2) Is composed of at least **[**~~five~~**] one and one-half** percent cannabidiol by weight; and

(3) Contains no other psychoactive substance.

2. Notwithstanding any other provision of this chapter **or chapter 579**, an individual who has been issued a valid hemp extract registration card under section 192.945, or is a minor under a registrant's care, and possesses or uses hemp extract is not subject to the penalties described in this chapter **or chapter 579** for possession or use of the hemp extract if the individual:

(1) Possesses or uses the hemp extract only to treat **[**~~intractable epilepsy~~**] a serious condition or seizure disorder** as defined in section 192.945;

(2) Originally obtained the hemp extract from a sealed container with a label indicating the hemp extract's place of origin and a number that corresponds with a certificate of analysis;

(3) Possesses, in close proximity to the hemp extract, a certificate of analysis that:

(a) Has a number that corresponds with the number on the label described in subdivision (2) of this subsection;

(b) Indicates the hemp extract's ingredients including its percentages of tetrahydrocannabinol and cannabidiol by weight;

(c) Is created by a laboratory that is not affiliated with the producer of the hemp extract and is licensed in the state where the hemp extract was produced; and

(d) Is transmitted by the laboratory to the department of health and senior services; and

(4) Has a current hemp extract registration card issued by the department of health and senior services under section 192.945.

3. Notwithstanding any other provision of this chapter **or chapter 579**, an individual who possesses hemp extract lawfully under subsection **[**~~2~~**] 1** of this section and administers hemp extract to a minor suffering from

[~~intractable epilepsy~~**] a serious condition or seizure disorder** is not subject to the penalties described in this chapter **or chapter 579** for administering the hemp extract to the minor if:

(1) The individual is the minor's parent or legal guardian; and

(2) The individual is registered with the department of health and senior services as the minor's parent under section 192.945.

4. An individual who has **[**~~been issued~~**]** a valid hemp extract registration card under section 192.945, or is a minor under a registrant's care, may possess up to twenty ounces of hemp extract pursuant to this section. Subject to any rules or regulations promulgated by the department of health and senior services, an individual may apply for a waiver if a **neurologist or** physician provides a substantial medical basis in a signed, written statement asserting that, based on the patient's medical history, in the physician's professional judgment, twenty ounces is an insufficient amount to properly alleviate the patient's medical condition or symptoms associated with such medical condition.

261.265. 1. For purposes of this section, the following terms shall mean:

(1) "Cannabidiol oil care center", the premises specified in an application for a cultivation and production facility license in which the licensee is authorized to distribute processed hemp extract to persons possessing a hemp extract registration card issued under section 192.945;

(2) "Cultivation and production facility", the land and premises specified in an application for a cultivation and production facility license on which the licensee is authorized to grow, cultivate, process, and possess hemp and hemp extract;

(3) "Cultivation and production facility license", a license that authorizes the licensee to grow, cultivate, process, and possess hemp and hemp extract, and distribute hemp extract to its cannabidiol oil care centers;

(4) "Department", the department of agriculture;

(5) **"Entity", a person, corporation, nonprofit corporation, limited liability corporation, general or limited partnership, or other legal entity;**

(6) "Grower", a nonprofit entity issued a cultivation and production facility license by the department of agriculture that produces hemp extract for the treatment of **[**~~intractable epilepsy~~**] a serious condition or seizure disorder as such terms are defined under section 192.945**;

[~~(6)~~**] (7)** "Hemp":

(a) All nonseed parts and varieties of the *cannabis sativa* plant, whether growing or not, that contain a crop-wide average tetrahydrocannabinol (THC) concentration that does not exceed the lesser of:

a. **[**~~Three-tenths~~**] Nine-tenths** of one percent on a dry weight basis; or

b. The percent based on a dry weight basis determined by the federal Controlled Substances Act under 21 U.S.C. Section 801, et seq.;

(b) Any *cannabis sativa* seed that is:

a. Part of a growing crop;

b. Retained by a grower for future planting; or

c. For processing into or use as agricultural hemp seed.

This term shall not include industrial hemp commodities or products;

[~~(7)~~**] (8)** "Hemp monitoring system", an electronic tracking system that includes, but is not limited to, testing and data collection established and maintained by the cultivation and production facility and is available to the department for the purposes of documenting the hemp extract production and retail sale of the hemp extract.

2. The department shall issue a cultivation and production facility license to **[**~~a nonprofit~~**] an** entity to grow or cultivate the cannabis plant used to make hemp extract as defined in subsection 1 of section 195.207 or hemp on the entity's property if the entity **has been a resident of the state for at least five years, has completed a state and federal fingerprint-based criminal record check in accordance with section 43.543 and has paid all applicable criminal background check fees in accordance with section 43.530,** has submitted to the department an application as required by the department under subsection 7 of this section, the entity meets all requirements of this section and the department's rules, and there are fewer than **[**~~two~~**] ten** licensed cultivation and production facilities operating in the state. **Any cultivation and production facility license issued before August 28, 2017, shall continue to be valid even if the licensed entity does not meet the residency requirement under this subsection, and the licensed entity may implement the new provisions defined in this section upon its enactment.**

3. A grower may produce and manufacture hemp and hemp extract, and distribute hemp extract as defined in section 195.207 for the treatment of persons suffering from **[**~~intractable epilepsy as defined in section 192.945~~**] a serious condition or seizure disorder,** consistent with any and all state **[**~~or federal~~**]** regulations regarding the production, manufacture, or distribution of such product. The department shall not issue more than **[**~~two~~**] five**

cultivation and production facility licenses for the operation of such facilities at any one time **in 2018, and not more than ten cultivation and production facility licenses for the operation of such facilities at any one time in 2019**.

4. The department shall maintain a list of growers.

5. All growers shall keep records in accordance with rules adopted by the department. Upon at least three days' notice, the director of the department may audit the required records during normal business hours. The director may conduct an audit for the purpose of ensuring compliance with this section.

6. In addition to an audit conducted in accordance with subsection 5 of this section, the director may inspect independently, or in cooperation with the state highway patrol or a local law enforcement agency, any hemp crop during the crop's growth phase and take a representative composite sample for field analysis. If a crop contains an average tetrahydrocannabinol (THC) concentration exceeding the lesser of:

(1) **[**~~Three-tenths~~**] Nine-tenths** of one percent on a dry weight basis; or

(2) The percent based on a dry weight basis determined by the federal Controlled Substances Act under 21 U.S.C. Section 801, et seq.,

the director may detain, seize, or embargo the crop.

7. The department shall promulgate rules including, but not limited to:

(1) Application requirements for licensing, including requirements for the submission of fingerprints and the completion of a criminal background check;

(2) Security requirements for cultivation and production facility premises, including, at a minimum, lighting, physical security, video and alarm requirements;

(3) Rules relating to hemp monitoring systems as defined in this section;

(4) Other procedures for internal control as deemed necessary by the department to properly administer and enforce the provisions of this section, including reporting requirements for changes, alterations, or modifications of the premises;

(5) Requirements that any hemp extract received from a legal source be submitted to a testing facility designated by the department to ensure that such hemp extract complies with the provisions of section 195.207 and to ensure that the hemp extract does not contain any pesticides. Any hemp extract that is not submitted for testing or which after testing is found not to comply with the provisions of section 195.207 shall not be distributed or used and shall be submitted to the department for destruction; and

(6) Rules regarding the manufacture, storage, and transportation of hemp and hemp extract, which shall be in addition to any other state or federal regulations.

8. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after July 14, 2014**, shall be invalid and void**.

9. All hemp waste from the production of hemp extract shall either be destroyed, recycled by the licensee at the hemp cultivation and production facility, or donated to the department or an institution of higher education for research purposes, and shall not be used for commercial purposes.

10. In addition to any other liability or penalty provided by law, the director may revoke or refuse to issue or renew a cultivation and production facility license and may impose a civil penalty on a grower for any violation of this section, or section 192.945 or 195.207. The director may not impose a civil penalty under this section that exceeds two thousand five hundred dollars.

11. The department shall establish fees that are no greater than the amount necessary to cover the cost the department incurs to implement the provisions of this section."; and

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

Representative McCreery offered **House Amendment No. 1 to House Amendment No. 14**.

House Amendment No. 1
to
House Amendment No. 14

AMEND House Amendment No. 14 to Senate Bill No. 194, Page 4, Line 37, by inserting after all of said line the following:

"**217.149. 1. By September 1, 2017, all correctional centers shall develop specific procedures for the intake and care of offenders who are pregnant, which shall include procedures regarding:**

(1) Maternal health evaluations;

(2) Dietary supplements;

(3) Substance abuse treatment;

(4) Treatment for the human immunodeficiency virus and ways to avoid human immunodeficiency virus transmission;

(5) Hepatitis C;

(6) Sleeping arrangements for such offenders, including requiring such offenders to sleep on the bottom bunk bed;

(7) Access to mental health professionals;

(8) Sanitary materials;

(9) Postpartum recovery, including that no such offender shall be placed in isolation during such recovery; and

(10) A requirement that a female medical professional be present during any examination of such offender.

2. As used in this section "postpartum recovery" means, as determined by a physician, the period immediately following delivery, including the entire period an offender who was pregnant is in the hospital or infirmary after delivery.

217.151. 1. As used in this section, the following terms shall mean:

(1) "Extraordinary circumstance", a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security a pregnant offender in her third trimester or a postpartum offender forty-eight hours postdelivery, the staff of the correctional center or medical facility, other offenders, or the public;

(2) "Labor", the period of time before a birth during which contractions are present;

(3) "Postpartum", the period of recovery immediately following childbirth, which is six weeks for a vaginal birth or eight weeks for a cesarean birth, or longer if so determined by a physician or nurse;

(4) "Restraints", any physical restraint or other device used to control the movement of a person's body or limbs.

2. A correctional center shall not use restraints on a pregnant offender in her third trimester whether during transportation to and from visits to health care providers and court proceedings or medical appointments and examinations or during labor, delivery, or forty-eight hours postdelivery.

3. Pregnant offenders shall be transported in vehicles equipped with seatbelts.

4. Any time restraints are used on a pregnant offender in her third trimester or on a postpartum offender forty-eight hours postdelivery, the restraints shall be the least restrictive available and the most reasonable under the circumstances. In no case shall leg, ankle, or waist restraints or any mechanical restraints be used on any such offender, and if wrist restraints are used, such restraints shall be placed in the front of such offender's body to protect the offender and fetus in the case of a forward fall.

5. If a doctor, nurse, or other health care provider treating the pregnant offender in her third trimester or the postpartum offender forty-eight hours postdelivery requests that restraints not be used, the corrections officer accompanying such offender shall immediately remove all restraints.

6. In the event a corrections officer determines that extraordinary circumstances exist and restraints are necessary, the corrections officer shall fully document in writing within forty-eight hours of the incident the reasons he or she determined such extraordinary circumstances existed, the type of restraints used, and the reasons those restraints were considered the least restrictive available and the most reasonable under the circumstances. Such documents shall be kept on file by the correctional center for at least five years from the date the restraints were used.

7. The sentencing and corrections oversight commission established under section 217.147 and the advisory committee established under section 217.015 shall conduct biannual reviews of every report written on the use of restraints on a pregnant offender in her third trimester or on a postpartum offender forty-eight hours postdelivery in accordance with subsection 6 of this section to determine compliance with this section. The written reports shall be kept on file by the department for ten years.

8. The chief administrative officer, or equivalent position, of each correctional center shall:

(1) Ensure that employees of the correctional center are provided with training, which may include online training, on the provisions of this section; and

(2) Inform female offenders, in writing and orally, of any policies and practices developed in accordance with this section upon admission to the correctional center, including policies and practices in any offender handbook, and post the policies and practices in locations in the correctional center where such notices are commonly posted and will be seen by female offenders, including common housing areas and health care facilities.

221.520. 1. As used in this section, the following terms shall mean:

(1) "Extraordinary circumstance", a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of a pregnant prisoner in her third trimester or a postpartum prisoner forty-eight hours postdelivery, the staff of the county or city jail or medical facility, other prisoners, or the public;

(2) "Labor", the period of time before a birth during which contractions are present;

(3) "Postpartum", the period of recovery immediately following childbirth, which is six weeks for a vaginal birth or eight weeks for a cesarean birth, or longer if so determined by a physician or nurse;

(4) "Restraints", any physical restraint or other device used to control the movement of a person's body or limbs.

2. A county or city jail shall not use restraints on a pregnant prisoner in her third trimester whether during transportation to and from visits to health care providers and court proceedings or medical appointments and examinations or during labor, delivery, or forty-eight hours postdelivery.

3. Pregnant prisoners shall be transported in vehicles equipped with seatbelts.

4. Anytime restraints are used on a pregnant prisoner in her third trimester or on a postpartum prisoner forty-eight hours postdelivery, the restraints shall be the least restrictive available and the most reasonable under the circumstances. In no case shall leg, ankle, or waist restraints or any mechanical restraints be used on any such prisoner, and if wrist restraints are used, such restraints shall be placed in the front of such prisoner's body to protect the prisoner and fetus in the case of a forward fall.

5. If a doctor, nurse, or other health care provider treating the pregnant prisoner in her third trimester or the postpartum prisoner forty-eight hours postdelivery requests that restraints not be used, the sheriff or jailer accompanying such prisoner shall immediately remove all restraints.

6. In the event a sheriff or jailer determines that extraordinary circumstances exist and restraints are necessary, the sheriff or jailer shall fully document in writing within forty-eight hours of the incident the reasons he or she determined such extraordinary circumstances existed, the type of restraints used, and the reasons those restraints were considered the least restrictive available and the most reasonable under the circumstances. Such documents shall be kept on file by the county or city jail for at least five years from the date the restraints were used.

7. The county or city jail shall:

(1) Ensure that employees of the jail are provided with training, which may include online training, on the provisions of this section; and

(2) Inform female prisoners, in writing and orally, of any policies and practices developed in accordance with this section upon admission to the jail, and post the policies and practices in locations in the jail where such notices are commonly posted and will be seen by female prisoners.

221.523. 1. By September 1, 2017, all county and city jails shall develop specific procedures for the intake and care of prisoners who are pregnant, which shall include procedures regarding:

(1) Maternal health evaluations;

(2) Dietary supplements;

(3) Substance abuse treatment;

(4) Treatment for the human immunodeficiency virus and ways to avoid human immunodeficiency virus transmission;

(5) Hepatitis C;

(6) Sleeping arrangements for such prisoners, including requiring such prisoners to sleep on the bottom bunk bed;

(7) Access to mental health professionals;

(8) Sanitary materials;

(9) Postpartum recovery, including that no such prisoner shall be placed in isolation during such recovery; and

(10) A requirement that a female medical professional be present during any examination of such prisoner.

2. As used in this section "postpartum recovery" means, as determined by a physician, the period immediately following delivery, including the entire period a prisoner who was pregnant is in the hospital or infirmary after delivery."; and

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

On motion of Representative McCreery, **House Amendment No. 1 to House Amendment No. 14** was adopted.

On motion of Representative Evans, **House Amendment No. 14, as amended**, was adopted.

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

House Amendment No. 15

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"170.048. 1. **This section shall be known and may be cited as the "Jason Flatt Act".**

2. By July 1, 2018, each district shall adopt a policy for youth suicide awareness and prevention, including plans for how the district will provide for the training and education of its district employees. **Each district may develop the policy in consultation with school and community stakeholders, any mental health professionals employed by schools in the district, and suicide prevention experts.**

[~~2.~~**] 3.** Each district's policy shall address and include, but not be limited to, the following:

(1) Strategies that can help identify students who are at possible risk of suicide;

(2) Strategies and protocols for helping students at possible risk of suicide; and

(3) Protocols for responding to a suicide death.

[~~3.~~**] 4.** By July 1, 2017, the department of elementary and secondary education shall develop a model policy that districts may adopt. When developing the model policy, the department shall cooperate, consult with, and seek input from organizations that have expertise in youth suicide awareness and prevention. By July 1, 2021, and at least every three years thereafter, the department shall request information and seek feedback from districts**, school and community stakeholders, mental health professionals employed by schools, and suicide prevention experts** on their experience with the policy for youth suicide awareness and prevention. The department shall review this information and may use it to adapt the department's model policy. The department shall post any information on its website that it has received from districts that it deems relevant. The department shall not post any confidential information or any information that personally identifies any student or school employee."; and

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

On motion of Representative Dunn, **House Amendment No. 15** was adopted.

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

House Amendment No. 16

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after said section and line the following:

"211.021. **[**~~1.~~**]** As used in this chapter, unless the context clearly requires otherwise:

(1) "Adult" means a person **[**~~seventeen~~**] eighteen** years of age or older **[**~~except for seventeen-year-old children as defined in this section~~**]**;

(2) "Child" means any person under **[**~~seventeen~~**] eighteen** years of age **[**~~and shall mean, in addition, any person over seventeen but not yet eighteen years of age alleged to have committed a status offense~~**]**;

(3) "Juvenile court" means the juvenile division or divisions of the circuit court of the county, or judges while hearing juvenile cases assigned to them;

(4) "Legal custody" means the right to the care, custody and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education, treatment and discipline of a child. Legal custody may be taken from a parent only by court action and if the legal custody is taken from a parent without termination of parental rights, the parent's duty to provide support continues even though the person having legal custody may provide the necessities of daily living;

(5) "Parent" means either a natural parent or a parent by adoption and if the child is illegitimate, "parent" means the mother;

(6) "Shelter care" means the temporary care of juveniles in physically unrestricting facilities pending final court disposition. These facilities may include:

(a) "Foster home", the private home of foster parents providing twenty-four-hour care to one to three children unrelated to the foster parents by blood, marriage or adoption;

(b) "Group foster home", the private home of foster parents providing twenty-four-hour care to no more than six children unrelated to the foster parents by blood, marriage or adoption;

(c) "Group home", a child care facility which approximates a family setting, provides access to community activities and resources, and provides care to no more than twelve children;

(7) "Status offense", any offense as described in subdivision (2) of subsection 1 of section 211.031.

[~~2. The amendments to subsection 1 of this section, as provided for in this act, shall not take effect until such time as appropriations by the general assembly for additional juvenile officer full-time equivalents and deputy juvenile officer full-time equivalents shall exceed by one million nine hundred thousand dollars the amount spent by the state for such officers in fiscal year 2007 and appropriations by the general assembly to single-first class counties for juvenile court personnel costs shall exceed by one million nine hundred thousand dollars the amount spent by the state for such juvenile court personnel costs in fiscal year 2007 and notice of such appropriations has been given to the revisor of statutes~~**]**.

211.031. 1. Except as otherwise provided in this chapter, the juvenile court or the family court in circuits that have a family court as provided in sections 487.010 to 487.190 shall have exclusive original jurisdiction in proceedings:

(1) Involving any child **[**~~or person seventeen years of age~~**]** who may be a resident of or found within the county and who is alleged to be in need of care and treatment because:

(a) The parents, or other persons legally responsible for the care and support of the child **[**~~or person seventeen years of age~~**]**, neglect or refuse to provide proper support, education which is required by law, medical, surgical or other care necessary for his or her well-being; except that reliance by a parent, guardian or custodian upon remedial treatment other than medical or surgical treatment for a child **[**~~or person seventeen years of age~~**]** shall not be construed as neglect when the treatment is recognized or permitted pursuant to the laws of this state;

(b) The child **[**~~or person seventeen years of age~~**]** is otherwise without proper care, custody or support; or

(c) The child **[**~~or person seventeen years of age~~**]** was living in a room, building or other structure at the time such dwelling was found by a court of competent jurisdiction to be a public nuisance pursuant to section 195.130;

(d) The child **[**~~or person seventeen years of age is a child~~**] is** in need of mental health services and the parent, guardian or custodian is unable to afford or access appropriate mental health treatment or care for the child;

(2) Involving any child who may be a resident of or found within the county and who is alleged to be in need of care and treatment because:

(a) The child while subject to compulsory school attendance is repeatedly and without justification absent from school; or

(b) The child disobeys the reasonable and lawful directions of his or her parents or other custodian and is beyond their control; or

(c) The child is habitually absent from his or her home without sufficient cause, permission, or justification; or

(d) The behavior or associations of the child are otherwise injurious to his or her welfare or to the welfare of others; or

(e) The child is charged with an offense not classified as criminal, or with an offense applicable only to children; except that, the juvenile court shall not have jurisdiction over any child fifteen years of age who is alleged to have violated a state or municipal traffic ordinance or regulation, the violation of which does not constitute a felony, or any child who is alleged to have violated a state or municipal ordinance or regulation prohibiting possession or use of any tobacco product;

(3) Involving any child who is alleged to have violated a state law or municipal ordinance, or any person who is alleged to have violated a state law or municipal ordinance prior to attaining the age of **[**~~seventeen~~**]** **eighteen** years, in which cases jurisdiction may be taken by the court of the circuit in which the child or person resides or may be found or in which the violation is alleged to have occurred; except that, the juvenile court shall not have jurisdiction over any child fifteen years of age who is alleged to have violated a state or municipal traffic ordinance or regulation, the violation of which does not constitute a felony, and except that the juvenile court shall have concurrent jurisdiction with the municipal court over any child who is alleged to have violated a municipal curfew ordinance, and except that the juvenile court shall have concurrent jurisdiction with the circuit court on any child who is alleged to have violated a state or municipal ordinance or regulation prohibiting possession or use of any tobacco product;

(4) For the adoption of a person;

(5) For the commitment of a child **[**~~or person seventeen years of age~~**]** to the guardianship of the department of social services as provided by law; and

(6) Involving an order of protection pursuant to chapter 455 when the respondent is less than **[**~~seventeen~~**]** **eighteen** years of age.

2. Transfer of a matter, proceeding, jurisdiction or supervision for a child **[**~~or person seventeen years of age~~**]** who resides in a county of this state shall be made as follows:

(1) Prior to the filing of a petition and upon request of any party or at the discretion of the juvenile officer, the matter in the interest of a child **[**~~or person seventeen years of age~~**]** may be transferred by the juvenile officer, with the prior consent of the juvenile officer of the receiving court, to the county of the child's residence or the residence of the person **[**~~seventeen~~**]** **eighteen** years of age for future action;

(2) Upon the motion of any party or on its own motion prior to final disposition on the pending matter, the court in which a proceeding is commenced may transfer the proceeding of a child **[**~~or person seventeen years of age~~**]** to the court located in the county of the child's residence **[**~~or the residence of the person seventeen years of age~~**]**, or the county in which the offense pursuant to subdivision (3) of subsection 1 of this section is alleged to have occurred for further action;

(3) Upon motion of any party or on its own motion, the court in which jurisdiction has been taken pursuant to subsection 1 of this section may at any time thereafter transfer jurisdiction of a child **[**~~or person seventeen years of age~~**]** to the court located in the county of the child's residence **[**~~or the residence of the person seventeen years of age~~**]** for further action with the prior consent of the receiving court;

(4) Upon motion of any party or upon its own motion at any time following a judgment of disposition or treatment pursuant to section 211.181, the court having jurisdiction of the cause may place the child **[**~~or person seventeen years of age~~**]** under the supervision of another juvenile court within or without the state pursuant to section 210.570 with the consent of the receiving court;

(5) Upon motion of any child **[**~~or person seventeen years of age~~**]** or his or her parent, the court having jurisdiction shall grant one change of judge pursuant to Missouri supreme court rules;

(6) Upon the transfer of any matter, proceeding, jurisdiction or supervision of a child **[**~~or person seventeen years of age~~**]**, certified copies of all legal and social documents and records pertaining to the case on file with the clerk of the transferring juvenile court shall accompany the transfer.

3. In any proceeding involving any child **[**~~or person seventeen years of age~~**]** taken into custody in a county other than the county of the child's residence **[**~~or the residence of a person seventeen years of age~~**]**, the juvenile court

of the county of the child's residence **[**~~or the residence of a person seventeen years of age~~**]** shall be notified of such taking into custody within seventy-two hours.

4. When an investigation by a juvenile officer pursuant to this section reveals that the only basis for action involves an alleged violation of section 167.031 involving a child who alleges to be home schooled, the juvenile officer shall contact a parent or parents of such child to verify that the child is being home schooled and not in violation of section 167.031 before making a report of such a violation. Any report of a violation of section 167.031 made by a juvenile officer regarding a child who is being home schooled shall be made to the prosecuting attorney of the county where the child legally resides.

5. The disability or disease of a parent shall not constitute a basis for a determination that a child is a child in need of care or for the removal of custody of a child from the parent without a specific showing that there is a causal relation between the disability or disease and harm to the child.

211.032. 1. Except as otherwise provided in a circuit participating in a pilot project established by the Missouri supreme court, when a child **[**~~or person seventeen years of age~~**]**, alleged to be in need of care and treatment pursuant to subdivision (1) of subsection 1 of section 211.031, is taken into custody, the juvenile or family court shall notify the parties of the right to have a protective custody hearing. Such notification shall be in writing.

2. Upon request from any party, the court shall hold a protective custody hearing. Such hearing shall be held within three days of the request for a hearing, excluding Saturdays, Sundays and legal holidays. For circuits participating in a pilot project established by the Missouri supreme court, the parties shall be notified at the status conference of their right to request a protective custody hearing.

3. No later than February 1, 2005, the Missouri supreme court shall require a mandatory court proceeding to be held within three days, excluding Saturdays, Sundays, and legal holidays, in all cases under subdivision (1) of subsection 1 of section 211.031. The Missouri supreme court shall promulgate rules for the implementation of such mandatory court proceedings and may consider recommendations from any pilot projects established by the Missouri supreme court regarding such proceedings. Nothing in this subsection shall prevent the Missouri supreme court from expanding pilot projects prior to the implementation of this subsection.

4. The court shall hold an adjudication hearing no later than sixty days after the child has been taken into custody. The court shall notify the parties in writing of the specific date, time, and place of such hearing. If at such hearing the court determines that sufficient cause exists for the child to remain in the custody of the state, the court shall conduct a dispositional hearing no later than ninety days after the child has been taken into custody and shall conduct review hearings regarding the reunification efforts made by the division every ninety to one hundred twenty days for the first year the child is in the custody of the division. After the first year, review hearings shall be held as necessary, but in no event less than once every six months for as long as the child is in the custody of the division.

5. At all hearings held pursuant to this section the court may receive testimony and other evidence relevant to the necessity of detaining the child out of the custody of the parents, guardian or custodian.

6. By January 1, 2005, the supreme court shall develop rules regarding the effect of untimely hearings.

7. If the placement of any child in the custody of the children's division will result in the child attending a school other than the school the child was attending when taken into custody:

(1) The child's records from such school shall automatically be forwarded to the school that the child is transferring to upon notification within two business days by the division; or

(2) Upon request of the foster family, the guardian ad litem, or the volunteer advocate and whenever possible, the child shall be permitted to continue to attend the same school that the child was enrolled in and attending at the time the child was taken into custody by the division. The division, in consultation with the department of elementary and secondary education, shall establish the necessary procedures to implement the provisions of this subsection.

211.033. 1. No person under the age of **[**~~seventeen~~**] eighteen** years, except those transferred to the court of general jurisdiction under the provisions of section 211.071 shall be detained in a jail or other adult detention facility as that term is defined in section 211.151. A traffic court judge may request the juvenile court to order the commitment of a person under the age of **[**~~seventeen~~**] eighteen** to a juvenile detention facility.

2. Nothing in this section shall be construed as creating any civil or criminal liability for any law enforcement officer, juvenile officer, school personnel, or court personnel for any action taken or failure to take any action involving a minor child who remains under the jurisdiction of the juvenile court under this section if such action or failure to take action is based on a good faith belief by such officer or personnel that the minor child is not under the jurisdiction of the juvenile court.

[~~3. The amendments to subsection 2 of this section, as provided for in this act, shall not take effect until such time as the provisions of section 211.021 shall take effect in accordance with subsection 2 of section 211.021.~~**]**

211.041. When jurisdiction over the person of a child has been acquired by the juvenile court under the provisions of this chapter in proceedings coming within the applicable provisions of section 211.031, the jurisdiction of the child may be retained for the purpose of this chapter until he or she has attained the age of twenty-one years, except in cases where he or she is committed to and received by the division of youth services, unless jurisdiction has been returned to the committing court by provisions of chapter 219 through requests of the court to the division of youth services and except in any case where he or she has not paid an assessment imposed in accordance with section 211.181 or in cases where the judgment for restitution entered in accordance with section 211.185 has not been satisfied. Every child over whose person the juvenile court retains jurisdiction shall be prosecuted under the general law for any violation of a state law or of a municipal ordinance which he or she commits after he or she becomes **[**~~seventeen~~**] eighteen** years of age. The juvenile court shall have no jurisdiction with respect to any such violation and, so long as it retains jurisdiction of the child, shall not exercise its jurisdiction in such a manner as to conflict with any other court's jurisdiction as to any such violation.

211.061. 1. When a child is taken into custody with or without warrant for an offense, the child, together with any information concerning the child and the personal property found in the child's possession, shall be taken immediately and directly before the juvenile court or delivered to the juvenile officer or person acting for **[**~~him~~**] the child**.

2. If any person is taken before a circuit or associate circuit judge not assigned to juvenile court or a municipal judge, and it is then, or at any time thereafter, ascertained that he or she was under the age of **[**~~seventeen~~**] eighteen** years at the time he or she is alleged to have committed the offense, or that he or she is subject to the jurisdiction of the juvenile court as provided by this chapter, it is the duty of the judge forthwith to transfer the case or refer the matter to the juvenile court, and direct the delivery of such person, together with information concerning him or her and the personal property found in his or her possession, to the juvenile officer or person acting as such.

3. When the juvenile court is informed that a child is in detention it shall examine the reasons therefor and shall immediately:

(1) Order the child released; or

(2) Order the child continued in detention until a detention hearing is held. An order to continue the child in detention shall only be entered upon the filing of a petition or motion to modify and a determination by the court that probable cause exists to believe that the child has committed acts specified in the petition or motion that bring the child within the jurisdiction of the court under subdivision (2) or (3) of subsection 1 of section 211.031.

4. A juvenile shall not remain in detention for a period greater than twenty-four hours unless the court orders a detention hearing. If such hearing is not held within three days, excluding Saturdays, Sundays and legal holidays, the juvenile shall be released from detention unless the court for good cause orders the hearing continued. The detention hearing shall be held within the judicial circuit at a date, time and place convenient to the court. Notice of the date, time and place of a detention hearing, and of the right to counsel, shall be given to the juvenile and his or her custodian in person, by telephone, or by such other expeditious method as is available.

211.071. 1. If a petition alleges that a child between the ages of twelve and **[**~~seventeen~~**] eighteen** has committed an offense which would be considered a felony if committed by an adult, the court may, upon its own motion or upon motion by the juvenile officer, the child or the child's custodian, order a hearing and may, in its discretion, dismiss the petition and such child may be transferred to the court of general jurisdiction and prosecuted under the general law; except that if a petition alleges that any child has committed an offense which would be considered first degree murder under section 565.020, second degree murder under section 565.021, first degree assault under section 565.050, forcible rape under section 566.030 as it existed prior to August 28, 2013, rape in the first degree under section 566.030, forcible sodomy under section 566.060 as it existed prior to August 28, 2013, sodomy in the first degree under section 566.060, first degree robbery under section 569.020 **as it existed prior to January 1, 2017, or first degree robbery under section 570.023**, **[**~~or~~**]** distribution of drugs under section 195.211 **as it existed prior to January 1, 2017, or the manufacturing of a controlled substance under section 579.055**, or has committed two or more prior unrelated offenses which would be felonies if committed by an adult, the court shall order a hearing, and may in its discretion, dismiss the petition and transfer the child to a court of general jurisdiction for prosecution under the general law.

2. Upon apprehension and arrest, jurisdiction over the criminal offense allegedly committed by any person between **[**~~seventeen~~**] eighteen** and twenty-one years of age over whom the juvenile court has retained continuing

jurisdiction shall automatically terminate and that offense shall be dealt with in the court of general jurisdiction as provided in section 211.041.

3. Knowing and willful age misrepresentation by a juvenile subject shall not affect any action or proceeding which occurs based upon the misrepresentation. Any evidence obtained during the period of time in which a child misrepresents his or her age may be used against the child and will be subject only to rules of evidence applicable in adult proceedings.

4. Written notification of a transfer hearing shall be given to the juvenile and his or her custodian in the same manner as provided in sections 211.101 and 211.111. Notice of the hearing may be waived by the custodian. Notice shall contain a statement that the purpose of the hearing is to determine whether the child is a proper subject to be dealt with under the provisions of this chapter, and that if the court finds that the child is not a proper subject to be dealt with under the provisions of this chapter, the petition will be dismissed to allow for prosecution of the child under the general law.

5. The juvenile officer may consult with the office of prosecuting attorney concerning any offense for which the child could be certified as an adult under this section. The prosecuting or circuit attorney shall have access to police reports, reports of the juvenile or deputy juvenile officer, statements of witnesses and all other records or reports relating to the offense alleged to have been committed by the child. The prosecuting or circuit attorney shall have access to the disposition records of the child when the child has been adjudicated pursuant to subdivision (3) of subsection 1 of section 211.031. The prosecuting attorney shall not divulge any information regarding the child and the offense until the juvenile court at a judicial hearing has determined that the child is not a proper subject to be dealt with under the provisions of this chapter.

6. A written report shall be prepared in accordance with this chapter developing fully all available information relevant to the criteria which shall be considered by the court in determining whether the child is a proper subject to be dealt with under the provisions of this chapter and whether there are reasonable prospects of rehabilitation within the juvenile justice system. These criteria shall include but not be limited to:

(1) The seriousness of the offense alleged and whether the protection of the community requires transfer to the court of general jurisdiction;

(2) Whether the offense alleged involved viciousness, force and violence;

(3) Whether the offense alleged was against persons or property with greater weight being given to the offense against persons, especially if personal injury resulted;

(4) Whether the offense alleged is a part of a repetitive pattern of offenses which indicates that the child may be beyond rehabilitation under the juvenile code;

(5) The record and history of the child, including experience with the juvenile justice system, other courts, supervision, commitments to juvenile institutions and other placements;

(6) The sophistication and maturity of the child as determined by consideration of his home and environmental situation, emotional condition and pattern of living;

(7) The age of the child;

(8) The program and facilities available to the juvenile court in considering disposition;

(9) Whether or not the child can benefit from the treatment or rehabilitative programs available to the juvenile court; and

(10) Racial disparity in certification.

7. If the court dismisses the petition to permit the child to be prosecuted under the general law, the court shall enter a dismissal order containing:

(1) Findings showing that the court had jurisdiction of the cause and of the parties;

(2) Findings showing that the child was represented by counsel;

(3) Findings showing that the hearing was held in the presence of the child and his counsel; and

(4) Findings showing the reasons underlying the court's decision to transfer jurisdiction.

8. A copy of the petition and order of the dismissal shall be sent to the prosecuting attorney.

9. When a petition has been dismissed thereby permitting a child to be prosecuted under the general law and the prosecution of the child results in a conviction, the jurisdiction of the juvenile court over that child is forever terminated, except as provided in subsection 10 of this section, for an act that would be a violation of a state law or municipal ordinance.

10. If a petition has been dismissed thereby permitting a child to be prosecuted under the general law and the child is found not guilty by a court of general jurisdiction, the juvenile court shall have jurisdiction over any later

offense committed by that child which would be considered a misdemeanor or felony if committed by an adult, subject to the certification provisions of this section.

11. If the court does not dismiss the petition to permit the child to be prosecuted under the general law, it shall set a date for the hearing upon the petition as provided in section 211.171.

211.073. 1. The court shall, in a case when the offender is under **[**~~seventeen~~**] eighteen** years **[**~~and six months~~**]** of age and has been transferred to a court of general jurisdiction pursuant to section 211.071, and whose prosecution results in a conviction or a plea of guilty, consider dual jurisdiction of both the criminal and juvenile codes, as set forth in this section. The court is authorized to impose a juvenile disposition under this chapter and simultaneously impose an adult criminal sentence, the execution of which shall be suspended pursuant to the provisions of this section. Successful completion of the juvenile disposition ordered shall be a condition of the suspended adult criminal sentence. The court may order an offender into the custody of the division of youth services pursuant to this section:

(1) Upon agreement of the division of youth services; and

(2) If the division of youth services determines that there is space available in a facility designed to serve offenders sentenced under this section. If the division of youth services agrees to accept a youth and the court does not impose a juvenile disposition, the court shall make findings on the record as to why the division of youth services was not appropriate for the offender prior to imposing the adult criminal sentence.

2. If there is probable cause to believe that the offender has violated a condition of the suspended sentence or committed a new offense, the court shall conduct a hearing on the violation charged, unless the offender waives such hearing. If the violation is established and found the court may continue or revoke the juvenile disposition, impose the adult criminal sentence, or enter such other order as it may see fit.

3. When an offender has received a suspended sentence pursuant to this section and the division determines the child is beyond the scope of its treatment programs, the division of youth services may petition the court for a transfer of custody of the offender. The court shall hold a hearing and shall:

(1) Revoke the suspension and direct that the offender be taken into immediate custody of the department of corrections; or

(2) Direct that the offender be placed on probation.

4. When an offender who has received a suspended sentence reaches the age of **[**~~seventeen~~**] eighteen**, the court shall hold a hearing. The court shall:

(1) Revoke the suspension and direct that the offender be taken into immediate custody of the department of corrections;

(2) Direct that the offender be placed on probation; or

(3) Direct that the offender remain in the custody of the division of youth services if the division agrees to such placement.

5. The division of youth services shall petition the court for a hearing before it releases an offender who comes within subsection 1 of this section at any time before the offender reaches the age of twenty-one years. The court shall:

(1) Revoke the suspension and direct that the offender be taken into immediate custody of the department of corrections; or

(2) Direct that the offender be placed on probation.

6. If the suspension of the adult criminal sentence is revoked, all time served by the offender under the juvenile disposition shall be credited toward the adult criminal sentence imposed.

211.081. 1. Whenever any person informs the court in person and in writing that a child appears to be within the purview of applicable provisions of section 211.031 **[**~~or that a person seventeen years of age appears to be within the purview of the provisions of subdivision (1) of subsection 1 of section 211.031~~**]**, the court shall make or cause to be made a preliminary inquiry to determine the facts and to determine whether or not the interests of the public or of the child **[**~~or person seventeen years of age~~**]** require that further action be taken. On the basis of this inquiry, the juvenile court may make such informal adjustment as is practicable without a petition or may authorize the filing of a petition by the juvenile officer. Any other provision of this chapter to the contrary notwithstanding, the juvenile court shall not make any order for disposition of a child **[**~~or person seventeen years of age~~**]** which would place or commit the child **[**~~or person seventeen years of age~~**]** to any location outside the state of Missouri without first receiving the approval of the children's division.

2. Placement in any institutional setting shall represent the least restrictive appropriate placement for the child **[**~~or person seventeen years of age~~**]** and shall be recommended based upon a psychological or psychiatric

evaluation or both. Prior to entering any order for disposition of a child **[**~~or person seventeen years of age~~**]** which would order residential treatment or other services inside the state of Missouri, the juvenile court shall enter findings which include the recommendation of the psychological or psychiatric evaluation or both; and certification from the division director or designee as to whether a provider or funds or both are available, including a projection of their future availability. If the children's division indicates that funding is not available, the division shall recommend and make available for placement by the court an alternative placement for the child **[**~~or person seventeen years of age~~**]**. The division shall have the burden of demonstrating that they have exercised due diligence in utilizing all available services to carry out the recommendation of the evaluation team and serve the best interest of the child **[**~~or person seventeen years of age~~**]**. The judge shall not order placement or an alternative placement with a specific provider but may reasonably designate the scope and type of the services which shall be provided by the department to the child **[**~~or person seventeen years of age~~**]**.

3. Obligations of the state incurred under the provisions of section 211.181 shall not exceed, in any fiscal year, the amount appropriated for this purpose.

211.091. 1. The petition shall be entitled "In the interest of ....., a child under **[**~~seventeen~~**]** **eighteen** years of age" **[**~~or "In the interest of ....., a child seventeen years of age" or "In the interest of ....., a person seventeen years of age" as appropriate to the subsection of section 211.031 that provides the basis for the filing of the petition~~**]**.

2. The petition shall set forth plainly:

(1) The facts which bring the child **[**~~or person seventeen years of age~~**]** within the jurisdiction of the court;

(2) The full name, birth date, and residence of the child **[**~~or person seventeen years of age~~**]**;

(3) The names and residence of his or her parents, if living;

(4) The name and residence of his or her legal guardian if there be one, of the person having custody of the child **[**~~or person seventeen years of age~~**]** or of the nearest known relative if no parent or guardian can be found; and

(5) Any other pertinent data or information.

3. If any facts required in subsection 2 of this section are not known by the petitioner, the petition shall so state.

4. Prior to the voluntary dismissal of a petition filed under this section, the juvenile officer shall assess the impact of such dismissal on the best interests of the child, and shall take all actions practicable to minimize any negative impact.

211.101. 1. After a petition has been filed, unless the parties appear voluntarily, the juvenile court shall issue a summons in the name of the state of Missouri requiring the person who has custody of the child **[**~~or person seventeen years of age~~**]** to appear personally and, unless the court orders otherwise, to bring the child **[**~~or person seventeen years of age~~**]** before the court, at the time and place stated.

2. If the person so summoned is other than a parent or guardian of the child **[**~~or person seventeen years of age~~**]**, then the parent or guardian or both shall also be notified of the pendency of the case and of the time and place appointed.

3. If it appears that the child **[**~~or person seventeen years of age~~**]** is in such condition or surroundings that his or her welfare requires that his or her custody be immediately assumed by the court, the judge may order, by endorsement upon the summons, the officer serving it to take the child **[**~~or person seventeen years of age~~**]** into custody at once.

4. Subpoena may be issued requiring the appearance of any other person whose presence, in the opinion of the judge, is necessary.

211.161. 1. The court may cause any child **[**~~or person seventeen years of age~~**]** within its jurisdiction to be examined by a physician, psychiatrist or psychologist appointed by the court in order that the condition of the child **[**~~or person seventeen years of age~~**]** may be given consideration in the disposition of his case. The expenses of the examination when approved by the court shall be paid by the county, except that the county shall not be liable for the costs of examinations conducted by the department of mental health either directly or through contract.

2. The services of a state, county or municipally maintained hospital, institution, or psychiatric or health clinic may be used for the purpose of this examination and treatment.

3. A county may establish medical, psychiatric and other facilities, upon request of the juvenile court, to provide proper services for the court in the diagnosis and treatment of children **[**~~or persons seventeen years of age~~**]**

coming before it and these facilities shall be under the administration and control of the juvenile court. The juvenile court may appoint and fix the compensation of such professional and other personnel as it deems necessary to provide the court proper diagnostic, clinical and treatment services for children **[**~~or persons seventeen years of age~~**]** under its jurisdiction.

211.181. 1. When a child **[**~~or person seventeen years of age~~**]** is found by the court to come within the applicable provisions of subdivision (1) of subsection 1 of section 211.031, the court shall so decree and make a finding of fact upon which it exercises its jurisdiction over the child **[**~~or person seventeen years of age~~**]**, and the court may, by order duly entered, proceed as follows:

(1) Place the child **[**~~or person seventeen years of age~~**]** under supervision in his own home or in the custody of a relative or other suitable person after the court or a public agency or institution designated by the court conducts an investigation of the home, relative or person and finds such home, relative or person to be suitable and upon such conditions as the court may require;

(2) Commit the child **[**~~or person seventeen years of age~~**]** to the custody of:

(a) A public agency or institution authorized by law to care for children or to place them in family homes; except that, such child **[**~~or person seventeen years of age~~**]** may not be committed to the department of social services, division of youth services;

(b) Any other institution or agency which is authorized or licensed by law to care for children or to place them in family homes;

(c) An association, school or institution willing to receive the child **[**~~or person seventeen years of age~~**]** in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured; or

(d) The juvenile officer;

(3) Place the child **[**~~or person seventeen years of age~~**]** in a family home;

(4) Cause the child **[**~~or person seventeen years of age~~**]** to be examined and treated by a physician, psychiatrist or psychologist and when the health or condition of the child **[**~~or person seventeen years of age~~**]** requires it, cause the child **[**~~or person seventeen years of age~~**]** to be placed in a public or private hospital, clinic or institution for treatment and care; except that, nothing contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment of a child **[**~~or person seventeen years of age~~**]** whose parents or guardian in good faith are providing other remedial treatment recognized or permitted under the laws of this state;

(5) The court may order, pursuant to subsection 2 of section 211.081, that the child receive the necessary services in the least restrictive appropriate environment including home and community-based services, treatment and support, based on a coordinated, individualized treatment plan. The individualized treatment plan shall be approved by the court and developed by the applicable state agencies responsible for providing or paying for any and all appropriate and necessary services, subject to appropriation, and shall include which agencies are going to pay for and provide such services. Such plan must be submitted to the court within thirty days and the child's family shall actively participate in designing the service plan for the child **[**~~or person seventeen years of age~~**]**;

(6) The department of social services, in conjunction with the department of mental health, shall apply to the United States Department of Health and Human Services for such federal waivers as required to provide services for such children, including the acquisition of community-based services waivers.

2. When a child is found by the court to come within the provisions of subdivision (2) of subsection 1 of section 211.031, the court shall so decree and upon making a finding of fact upon which it exercises its jurisdiction over the child, the court may, by order duly entered, proceed as follows:

(1) Place the child under supervision in his **or her** own home or in custody of a relative or other suitable person after the court or a public agency or institution designated by the court conducts an investigation of the home, relative or person and finds such home, relative or person to be suitable and upon such conditions as the court may require;

(2) Commit the child to the custody of:

(a) A public agency or institution authorized by law to care for children or place them in family homes; except that, a child may be committed to the department of social services, division of youth services, only if he **or she** is presently under the court's supervision after an adjudication under the provisions of subdivision (2) or (3) of subsection 1 of section 211.031;

(b) Any other institution or agency which is authorized or licensed by law to care for children or to place them in family homes;

(c) An association, school or institution willing to receive it in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured; or

(d) The juvenile officer;

(3) Place the child in a family home;

(4) Cause the child to be examined and treated by a physician, psychiatrist or psychologist and when the health or condition of the child requires it, cause the child to be placed in a public or private hospital, clinic or institution for treatment and care; except that, nothing contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment of a child whose parents or guardian in good faith are providing other remedial treatment recognized or permitted under the laws of this state;

(5) Assess an amount of up to ten dollars to be paid by the child to the clerk of the court.

Execution of any order entered by the court pursuant to this subsection, including a commitment to any state agency, may be suspended and the child placed on probation subject to such conditions as the court deems reasonable. After a hearing, probation may be revoked and the suspended order executed.

3. When a child is found by the court to come within the provisions of subdivision (3) of subsection 1 of section 211.031, the court shall so decree and make a finding of fact upon which it exercises its jurisdiction over the child, and the court may, by order duly entered, proceed as follows:

(1) Place the child under supervision in his or her own home or in custody of a relative or other suitable person after the court or a public agency or institution designated by the court conducts an investigation of the home, relative or person and finds such home, relative or person to be suitable and upon such conditions as the court may require; provided that, no child who has been adjudicated a delinquent by a juvenile court for committing or attempting to commit a sex-related offense which if committed by an adult would be considered a felony offense pursuant to chapter 566, RSMo, including but not limited to rape, forcible sodomy, child molestation, and sexual abuse, and in which the victim was a child, shall be placed in any residence within one thousand feet of the residence of the abused child of that offense until the abused child reaches the age of eighteen, and provided further that the provisions of this subdivision regarding placement within one thousand feet of the abused child shall not apply when the abusing child and the abused child are siblings or children living in the same home;

(2) Commit the child to the custody of:

(a) A public agency or institution authorized by law to care for children or to place them in family homes;

(b) Any other institution or agency which is authorized or licensed by law to care for children or to place them in family homes;

(c) An association, school or institution willing to receive it in another state if the approval of the agency in that state which administers the laws relating to importation of children into the state has been secured; or

(d) The juvenile officer;

(3) Beginning January 1, 1996, the court may make further directions as to placement with the division of youth services concerning the child's length of stay. The length of stay order may set forth a minimum review date;

(4) Place the child in a family home;

(5) Cause the child to be examined and treated by a physician, psychiatrist or psychologist and when the health or condition of the child requires it, cause the child to be placed in a public or private hospital, clinic or institution for treatment and care; except that, nothing contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment of a child whose parents or guardian in good faith are providing other remedial treatment recognized or permitted under the laws of this state;

(6) Suspend or revoke a state or local license or authority of a child to operate a motor vehicle;

(7) Order the child to make restitution or reparation for the damage or loss caused by his **or her** offense. In determining the amount or extent of the damage, the court may order the juvenile officer to prepare a report and may receive other evidence necessary for such determination. The child and his **or her** attorney shall have access to any reports which may be prepared, and shall have the right to present evidence at any hearing held to ascertain the amount of damages. Any restitution or reparation ordered shall be reasonable in view of the child's ability to make payment or to perform the reparation. The court may require the clerk of the circuit court to act as receiving and disbursing agent for any payment ordered;

(8) Order the child to a term of community service under the supervision of the court or of an organization selected by the court. Every person, organization, and agency, and each employee thereof, charged with the supervision of a child under this subdivision, or who benefits from any services performed as a result of an order issued under this subdivision, shall be immune from any suit by the child ordered to perform services under this subdivision, or any person deriving a cause of action from such child, if such cause of action arises from the supervision of the child's performance of services under this subdivision and if such cause of action does not arise from an intentional tort. A child ordered to perform services under this subdivision shall not be deemed an employee within the meaning of the

provisions of chapter 287, RSMo, nor shall the services of such child be deemed employment within the meaning of the provisions of chapter 288, RSMo. Execution of any order entered by the court, including a commitment to any state agency, may be suspended and the child placed on probation subject to such conditions as the court deems reasonable. After a hearing, probation may be revoked and the suspended order executed;

(9) When a child has been adjudicated to have violated a municipal ordinance or to have committed an act that would be a misdemeanor if committed by an adult, assess an amount of up to twenty-five dollars to be paid by the child to the clerk of the court; when a child has been adjudicated to have committed an act that would be a felony if committed by an adult, assess an amount of up to fifty dollars to be paid by the child to the clerk of the court.

4. Beginning January 1, 1996, the court may set forth in the order of commitment the minimum period during which the child shall remain in the custody of the division of youth services. No court order shall require a child to remain in the custody of the division of youth services for a period which exceeds the child's eighteenth birth date except upon petition filed by the division of youth services pursuant to subsection 1 of section 219.021, RSMo. In any order of commitment of a child to the custody of the division of youth services, the division shall determine the appropriate program or placement pursuant to subsection 3 of section 219.021, RSMo. Beginning January 1, 1996, the department shall not discharge a child from the custody of the division of youth services before the child completes the length of stay determined by the court in the commitment order unless the committing court orders otherwise. The director of the division of youth services may at any time petition the court for a review of a child's length of stay commitment order, and the court may, upon a showing of good cause, order the early discharge of the child from the custody of the division of youth services. The division may discharge the child from the division of youth services without a further court order after the child completes the length of stay determined by the court or may retain the child for any period after the completion of the length of stay in accordance with the law.

5. When an assessment has been imposed under the provisions of subsection 2 or 3 of this section, the assessment shall be paid to the clerk of the court in the circuit where the assessment is imposed by court order, to be deposited in a fund established for the sole purpose of payment of judgments entered against children in accordance with section 211.185.

211.321. 1. Records of juvenile court proceedings as well as all information obtained and social records prepared in the discharge of official duty for the court shall not be open to inspection or their contents disclosed, except by order of the court to persons having a legitimate interest therein, unless a petition or motion to modify is sustained which charges the child with an offense which, if committed by an adult, would be a class A felony under the criminal code of Missouri, or capital murder, first degree murder, or second degree murder or except as provided in subsection 2 of this section. In addition, whenever a report is required under section 557.026, there shall also be included a complete list of certain violations of the juvenile code for which the defendant had been adjudicated a delinquent while a juvenile. This list shall be made available to the probation officer and shall be included in the presentence report. The violations to be included in the report are limited to the following: rape, sodomy, murder, kidnapping, robbery, arson, burglary or any acts involving the rendering or threat of serious bodily harm. The supreme court may promulgate rules to be followed by the juvenile courts in separating the records.

2. In all proceedings under subdivision (2) of subsection 1 of section 211.031, the records of the juvenile court as well as all information obtained and social records prepared in the discharge of official duty for the court shall be kept confidential and shall be open to inspection only by order of the judge of the juvenile court or as otherwise provided by statute. In all proceedings under subdivision (3) of subsection 1 of section 211.031 the records of the juvenile court as well as all information obtained and social records prepared in the discharge of official duty for the court shall be kept confidential and may be open to inspection without court order only as follows:

(1) The juvenile officer is authorized at any time:

(a) To provide information to or discuss matters concerning the child, the violation of law or the case with the victim, witnesses, officials at the child's school, law enforcement officials, prosecuting attorneys, any person or agency having or proposed to have legal or actual care, custody or control of the child, or any person or agency providing or proposed to provide treatment of the child. Information received pursuant to this paragraph shall not be released to the general public, but shall be released only to the persons or agencies listed in this paragraph;

(b) To make public information concerning the offense, the substance of the petition, the status of proceedings in the juvenile court and any other information which does not specifically identify the child or the child's family;

(2) After a child has been adjudicated delinquent pursuant to subdivision (3) of subsection 1 of section 211.031, for an offense which would be a felony if committed by an adult, the records of the dispositional hearing and proceedings related thereto shall be open to the public to the same extent that records of criminal proceedings are open to the public. However, the social summaries, investigations or updates in the nature of presentence investigations, and

status reports submitted to the court by any treating agency or individual after the dispositional order is entered shall be kept confidential and shall be opened to inspection only by order of the judge of the juvenile court;

(3) As otherwise provided by statute;

(4) In all other instances, only by order of the judge of the juvenile court.

3. Peace officers' records, if any are kept, of children shall be kept separate from the records of persons **[**~~seventeen~~**] eighteen** years of age or over and shall not be open to inspection or their contents disclosed, except by order of the court. This subsection does not apply to children who are transferred to courts of general jurisdiction as provided by section 211.071 or to juveniles convicted under the provisions of sections 578.421 to 578.437. This subsection does not apply to the inspection or disclosure of the contents of the records of peace officers for the purpose of pursuing a civil forfeiture action pursuant to the provisions of section 195.140.

4. Nothing in this section shall be construed to prevent the release of information and data to persons or organizations authorized by law to compile statistics relating to juveniles. The court shall adopt procedures to protect the confidentiality of children's names and identities.

5. The court may, either on its own motion or upon application by the child or his **or her** representative, or upon application by the juvenile officer, enter an order to destroy all social histories, records, and information, other than the official court file, and may enter an order to seal the official court file, as well as all peace officers' records, at any time after the child has reached his **[**~~seventeenth~~**] or her eighteenth** birthday if the court finds that it is in the best interest of the child that such action or any part thereof be taken, unless the jurisdiction of the court is continued beyond the child's **[**~~seventeenth~~**] eighteenth** birthday, in which event such action or any part thereof may be taken by the court at any time after the closing of the child's case.

6. Nothing in this section shall be construed to prevent the release of general information regarding the informal adjustment or formal adjudication of the disposition of a child's case to a victim or a member of the immediate family of a victim of any offense committed by the child. Such general information shall not be specific as to location and duration of treatment or detention or as to any terms of supervision.

7. Records of juvenile court proceedings as well as all information obtained and social records prepared in the discharge of official duty for the court shall be disclosed to the child fatality review panel reviewing the child's death pursuant to section 210.192 unless the juvenile court on its own motion, or upon application by the juvenile officer, enters an order to seal the records of the victim child.

211.421. 1. After any child has come under the care or control of the juvenile court as provided in this chapter, any person who thereafter encourages, aids, or causes the child to commit any act or engage in any conduct which would be injurious to the child's morals or health or who knowingly or negligently disobeys, violates or interferes with a lawful order of the court with relation to the child, is guilty of contempt of court, and shall be proceeded against as now provided by law and punished by imprisonment in the county jail for a term not exceeding six months or by a fine not exceeding five hundred dollars or by both such fine and imprisonment.

2. If it appears at a juvenile court hearing that any person **[**~~seventeen~~**] eighteen** years of age or over has violated section 568.045 or 568.050, RSMo, by endangering the welfare of a child, the judge of the juvenile court shall refer the information to the prosecuting or circuit attorney, as the case may be, for appropriate proceedings.

211.425. 1. Any person who has been adjudicated a delinquent by a juvenile court for committing or attempting to commit a sex-related offense which if committed by an adult would be considered a felony offense pursuant to chapter 566 including, but not limited to, rape, forcible sodomy, child molestation and sexual abuse, shall be considered a juvenile sex offender and shall be required to register as a juvenile sex offender by complying with the registration requirements provided for in this section, unless such juvenile adjudicated as a delinquent is fourteen years of age or older at the time of the offense and the offense adjudicated would be considered a felony under chapter 566 if committed by an adult, which is equal to or more severe than aggravated sexual abuse under 18 U.S.C. Section 2241, including any attempt or conspiracy to commit such offense, in which case, the juvenile shall be required to register as an adult sexual offender under sections 589.400 to 589.425. This requirement shall also apply to any person who is or has been adjudicated a juvenile delinquent in any other state or federal jurisdiction for committing, attempting to commit, or conspiring to commit offenses which would be proscribed herein.

2. Any state agency having supervision over a juvenile required to register as a juvenile sex offender or any court having jurisdiction over a juvenile required to register as a juvenile sex offender, or any person required to register as a juvenile sex offender, shall, within ten days of the juvenile offender moving into any county of this state, register with the juvenile office of the county. If such juvenile offender changes residence or address, the state

agency, court or person shall inform the juvenile office within ten days of the new residence or address and shall also be required to register with the juvenile office of any new county of residence. Registration shall be accomplished by completing a registration form similar to the form provided for in section 589.407. Such form shall include, but is not limited to, the following:

(1) A statement in writing signed by the juvenile, giving the juvenile's name, address, Social Security number, phone number, school in which enrolled, place of employment, offense which requires registration, including the date, place, and a brief description of such offense, date and place of adjudication regarding such offense, and age and gender of the victim at the time of the offense; and

(2) The fingerprints and a photograph of the juvenile.

3. Juvenile offices shall maintain the registration forms of those juvenile offenders in their jurisdictions who register as required by this section. Information contained on the registration forms shall be kept confidential and may be released by juvenile offices to only those persons and agencies who are authorized to receive information from juvenile court records as provided by law, including, but not limited to, those specified in section 211.321. State agencies having custody of juveniles who fall within the registration requirements of this section shall notify the appropriate juvenile offices when such juvenile offenders are being transferred to a location falling within the jurisdiction of such juvenile offices.

4. Any juvenile who is required to register pursuant to this section but fails to do so or who provides false information on the registration form is subject to disposition pursuant to this chapter. Any person **[**~~seventeen~~**] eighteen** years of age or over who commits such violation is guilty of a class A misdemeanor as provided for in section 211.431.

5. Any juvenile to whom the registration requirement of this section applies shall be informed by the official in charge of the juvenile's custody, upon the juvenile's discharge or release from such custody, of the requirement to register pursuant to this section. Such official shall obtain the address where such juvenile expects to register upon being discharged or released and shall report the juvenile's name and address to the juvenile office where the juvenile **[**~~will~~**] shall** be required to register. This requirement to register upon discharge or release from custody does not apply in situations where the juvenile is temporarily released under guard or direct supervision from a detention facility or similar custodial facility.

6. The requirement to register as a juvenile sex offender shall terminate upon the juvenile offender reaching age twenty-one, unless such juvenile offender is required to register as an adult offender pursuant to section 589.400.

211.431. Any person **[**~~seventeen~~**] eighteen** years of age or over who willfully violates, neglects or refuses to obey or perform any lawful order of the court, or who violates any provision of this chapter is guilty of a class A misdemeanor.

221.044. No person under the age of **[**~~seventeen~~**] eighteen** years, except those transferred to the court of general jurisdiction under the provisions of section 211.071, shall be detained in a jail or other adult detention facility as that term is defined in section 211.151. A traffic court judge may request the juvenile court to order the commitment of a person under the age of **[**~~seventeen~~**] eighteen** to a juvenile detention facility."; and

Further amend said bill, Page 4, Section 354.603, Line 102, by inserting immediately after said section and line the following:

"Section B. The repeal and reenactment of sections 211.021, 211.031, 211.032, 211.033, 211.041, 211.061, 211.071, 211.073, 211.081, 211.091, 211.101, 211.161, 211.181, 211.321, 211.421, 211.425, 211.431, and 221.044 of this act shall become effective on January 1, 2020."; and

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

On motion of Representative Schroer, **House Amendment No. 16** was adopted.

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

House Amendment No. 17

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"209.150. 1. Every person with a visual, aural or other disability including diabetes, as **disability is** defined in section 213.010, shall have the same rights afforded to a person with no such disability to the full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities, and other public places.

2. Every person with a visual, aural or other disability including diabetes, as **disability is** defined in section 213.010, is entitled to full and equal accommodations, advantages, facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor buses, taxis, streetcars, boats or any other public conveyances or modes of transportation, hotels, lodging places, places of public accommodation, amusement or resort, and other places to which the general public is invited, subject only to the conditions and limitations established by law and applicable alike to all persons.

3. Every person with a visual, aural or other disability including diabetes, as **disability is** defined in section 213.010, shall have the right to be accompanied by a guide dog, hearing dog, or service dog, **as defined in section 209.200,** which is especially trained for the purpose, in any of the places listed in subsection 2 of this section without being required to pay an extra charge for the guide dog, hearing dog or service dog; provided that such person shall be liable for any damage done to the premises or facilities by such dog.

4. As used in sections 209.150 to 209.190, the term "service dog" **[**~~means any dog specifically trained to assist a person with a physical or mental disability by performing necessary tasks or doing work which the person cannot perform. Such tasks shall include, but not be limited to, pulling a wheelchair, retrieving items, carrying supplies, and search and rescue of an individual with a disability~~**] shall be as defined in section 209.200**.

209.200. As used in sections **[**~~209.200~~**] 209.150** to 209.204, not to exceed the provisions of the Americans With Disabilities Act, the following terms shall mean:

(1) "Disability", as defined in section 213.010 including diabetes;

(2) "Service dog", a dog that is being or has been specially trained to do work or perform tasks which benefit a particular person with a disability. Service dog includes but is not limited to:

(a) "Guide dog", a dog that is being or has been specially trained to assist a particular blind or visually impaired person;

(b) "Hearing dog", a dog that is being or has been specially trained to assist a particular deaf or hearing-impaired person;

(c) "Medical alert or **[**~~respond~~**] response** dog", a dog that is being or has been trained to alert a person with a disability that a particular medical event is about to occur or to respond to a medical event that has occurred;

(d) **"Mental health service dog" or "psychiatric service dog", a dog individually trained for its owner who is diagnosed with a psychiatric disability, medical condition, or developmental disability recognized in the most recently published Diagnostic and Statistical Manual of Mental Disorders (DSM) to perform tasks that mitigate or assist with difficulties including, but not limited to, alerting or responding to episodes such as panic attacks and anxiety and performing other tasks directly related to the owner's psychiatric disability, medical condition, or developmental disability including, but not limited to, autism spectrum disorder, epilepsy, major depressive disorder, bipolar disorder, Alzheimer's disease, dementia, post-traumatic stress disorder (PTSD), anxiety disorder, obsessive compulsive disorder, schizophrenia, and other mental illnesses and invisible disabilities;**

(e) "Mobility dog", a dog that is being or has been specially trained to assist a person with a disability caused by physical impairments;

[~~(e)~~**] (f)** "Professional therapy dog", a dog which is selected, trained, and tested to provide specific physical therapeutic functions, under the direction and control of a qualified handler who works with the dog as a team as a part of the handler's occupation or profession. Such dogs, with their handlers, perform such functions in institutional settings, community-based group settings, or when providing services to specific persons who have disabilities. Professional therapy dogs do not include dogs, certified or not, which are used by volunteers in visitation therapy;

[~~(f)~~**] (g)** "Search and rescue dog", a dog that is being or has been trained to search for or prevent a person with a mental disability, including but not limited to verbal and nonverbal autism, from becoming lost;

(3) "Service dog team", a team consisting of a trained service dog, a disabled person or child, and a person who is an adult and who has been trained to handle the service dog."; and

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

Representative Walker (74) offered **House Amendment No. 1 to House Amendment No. 17**.

House Amendment No. 1
to
House Amendment No. 17

AMEND House Amendment No. 17 to Senate Bill No. 194, Page 2, Line 23, by inserting immediately after said line the following:

"Further amend said bill, Page 4, Section 354.603, Line 102, by inserting immediately after said section and line the following:

"**Section 1. The month of September shall be designated as "Sickle Cell Awareness Month" in Missouri.**"; and"; and

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

On motion of Representative Walker (74), **House Amendment No. 1 to House Amendment No. 17** was adopted.

On motion of Representative Sommer, **House Amendment No. 17, as amended**, was adopted.

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

House Amendment No. 18

AMEND Senate Bill No. 194, Page 4, Section 354.603, Line 103, by inserting after all of said section and line the following:

"**633.060. No individual receiving services from the division of developmental disabilities shall have limitations imposed on rights as established under section 630.110 without due process. Due process is the legal right to be informed, heard, and assisted through external advocacy. Due process shall include the right to be informed of actions the individual may take and a time line for restoration of rights.**"; and

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

On motion of Representative Hubrecht, **House Amendment No. 18** was adopted.

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

House Amendment No. 19

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after all of said section and line the following:

"188.027. 1. Except in the case of medical emergency, no abortion shall be performed or induced on a woman without her voluntary and informed consent, given freely and without coercion. Consent to an abortion is voluntary and informed and given freely and without coercion if, and only if, at least seventy-two hours prior to the abortion:

(1) The physician who is to perform or induce the abortion or a qualified professional has informed the woman orally, reduced to writing, and in person, of the following:

(a) The name of the physician who will perform or induce the abortion;

(b) Medically accurate information that a reasonable patient would consider material to the decision of whether or not to undergo the abortion, including:

a. A description of the proposed abortion method;

b. The immediate and long-term medical risks to the woman associated with the proposed abortion method including, but not limited to, infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to term, and possible adverse psychological effects associated with the abortion; and

c. The immediate and long-term medical risks to the woman, in light of the anesthesia and medication that is to be administered, the unborn child's gestational age, and the woman's medical history and medical condition;

(c) Alternatives to the abortion which shall include making the woman aware that information and materials shall be provided to her detailing such alternatives to the abortion;

(d) A statement that the physician performing or inducing the abortion is available for any questions concerning the abortion, together with the telephone number that the physician may be later reached to answer any questions that the woman may have;

(e) The location of the hospital that offers obstetrical or gynecological care located within thirty miles of the location where the abortion is performed or induced and at which the physician performing or inducing the abortion has clinical privileges and where the woman may receive follow-up care by the physician if complications arise;

(f) The gestational age of the unborn child at the time the abortion is to be performed or induced; **[**~~and~~**]**

(g) The anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed or induced; **and**

(h) A description of the disposal process of the aborted fetus;

(2) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, **[**~~printed~~**]** materials provided by the department, which describe the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from conception to full term, including color photographs or images of the developing unborn child at two-week gestational increments. Such descriptions shall include information about brain and heart functions, the presence of external members and internal organs during the applicable stages of development and information on when the unborn child is viable. The **[**~~printed~~**]** materials shall prominently display the following statement: "The life of each human being begins at conception. Abortion will terminate the life of a separate, unique, living human being.";

(3) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, **[**~~printed~~**]** materials provided by the department, which describe the various surgical and drug-induced methods of abortion relevant to the stage of pregnancy, as well as the immediate and long-term medical risks commonly associated with each abortion method including, but not limited to, infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to term, and the possible adverse psychological effects associated with an abortion;

(4) The physician who is to perform or induce the abortion or a qualified professional shall provide the woman with the opportunity to view at least seventy-two hours prior to the abortion an active ultrasound of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible. The woman shall be provided with a geographically indexed list maintained by the department of health care providers, facilities, and clinics that perform ultrasounds, including those that offer ultrasound services free of charge. Such materials shall provide contact information for each provider, facility, or clinic including telephone numbers and, if available, website addresses. Should the woman decide to obtain an ultrasound from a provider, facility, or clinic other than the abortion facility, the woman shall be offered a reasonable time to obtain the ultrasound examination before the date and time set for performing or inducing an abortion. The person conducting the ultrasound shall ensure that the active ultrasound image is of a quality consistent with standard medical practice in the community, contains the dimensions of the unborn child, and accurately portrays the presence of external members and internal organs, if present or viewable, of the unborn child. The auscultation of fetal heart tone must also be of a quality consistent with standard medical practice in the community. If the woman chooses to view the ultrasound or hear the heartbeat or both at the abortion facility, the viewing or hearing or both shall be provided to her at the abortion facility at least seventy-two hours prior to the abortion being performed or induced;

(5) Prior to an abortion being performed or induced on an unborn child of twenty-two weeks gestational age or older, the physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, **[**~~printed~~**]** materials provided by the department that offer information on the possibility of the abortion causing pain to the unborn child. This information shall include, but need not be limited to, the following:

(a) At least by twenty-two weeks of gestational age, the unborn child possesses all the anatomical structures, including pain receptors, spinal cord, nerve tracts, thalamus, and cortex, that are necessary in order to feel pain;

(b) A description of the actual steps in the abortion procedure to be performed or induced, and at which steps the abortion procedure could be painful to the unborn child;

(c) There is evidence that by twenty-two weeks of gestational age, unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted as a response to pain;

(d) Anesthesia is given to unborn children who are twenty-two weeks or more gestational age who undergo prenatal surgery;

(e) Anesthesia is given to premature children who are twenty-two weeks or more gestational age who undergo surgery;

(f) Anesthesia or an analgesic is available in order to minimize or alleviate the pain to the unborn child;

(6) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, **[**~~printed~~**]** materials provided by the department explaining to the woman alternatives to abortion she may wish to consider. Such materials shall:

(a) Identify on a geographical basis public and private agencies available to assist a woman in carrying her unborn child to term, and to assist her in caring for her dependent child or placing her child for adoption, including agencies commonly known and generally referred to as pregnancy resource centers, crisis pregnancy centers, maternity homes, and adoption agencies. Such materials shall provide a comprehensive list by geographical area of the agencies, a description of the services they offer, and the telephone numbers and addresses of the agencies; provided that such materials shall not include any programs, services, organizations, or affiliates of organizations that perform or induce, or assist in the performing or inducing of, abortions or that refer for abortions;

(b) Explain the Missouri alternatives to abortion services program under section 188.325, and any other programs and services available to pregnant women and mothers of newborn children offered by public or private agencies which assist a woman in carrying her unborn child to term and assist her in caring for her dependent child or placing her child for adoption, including but not limited to prenatal care; maternal health care; newborn or infant care; mental health services; professional counseling services; housing programs; utility assistance; transportation services; food, clothing, and supplies related to pregnancy; parenting skills; educational programs; job training and placement services; drug and alcohol testing and treatment; and adoption assistance;

(c) Identify the state website for the Missouri alternatives to abortion services program under section 188.325, and any toll-free number established by the state operated in conjunction with the program;

(d) Prominently display the statement: "There are public and private agencies willing and able to help you carry your child to term, and to assist you and your child after your child is born, whether you choose to keep your child or place him or her for adoption. The state of Missouri encourages you to contact those agencies before making a final decision about abortion. State law requires that your physician or a qualified professional give you the opportunity to call agencies like these before you undergo an abortion.";

(7) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, **[**~~printed~~**]** materials provided by the department explaining that the father of the unborn child is liable to assist in the support of the child, even in instances where he has offered to pay for the abortion. Such materials shall include information on the legal duties and support obligations of the father of a child, including, but not limited to, child support payments, and the fact that paternity may be established by the father's name on a birth certificate or statement of paternity, or by court action. Such **[**~~printed~~**]** materials shall also state that more information concerning paternity establishment and child support services and enforcement may be obtained by calling the family support division within the Missouri department of social services; and

(8) The physician who is to perform or induce the abortion or a qualified professional shall inform the woman that she is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled.

2. All information required to be provided to a woman considering abortion by subsection 1 of this section shall be presented to the woman individually, in the physical presence of the woman and in a private room, to protect her privacy, to maintain the confidentiality of her decision, to ensure that the information focuses on her individual circumstances, to ensure she has an adequate opportunity to ask questions, and to ensure that she is not a victim of coerced abortion. Should a woman be unable to read materials provided to her, they shall be read to her.

Should a woman need an interpreter to understand the information presented in the written materials, an interpreter shall be provided to her. Should a woman ask questions concerning any of the information or materials, answers shall be provided in a language she can understand.

3. No abortion shall be performed or induced unless and until the woman upon whom the abortion is to be performed or induced certifies in writing on a checklist form provided by the department that she has been presented all the information required in subsection 1 of this section **and shall indicate whether the information was provided in writing or via video**, that she has been provided the opportunity to view an active ultrasound image of the unborn child and hear the heartbeat of the unborn child if it is audible, and that she further certifies that she gives her voluntary and informed consent, freely and without coercion, to the abortion procedure.

4. No abortion shall be performed or induced on an unborn child of twenty-two weeks gestational age or older unless and until the woman upon whom the abortion is to be performed or induced has been provided the opportunity to choose to have an anesthetic or analgesic administered to eliminate or alleviate pain to the unborn child caused by the particular method of abortion to be performed or induced. The administration of anesthesia or analgesics shall be performed in a manner consistent with standard medical practice in the community.

5. No physician shall perform or induce an abortion unless and until the physician has obtained from the woman her voluntary and informed consent given freely and without coercion. If the physician has reason to believe that the woman is being coerced into having an abortion, the physician or qualified professional shall inform the woman that services are available for her and shall provide her with private access to a telephone and information about such services, including but not limited to the following:

(1) Rape crisis centers, as defined in section 455.003;

(2) Shelters for victims of domestic violence, as defined in section 455.200; and

(3) Orders of protection, pursuant to chapter 455.

6. No physician shall perform or induce an abortion unless and until the physician has received and signed a copy of the form prescribed in subsection 3 of this section. The physician shall retain a copy of the form in the patient's medical record.

7. In the event of a medical emergency as provided by section 188.039, the physician who performed or induced the abortion shall clearly certify in writing the nature and circumstances of the medical emergency. This certification shall be signed by the physician who performed or induced the abortion, and shall be maintained under section 188.060.

8. No person or entity shall require, obtain, or accept payment for an abortion from or on behalf of a patient until at least seventy-two hours have passed since the time that the information required by subsection 1 of this section has been provided to the patient. Nothing in this subsection shall prohibit a person or entity from notifying the patient that payment for the abortion will be required after the seventy-two-hour period has expired if she voluntarily chooses to have the abortion.

9. The term "qualified professional" as used in this section shall refer to a physician, physician assistant, registered nurse, licensed practical nurse, psychologist, licensed professional counselor, or licensed social worker, licensed or registered under chapter 334, 335, or 337, acting under the supervision of the physician performing or inducing the abortion, and acting within the course and scope of his or her authority provided by law. The provisions of this section shall not be construed to in any way expand the authority otherwise provided by law relating to the licensure, registration, or scope of practice of any such qualified professional.

10. By November 30, 2010, the department shall produce the written materials and forms described in this section. Any written materials produced shall be printed in a typeface large enough to be clearly legible. All information shall be presented in an objective, unbiased manner designed to convey only accurate scientific and medical information. The department shall furnish the written materials and forms at no cost and in sufficient quantity to any person who performs or induces abortions, or to any hospital or facility that provides abortions. The department shall make all information required by subsection 1 of this section available to the public through its department website. The department shall maintain a toll-free, twenty-four-hour hotline telephone number where a caller can obtain information on a regional basis concerning the agencies and services described in subsection 1 of this section. No identifying information regarding persons who use the website shall be collected or maintained. The department shall monitor the website on a regular basis to prevent tampering and correct any operational deficiencies.

11. In order to preserve the compelling interest of the state to ensure that the choice to consent to an abortion is voluntary and informed, and given freely and without coercion, the department shall use the procedures for adoption of emergency rules under section 536.025 in order to promulgate all necessary rules, forms, and other necessary material to implement this section by November 30, 2010.

12. If the provisions in subsections 1 and 8 of this section requiring a seventy-two-hour waiting period for an abortion are ever temporarily or permanently restrained or enjoined by judicial order, then the waiting period for an abortion shall be twenty-four hours; provided, however, that if such temporary or permanent restraining order or injunction is stayed or dissolved, or otherwise ceases to have effect, the waiting period for an abortion shall be seventy-two hours.

13. The department of health and senior services shall create a video that contains all the information required to be provided to a woman considering an abortion under subsection 1 of this section, except paragraph (a), the physician's telephone number under paragraph (d), and paragraph (e) of subdivision (1) of subsection 1 of this section.

188.028. 1. **Except in the case of a medical emergency,** no person shall knowingly perform **or induce** an abortion upon a pregnant woman under the age of eighteen years unless:

(1) The attending physician has secured the informed written consent of the minor and one parent or guardian**, and the consenting parent or guardian of the minor has notified any other custodial parent or guardian in writing prior to the securing of the informed written consent of the minor and one parent or guardian. For purposes of this subdivision, "custodial parent" means any parent of a minor in a family in which the parents have not separated or dissolved their marriage, or any parent of a minor who has been awarded joint legal custody or joint physical custody of such minor by a court of competent jurisdiction. Notice shall not be required for any parent or guardian:**

(a) Who has been found guilty of any offense in violation of chapter 565, relating to offenses against the person; chapter 566, relating to sexual offenses; chapter 567, relating to prostitution; chapter 568, relating to offenses against the family; or chapter 573, related to pornography and related offenses, if a child was a victim;

(b) Who has been found guilty of any offense in any other state or foreign country, or under federal, tribal, or military jurisdiction if a child was a victim, which would be a violation of chapter 565, 566, 567, 568, or 573 if committed in this state;

(c) Who is listed on the sexual offender registry under sections 589.400 to 589.425;

(d) Against whom an order of protection has been issued, including a foreign order of protection given full faith and credit in this state under section 455.067;

(e) Whose custodial, parental, or guardianship rights have been terminated by a court of competent jurisdiction; or

(f) Whose whereabouts are unknown after reasonable inquiry, who is a fugitive from justice, who is habitually in an intoxicated or drugged condition, or who has been declared mentally incompetent or incapacitated by a court of competent jurisdiction; or

(2) The minor is emancipated and the attending physician has received the informed written consent of the minor; or

(3) The minor has been granted the right to self-consent to the abortion by court order pursuant to subsection 2 of this section, and the attending physician has received the informed written consent of the minor; or

(4) The minor has been granted consent to the abortion by court order, and the court has given its informed written consent in accordance with subsection 2 of this section, and the minor is having the abortion willingly, in compliance with subsection 3 of this section.

2. The right of a minor to self-consent to an abortion under subdivision (3) of subsection 1 of this section or court consent under subdivision (4) of subsection 1 of this section may be granted by a court pursuant to the following procedures:

(1) The minor or next friend shall make an application to the juvenile court which shall assist the minor or next friend in preparing the petition and notices required pursuant to this section. The minor or the next friend of the minor shall thereafter file a petition setting forth the initials of the minor; the age of the minor; the names and addresses of each parent, guardian, or, if the minor's parents are deceased and no guardian has been appointed, any other person standing in loco parentis of the minor; that the minor has been fully informed of the risks and consequences of the abortion; that the minor is of sound mind and has sufficient intellectual capacity to consent to the abortion; that, if the court does not grant the minor majority rights for the purpose of consent to the abortion, the court should find that the abortion is in the best interest of the minor and give judicial consent to the abortion; that the court should appoint a guardian ad litem of the child; and if the minor does not have private counsel, that the court should appoint counsel. The petition shall be signed by the minor or the next friend;

(2) A hearing on the merits of the petition, to be held on the record, shall be held as soon as possible within five days of the filing of the petition. If any party is unable to afford counsel, the court shall appoint counsel at least twenty-four hours before the time of the hearing. At the hearing, the court shall hear evidence relating to the

emotional development, maturity, intellect and understanding of the minor; the nature, possible consequences, and alternatives to the abortion; and any other evidence that the court may find useful in determining whether the minor should be granted majority rights for the purpose of consenting to the abortion or whether the abortion is in the best interests of the minor;

(3) In the decree, the court shall for good cause:

(a) Grant the petition for majority rights for the purpose of consenting to the abortion; or

(b) Find the abortion to be in the best interests of the minor and give judicial consent to the abortion, setting forth the grounds for so finding; or

(c) Deny the petition, setting forth the grounds on which the petition is denied;

(4) If the petition is allowed, the informed consent of the minor, pursuant to a court grant of majority rights, or the judicial consent, shall bar an action by the parents or guardian of the minor on the grounds of battery of the minor by those performing **or inducing** the abortion. The immunity granted shall only extend to the performance **or inducement** of the abortion in accordance herewith and any necessary accompanying services which are performed in a competent manner. The costs of the action shall be borne by the parties;

(5) An appeal from an order issued under the provisions of this section may be taken to the court of appeals of this state by the minor or by a parent or guardian of the minor. The notice of intent to appeal shall be given within twenty-four hours from the date of issuance of the order. The record on appeal shall be completed and the appeal shall be perfected within five days from the filing of notice to appeal. Because time may be of the essence regarding the performance **or inducement** of the abortion, the supreme court of this state shall, by court rule, provide for expedited appellate review of cases appealed under this section.

3. If a minor desires an abortion, then she shall be orally informed of and, if possible, sign the written consent required **[**~~by section 188.039~~**] under this chapter** in the same manner as an adult person. No abortion shall be performed **or induced** on any minor against her will, except that an abortion may be performed **or induced** against the will of a minor pursuant to a court order described in subdivision (4) of subsection 1 of this section that the abortion is necessary to preserve the life of the minor.

188.036. 1. No physician shall perform an abortion on a woman if the physician knows that the woman conceived the unborn child for the purpose of providing fetal organs or tissue for medical transplantation to herself or another, and the physician knows that the woman intends to procure the abortion to utilize those organs or tissue for such use for herself or another.

2. No person shall utilize the fetal organs or tissue resulting from an abortion for medical transplantation, if the person knows that the abortion was procured for the purpose of utilizing those organs or tissue for such use.

3. No person shall offer any inducement, monetary or otherwise, to a woman or a prospective father of an unborn child for the purpose of conceiving an unborn child for the medical, scientific, experimental or therapeutic use of the fetal organs or tissue.

4. No person shall offer any inducement, monetary or otherwise, to the mother or father of an unborn child for the purpose of procuring an abortion for the medical, scientific, experimental or therapeutic use of the fetal organs or tissue.

5. **No person shall knowingly donate or make an anatomical gift of the fetal organs or tissue resulting from an abortion to any person or entity for medical, scientific, experimental, therapeutic, or any other use.**

6. No person shall knowingly offer or receive any valuable consideration for the fetal organs or tissue resulting from an abortion, provided that nothing in this subsection shall prohibit payment for burial or other final disposition of the fetal remains **so long as the final disposition does not include any donation or anatomical gift of fetal organs or tissue**, or payment for a pathological examination, autopsy or postmortem examination of the fetal remains.

[~~6.~~**] 7.** If any provision in this section or the application thereof to any person, circumstance or period of gestation is held invalid, such invalidity shall not affect the provisions or applications which can be given effect without the invalid provision or application, and to this end the provisions of this section are declared severable.

8. Any person who violates the provisions of subsection 3, 4, 5, or 6 of this section shall be guilty of a class C felony, and the court may impose a fine in an amount not less than twice the amount of any valuable consideration received.

9. Nothing in this section shall prohibit the utilization of fetal organs or tissue resulting from an abortion for medical or scientific purposes to determine the cause or causes of any anomaly, illness, death, or genetic condition of the fetus, the paternity of the fetus, or for law enforcement purposes.

188.047. **[**~~A representative sample of~~**] 1. All** tissue **and remains of a human fetus, as defined in section 194.375,** removed at the time of abortion shall be **ensured as nonhazardous in compliance with department of natural resources regulations and** submitted to a board eligible or certified pathologist, who shall file a copy of the tissue report with the state department of health and senior services, and who shall provide a copy of the report to the abortion facility or hospital in which the abortion was performed or induced and the pathologist's report shall be made a part of the patient's permanent record.

2. The tissue report shall include:

(1) The pathologist's estimation, to a reasonable degree of scientific certainty, of the gestational age of the fetal remains;

(2) Whether all tissue and remains of a human fetus were received that would be common for a specimen of such estimated gestational age;

(3) If the pathologist finds that all tissue and remains of a human fetus were not received, what portion of the tissue and remains of a human fetus were not received;

(4) A gross diagnosis and detailed gross findings of what was received including the percent blood clot and the percent tissue;

(5) The date the tissue and remains of a human fetus were remitted to be disposed and the location of such disposal;

(6) A certification that all submitted tissue and remains of a human fetus have been disposed in accordance with state laws and regulations; and

(7) The name of the entity and physical address of the entity conducting the examination of the specimen containing the remains of a human fetus.

3. Each specimen containing remains of a human fetus shall be given a unique identification number to allow the specimen to be tracked from the abortion facility or hospital where the abortion was performed or induced to the pathology lab and to its final disposition location. The unique identification number shall be conspicuously adhered to the exterior of the specimen container.

4. A report shall be created and submitted to the department for each specimen containing remains of a human fetus at each facility that handles the specimen, including the abortion facility or hospital where the abortion was performed or induced, the pathology lab, and the location of final disposition. Each report shall document, if applicable, the date the specimen containing remains of a human fetus was collected, transported, received, and disposed. The report by the location of final disposition shall verify that all fetal tissue was received and has been properly disposed according to state laws and regulations.

5. The department shall reconcile each notice of abortion with its corresponding pathology report. If the department does not receive the notice of abortion and the pathology report, the department shall conduct an investigation. If the department finds that the abortion facility or hospital where the abortion was performed or induced was not in compliance with the provisions of this section, the department shall consider such noncompliance a deficiency requiring an unscheduled inspection of the facility to ensure the deficiency is remedied. If such deficiency is not remedied, the department shall suspend the abortion facility's or hospital's license for no less than one year.

6. Beginning January 1, 2018, the department shall make an annual report to the general assembly. The report shall include, but not be limited to, all reports and information received by the department under the provisions of this section, the number of any deficiencies of each abortion facility in the calendar year and whether such deficiencies were remedied, and the following for each abortion procedure reported to the department the previous calendar year:

(1) The location of the abortion facility;

(2) The age of the fetus aborted;

(3) The termination procedure used with a clinical estimation of gestation;

(4) Whether the department received the tissue report for that abortion, along with a certification of the disposal of the remains; and

(5) The existence and nature, if any, of any inconsistencies or concerns between the abortion report submitted under section 188.052 and the tissue report submitted under subsection 1 of this section.

The report shall not contain any personal patient information the disclosure of which is prohibited by state or federal law.

7. The mother of the aborted fetus shall be given the option to have the fetus returned to her for final disposition after the fetus has been released from the pathology lab.

188.052. 1. An individual abortion report for each abortion performed or induced upon a woman shall be completed by her attending physician. **The report shall include:**

(1) The attending physician's estimation, to a reasonable degree of scientific certainty, of the gestational age of the fetal remains;

(2) Whether all tissue and remains of a human fetus, as defined in section 194.375, were removed that would be common for a specimen of such estimated gestational age; and

(3) If the attending physician finds that all tissue and remains of a human fetus were not removed, what portion of the tissue and remains of a human fetus were not removed.

2. An individual complication report for any post-abortion care performed upon a woman shall be completed by the physician providing such post-abortion care. This report shall include:

(1) The date of the abortion;

(2) The name and address of the abortion facility or hospital where the abortion was performed;

(3) The nature of the abortion complication diagnosed or treated.

3. All abortion reports shall be signed by the attending physician, and submitted to the state department of health and senior services within forty-five days from the date of the abortion. All complication reports shall be signed by the physician providing the post-abortion care and submitted to the department of health and senior services within forty-five days from the date of the post-abortion care.

4. A copy of the abortion report shall be made a part of the medical record of the patient of the facility or hospital in which the abortion was performed.

5. The state department of health and senior services shall be responsible for collecting all abortion reports and complication reports and collating and evaluating all data gathered therefrom and shall annually publish a statistical report based on such data from abortions performed in the previous calendar year.

188.160. 1. Each hospital, ambulatory surgical center, pathology lab, medical research entity, and disposal facility involved in handling fetal remains from an elective abortion shall establish and implement a written policy adopted by each hospital, ambulatory surgical center, pathology lab, medical research entity, and disposal facility relating to the protections for employees who disclose information under subsection 2 of this section. This policy shall include a time frame for completion of investigations related to complaints, not to exceed thirty days, and a method for notifying the complainant of the disposition of the investigation. This policy shall be submitted to the department to verify implementation. At a minimum, such policy shall include the following provisions:

(1) No supervisor or individual with authority to hire or fire in a hospital, ambulatory surgical center, pathology lab, medical research entity, or disposal facility shall prohibit employees from disclosing information under subsection 2 of this section;

(2) No supervisor or individual with authority to hire or fire in a hospital, ambulatory surgical center, pathology lab, medical research entity, or disposal facility shall use or threaten to use his or her supervisory authority to knowingly discriminate against, dismiss, penalize, or in any way retaliate against or harass an employee because the employee in good faith reported or disclosed any information under subsection 2 of this section, or in any way attempt to dissuade, prevent, or interfere with an employee who wishes to report or disclose such information; and

(3) Establish a program to identify a compliance officer who is a designated person responsible for administering the reporting and investigation process and an alternate person should the primary designee be implicated in the report.

2. The provisions of this section shall apply to information disclosed or reported in good faith by an employee concerning alleged violations of applicable federal or state laws or administrative rules concerning the handling of fetal remains. All information disclosed, collected, and maintained under this subsection and under the written policy requirements of this section shall be accessible to the department at all times and shall be reviewed by the department at least annually. Complainants shall be notified of the department's access to such information and of the complainant's right to notify the department of any information concerning alleged violations of applicable federal or state laws or administrative rules concerning abortions or the handling of fetal remains.

3. Prior to any disclosure to individuals or agencies other than the department, employees wishing to make a disclosure under the provisions of this section shall first report to the individual or individuals

designated by the hospital, ambulatory surgical center, pathology lab, medical research entity, or disposal facility under subsection 1 of this section.

4. If the compliance officer, compliance committee, or management official discovers credible evidence of misconduct from any source and, after a reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil, or administrative law, the hospital, ambulatory surgical center, pathology lab, medical research entity, or disposal facility shall report the existence of misconduct to the appropriate governmental authority within a reasonable period, but not more than seven days after determining that there is credible evidence of a violation.

5. Reports made to the department shall be subject to the provisions of section 197.477; provided that, the restrictions of section 197.477 shall not be construed to limit the employee's ability to subpoena from the original source the information reported to the department under this section.

6. Each written policy shall allow employees making a report who wish to remain anonymous to do so and shall include safeguards to protect the confidentiality of the employee making the report, the confidentiality of patients, and the integrity of data, information, and medical records.

7. Each hospital, ambulatory surgical center, pathology lab, medical research entity, and disposal facility shall, within forty-eight hours of the receipt of a report, notify the employee that his or her report has been received and is being reviewed unless the employee wishes to remain anonymous.

8. Beginning December 1, 2017, each hospital, ambulatory surgical center, pathology lab, medical research entity, and disposal facility involved in handling fetal remains from an elective abortion shall post a notice at their place of employment in a sufficient number of places on the premises to assure that such notice will reasonably be seen by all employees. A hospital, ambulatory surgical center, pathology lab, medical research entity, or disposal facility involved in handling fetal remains from an elective abortion for whom services are performed by individuals who may not reasonably be expected to see a posted notice shall notify each such employee in writing of the contents of such notice. The notice shall include all information provided in this section.

194.375. 1. Sections 194.375 to 194.390 shall be known and may be cited as the "Disposition of Fetal Remains Act".

2. As used in sections 194.375 to 194.390, the following terms mean:

(1) "Final disposition", the burial, cremation, or other disposition of the remains of a human fetus following a spontaneous fetal demise occurring after a gestation period of less than twenty completed weeks;

(2) "Remains of a human fetus", the **[**~~fetal~~**]** remains **[**~~or fetal products of conception of a mother after a miscarriage, regardless of the gestational age or whether the remains have been obtained by spontaneous or accidental means~~**] of the dead offspring of a human being that has reached a stage of development so that there are cartilaginous structures or fetal or skeletal parts after an abortion or miscarriage, whether the remains have been obtained by induced, spontaneous, or accidental means**.

197.230. **1.** The department of health and senior services shall make, or cause to be made, such inspections and investigations as it deems necessary. The department may delegate its powers and duties to investigate and inspect ambulatory surgical centers to an official of a political subdivision having a population of at least four hundred fifty thousand if such political subdivision is deemed qualified by the department to inspect and investigate ambulatory surgical centers. The official so designated shall submit a written report of his **or her** findings to the department and the department may accept the recommendations of such official if it determines that the facility inspected meets minimum standards established pursuant to sections 197.200 to 197.240.

2. In the case of any ambulatory surgical center operated for the purpose of performing or inducing an abortion, the department shall make or cause to be made an unannounced on-site inspection and investigation at least annually. Such on-site inspection and investigation shall include, but not be limited to, the following areas:

(1) Compliance with all statutory and regulatory requirements for an ambulatory surgical center, including requirements that the facility maintain adequate staffing and equipment to respond to medical emergencies;

(2) Compliance with the requirement in section 188.047 that all fetal organs or tissue removed at the time of abortion be submitted to a board certified or eligible pathologist and that the resultant tissue report be made a part of the patient's permanent record;

(3) Review of patient records to ensure that no consent forms or other documentation authorizes any utilization of fetal organs or tissue in violation of sections 188.036 and 194.275;

(4) Compliance with sections 188.205, 188.210, and 188.215 prohibiting the use of public funds, facilities, and employees to perform or to assist a prohibited abortion or to encourage or to counsel a woman to have a prohibited abortion; and

(5) Compliance with the requirement in section 197.215 that continuous physician services or registered professional nursing services be provided whenever a patient is in the facility.

3. Inspection, investigation, and quality assurance reports shall be made available to the public. Any portion of a report may be redacted when made publicly available if such portion would disclose information that is not subject to disclosure under the law."; and

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

Representative Moon offered **House Amendment No. 1 to House Amendment No. 19**.

House Amendment No. 1
to
House Amendment No. 19

AMEND House Amendment No. 19 to Senate Bill No. 194, Page 10, Line 39, by inserting after all of said section and line the following:

"**188.375. 1. The provisions of this section shall be known and may be cited as the "Pain Capable Unborn Child Protection Act".**

2. For purposes of this section, the following terms shall mean:

(1) "Fetus", the unborn offspring of a human being in the postembryonic period from nine weeks after fertilization until birth;

(2) "Pain capable gestational age", twenty-two weeks since the first day of the woman's last menstrual period, generally consistent with the time that is twenty weeks after fertilization.

3. Except in the case of a medical emergency, no abortion shall be performed or induced, or be attempted to be performed or induced, unless the physician performing or inducing the abortion has first made a determination of the probable gestational age of the fetus or relied upon such a determination made by another physician. In making this determination, the physician shall make inquiries of the patient and perform or cause to be performed medical examinations and tests as a reasonably prudent physician knowledgeable about the case and the medical conditions involved would consider necessary to perform in making an accurate diagnosis with respect to gestational age.

4. (1) No person shall perform or induce, or attempt to perform or induce, an abortion if it has been determined by the physician performing or inducing, or attempting to perform or induce, the abortion, or by another physician upon whose determination that physician relies, that the probable gestational age of the fetus has reached the pain capable gestational age, unless in the reasonable medical judgment of a reasonably prudent physician the patient has a condition that, on the basis of a reasonably prudent physician's reasonable medical judgment, so complicates her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. No condition shall be deemed a medical emergency if based on a claim or diagnosis that the woman will engage in conduct that she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function.

(2) If an abortion upon a patient whose fetus has been determined to have a probable gestational age that has reached the pain capable gestational age is not prohibited by subdivision (1) of this subsection, the physician shall terminate the pregnancy in the manner which, in reasonable medical judgment, provides the best opportunity for the fetus to survive unless, in reasonable medical judgment, termination of the pregnancy in that manner would pose a greater risk either of the death of the patient or of the substantial and irreversible physical impairment of a major bodily function of the patient than would other available methods.

5. (1) Any physician who performs or induces an abortion shall report to the department of health and senior services. The reporting shall be on a schedule and on forms set forth by the director of the department annually no later than December thirty-first. The reports shall include the following information:

(a) Probable gestational age:

a. If a determination of probable gestational age was made, whether ultrasound was employed in making the determination, and the week of probable gestational age determined;

b. If a determination of probable gestational age was not made, the basis of the determination that a medical emergency existed;

(b) Method of abortion;

(c) If the probable gestational age was determined to have reached the pain capable gestational age, the basis of the determination that the patient had a condition which so complicated the medical condition of the patient that it necessitated the abortion of her pregnancy in order to avert her death or avert a serious risk of substantial and irreversible physical impairment of a major bodily function; and

(d) If the probable gestational age was determined to have reached the pain capable gestational age, whether the method of abortion used was one that, in reasonable medical judgment, provided the best opportunity for the fetus to survive and, if such a method was not used, the basis of the determination that termination of the pregnancy in that manner would pose a greater risk either of the death of the patient or of the substantial and irreversible physical impairment of a major bodily function of the patient than would other available methods.

(2) Reports required under subdivision (1) of this subsection shall not contain the name or the address of the patient whose pregnancy was terminated, nor shall the report contain any information identifying the patient. Such reports shall be kept confidential by the department, shall not be available for public inspection, and shall not be made available except pursuant to court order.

(3) Beginning June 30, 2018, and annually thereafter, the department of health and senior services shall issue a public report providing statistics for the previous calendar year compiled from all of the reports covering that year submitted in accordance with this section for each of the items listed in subdivision (1) of this subsection. Each report shall provide the statistics for all previous calendar years from the effective date of this section, adjusted to reflect any additional information from late or corrected reports. The department shall ensure that none of the information included in the public reports could reasonably lead to the identification of any patient upon whom an abortion was performed or induced.

6. (1) Any physician or other licensed medical practitioner who intentionally or recklessly performs or induces an abortion in violation of this section is considered to have acted outside the scope of practice permitted by law or otherwise in breach of the standard of care owed to patients and is subject to discipline from the applicable licensure board for such conduct including, but not limited to, loss of professional license to practice.

(2) Any person not subject to subdivision (1) of this subsection who intentionally or recklessly performs or induces an abortion in violation of this section is considered to have engaged in the unauthorized practice of medicine.

(3) In addition to the provisions set forth in subdivisions (1) and (2) of this subsection, a patient may seek any remedy otherwise available to such patient by applicable law.

(4) No penalty shall be assessed against any patient upon whom an abortion is performed or induced or attempted to be performed or induced.

7. If any subsection, sentence, clause, or phrase of this section is temporarily or permanently restrained or enjoined by judicial order, the remaining provision of this section shall be enforced as though such restrained or enjoined provision had not been adopted; however, whenever such temporary or permanent restraining order or injunction is stayed or dissolved or otherwise ceases to have effect, such provisions shall have full force and effect."; and

Further amend said amendment, Page 11, Line 31, by inserting after all of said line the following:

"Further amend said bill, Page 4, Section 354.603, Line 102, by inserting after all of said section and line the following:

"**Section 1. No abortion shall be performed or induced in this state without first providing the unborn child with due process of law.**

Section B. Because immediate action is necessary, the repeal and reenactment of sections 188.207, 188.375, and 1 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of sections 188.207, 188.375, and 1 of section A of this act shall be in full force and effect upon passage and approval."; and"; and

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

Representative Eggleston assumed the Chair.

Representative Cierpiot moved the previous question.

Which motion was adopted by the following vote:

AYES: 095

Anderson	Andrews	Austin	Bahr	Barnes 60
Basye	Bernskoetter	Berry	Black	Bondon
Brattin	Brown 57	Brown 94	Chipman	Christofanelli
Cierpiot	Conway 104	Cookson	Corlew	Crawford
Cross	Curtman	Davis	DeGroot	Dogan
Dohrman	Eggleston	Engler	Evans	Fraker
Francis	Franklin	Frederick	Grier	Haahr
Haefner	Hannegan	Hansen	Helms	Henderson
Hill	Houghton	Houx	Hubrecht	Johnson
Justus	Kelley 127	Kelly 141	Kolkmeyer	Korman
Lant	Lauer	Lichtenegger	Love	Lynch
Marshall	Mathews	Matthiesen	McCaherty	McDaniel
McGaugh	Messenger	Miller	Morris	Muntzel
Neely	Phillips	Pike	Plocher	Pogue
Redmon	Rehder	Reisch	Remole	Roden
Roeber	Rone	Ross	Rowland 155	Ruth
Schroer	Shaul 113	Shull 16	Smith 163	Sommer
Spencer	Swan	Tate	Taylor	Trent
Walker 3	White	Wiemann	Wilson	Wood

NOES: 045

Adams	Anders	Arthur	Bangert	Baringer
Barnes 28	Beck	Brown 27	Burnett	Burns
Butler	Carpenter	Conway 10	Curtis	Dunn
Ellebracht	Ellington	Franks Jr	Green	Harris
Hurst	Lavender	May	McCann Beatty	McCreery
McGee	Meredith 71	Merideth 80	Mitten	Moon
Morgan	Mosley	Nichols	Peters	Pierson Jr
Quade	Razer	Roberts	Rowland 29	Runions
Smith 85	Stevens 46	Unsicker	Walker 74	Wessels

PRESENT: 000

ABSENT WITH LEAVE: 022

Alferman	Beard	Cornejo	Fitzpatrick	Fitzwater 144
Fitzwater 49	Gannon	Gray	Gregory	Higdon
Kendrick	Kidd	Newman	Pfautsch	Pietzman
Reiboldt	Rhoads	Shumake	Stacy	Stephens 128
Vescovo	Mr. Speaker			

VACANCIES: 001

On motion of Representative Moon, **House Amendment No. 1 to House Amendment No. 19** was adopted by the following vote, the ayes and noes having been demanded pursuant to Article III, Section 26 of the Constitution:

AYES: 101

Alferman	Anderson	Andrews	Austin	Bahr
Baringer	Barnes 60	Basye	Beard	Bernskoetter
Berry	Black	Bondon	Brattin	Brown 94
Chipman	Christofanelli	Cierpiot	Conway 104	Corlew
Crawford	Cross	Curtman	Davis	DeGroot
Dogan	Dohrman	Eggleston	Ellebracht	Engler
Evans	Fitzpatrick	Fitzwater 144	Fitzwater 49	Fraker
Francis	Franklin	Frederick	Grier	Haahr
Hannegan	Hansen	Harris	Helms	Henderson
Hill	Houghton	Houx	Hurst	Johnson
Justus	Kelley 127	Kelly 141	Kidd	Kolkmeyer
Korman	Lant	Lauer	Lynch	Marshall
McCaherty	McDaniel	McGaugh	Messenger	Miller
Moon	Morris	Muntzel	Neely	Phillips
Pike	Plocher	Pogue	Redmon	Rehder
Reisch	Remole	Rhoads	Roden	Roeber
Rone	Ross	Rowland 155	Rowland 29	Ruth
Schroer	Shaul 113	Shull 16	Shumake	Smith 163
Sommer	Spencer	Tate	Taylor	Trent
Walker 3	White	Wiemann	Wilson	Wood
Mr. Speaker				

NOES: 039

Adams	Anders	Arthur	Bangert	Barnes 28
Beck	Brown 27	Burnett	Burns	Butler
Carpenter	Conway 10	Curtis	Dunn	Ellington
Franks Jr	Gray	Green	Lavender	May
McCann Beatty	McCreery	McGee	Meredith 71	Merideth 80
Mitten	Morgan	Mosley	Nichols	Peters
Pierson Jr	Quade	Razer	Roberts	Smith 85
Stevens 46	Unsicker	Walker 74	Wessels	

PRESENT: 002

Hubrecht	Love

ABSENT WITH LEAVE: 020

Brown 57	Cookson	Cornejo	Gannon	Gregory
Haefner	Higdon	Kendrick	Lichtenegger	Mathews
Matthiesen	Newman	Pfautsch	Pietzman	Reiboldt
Runions	Stacy	Stephens 128	Swan	Vescovo

VACANCIES: 001

Representative Christofanelli assumed the Chair.

Representative Cierpiot moved the previous question.

Which motion was adopted by the following vote:

AYES: 101

Alferman	Anderson	Andrews	Austin	Bahr
Barnes 60	Basye	Beard	Bernskoetter	Berry
Black	Bondon	Brattin	Brown 94	Christofanelli
Cierpiot	Conway 104	Cookson	Corlew	Crawford
Cross	Curtman	Davis	DeGroot	Dogan
Dohrman	Eggleston	Engler	Evans	Fitzpatrick
Fitzwater 144	Fraker	Francis	Franklin	Frederick
Grier	Haahr	Haefner	Hannegan	Hansen
Helms	Henderson	Hill	Houghton	Houx
Hubrecht	Hurst	Johnson	Justus	Kelley 127
Kelly 141	Kidd	Kolkmeyer	Korman	Lant
Lichtenegger	Love	Lynch	Marshall	Mathews
Matthiesen	McDaniel	McGaugh	Messenger	Miller
Moon	Morris	Muntzel	Neely	Phillips
Pike	Plocher	Pogue	Redmon	Rehder
Reisch	Remole	Rhoads	Roden	Roeber
Rone	Ross	Rowland 155	Ruth	Schroer
Shaul 113	Shull 16	Shumake	Smith 163	Sommer
Spencer	Swan	Tate	Taylor	Trent
Walker 3	White	Wiemann	Wilson	Wood
Mr. Speaker				

NOES: 041

Adams	Anders	Arthur	Bangert	Baringer
Barnes 28	Brown 27	Burnett	Burns	Carpenter
Conway 10	Curtis	Dunn	Ellebracht	Ellington
Franks Jr	Gray	Green	Harris	Lavender
May	McCann Beatty	McCreery	McGee	Meredith 71
Merideth 80	Mitten	Morgan	Mosley	Nichols
Pierson Jr	Quade	Razer	Roberts	Rowland 29
Runions	Smith 85	Stevens 46	Unsicker	Walker 74
Wessels				

PRESENT: 000

ABSENT WITH LEAVE: 020

Beck	Brown 57	Butler	Chipman	Cornejo
Fitzwater 49	Gannon	Gregory	Higdon	Kendrick
Lauer	McCaherty	Newman	Peters	Pfautsch
Pietzman	Reiboldt	Stacy	Stephens 128	Vescovo

VACANCIES: 001

On motion of Representative Brattin, **House Amendment No. 19, as amended**, was adopted by the following vote, the ayes and noes having been demanded by Representative Brattin:

AYES: 106

Alferman	Anderson	Andrews	Austin	Bahr
Barnes 60	Basye	Beard	Bernskoetter	Berry
Black	Bondon	Brattin	Brown 57	Brown 94
Chipman	Christofanelli	Cierpiot	Conway 104	Cookson
Corlew	Crawford	Cross	Curtman	Davis
DeGroot	Dogan	Dohrman	Eggleston	Engler
Evans	Fitzpatrick	Fitzwater 144	Fitzwater 49	Fraker
Francis	Franklin	Frederick	Grier	Haahr
Haefner	Hannegan	Hansen	Harris	Helms
Henderson	Hill	Houghton	Houx	Hubrecht
Hurst	Johnson	Justus	Kelley 127	Kelly 141
Kidd	Kolkmeyer	Korman	Lant	Lichtenegger
Love	Lynch	Marshall	Mathews	Matthiesen
McCaherty	McDaniel	McGaugh	Messenger	Miller
Moon	Morris	Muntzel	Neely	Phillips
Pike	Plocher	Pogue	Redmon	Rehder
Reisch	Remole	Rhoads	Roden	Roeber
Rone	Ross	Rowland 155	Ruth	Schroer
Shaul 113	Shull 16	Shumake	Smith 163	Sommer
Spencer	Swan	Tate	Taylor	Trent
Walker 3	White	Wiemann	Wilson	Wood
Mr. Speaker				

NOES: 040

Adams	Anders	Arthur	Bangert	Baringer
Barnes 28	Beck	Brown 27	Burnett	Burns
Carpenter	Conway 10	Curtis	Dunn	Ellebracht
Ellington	Franks Jr	Gray	Green	Lavender
McCann Beatty	McCreery	McGee	Meredith 71	Merideth 80
Mitten	Morgan	Mosley	Nichols	Pierson Jr
Quade	Razer	Roberts	Rowland 29	Runions
Smith 85	Stevens 46	Unsicker	Walker 74	Wessels

PRESENT: 000

ABSENT WITH LEAVE: 016

Butler	Cornejo	Gannon	Gregory	Higdon
Kendrick	Lauer	May	Newman	Peters
Pfautsch	Pietzman	Reiboldt	Stacy	Stephens 128
Vescovo				

VACANCIES: 001

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

House Amendment No. 20

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"**197.005. 1. As used in this section, the term "Medicare conditions of participation" shall mean federal regulatory standards established under Title XVIII of the Social Security Act and defined in 42 CFR Part 482, as amended, for hospitals and 42 CFR Part 485, as amended, for hospitals designated as critical access hospitals under 42 U.S.C. Section 1395i-4.**

2. To minimize the administrative cost of enforcing and complying with duplicative regulatory standards, on and after July 1, 2018, compliance with Medicare conditions of participation shall be deemed to constitute compliance with the standards for hospital licensure under sections 197.010 to 197.120 and regulations promulgated thereunder.

3. Nothing in this section shall preclude the department from promulgating regulations effective on or after July 1, 2018, to define separate regulatory standards that do not duplicate or contradict the Medicare conditions of participation, with specific state statutory authorization to create separate regulatory standards.

4. Regulations promulgated by the department to establish and enforce hospital licensure regulations under this chapter that duplicate or conflict with the Medicare conditions of participation shall lapse and expire on and after July 1, 2018.

197.040. After ninety days from the date this law becomes effective, no person or governmental unit, acting severally or jointly with any other person or governmental unit, shall establish, conduct or maintain a hospital in this state without a license under this law **and section 197.005** issued by the department of health and senior services.

197.050. Application for a license shall be made to the department of health and senior services upon forms provided by it and shall contain such information as the department of health and senior services requires, which may include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as are lawfully prescribed hereunder **in compliance with section 197.005**. Until June 30, 1989, each application for a license, except applications from governmental units, shall be accompanied by an annual license fee of two hundred dollars plus two dollars per bed for the first one hundred beds and one dollar per bed for each additional bed. Beginning July 1, 1989, each application for a license, except applications from governmental units, shall be accompanied by an annual license fee of two hundred fifty dollars plus three dollars per bed for the first four hundred beds and two dollars per bed for each additional bed. All license fees shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund.

197.070. The department of health and senior services may deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this law **and section 197.005**.

197.071. Any person aggrieved by an official action of the department of health and senior services affecting the licensed status of a person under the provisions of sections **[**~~197.010~~**] 197.005** to 197.120, including the refusal to grant, the grant, the revocation, the suspension, or the failure to renew a license, may seek a determination thereon by the administrative hearing commission pursuant to the provisions of section 621.045, and it shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department of health and senior services.

197.080. 1. The department of health and senior services, with the advice of the state advisory council and pursuant to the provisions of this section**, section 197.005,** and chapter 536, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to all hospitals or different types of hospitals to be licensed hereunder as may be designed to further the accomplishment of the purposes of this law in promoting safe and adequate treatment of individuals in hospitals in the interest of public health, safety and welfare. No rule or portion of a rule promulgated under the authority of sections 197.010 to 197.280 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

2. The department shall review and revise regulations governing hospital licensure and enforcement to promote hospital and regulatory efficiencies **[**~~and~~**]. The department shall** eliminate **all** duplicative regulations and inspections by or on behalf of state agencies and the Centers for Medicare and Medicaid Services (CMS). The hospital licensure regulations adopted under this **[**~~section~~**] chapter** shall incorporate standards which shall include, but not be limited to, the following:

(1) Each citation or finding of a regulatory deficiency shall refer to the specific written regulation, any state associated written interpretive guidance developed by the department and any publicly available, professionally recognized standards of care that are the basis of the citation or finding;

(2) Subject to appropriations, the department shall ensure that its hospital licensure regulatory standards are consistent with and do not contradict the CMS Conditions of Participation (COP) and associated interpretive guidance. However, this shall not preclude the department from enforcing standards produced by the department which exceed the federal CMS' COP and associated interpretive guidance, so long as such standards produced by the department promote a higher degree of patient safety and do not contradict the federal CMS' COP and associated interpretive guidance;

(3) The department shall establish and publish guidelines for complaint investigation, including but not limited to:

(a) The department's process for reviewing and determining which complaints warrant an on-site investigation based on a preliminary review of available information from the complainant, other appropriate sources, and when not prohibited by CMS, the hospital. For purposes of providing hospitals with information necessary to improve processes and patient care, the number and nature of complaints filed and the recommended actions by the department and, as appropriate CMS, shall be disclosed upon request to hospitals so long as the otherwise confidential identity of the complainant or the patient for whom the complaint was filed is not disclosed;

(b) A departmental investigation of a complaint shall be focused on the specific regulatory standard and departmental written interpretive guidance and publicly available professionally recognized standard of care related to the complaint. During the course of any complaint investigation, the department shall cite any serious and immediate threat discovered that may potentially jeopardize the health and safety of patients;

(c) A hospital shall be provided with a report of all complaints made against the hospital. Such report shall include the nature of the complaint, the date of the complaint, the department conclusions regarding the complaint, the number of investigators and days of investigation resulting from each complaint;

(4) Hospitals and hospital personnel shall have the opportunity to participate in annual continuing training sessions when such training is provided to state licensure surveyors with prior approval from the department director and CMS when appropriate. Hospitals and hospital personnel shall assume all costs associated with facilitating the training sessions and use of curriculum materials, including but not limited to the location for training, food, and printing costs;

(5) Time lines for the department to provide responses to hospitals regarding the status and outcome of pending investigations and regulatory actions and questions about interpretations of regulations shall be identical to, to the extent practicable, the time lines established for the federal hospital certification and enforcement system in the CMS State Operations Manual, as amended. These time lines shall be the guide for the department to follow. Every reasonable attempt shall be made to meet the time lines. However, failure to meet the established time lines shall in no way prevent the department from performing any necessary inspections to ensure the health and safety of patients.

3. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary notwithstanding, the department of health and senior services shall have sole authority, and responsibility for inspection and licensure of hospitals in this state including, but not limited to, all parts, services, functions, support functions and activities which contribute directly or indirectly to patient care of any kind whatsoever. The department of health and senior services shall annually inspect each licensed hospital and shall make any other inspections and investigations as it deems necessary for good cause shown. The department of health and senior services shall accept reports of hospital inspections from **or on behalf of** governmental agencies, the joint commission, and the American Osteopathic Association Healthcare Facilities Accreditation Program, provided the accreditation inspection was conducted within one year of the date of license renewal. Prior to granting acceptance of any other accrediting organization reports in lieu of the required licensure survey, the accrediting organization's survey process must be deemed appropriate and found to be comparable to the department's licensure survey. It shall be the accrediting organization's responsibility to provide the department any and all information necessary to determine if the accrediting organization's survey process is comparable and fully meets the intent of the licensure regulations. The department of health and senior services shall attempt to schedule inspections and evaluations required by this section so as not to cause a hospital to be subject to more than one inspection in any twelve-month period from the department of health and senior services or any agency or accreditation organization the reports of which are accepted for licensure purposes pursuant to this section, except for good cause shown.

2. Other provisions of law to the contrary notwithstanding, the department of health and senior services shall be the only state agency to determine life safety and building codes for hospitals defined or licensed pursuant to the provisions of this chapter, including but not limited to sprinkler systems, smoke detection devices and other fire safety-related matters so long as any new standards shall apply only to new construction."; and

Further amend said bill, Page 4, Section 354.603, Line 102, by inserting after all of said section and line the following:

"Section B. The enactment of section 197.005 and the repeal and reenactment of sections 197.040, 197.050, 197.070, 197.071, 197.080, and 197.100 of section A of this act shall become effective on July 1, 2018."; and

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

On motion of Representative Bondon, **House Amendment No. 20** was adopted.

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

House Amendment No. 21

AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"**208.1070. 1. For purposes of this section, the term "long-acting reversible contraceptive (LARC)" shall include, but not be limited to, intrauterine devices (IUDs) and birth control implants.**

2. Notwithstanding any other provision of law, any LARC that is prescribed to and obtained for a MO HealthNet participant may be transferred to another MO HealthNet participant if the LARC was not delivered to, implanted in, or used on the original MO HealthNet participant to whom the LARC was prescribed. In order to be transferred to another MO HealthNet participant under the provisions of this section, the LARC shall:

(1) Be in the original, unopened package;

(2) Have been in the possession of the health care provider for at least twelve weeks. The provisions of this subdivision may be waived upon the written consent of the original MO HealthNet participant to whom the LARC was prescribed;

(3) Not have left the possession of the health care provider who originally prescribed the LARC; and

(4) Be medically appropriate and not contraindicated for the MO HealthNet participant to whom the LARC is being transferred."; and

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

On motion of Representative Dogan, **House Amendment No. 21** was adopted.

Representative Cierpiot moved the previous question.

Which motion was adopted by the following vote:

AYES: 095

Alferman	Anderson	Andrews	Austin	Bahr
Barnes 60	Basye	Beard	Berry	Black
Bondon	Brattin	Brown 94	Christofanelli	Conway 104
Cookson	Corlew	Crawford	Cross	Curtman
Davis	DeGroot	Dogan	Dohrman	Eggleston
Engler	Evans	Fitzpatrick	Francis	Franklin
Frederick	Gannon	Grier	Haahr	Haefner

Hannegan	Hansen	Helms	Henderson	Hill
Houghton	Houx	Hubrecht	Hurst	Johnson
Justus	Kelley 127	Kelly 141	Kidd	Kolkmeyer
Korman	Lant	Lichtenegger	Love	Lynch
Marshall	Mathews	Matthiesen	McCaherty	McDaniel
McGaugh	Messenger	Miller	Morris	Muntzel
Phillips	Pike	Plocher	Pogue	Rehder
Remole	Rhoads	Roden	Roeber	Rone
Ross	Rowland 155	Ruth	Shaul 113	Shull 16
Shumake	Smith 163	Sommer	Spencer	Swan
Tate	Taylor	Trent	Vescovo	Walker 3
White	Wiemann	Wilson	Wood	Mr. Speaker

NOES: 039

Adams	Anders	Arthur	Bangert	Baringer
Barnes 28	Beck	Brown 27	Burnett	Burns
Conway 10	Dunn	Ellington	Franks Jr	Green
Harris	Lavender	May	McCann Beatty	McCreery
Meredith 71	Merideth 80	Mitten	Moon	Morgan
Mosley	Nichols	Peters	Pierson Jr	Quade
Razer	Roberts	Rowland 29	Runions	Smith 85
Stevens 46	Unsicker	Walker 74	Wessels	

PRESENT: 000

ABSENT WITH LEAVE: 028

Bernskoetter	Brown 57	Butler	Carpenter	Chipman
Cierpiot	Cornejo	Curtis	Ellebracht	Fitzwater 144
Fitzwater 49	Fraker	Gray	Gregory	Higdon
Kendrick	Lauer	McGee	Neely	Newman
Pfautsch	Pietzman	Redmon	Reiboldt	Reisch
Schroer	Stacy	Stephens 128		

VACANCIES: 001

Speaker Richardson assumed the Chair.

SB 194, as amended, was referred to the Committee on Fiscal Review pursuant to Rule 53.

HCS SS SCS SB 160, relating to child protection, was taken up by Representative Franklin.

HCS SS SCS SB 160 was laid over.

On motion of Representative Cierpiot, the House recessed until 1:30 p.m.

AFTERNOON SESSION

The hour of recess having expired, the House was called to order by Speaker Pro Tem Haahr.

Representative Cierpiot suggested the absence of a quorum.

The following roll call indicated a quorum present:

AYES: 027

Basye	Bernskoetter	Bondon	Brown 27	Brown 94
Burns	Curtman	Dunn	Franklin	Gannon
Harris	Hurst	Lant	Lichtenegger	Love
McCaherty	Messenger	Morris	Nichols	Phillips
Pogue	Redmon	Reisch	Roeber	Taylor
Wessels	White			

NOES: 002

Justus	Marshall

PRESENT: 057

Anders	Anderson	Andrews	Austin	Bahr
Bangert	Baringer	Barnes 60	Barnes 28	Beard
Brown 57	Burnett	Chipman	Cierpiot	Conway 10
Conway 104	Cookson	Corlew	Davis	DeGroot
Dohrman	Evans	Fitzwater 49	Franks Jr	Frederick
Haahr	Hansen	Helms	Houx	Hubrecht
Johnson	Kendrick	Kolkmeyer	Lauer	Lynch
Mathews	McCann Beatty	Meredith 71	Miller	Morgan
Mosley	Muntzel	Pierson Jr	Pike	Quade
Razer	Rowland 155	Rowland 29	Runions	Schroer
Smith 163	Sommer	Swan	Tate	Unsicker
Walker 3	Wood			

ABSENT WITH LEAVE: 076

Adams	Alferman	Arthur	Beck	Berry
Black	Brattin	Butler	Carpenter	Christofanelli
Cornejo	Crawford	Cross	Curtis	Dogan
Eggleston	Ellebracht	Ellington	Engler	Fitzpatrick
Fitzwater 144	Fraker	Francis	Gray	Green
Gregory	Grier	Haefner	Hannegan	Henderson
Higdon	Hill	Houghton	Kelley 127	Kelly 141
Kidd	Korman	Lavender	Matthiesen	May
McCreery	McDaniel	McGaugh	McGee	Merideth 80
Mitten	Moon	Neely	Newman	Peters
Pfautsch	Pietzman	Plocher	Rehder	Reiboldt
Remole	Rhoads	Roberts	Roden	Rone
Ross	Ruth	Shaul 113	Shull 16	Shumake
Smith 85	Spencer	Stacy	Stephens 128	Stevens 46
Trent	Vescovo	Walker 74	Wiemann	Wilson
Mr. Speaker				

VACANCIES: 001

THIRD READING OF SENATE BILLS

HCS SS SCS SB 160, relating to child protection, was again taken up by Representative Franklin.

Representative Corlew assumed the Chair.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 160, Page 20, Section 211.447, Line 175, by inserting immediately after said section and line the following:

"566.150. 1. Any person who has been found guilty of:

(1) Violating any of the provisions of this chapter or the provisions of section 568.020, incest; section 568.045, endangering the welfare of a child in the first degree; section 573.200, use of a child in a sexual performance; section 573.205, promoting a sexual performance by a child; section 573.023, sexual exploitation of a minor; section 573.025, promoting child pornography; or section 573.040, furnishing pornographic material to minors; or

(2) Any offense in any other jurisdiction which, if committed in this state, would be a violation listed in this section;

shall not knowingly be present in or loiter within five hundred feet of any real property comprising any public park with playground equipment **[**~~or~~**],** a public swimming pool**, or any museum with the primary purpose of entertaining or educating children under eighteen years of age**.

2. The first violation of the provisions of this section is a class E felony.

3. A second or subsequent violation of this section is a class D felony."; and

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

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

On motion of Representative Franklin, the title of **HCS SS SCS SB 160, as amended**, was agreed to.

On motion of Representative Franklin, **HCS SS SCS SB 160, as amended**, was adopted.

On motion of Representative Franklin, **HCS SS SCS SB 160, as amended**, was read the third time and passed by the following vote:

AYES: 136

Adams	Anders	Anderson	Andrews	Arthur
Austin	Bahr	Bangert	Baringer	Barnes 60
Barnes 28	Basye	Beard	Beck	Bernskoetter
Berry	Black	Bondon	Brattin	Brown 27
Brown 57	Brown 94	Burnett	Burns	Butler
Carpenter	Chipman	Christofanelli	Cierpiot	Conway 10
Conway 104	Cookson	Corlew	Cornejo	Crawford
Cross	Curtman	Davis	DeGroot	Dogan
Dohrman	Dunn	Eggleston	Ellebracht	Ellington
Engler	Evans	Fitzwater 144	Fraker	Franklin
Franks Jr	Frederick	Gannon	Gray	Green
Gregory	Grier	Haahr	Hannegan	Hansen
Harris	Helms	Henderson	Hill	Houghton
Houx	Hubrecht	Hurst	Johnson	Justus
Kelley 127	Kelly 141	Kendrick	Kolkmeyer	Korman

Lant	Lauer	Lavender	Lichtenegger	Love
Lynch	Marshall	Mathews	Matthiesen	McCaherty
McCann Beatty	McCreery	McGaugh	McGee	Meredith 71
Merideth 80	Messenger	Moon	Morgan	Morris
Mosley	Muntzel	Neely	Nichols	Peters
Phillips	Pierson Jr	Pike	Quade	Razer
Redmon	Rehder	Reisch	Remole	Rhoads
Roberts	Roden	Roeber	Ross	Rowland 155
Rowland 29	Runions	Ruth	Schroer	Shumake
Smith 85	Smith 163	Sommer	Stevens 46	Swan
Tate	Taylor	Trent	Unsicker	Walker 3
Wessels	White	Wiemann	Wilson	Wood
Mr. Speaker				

NOES: 002

McDaniel	Pogue

PRESENT: 000

ABSENT WITH LEAVE: 024

Alferman	Curtis	Fitzpatrick	Fitzwater 49	Francis
Haefner	Higdon	Kidd	May	Miller
Mitten	Newman	Pfautsch	Pietzman	Plocher
Reiboldt	Rone	Shaul 113	Shull 16	Spencer
Stacy	Stephens 128	Vescovo	Walker 74	

VACANCIES: 001

Representative Corlew declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 136

Adams	Alferman	Anders	Anderson	Andrews
Arthur	Austin	Bahr	Bangert	Baringer
Barnes 60	Barnes 28	Basye	Beard	Beck
Bernskoetter	Berry	Black	Bondon	Brattin
Brown 27	Brown 57	Brown 94	Burnett	Burns
Butler	Carpenter	Chipman	Cierpiot	Conway 10
Conway 104	Cookson	Corlew	Cornejo	Crawford
Cross	Curtman	Davis	DeGroot	Dogan
Dohrman	Dunn	Eggleston	Ellebracht	Ellington
Engler	Evans	Fitzwater 144	Fraker	Franklin
Franks Jr	Frederick	Gannon	Gray	Green
Gregory	Grier	Haahr	Haefner	Hannegan
Hansen	Harris	Henderson	Hill	Houghton
Houx	Hubrecht	Hurst	Johnson	Justus
Kelley 127	Kelly 141	Kendrick	Kidd	Kolkmeyer
Korman	Lant	Lauer	Lavender	Lichtenegger
Love	Lynch	Mathews	Matthiesen	McCaherty
McCann Beatty	McCreery	McGaugh	McGee	Meredith 71
Merideth 80	Messenger	Moon	Morgan	Morris
Mosley	Muntzel	Neely	Nichols	Peters

Phillips	Pierson Jr	Pike	Plocher	Quade
Razer	Redmon	Rehder	Reisch	Remole
Rhoads	Roberts	Roeber	Ross	Rowland 155
Rowland 29	Runions	Ruth	Schroer	Shaul 113
Shumake	Smith 163	Sommer	Stevens 46	Swan
Tate	Taylor	Trent	Unsicker	Walker 3
Wessels	White	Wiemann	Wilson	Wood
Mr. Speaker				

NOES: 002

McDaniel	Pogue

PRESENT: 000

ABSENT WITH LEAVE: 024

Christofanelli	Curtis	Fitzpatrick	Fitzwater 49	Francis
Helms	Higdon	Marshall	May	Miller
Mitten	Newman	Pfautsch	Pietzman	Reiboldt
Roden	Rone	Shull 16	Smith 85	Spencer
Stacy	Stephens 128	Vescovo	Walker 74	

VACANCIES: 001

Speaker Pro Tem Haahr resumed the Chair.

HCS SS SB 34, relating to criminal offenses, was taken up by Representative Rhoads.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 34, Page 11, Section 557.035, Line 13, by inserting immediately after said section and line the following:

"565.002. As used in this chapter, unless a different meaning is otherwise plainly required the following terms mean:

(1) "Adequate cause", cause that would reasonably produce a degree of passion in a person of ordinary temperament sufficient to substantially impair an ordinary person's capacity for self-control;

(2) "Child", a person under seventeen years of age;

(3) "Conduct", includes any act or omission;

(4) "Course of conduct", a pattern of conduct composed of two or more acts, which may include communication by any means, over a period of time, however short, evidencing a continuity of purpose. Constitutionally protected activity is not included within the meaning of course of conduct. Such constitutionally protected activity includes picketing or other organized protests;

(5) "Deliberation" means cool reflection for any length of time no matter how brief;

(6) "Domestic victim", a household or family member as the term "family" or "household member" is defined in section 455.010, including any child who is a member of the household or family;

(7) "Emotional distress", something markedly greater than the level of uneasiness, nervousness, unhappiness, or the like which are commonly experienced in day-to-day living;

(8) "Full or partial nudity", the showing of all or any part of the human genitals, pubic area, buttock, or any part of the nipple of the breast of any female person, with less than a fully opaque covering;

(9) "Legal custody", the right to the care, custody and control of a child;

(10) "Parent", either a biological parent or a parent by adoption;

(11) "Person having a right of custody", a parent or legal guardian of the child;

(12) "Photographs" or "films", the making of any photograph, motion picture film, videotape, or any other recording or transmission of the image of a person;

(13) "Place where a person would have a reasonable expectation of privacy", any place where a reasonable person would believe that a person could disrobe in privacy, without being concerned that the person's undressing was being viewed, photographed or filmed by another;

(14) "Special victim", any of the following:

(a) A law enforcement officer assaulted in the performance of his or her official duties or as a direct result of such official duties;

(b) Emergency personnel, any paid or volunteer firefighter, emergency room**, hospital,** or trauma center personnel, or emergency medical technician, assaulted in the performance of his or her official duties or as a direct result of such official duties;

(c) A probation and parole officer assaulted in the performance of his or her official duties or as a direct result of such official duties;

(d) An elderly person;

(e) A person with a disability;

(f) A vulnerable person;

(g) Any jailer or corrections officer of the state or one of its political subdivisions assaulted in the performance of his or her official duties or as a direct result of such official duties;

(h) A highway worker in a construction or work zone as the terms "highway worker", "construction zone", and "work zone" are defined under section 304.580;

(i) Any utility worker, meaning any employee of a utility that provides gas, heat, electricity, water, steam, telecommunications services, or sewer services, whether privately, municipally, or cooperatively owned, while in the performance of his or her job duties, including any person employed under a contract;

(j) Any cable worker, meaning any employee of a cable operator, as such term is defined in section 67.2677, including any person employed under contract, while in the performance of his or her job duties; and

(k) Any employee of a mass transit system, including any employee of public bus or light rail companies, while in the performance of his or her job duties;

(15) "Sudden passion", passion directly caused by and arising out of provocation by the victim or another acting with the victim which passion arises at the time of the offense and is not solely the result of former provocation;

(16) "Trier", the judge or jurors to whom issues of fact, guilt or innocence, or the assessment and declaration of punishment are submitted for decision;

(17) "Views", the looking upon of another person, with the unaided eye or with any device designed or intended to improve visual acuity, for the purpose of arousing or gratifying the sexual desire of any person."; and

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

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

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

House Amendment No. 2

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 34, Page 21, Section 577.685, Line 4, by deleting the word "**Enters**" and inserting in lieu thereof the words "**Illegally enters**"; and

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

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

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

House Amendment No. 3

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 34, Page 1, Section A, Line 5, by inserting after all of said line the following:

"105.669. 1. Any participant of a plan who is **[**~~found guilty~~**] convicted** of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall not be eligible to receive any retirement benefits from the respective plan based on service rendered on or after August 28, 2014, except a participant may still request from the respective retirement system a refund of the participant's plan contributions, including interest credited to the participant's account.

2. **[**~~Upon a finding of guilt, the court shall forward a notice of the court's finding to~~**] The employer of any participant who is charged or convicted of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall notify** the appropriate retirement system in which the offender was a participant**[**~~. The court shall also make a determination on the value of the money, property, or services involved in committing the offense~~**] and provide information in connection with such charge or conviction**. The plans shall take all actions necessary to implement the provisions of this section.

3. **[**~~The finding of guilt for~~**] A felony conviction based on** any of the following offenses or a substantially similar offense provided under federal law shall result in the ineligibility of retirement benefits as provided in subsection 1 of this section:

(1) The offense of felony stealing under section 570.030 when such offense involved money, property, or services valued at five thousand dollars or more **[**~~as determined by the court~~**]**;

(2) The offense of felony receiving stolen property under section 570.080**, as it existed before January 1, 2017,** when such offense involved money, property, or services valued at five thousand dollars or more **[**~~as determined by the court~~**]**;

(3) The offense of forgery under section 570.090;

(4) The offense of felony counterfeiting under section 570.103;

(5) The offense of bribery of a public servant under section 576.010; or

(6) The offense of acceding to corruption under section 576.020."; and

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

On motion of Representative Rhoads, **House Amendment No. 3** was adopted.

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

House Amendment No. 4

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 34, Page 9, Section 167.117, Line 44, by inserting immediately after all of said section and line the following:

"**217.697. 1. Notwithstanding any other provision of law, any offender incarcerated in a correctional facility after being sentenced by a court of this state who is serving a sentence of life without parole or life without parole for a minimum of fifty years or more, is sixty-five years of age or older, has no prior felony conviction for a violent crime, and is not a convicted sex offender shall receive a parole hearing upon serving twenty-five years or more of his or her sentence.**

2. During the parole hearing required under subsection 1 of this section, the board of probation and parole shall determine whether there is a reasonable probability that the offender will live and remain at liberty without violation of law upon release and therefore is eligible for release upon a finding that the offender has:

(1) A record of good conduct while incarcerated;

(2) Demonstrated self-rehabilitation while incarcerated;

(3) A workable parole plan, including community and family support;

(4) An institutional risk factor score of no higher than one; and

(5) A mental health score of one or two.

3. Any offender granted parole under this section shall be subject to a minimum of five years of supervision by the board of probation and parole upon release.

4. If the board does not grant parole to an offender who qualifies for parole under this section, the offender shall be eligible for a reconsideration parole hearing every two years until a presumptive release date is established.

5. Nothing in this section shall diminish the consideration of parole under any other provision of law applicable to the offender or the responsibility and authority of the governor to grant clemency, including pardons and commutation of sentences when necessary or desirable."; and

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

Representative Hill offered **House Amendment No. 1 to House Amendment No. 4**.

House Amendment No. 1
to
House Amendment No. 4

AMEND House Amendment No. 4 to House Committee Substitute for Senate Substitute for Senate Bill No. 34, Page 1, Line 7, by inserting immediately after the words "**violent crime,**" the phrase "**including the crime for which the offender is currently incarcerated,**"; and

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

On motion of Representative Hill, **House Amendment No. 1 to House Amendment No. 4** was adopted.

Speaker Richardson resumed the Chair.

Representative Franks Jr. offered **House Substitute Amendment No. 1 for House Amendment No. 4, as amended**.

House Substitute Amendment No. 1
for
House Amendment No. 4

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 34, Page 9, Section 167.117, Line 44, by inserting immediately after all of said section and line the following:

"**217.697. 1. Notwithstanding any other provision of law, any offender incarcerated in a correctional facility after being sentenced by a court of this state who is serving a sentence of life without parole or life without parole for a minimum of fifty years or more, is sixty-five years of age or older, has no prior felony conviction for a violent crime, is not currently incarcerated for murder in the first degree, and is not a convicted sex offender shall receive a parole hearing upon serving twenty-five years or more of his or her sentence.**

2. During the parole hearing required under subsection 1 of this section, the board of probation and parole shall determine whether there is a reasonable probability that the offender will live and remain at liberty without violation of law upon release and therefore is eligible for release upon a finding that the offender has:

(1) A record of good conduct while incarcerated;

(2) Demonstrated self-rehabilitation while incarcerated;

(3) A workable parole plan, including community and family support;

(4) An institutional risk factor score of no higher than one; and

(5) A mental health score of one or two.

3. Any offender granted parole under this section shall be subject to a minimum of five years of supervision by the board of probation and parole upon release.

4. If the board does not grant parole to an offender who qualifies for parole under this section, the offender shall be eligible for a reconsideration parole hearing every two years until a presumptive release date is established.

5. Nothing in this section shall diminish the consideration of parole under any other provision of law applicable to the offender or the responsibility and authority of the governor to grant clemency, including pardons and commutation of sentences when necessary or desirable."; and

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

Representative Franks Jr. moved that **House Substitute Amendment No. 1 for House Amendment No. 4** be adopted.

Which motion was defeated by the following vote, the ayes and noes having been demanded by Representative Curtman:

AYES: 067

Adams	Anders	Arthur	Bangert	Baringer
Barnes 28	Beck	Brown 27	Burnett	Burns
Butler	Carpenter	Chipman	Christofanelli	Conway 10
Curtis	Curtman	Dogan	Dunn	Ellebracht
Ellington	Evans	Fitzwater 144	Fitzwater 49	Franks Jr
Gannon	Gray	Green	Gregory	Grier
Hannegan	Harris	Helms	Hill	Hurst
Kendrick	Kidd	Korman	Lavender	Lynch
Matthiesen	May	McCann Beatty	McCreery	McGee
Meredith 71	Merideth 80	Mitten	Morgan	Mosley
Neely	Nichols	Peters	Pierson Jr	Quade
Razer	Rehder	Reisch	Remole	Roberts
Rowland 29	Smith 85	Stevens 46	Unsicker	Walker 74
Wessels	Wiemann			

NOES: 085

Alferman	Anderson	Andrews	Austin	Bahr
Barnes 60	Basye	Beard	Bernskoetter	Berry
Black	Bondon	Brattin	Brown 57	Brown 94
Cierpiot	Conway 104	Cookson	Corlew	Cornejo
Crawford	Cross	Davis	DeGroot	Dohrman
Eggleston	Engler	Fitzpatrick	Fraker	Francis
Franklin	Frederick	Haahr	Haefner	Hansen
Henderson	Houghton	Houx	Johnson	Justus
Kelly 141	Kolkmeyer	Lant	Lauer	Lichtenegger
Love	Marshall	Mathews	McCaherty	McGaugh
Messenger	Miller	Moon	Morris	Muntzel
Phillips	Pike	Plocher	Pogue	Redmon
Rhoads	Roden	Roeber	Rone	Ross
Rowland 155	Runions	Ruth	Schroer	Shaul 113
Shull 16	Shumake	Smith 163	Sommer	Spencer
Stephens 128	Swan	Tate	Taylor	Trent
Walker 3	White	Wilson	Wood	Mr. Speaker

PRESENT: 000

ABSENT WITH LEAVE: 010

Higdon	Hubrecht	Kelley 127	McDaniel	Newman
Pfautsch	Pietzman	Reiboldt	Stacy	Vescovo

VACANCIES: 001

HCS SS SB 34, as amended, with House Amendment No. 4, as amended, pending, was laid over.

COMMITTEE REPORTS

Committee on General Laws, Chairman Cornejo reporting:

Mr. Speaker: Your Committee on General Laws, to which was referred **HB 753**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (11): Anderson, Arthur, Basye, Carpenter, Cornejo, Cross, Evans, Merideth (80), Roeber, Schroer and Taylor

Noes (1): McCreery

Absent (1): Mathews

Mr. Speaker: Your Committee on General Laws, to which was referred **SS#2 SCS SB 313**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (7): Anderson, Cornejo, Cross, Evans, Roeber, Schroer and Taylor

Noes (5): Arthur, Basye, Carpenter, McCreery and Merideth (80)

Absent (1): Mathews

Committee on Local Government, Chairman Fraker reporting:

Mr. Speaker: Your Committee on Local Government, to which was referred **HB 1079**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (13): Adams, Baringer, Brattin, Burnett, Fraker, Grier, Hannegan, Houghton, McCaherty, Muntzel, Vescovo, Wessels and Wilson

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Local Government, to which was referred **HB 1210**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (13): Adams, Baringer, Brattin, Burnett, Fraker, Grier, Hannegan, Houghton, McCaherty, Muntzel, Vescovo, Wessels and Wilson

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Local Government, to which was referred **SCS SB 112**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (13): Adams, Baringer, Brattin, Burnett, Fraker, Grier, Hannegan, Houghton, McCaherty, Muntzel, Vescovo, Wessels and Wilson

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Local Government, to which was referred **SB 146**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (8): Brattin, Fraker, Grier, Hannegan, Houghton, McCaherty, Muntzel and Vescovo

Noes (5): Adams, Baringer, Burnett, Wessels and Wilson

Absent (0)

Committee on Transportation, Vice-Chairman Ruth reporting:

Mr. Speaker: Your Committee on Transportation, to which was referred **SCS SB 399**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (8): Burns, Corlew, Cornejo, Hurst, Kolkmeyer, Korman, Runions and Tate

Noes (0)

Absent (3): May, Reiboldt and Ruth

Committee on Ways and Means, Chairman Curtman reporting:

Mr. Speaker: Your Committee on Ways and Means, to which was referred **HB 307**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (9): Christofanelli, Cross, Curtman, Eggleston, Ellington, Gray, Mosley, Schroer and Shull (16)

Noes (0)

Absent (4): Brown (27), Kelley (127), Rhoads and Roden

Mr. Speaker: Your Committee on Ways and Means, to which was referred **HB 1090**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (9): Christofanelli, Cross, Curtman, Eggleston, Ellington, Gray, Mosley, Schroer and Shull (16)

Noes (0)

Absent (4): Brown (27), Kelley (127), Rhoads and Roden

Committee on Rules - Legislative Oversight, Chairman Rhoads reporting:

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **SCS SB 88**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (11): Bondon, Brown (94), Curtis, Dogan, Eggleston, Fitzwater (49), Haahr, Rhoads, Rone, Shull (16) and Shumake

Noes (3): Butler, Lavender and Wessels

Absent (0)

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS SB 114**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (14): Bondon, Brown (94), Butler, Curtis, Dogan, Eggleston, Fitzwater (49), Haahr, Lavender, Rhoads, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **SCS#2 SB 128**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (14): Bondon, Brown (94), Butler, Curtis, Dogan, Eggleston, Fitzwater (49), Haahr, Lavender, Rhoads, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS SB 134**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (14): Bondon, Brown (94), Butler, Curtis, Dogan, Eggleston, Fitzwater (49), Haahr, Lavender, Rhoads, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **SCS SB 217**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (14): Bondon, Brown (94), Butler, Curtis, Dogan, Eggleston, Fitzwater (49), Haahr, Lavender, Rhoads, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (0)

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **SB 395**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (12): Bondon, Brown (94), Butler, Curtis, Dogan, Eggleston, Fitzwater (49), Haahr, Rhoads, Rone, Shull (16) and Shumake

Noes (2): Lavender and Wessels

Absent (0)

REFERRAL OF SENATE BILLS

The following Senate Bill was referred to the Committee indicated:

HCS SB 134 - Fiscal Review

MESSAGES FROM THE GOVERNOR

The following proclamation was received from His Excellency, Governor Eric R. Greitens.

PROCLAMATION

WHEREAS, Article IV, Section 27, authorizes the Governor to control the rate at which any appropriation is expended by allotment and, further, authorizes the Governor to reduce the expenditures of the state or any of its agencies below their appropriations whenever the actual revenues are less than the revenue estimates upon which the appropriations were based; and

WHEREAS, in addition to the power to control the rate of expenditure established in Article IV, Section 27, three percent of each appropriation, with the exception of amounts for personal service to pay salaries fixed by law, shall be set aside pursuant to section 33.290, RSMo, as a reserve fund and not subject to expenditure except with the approval of the Governor; and

WHEREAS, Article IV, Section 27.2, provides that the Governor notify the General Assembly "whenever the rate at which any appropriation shall be expended is not equal quarterly allotments, the sum of which shall be equal to the amount of the appropriation"; and

WHEREAS, due to a variety of factors, including the three percent reserve that is legally required by section 33.290, RSMo, the rate at which most appropriations are expended is not in "equal quarterly allotments, the sum of which shall be equal to the amount of the appropriation"; and

WHEREAS, Article IV, Section 27.3, provides that the Governor notify the General Assembly "when the governor reduces one or more items or portions of items of appropriation of money as a result of actual revenues being less than the revenue estimates upon which the appropriations were based."

NOW THEREFORE, I, Eric R. Greitens, GOVERNOR OF THE STATE OF MISSOURI, pursuant to Article IV, Section 27, do hereby make the following notification to the Ninety-Ninth General Assembly of the State of Missouri:

> I hereby notify the General Assembly, pursuant to Article IV, Section 27.2 of the Missouri Constitution, that, through the third quarter of fiscal year 2017, the rate of expenditure for each of the appropriation lines in the fiscal year 2017 budget attached as Exhibit A is not in equal quarterly allotments, the sum of which shall be equal to the amount of the appropriation.
>
> I further notify the General Assembly, pursuant to Article IV, Section 27.3 of the Missouri Constitution, that through the third quarter of fiscal year 2017, I have taken no action to permanently reduce one or more items or portions of items of appropriation of money as a result of actual revenues being less than the revenue estimates upon which the appropriations were based in the fiscal year 2017 budget.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 28th day of April, 2017.

/s/ Eric R. Greitens
Governor

Attest:

/s/ Jay Ashcroft
Secretary of State

Exhibit A

#	Agency	HB Sec
1	ELEM & SEC EDUCATION-OPER	02.015
2	ELEM & SEC EDUCATION-OPER	02.015
3	ELEM & SEC EDUCATION-OPER	02.015
4	REVENUE-OPERATING	04.070
5	REVENUE-OPERATING	04.100
6	OFFICE ADMINISTRATION-OPER	05.190
7	MENTAL HEALTH-OPERATING	10.110
8	MENTAL HEALTH-OPERATING	10.205
9	MENTAL HEALTH-OPERATING	10.210
10	MENTAL HEALTH-OPERATING	10.225
11	MENTAL HEALTH-OPERATING	10.410
12	SOCIAL SERVICES-OPERATING	11.080
13	SOCIAL SERVICES-OPERATING	11.435
14	SOCIAL SERVICES-OPERATING	11.550
15	SECRETARY OF STATE-OPER	12.070
16	ATTORNEY GENERAL-OPER	12.195
17	ATTORNEY GENERAL-OPER	12.210

ADJOURNMENT

On motion of Representative Cierpiot, the House adjourned until 10:00 a.m., Wednesday, May 3, 2017.

COMMITTEE HEARINGS

BUDGET
Wednesday, May 3, 2017, 8:15 AM, House Hearing Room 3.
Executive session will be held: SS SB 22
Executive session may be held on any matter referred to the committee.
Annual review of state tax credits continued.

CONFERENCE COMMITTEE ON BUDGET
Wednesday, May 3, 2017, 12:00 PM, House Lounge.
Executive session may be held on any matter referred to the committee.
Conference Committee on Budget continued if necessary for SCS HCS HB 2 as amended, SCS HCS HB 3, SCS HCS HB 4, SCS HCS HB 5, SCS HCS HB 6 as amended, SCS HCS HB 7, SCS HCS HB 8, SCS HCS HB 9, SCS HCS HB 10, SCS HCS HB 11, SCS HCS HB 12 as amended, SCS HCS HB 17, and SCS HCS HB 19.
AMENDED

FISCAL REVIEW
Wednesday, May 3, 2017, 8:30 AM, House Hearing Room 6.
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW
Thursday, May 4, 2017, 8:30 AM, House Hearing Room 6.
Executive session may be held on any matter referred to the committee.
Executive session.

FISCAL REVIEW
Friday, May 5, 2017, 8:30 AM, House Hearing Room 7.
Executive session may be held on any matter referred to the committee.

HEALTH AND MENTAL HEALTH POLICY
Wednesday, May 3, 2017, 12:00 PM or upon conclusion of morning session (whichever is later), House Hearing Room 7.
Public hearing will be held: SS SB 490.
Executive session may be held on any matter referred to the committee.

HIGHER EDUCATION
Wednesday, May 3, 2017, 12:00 PM or upon conclusion of morning session (whichever is later), House Hearing Room 5.
Executive session may be held on any matter referred to the committee.

Committee members will hear presentations from the following higher education institutions: Missouri State University, Harris-Stowe State University, Truman State University, and State Technical College of Missouri.

LEGISLATIVE TASK FORCE ON DYSLEXIA
Thursday, May 18, 2017, 9:00 AM, House Hearing Room 7.
Executive session may be held on any matter referred to the committee.
We will be hearing testimony on teacher preparation and professional development.

LOCAL GOVERNMENT
Wednesday, May 3, 2017, 12:00 PM or upon conclusion of morning session (whichever is later), House Hearing Room 1.
Public hearing will be held: SS SCS SB 49
Executive session will be held: SCS SB 405
Executive session may be held on any matter referred to the committee.

RULES - ADMINISTRATIVE OVERSIGHT
Wednesday, May 3, 2017, 5:00 PM or upon adjournment (whichever is later), House Hearing Room 7.
Executive session will be held: HB 1060, HCS SCS SB 112, HCS SCS SB 399, HCS SB 394, HCS SB 125
Executive session may be held on any matter referred to the committee.
Adding legislation.
Changing meeting place to Hearing Room 7.
Please be prepared to take action on any bills referred to this committee.
AMENDED

RULES - LEGISLATIVE OVERSIGHT
Wednesday, May 3, 2017, upon conclusion of morning session, House Hearing Room 4.
Executive session may be held on any matter referred to the committee.
Location has been changed to HR 4.
Please be prepared to take action on any bill referred to committee.
CORRECTED

RULES - LEGISLATIVE OVERSIGHT
Monday, May 8, 2017, 2:00 PM, House Hearing Room 5.
Executive session may be held on any matter referred to the committee.
Please be prepared to take action on any bill referred to committee.

RULES - LEGISLATIVE OVERSIGHT
Tuesday, May 9, 2017, upon conclusion of morning session, House Hearing Room 1.
Executive session may be held on any matter referred to the committee.
Please be prepared to take action on any bill referred to committee.

RULES - LEGISLATIVE OVERSIGHT
Wednesday, May 10, 2017, upon conclusion of morning session, House Hearing Room 1.
Executive session may be held on any matter referred to the committee.
Please be prepared to take action on any bill referred to committee.

UTILITIES
Wednesday, May 3, 2017, 5:00 PM, House Hearing Room 5.
Public hearing will be held: HB 84
Executive session may be held on any matter referred to the committee.
There will also be a Cyber Security presentation.

VETERANS
Tuesday, May 9, 2017, 8:00 AM, House Hearing Room 1.
Executive session may be held on any matter referred to the committee.
Missouri Coalition for Community Behavioral Health will be presenting a virtual reality demo for veterans with PTSD.

HOUSE CALENDAR

SIXTY-SEVENTH DAY, WEDNESDAY, MAY 3, 2017

HOUSE JOINT RESOLUTIONS FOR PERFECTION

HCS HJR 29 - Dohrman
HJR 2 - Shumake
HJR 18 - Moon

HOUSE COMMITTEE BILLS FOR PERFECTION

HCB 2 - Reiboldt
HCS HCB 8 - McGaugh
HCB 9 - McGaugh

HOUSE BILLS FOR PERFECTION

HB 459 - Kolkmeyer
HB 463 - Kolkmeyer
HB 39 - Higdon
HB 182 - Hurst
HCS HB 326 - Miller
HB 358 - Bahr
HCS HB 415 - McGaugh
HB 426 - Cornejo
HCS HBs 908 & 757 - Lichtenegger
HB 708 - Hill
HB 56 - Love

HB 110 - Davis
HCS HB 574 - Davis
HCS HB 677 - Rowland (155)
HB 738 - Kolkmeyer
HB 799 - Lauer
HCS HB 890 - Mathews
HB 114 - McGaugh
HB 301 - Hill
HB 305 - Pike
HB 322 - Neely
HCS HB 379 - Plocher
HCS HB 436 - Hill
HB 705 - Cross
HCS HB 754 - Schroer
HCS HB 827 - DeGroot
HB 889 - Rehder
HCS HB 136 - Spencer
HCS HB 351 - McGaugh
HB 352 - Eggleston
HB 603 - Rone
HB 897 - Houghton
HB 102 - Swan
HB 257 - Pfautsch
HCS HB 291 - Crawford
HB 356 - Bahr
HCS HB 432 - Conway (10)
HCS HB 611 - Carpenter
HCS HB 717 - Curtman
HB 723 - Walker (3)
HB 899 - Brown (57)
HB 1008 - Kelly (141)
HB 187 - Swan
HCS HB 226 - Hubrecht
HB 254 - Swan
HB 268 - Brattin
HCS HB 405 - Hubrecht
HCS HB 642 - Kelly (141)
HCS HB 696 - Kelly (141)
HB 768 - Lant
HB 790 - Wiemann
HB 794 - Walker (3)
HCS HB 878 - Dogan
HB 888 - Basye
HB 906 - DeGroot
HCS HB 957 - Rhoads

HCS#2 HBs 48, 69, 495 & 589 - Lichtenegger
HB 287 - Beard
HB 457 - Swan
HB 665 - Walker (3)
HB 761 - Barnes (60)
HB 486 - Dunn
HB 397 - Nichols
HCS HBs 1007 & 937 - Evans
HB 637 - Helms
HB 472 - Smith (85)
HB 630 - Taylor

HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING

HCR 48 - Kidd
HCR 20 - Kidd
HCR 36 - Walker (74)
HCR 30 - May

HOUSE BILLS FOR THIRD READING

HB 401 - McDaniel
HCS HB 654 - Rowland (155)
HCS HB 1116 - Shaul (113)

HOUSE BILLS FOR THIRD READING - CONSENT

HCS HB 914 - Kidd

SENATE BILLS FOR THIRD READING - CONSENT

SCS SB 52, E.C. - Frederick

SENATE BILLS FOR THIRD READING

SB 45 - Corlew
SCS SB 108 - Davis
SS#2 SCS SB 43 - McGaugh
SB 329 - Kolkmeyer
SS SCS SB 16 - Engler
SB 194, as amended (Fiscal Review 5/2/17), E.C. - Trent
SCS SB 229 - Fitzwater (49)
HCS SCS SB 11 - Fraker
HCS SB 30 - Fitzpatrick
SS SB 31 - McGaugh
HCS SS SB 34, as amended, with HA 4, as amended, pending, E.C. - Rhoads

SCS SB 82, E.C. - Shaul (113)
SCS SB 93 - Cierpiot
HCS SB 95 - Fraker
SB 222 - Korman
HCS SCS SB 237 - Austin
SCS SB 279 - Davis
HCS SCS SB 139 - Wood
HCS SCS SB 421 - Kidd
HCS SB 488 - Bernskoetter
SB 296, E.C. - Baringer
HCS SB 302 - Ruth
HCS SB 283 - Andrews
SCS SB 322 - Gannon
SB 503, E.C. - Lauer
HCS SS SB 35 - Ross
HCS SB 225 - Davis
SCS SB 240 - Mathews
HCS SCS SB 309 - Walker (3)
HCS SCS SB 355 - Alferman
SCS SB 404 - Alferman
HCS SB 501, (Fiscal Review 5/1/17), E.C. - Stephens (128)
SCS SB 88 - McGaugh
SB 395 - Sommer
SCS SB 217 - Dogan
SCS#2 SB 128 - Roeber
HCS SB 134, (Fiscal Review (5/2/17) - Mosley
HCS SB 114 - Alferman

HOUSE BILLS WITH SENATE AMENDMENTS

SCS HCS HB 13 - Fitzpatrick
SCS HCS HB 18, as amended - Fitzpatrick

BILLS CARRYING REQUEST MESSAGES

SS HCS HBs 90 & 68, as amended (request Senate recede/grant conference) - Rehder
SB 8, with HA 1, HA 2, HA 1 HA 3, HA 3, a.a., HA 4, HA 5, HA 6, HA 7, HA 1 HA 8, HA 8, a.a., HA 1 HA 9, HA 2 HA 9, HA 3 HA 9, HA 9, a.a. (request House recede/grant conference), E.C. - Rhoads

BILLS IN CONFERENCE

SCS HCS HB 2, as amended - Fitzpatrick
SCS HCS HB 3 - Fitzpatrick
SCS HCS HB 4 - Fitzpatrick

SCS HCS HB 5 - Fitzpatrick
SCS HCS HB 6, as amended - Fitzpatrick
SCS HCS HB 7 - Fitzpatrick
SCS HCS HB 8 - Fitzpatrick
SCS HCS HB 9 - Fitzpatrick
SCS HCS HB 10 - Fitzpatrick
SCS HCS HB 11 - Fitzpatrick
SCS HCS HB 12, as amended - Fitzpatrick
SCS HCS HB 17, as amended - Fitzpatrick
SCS HCS HB 19 - Fitzpatrick

HOUSE RESOLUTIONS

HR 11 - Peters
HR 395 - Ruth

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

HCS HB 2001 - Fitzpatrick
CCS SCS HCS HB 2002 - Fitzpatrick
CCS SCS HCS HB 2003 - Fitzpatrick
CCS SCS HCS HB 2004 - Fitzpatrick
CCS SCS HCS HB 2005 - Fitzpatrick
CCS SCS HCS HB 2006 - Fitzpatrick
CCS SCS HCS HB 2007 - Fitzpatrick
CCS SCS HCS HB 2008 - Fitzpatrick
CCS SCS HCS HB 2009 - Fitzpatrick
CCS SCS HCS HB 2010 - Fitzpatrick
CCS SCS HCS HB 2011 - Fitzpatrick
CCS SCS HCS HB 2012 - Fitzpatrick
HCS HB 2013 - Fitzpatrick
SCS HCS HB 2017 - Fitzpatrick
SS SCS HCS HB 2018 - Fitzpatrick