JOURNAL OF THE HOUSE

Second Regular Session, 99th GENERAL ASSEMBLY

SIXTY-FIRST DAY, WEDNESDAY, APRIL 25, 2018

The House met pursuant to adjournment.

Representative Basye in the Chair.

Representative Vescovo suggested the absence of a quorum.

The following roll call indicated a quorum present:

AYES: 036

Alferman	Basye	Beard	Bernskoetter	Berry
Black	Bondon	Brown 27	Burns	Butler
DeGroot	Dinkins	Fraker	Francis	Hannegan
Hansen	Henderson	Hurst	Justus	Kelly 141
Lichtenegger	Marshall	Morris 140	Morse 151	Muntzel
Newman	Pfautsch	Phillips	Pogue	Rehder
Remole	Roeber	Rowland 29	Taylor	Walsh
White				

NOES: 000

PRESENT: 070

Anderson	Arthur	Austin	Bahr	Baringer
Barnes 60	Barnes 28	Beck	Brown 57	Burnett
Conway 104	Cross	Davis	Dogan	Dohrman
Eggleston	Evans	Fitzwater	Gray	Green
Grier	Haahr	Harris	Higdon	Hill
Houx	Kendrick	Kidd	Knight	Lant
Lauer	Love	Lynch	Matthiesen	McCreery
McGaugh	McGee	Messenger	Miller	Morgan
Nichols	Pierson Jr	Pike	Plocher	Quade
Revis	Rhoads	Rone	Ross	Rowland 155
Runions	Ruth	Shaul 113	Shull 16	Shumake
Smith 163	Sommer	Stacy	Stephens 128	Stevens 46
Swan	Tate	Trent	Unsicker	Vescovo
Walker 3	Wessels	Wiemann	Wilson	Wood

ABSENT WITH LEAVE: 055

Adams	Anders	Andrews	Bangert	Brattin
Carpenter	Chipman	Christofanelli	Conway 10	Cookson
Corlew	Cornejo	Curtis	Curtman	Ellebracht
Ellington	Engler	Fitzpatrick	Franklin	Franks Jr
Frederick	Gannon	Gregory	Haefner	Helms

Houghton	Johnson	Kelley 127	Kolkmeyer	Korman
Lavender	Mathews	May	McCann Beatty	McDaniel
Meredith 71	Merideth 80	Mitten	Moon	Mosley
Neely	Peters	Pietzman	Razer	Redmon
Reiboldt	Reisch	Roberts	Roden	Schroer
Smith 85	Spencer	Walker 74	Washington	Mr. Speaker

VACANCIES: 002

Prayer by Reverend Monsignor Robert A. Kurwicki, Chaplain.

Be strong in the Lord and in the power of his might. (Ephesians 6:10)

O Heavenly Creator, we thank You for our homes and pray that You will bless all who live within our family circles. We are grateful for Your mercies which we receive daily, for food, clothing, and shelter, for the warmth of our affections and for the ties that bind us together.

Help us to live each day and to love one another that we may never be afraid or ashamed but always may our hearts be happy, our thoughts good, our words gentle, our deeds genuine, and our hands ready to help.

Daily renew our strength, renew our love and restore our faith that we may face stress bravely because we face it together. Deepen our love for one another and for You that love may reign in our hearts, in our homes and in our Capitol.

Finally, we ask blessings on all Administrative Professionals on their special day today!

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: Danielle Hamann, Lisa Askren, and Michael Eiserman.

The Journal of the sixtieth day was approved as printed by the following vote:

AYES: 131

Adams	Alferman	Anderson	Andrews	Arthur
Austin	Bahr	Bangert	Barnes 28	Basye
Beard	Beck	Bernskoetter	Black	Bondon
Brown 27	Brown 57	Burnett	Burns	Chipman
Christofanelli	Conway 10	Conway 104	Cookson	Corlew
Cornejo	Cross	Curtis	Curtman	Davis
DeGroot	Dinkins	Dogan	Dohrman	Eggleston
Ellebracht	Evans	Fitzwater	Fraker	Francis
Franks Jr	Frederick	Gannon	Gray	Green
Gregory	Grier	Haahr	Haefner	Hannegan
Hansen	Harris	Helms	Henderson	Higdon
Hill	Houghton	Houx	Hurst	Johnson
Justus	Kelley 127	Kelly 141	Kendrick	Kidd
Knight	Kolkmeyer	Lant	Lauer	Lavender
Love	Lynch	Marshall	Mathews	Matthiesen
McCreery	McGaugh	McGee	Meredith 71	Merideth 80
Messenger	Miller	Moon	Morgan	Morris 140
Morse 151	Muntzel	Newman	Nichols	Pfautsch

Phillips	Pietzman	Pike	Plocher	Pogue
Quade	Redmon	Rehder	Reiboldt	Reisch
Remole	Revis	Rhoads	Roberts	Roeber
Rone	Ross	Rowland 155	Rowland 29	Runions
Ruth	Schroer	Shaul 113	Shull 16	Shumake
Smith 163	Sommer	Stacy	Stevens 46	Swan
Tate	Taylor	Trent	Unsicker	Vescovo
Walker 3	Walsh	White	Wiemann	Wilson
Wood				

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 030

Anders	Baringer	Barnes 60	Berry	Brattin
Butler	Carpenter	Ellington	Engler	Fitzpatrick
Franklin	Korman	Lichtenegger	May	McCann Beatty
McDaniel	Mitten	Mosley	Neely	Peters
Pierson Jr	Razer	Roden	Smith 85	Spencer
Stephens 128	Walker 74	Washington	Wessels	Mr. Speaker

VACANCIES: 002

Speaker Pro Tem Haahr assumed the Chair.

PERFECTION OF HOUSE COMMITTEE BILLS

HCB 23, relating to political subdivisions, was taken up by Representative Dogan.

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

House Amendment No. 1

AMEND House Committee Bill No. 23, Page 3, Sections 67.960 and 67.965, Lines 1-19 and 1-3, respectively, by deleting all of said sections and lines from the bill; and

Further amend said bill, Pages 8-13, Section 67.4600, Lines 1-171, by deleting all of said section and lines from the bill; and

Further amend said bill, Pages 13-14, Sections 82.487 and 82.505, Lines 1-35 and Lines 1-19, respectively, by deleting all of said sections and lines from the bill; and

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

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

Representative Rowland (155) offered **House Amendment No. 2**.

House Amendment No. 2

AMEND House Committee Bill No. 23, Page 2, Section 49.060, Line 16, by inserting immediately after all of said section and line the following:

"56.363. 1. The county commission of any county may on its own motion and shall upon the petition of ten percent of the total number of people who voted in the previous general election in the county submit to the voters at a general or special election the proposition of making the county prosecutor a full-time position. The commission shall cause notice of the election to be published in a newspaper published within the county, or if no newspaper is published within the county, in a newspaper published in an adjoining county, for three weeks consecutively, the last insertion of which shall be at least ten days and not more than thirty days before the day of the election, and by posting printed notices thereof at three of the most public places in each township in the county. The proposition shall be put before the voters substantially in the following form:

Shall the office of prosecuting attorney be made a full-time position in _____ County?

□ YES □ NO

If a majority of the voters voting on the proposition vote in favor of making the county prosecutor a full-time position, it shall become effective upon the date that the prosecutor who is elected at the next election subsequent to the passage of such proposal is sworn into office. **The position shall then qualify for the retirement benefits available to a full-time prosecutor of a county of the first classification. Any county that elects to make the position of prosecuting attorney full-time shall pay into the Missouri prosecuting attorneys and circuit attorneys' retirement fund at the same contribution amount as paid by counties of the first classification.**

2. The provisions of subsection 1 of this section notwithstanding, in any county where the proposition of making the county prosecutor a full-time position was submitted to the voters at a general election in 1998 and where a majority of the voters voting on the proposition voted in favor of making the county prosecutor a full-time position, the proposition shall become effective on May 1, 1999. Any prosecuting attorney whose position becomes full time on May 1, 1999, under the provisions of this subsection shall have the additional duty of providing not less than three hours of continuing education to peace officers in the county served by the prosecuting attorney in each year of the term beginning January 1, 1999.

3. In counties that, prior to August 28, 2001, have elected pursuant to this section to make the position of prosecuting attorney a full-time position, the county commission may at any time elect to have that position also qualify for the retirement benefit available for a full-time prosecutor of a county of the first classification. Such election shall be made by a majority vote of the county commission and once made shall be irrevocable, unless the voters of the county elect to change the position of prosecuting attorney back to a part-time position under subsection 4 of this section. When such an election is made, the results shall be transmitted to the Missouri prosecuting attorneys and circuit attorneys' retirement system fund, and the election shall be effective on the first day of January following such election. Such election shall also obligate the county to pay into the Missouri prosecuting attorneys and circuit attorneys' system retirement fund the same retirement contributions for full-time prosecutors as are paid by counties of the first classification.

4. In any**:**

(1) County of the third classification without a township form of government and with more than twelve thousand but fewer than fourteen thousand inhabitants and with a city of the fourth classification with more than one thousand seven hundred but fewer than one thousand nine hundred inhabitants as the county seat that has elected to make the county prosecutor a full-time position under this section after August 28, 2014**;**

(2) County of the third classification without a township form of government and with more than eighteen thousand but fewer than twenty thousand inhabitants and with a city of the fourth classification with more than three thousand but fewer than three thousand seven hundred inhabitants as the county seat;

(3) County of the third classification without a township form of government and with more than eighteen thousand but fewer than twenty thousand inhabitants and with a city of the third classification with more than six thousand but fewer than seven thousand inhabitants as the county seat; or

(4) County of the third classification without a township form of government and with more than nine thousand but fewer than ten thousand inhabitants and with a city of the fourth classification with more than seven hundred but fewer than eight hundred inhabitants as the county seat

the county commission may on its own motion and shall upon the petition of ten percent of the total number of people who voted in the previous general election in the county submit to the voters at a general or special election the proposition of changing the full-time prosecutor position to a part-time position. The commission shall cause

notice of the election to be published in a newspaper published within the county, or if no newspaper is published within the county, in a newspaper published in an adjoining county, for three weeks consecutively, the last insertion of which shall be at least ten days and not more than thirty days before the day of the election, and by posting printed notices thereof at three of the most public places in each township in the county. The proposition shall be put before the voters substantially in the following form:

Shall the office of prosecuting attorney be made a part-time position in _____ County?

□ YES □ NO

If a majority of the voters vote in favor of making the county prosecutor a part-time position, it shall become effective upon the date that the prosecutor who is elected at the next election subsequent to the passage of such proposal is sworn into office.

5. In any county that has elected to make the full-time position of county prosecutor a part-time position under subsection 4 of this section, the county's retirement contribution to the retirement system and the retirement benefit earned by the member shall prospectively be that of a part-time prosecutor as established in this chapter. Any retirement contribution made and retirement benefit earned prior to the effective date of the voter-approved proposition under subsection 4 of this section shall be maintained by the retirement system and used to calculate the retirement benefit for such prior full-time position service. Under no circumstances shall a member in a part-time prosecutor position earn full-time position retirement benefit service accruals for time periods after the effective date of the proposition changing the county prosecutor back to a part-time position."; and

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

Representative Houghton assumed the Chair.

On motion of Representative Rowland (155), **House Amendment No. 2** was adopted.

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

House Amendment No. 3

AMEND House Committee Bill No. 23, Page 38, Section 263.245, Line 60, by inserting after all of said line the following:

"304.060. 1. The state board of education shall adopt and enforce regulations not inconsistent with law to cover the design and operation of all school buses used for the transportation of school children when owned and operated by any school district or privately owned and operated under contract with any school district in this state, and such regulations shall by reference be made a part of any such contract with a school district. The state board of education may adopt rules and regulations governing the use of other vehicles owned by a district or operated under contract with any school district in this state and used for the purpose of transporting school children. The operator of such vehicle shall be licensed in accordance with section 302.272, and such vehicle shall transport no more children than the manufacturer suggests as appropriate for such vehicle. The state board of education may also adopt rules and regulations governing the use of authorized common carriers for the transportation of students on field trips or other special trips for educational purposes. Every school district, its officers and employees, and every person employed under contract by a school district shall be subject to such regulations. The state board of education shall cooperate with the state transportation department and the state highway patrol in placing suitable warning signs at intervals on the highways of the state.

2. **Notwithstanding the provisions of subsection 1 of this section, any school board in the state of Missouri in an urban district containing the greater part of the population of a city which has more than three hundred thousand inhabitants may contract with any municipality, bi-state agency, or other governmental entity for the purpose of transporting school children attending a grade or grades not lower than the ninth nor higher than the twelfth grade, provided that such contract shall be for additional transportation services, and shall not replace or fulfill any of the school district's obligations pursuant to section 167.231. The school district may notify students of the option to use district contracted transportation services.**

3. Any officer or employee of any school district who violates any of the regulations or fails to include obligation to comply with such regulations in any contract executed by him on behalf of a school district shall be guilty of misconduct and subject to removal from office or employment. Any person operating a school bus under contract with a school district who fails to comply with any such regulations shall be guilty of breach of contract and such contract shall be cancelled after notice and hearing by the responsible officers of such school district.

[~~3.~~**] 4.** Any other provision of the law to the contrary notwithstanding, in any county of the first class with a charter form of government adjoining a city not within a county, school buses may bear the word "special".**"**; and

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

Representative Lavender offered **House Amendment No. 1 to House Amendment No. 3**.

House Amendment No. 1
to
House Amendment No. 3

AMEND House Amendment No. 3 to House Committee Bill No. 23, Page 1, Line 1, by deleting all of said line by inserting in lieu thereof the following:

"AMEND House Committee Bill No. 23, Page 26, Section 105.470, Line 58, by inserting after the phrase "of consanguinity" the phrase "**or affinity**"; and

Further amend said bill and section, Page 26, Line 75 to Page 27, Line 80, by deleting all of said lines and inserting in lieu thereof the following:

"**[**~~(f) The transfer of any item, provision of any service or granting of any opportunity with a reasonably discernible cost or fair market value when such item, service or opportunity is necessary for a public official or employee to perform his or her duty in his or her official capacity, including but not limited to entrance fees to any sporting event, museum, or other venue when the official or employee is participating in a ceremony, public presentation or official meeting therein;~~**]**"; and

Further amend said bill and section by renumbering subdivisions accordingly; and

Further amend said bill, Pages 32-35, Section 105.473, by removing all of said section from the bill and inserting in lieu thereof the following:

"105.473. 1. Each lobbyist shall, not later than January fifth of each year or five days after beginning any activities as a lobbyist, file standardized registration forms, verified by a written declaration that it is made under the penalties of perjury, along with a filing fee of ten dollars, with the commission. The forms shall include the lobbyist's name and business address, the name and address of all persons such lobbyist employs for lobbying purposes, the name and address of each lobbyist principal by whom such lobbyist is employed or in whose interest such lobbyist appears or works**; and, for elected local government official lobbyists, the local government official to be lobbied**. The commission shall maintain files on all lobbyists' filings, which shall be open to the public. Each lobbyist shall file an updating statement under oath within one week of any addition, deletion, or change in the lobbyist's employment or representation. The filing fee shall be deposited to the general revenue fund of the state. The lobbyist principal or a lobbyist employing another person for lobbying purposes may notify the commission that a judicial, executive or legislative lobbyist is no longer authorized to lobby for the principal or the lobbyist and should be removed from the commission's files.

2. Each person shall, before giving testimony before any committee of the general assembly, give to the secretary of such committee such person's name and address and the identity of any lobbyist or organization, if any, on whose behalf such person appears. A person who is not a lobbyist as defined in section 105.470 shall not be required to give such person's address if the committee determines that the giving of such address would endanger the person's physical health.

3. (1) During any period of time in which a lobbyist continues to act as an executive lobbyist, judicial lobbyist, legislative lobbyist, or elected local government official lobbyist, the lobbyist shall file with the commission on standardized forms prescribed by the commission monthly reports which shall be due at the close of business on the tenth day of the following month;

(2) Each report filed pursuant to this subsection shall include a statement, verified by a written declaration that it is made under the penalties of perjury, setting forth the following:

(a) The total of all expenditures by the lobbyist or his or her lobbyist principals made on behalf of all public officials, their staffs and employees, and their spouses and dependent children, which expenditures shall be separated into at least the following categories by the executive branch**[**~~,~~**] and** judicial branch **[**~~and legislative branch~~**]** of government: printing and publication expenses; media and other advertising expenses; travel; the time, venue, and nature of any entertainment; honoraria; meals, food and beverages; and gifts;

(b) The total of all expenditures by the lobbyist or his or her lobbyist principals made on behalf of all elected local government officials, their staffs and employees, and their spouses and children. Such expenditures shall be separated into at least the following categories: printing and publication expenses; media and other advertising expenses; travel; the time, venue, and nature of any entertainment; honoraria; meals; food and beverages; and gifts;

(c) An itemized listing of the name of the recipient and the nature and amount of each expenditure by the lobbyist or his or her lobbyist principal, including a service or anything of value, for all expenditures made during any reporting period, paid or provided to or for a public official or elected local government official, such official's staff, employees, spouse or dependent children;

(d) **[**~~The total of all expenditures made by a lobbyist or lobbyist principal for occasions and the identity of the group invited, the date and description of the occasion and the amount of the expenditure for each occasion when any of the following are invited in writing:~~

~~a. All members of the senate;~~

~~b. All members of the house of representatives;~~

~~c. All members of a joint committee of the general assembly or a standing committee of either the house of representatives or senate; or~~

~~d. All members of a caucus of the majority party of the house of representatives, minority party of the house of representatives, majority party of the senate, or minority party of the senate;~~

~~(e)~~**]** Any expenditure made on behalf of a public official, an elected local government official or such official's staff, employees, spouse or dependent children, if such expenditure is solicited by such official, the official's staff, employees, or spouse or dependent children, from the lobbyist or his or her lobbyist principals and the name of such person or persons, except any expenditures made to any not-for-profit corporation, charitable, fraternal or civic organization or other association formed to provide for good in the order of benevolence;

[~~(f)~~**] (e)** A statement detailing any direct business relationship or association or partnership the lobbyist has with any public official or elected local government official. The reports required by this subdivision shall cover the time periods since the filing of the last report or since the lobbyist's employment or representation began, whichever is most recent.

4. No expenditure reported pursuant to this section shall include any amount expended by a lobbyist or lobbyist principal on himself or herself. All expenditures disclosed pursuant to this section shall be valued on the report at the actual amount of the payment made, or the charge, expense, cost, or obligation, debt or bill incurred by the lobbyist or the person the lobbyist represents. Whenever a lobbyist principal employs more than one lobbyist, expenditures of the lobbyist principal shall not be reported by each lobbyist, but shall be reported by one of such lobbyists. **[**~~No expenditure shall be made on behalf of a state senator or state representative, or such public official's staff, employees, spouse, or dependent children for travel or lodging outside the state of Missouri unless such travel or lodging was approved prior to the date of the expenditure by the administration and accounts committee of the house or the administration committee of the senate.~~**]**

5. Any lobbyist principal shall provide in a timely fashion whatever information is reasonably requested by the lobbyist principal's lobbyist for use in filing the reports required by this section.

6. All information required to be filed pursuant to the provisions of this section with the commission shall be kept available by the executive director of the commission at all times open to the public for inspection and copying for a reasonable fee for a period of five years from the date when such information was filed.

7. No person shall knowingly employ any person who is required to register as a registered lobbyist but is not registered pursuant to this section. Any person who knowingly violates this subsection shall be subject to a civil penalty in an amount of not more than ten thousand dollars for each violation. Such civil penalties shall be collected by action filed by the commission.

8. No lobbyist shall knowingly omit, conceal, or falsify in any manner information required pursuant to this section.

9. The prosecuting attorney of Cole County shall be reimbursed only out of funds specifically appropriated by the general assembly for investigations and prosecutions for violations of this section.

10. Any public official or other person whose name appears in any lobbyist report filed pursuant to this section who contests the accuracy of the portion of the report applicable to such person may petition the commission for an audit of such report and shall state in writing in such petition the specific disagreement with the contents of such report. The commission shall investigate such allegations in the manner described in section 105.959. If the commission determines that the contents of such report are incorrect, incomplete or erroneous, it shall enter an order requiring filing of an amended or corrected report.

11. The commission shall provide a report listing the total spent by a lobbyist for the month and year to any **[**~~member or member-elect of the general assembly, judge or judicial officer, or any other person holding an elective office of state government~~**]** **public official** or any elected local government official on or before the twentieth day of each month. For the purpose of providing accurate information to the public, the commission shall not publish information in either written or electronic form for ten working days after providing the report pursuant to this subsection. The commission shall not release any portion of the lobbyist report if the accuracy of the report has been questioned pursuant to subsection 10 of this section unless it is conspicuously marked "Under Review".

12. Each lobbyist or lobbyist principal by whom the lobbyist was employed, or in whose behalf the lobbyist acted, shall provide a general description of the proposed legislation or action by the executive branch or judicial branch which the lobbyist or lobbyist principal supported or opposed. This information shall be supplied to the commission on March fifteenth and May thirtieth of each year.

13. **No lobbyist shall make any contribution to, or expenditure on behalf of, any candidate committee formed by a candidate for statewide office, state representative, or state senator or any general assembly member's candidate committee for the purpose of providing any food, entertainment, lodging, or travel, and such candidate committees shall be barred from receiving such items. For purposes of this subsection, the term "expenditure" shall have the same meaning given to the term in section 105.470, and the terms "candidate", "candidate committee", and "contribution" shall have the same meanings given to the terms under section 130.011.**

14. No lobbyist shall deliver any tangible or intangible item, service, or thing of value to any statewide elected official or member of the general assembly, or such person's staff, employees, spouse, or dependent children.

15. No lobbyist shall knowingly accept funds from any candidate committee, as defined under section 130.011, as reimbursement for delivering any tangible or intangible item, service, or thing of value to any statewide elected official or member of the general assembly, or such person's staff, employees, spouse, or dependent children.

16. No member of the general assembly or the governor, lieutenant governor, attorney general, secretary of state, state treasurer, or state auditor, or such person's staff, employees, spouse, or dependent children, shall:

(1) Accept any tangible or intangible item, service, or thing of value from any lobbyist; or

(2) Use funds from any candidate committee, as defined under section 130.011, to reimburse a lobbyist for delivering any tangible or intangible item, service, or thing of value to the person.

17. The provisions of this section shall supersede any contradicting ordinances or charter provisions."; and

Further amend said bill, Page 38, Section 263.245, Line 60, by inserting after all of"; and

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

Representative Plocher raised a point of order that **House Amendment No. 1 to House Amendment No. 3** goes beyond the scope of the underlying amendment.

Representative Houghton requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

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

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

House Amendment No. 4

AMEND House Committee Bill No. 23, Page 3, Section 59.800, Line 41, by inserting after all of said section and line the following:

"**64.002. For purposes of a zoning law, ordinance, or code authorized and enacted under this chapter, a zoning or property classification of agricultural or horticultural shall include any sawmill or planing mill as defined in the U.S. Department of Labor's Standard Industrial Classification (SIC) Manual under Industry Group 242 with the SIC number 2421.**

65.702. For purposes of a zoning law, ordinance, or code authorized and enacted under sections 65.650 to 65.700, a zoning or property classification of agricultural or horticultural shall include any sawmill or planing mill as defined in the U.S. Department of Labor's Standard Industrial Classification (SIC) Manual under Industry Group 242 with the SIC number 2421."; and

Further amend said bill, Page 15, Section 88.770, Line 47, by inserting after all of said section and line the following:

"89.020. 1. For the purpose of promoting health, safety, morals or the general welfare of the community, the legislative body of all cities, towns, and villages is hereby empowered to regulate and restrict the height, number of stories, and size of buildings and other structures, the percentage of lot that may be occupied, the size of yards, courts, and other open spaces, the density of population, the preservation of features of historical significance, and the location and use of buildings, structures and land for trade, industry, residence or other purposes.

2. For the purpose of any zoning law, ordinance or code, the classification single family dwelling or single family residence shall include any home in which eight or fewer unrelated mentally or physically handicapped persons reside, and may include two additional persons acting as houseparents or guardians who need not be related to each other or to any of the mentally or physically handicapped persons residing in the home. In the case of any such residential home for mentally or physically handicapped persons, the local zoning authority may require that the exterior appearance of the home and property be in reasonable conformance with the general neighborhood standards. Further, the local zoning authority may establish reasonable standards regarding the density of such individual homes in any specific single family dwelling neighborhood.

3. No person or entity shall contract or enter into a contract which would restrict group homes or their location as described in this section from and after September 28, 1985.

4. Any county, city, town or village which has a population of at least five hundred and whose boundaries are partially contiguous with a portion of a lake with a shoreline of at least one hundred fifty miles shall have the authority to enforce its zoning laws, ordinances or codes for one hundred yards beyond the shoreline which is adjacent to its boundaries. In the event that a lake is not large enough to allow any county, city, town or village to enforce its zoning laws, ordinances or codes for one hundred yards beyond the shoreline without encroaching on the

enforcement powers granted another county, city, town or village under this subsection, the counties, cities, towns and villages whose boundaries are partially contiguous to such lake shall enforce their zoning laws, ordinances or orders under this subsection pursuant to an agreement entered into by such counties, cities, towns **[**~~and~~**] or** villages.

5. Should a single family dwelling or single family residence as **[**~~defined~~**] described** in subsection 2 of this section cease to operate for the purpose as set forth in subsection 2 of this section, any other use of such home, other than allowed by local zoning restrictions, must be approved by the local zoning authority.

6. For purposes of any zoning law, ordinance or code the classification of single family dwelling or single family residence shall include any private residence licensed by the children's division or department of mental health to provide foster care to one or more but less than seven children who are unrelated to either foster parent by blood, marriage or adoption. Nothing in this subsection shall be construed to relieve the children's division, the department of mental health or any other person, firm or corporation occupying or utilizing any single family dwelling or single family residence for the purposes specified in this subsection from compliance with any ordinance or regulation relating to occupancy permits except as to number and relationship of occupants or from compliance with any building or safety code applicable to actual use of such single family dwelling or single family residence.

7. Any city, town, or village that is granted zoning powers under this section and is located within a county that has adopted zoning regulations under chapter 64 may enact an ordinance to adopt by reference the zoning regulations of such county in lieu of adopting its own zoning regulations.

8. For purposes of any zoning law, ordinance, or code authorized and enacted under this section, a zoning or property classification of agricultural or horticultural shall include any sawmill or planing mill as defined in the U.S. Department of Labor's Standard Industrial Classification (SIC) Manual under Industry Group 242 with the SIC number 2421."; and

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

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

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

House Amendment No. 5

AMEND House Committee Bill No. 23, Page 32, Section 105.473, Line 8, by deleting the word "**official**" and inserting in lieu thereof the word "**entity**"; and

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

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

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

House Amendment No. 6

AMEND House Committee Bill No. 23, Page 41, Section 321.246, Line 96, by inserting the following after all of said section and line:

"321.320. **1. Except as provided in subsection 2 of this section,** if any property, located within the boundaries of a fire protection district, is included within a city having a population of forty thousand inhabitants or more, which city is not wholly within the fire protection district, and which city maintains a city fire department, the property is excluded from the fire protection district.

2. Unless the municipality and fire protection district contract otherwise, a fire protection district serving an area included within any annexation on or after January 1, 2019, by a municipality located in any county of the first classification with more than one hundred fifty thousand but fewer than two hundred thousand inhabitants having a fire department, including simplified boundary changes, shall, following the annexation:

(1) Continue to provide fire protection services, including emergency medical services to such area;

(2) Levy and collect any tax upon all taxable property included within the annexed area authorized under chapter 321; and

(3) Enforce any fire protection and fire prevention ordinances adopted and amended by the fire protection district in such area."; and

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

On motion of Representative Reisch, **House Amendment No. 6** was adopted.

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

House Amendment No. 7

AMEND House Committee Bill No. 23, Page 17, Section 92.820, Line 46, by inserting the following after all of said line:

"**94.841. 1. The governing body of any home rule city with more than forty-seven thousand but fewer than fifty-two thousand inhabitants and partially located in any county of the first classification with more than one hundred fifteen thousand but fewer than one hundred fifty thousand inhabitants may impose a tax on the charges for all sleeping rooms paid by the transient guests of hotels or motels situated in the city or a portion thereof, which shall not be more than seven percent per occupied room per night, except that such tax shall not become effective unless the governing body of the city submits to the voters of the city at a state general, primary, or special election a proposal to authorize the governing body of the city to impose a tax under this section. The tax authorized in this section shall be in addition to the charge for the sleeping room and all other taxes imposed by law, and the proceeds of such tax shall be used by the city for the promotion of tourism, visitors, conferences, and related purposes. Such tax shall be stated separately from all other charges and taxes.**

2. The ballot of submission for the tax authorized in this section shall be in substantially the following form:

Shall (insert the name of the city) impose a tax on the charges for all sleeping rooms paid by the transient guests of hotels and motels situated in (name of city) at a rate of (insert rate of percent) percent for the purpose of the promotion of tourism?

? YES ? NO

If a majority of the votes cast on the question by the qualified voters voting thereon are in favor of the question, then the tax shall become effective on the first day of the second calendar quarter following the calendar quarter in which the election was held. If a majority of the votes cast on the question by the qualified voters voting thereon are opposed to the question, then the tax authorized by this section shall not become effective unless and until the question is resubmitted under this section to the qualified voters of the city and such question is approved by a majority of the qualified voters of the city voting on the question."; and

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

Representative Corlew offered **House Amendment No. 1 to House Amendment No. 7**.

House Amendment No. 1
to
House Amendment No. 7

AMEND House Amendment No. 7 to House Committee Bill No. 23, Page 1, Line 1, by inserting after the phrase "No. 23," the following:

"Page 14, Section 82.505, Line 19, by inserting immediately after all of said section and line the following:

"84.510. 1. For the purpose of operation of the police department herein created, the chief of police, with the approval of the board, shall appoint such number of police department employees, including police officers and civilian employees as the chief of police from time to time deems necessary.

2. The base annual compensation of police officers shall be as follows for the several ranks:

(1) Lieutenant colonels, not to exceed five in number, at not less than seventy-one thousand nine hundred sixty-nine dollars, nor more than **[**~~one hundred thirty-three thousand eight hundred eighty-eight~~**] one hundred forty-six thousand one hundred twenty four** dollars per annum each;

(2) Majors at not less than sixty-four thousand six hundred seventy-one dollars, nor more than **[**~~one hundred twenty-two thousand one hundred fifty-three~~**] one hundred thirty-three thousand three hundred twenty** dollars per annum each;

(3) Captains at not less than fifty-nine thousand five hundred thirty-nine dollars, nor more than **[**~~one hundred eleven thousand four hundred thirty-four~~**] one hundred twenty-one thousand six hundred eight** dollars per annum each;

(4) Sergeants at not less than forty-eight thousand six hundred fifty-nine dollars, nor more than **[**~~ninety-seven thousand eighty-six~~**] one hundred six thousand five hundred sixty** dollars per annum each;

(5) Master patrol officers at not less than fifty-six thousand three hundred four dollars, nor more than **[**~~eighty-seven thousand seven hundred one~~**] ninety-four thousand three hundred thirty-two** dollars per annum each;

(6) Master detectives at not less than fifty-six thousand three hundred four dollars, nor more than **[**~~eighty-seven thousand seven hundred one~~**] ninety-four thousand three hundred thirty-two** dollars per annum each;

(7) Detectives, investigators, and police officers at not less than twenty-six thousand six hundred forty-three dollars, nor more than **[**~~eighty-two thousand six hundred nineteen~~**] eighty-seven thousand six hundred thirty-six** dollars per annum each.

3. The board of police commissioners has the authority by resolution to effect a comprehensive pay schedule program to provide for step increases with separate pay rates within each rank, in the above-specified salary ranges from police officers through chief of police.

4. Officers assigned to wear civilian clothes in the performance of their regular duties may receive an additional one hundred fifty dollars per month clothing allowance. Uniformed officers may receive seventy-five dollars per month uniform maintenance allowance.

5. The chief of police, subject to the approval of the board, shall establish the total regular working hours for all police department employees, and the board has the power, upon recommendation of the chief, to pay additional compensation for all hours of service rendered in excess of the established regular working period, but the rate of overtime compensation shall not exceed one and one-half times the regular hourly rate of pay to which each member shall normally be entitled. No credit shall be given nor deductions made from payments for overtime for the purpose of retirement benefits.

6. The board of police commissioners, by majority affirmative vote, including the mayor, has the authority by resolution to authorize incentive pay in addition to the base compensation as provided for in subsection 2 of this section, to be paid police officers of any rank who they determine are assigned duties which require an extraordinary degree of skill, technical knowledge and ability, or which are highly demanding or unusual. No credit shall be given nor deductions made from these payments for the purpose of retirement benefits.

7. The board of police commissioners may effect programs to provide additional compensation for successful completion of academic work at an accredited college or university. No credit shall be given nor deductions made from these payments for the purpose of retirement benefits.

8. The additional pay increments provided in subsections 6 and 7 of this section shall not be considered a part of the base compensation of police officers of any rank and shall not exceed ten percent of what the officer would otherwise be entitled to pursuant to subsections 2 and 3 of this section.

9. Not more than twenty-five percent of the officers in any rank who are receiving the maximum rate of pay authorized by subsections 2 and 3 of this section may receive the additional pay increments authorized by subsections 6 and 7 of this section at any given time. However, any officer receiving a pay increment provided pursuant to the provisions of subsections 6 and 7 of this section shall not be deprived of such pay increment as a result of the limitations of this subsection."; and

Further amend said bill,"; and

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

On motion of Representative Corlew, **House Amendment No. 1 to House Amendment No. 7** was adopted.

Representative Lavender offered **House Amendment No. 2 to House Amendment No. 7**.

House Amendment No. 2
to
House Amendment No. 7

AMEND House Amendment No. 7 to House Committee Bill No. 23, Page 1, Line 32, by inserting after said Line the following:

"Further amend said bill, Page 26, Section 105.470, Line 58, by inserting after the phrase "of consanguinity" the phrase "**or affinity**"; and

Further amend said bill and section, Page 26, Line 75 to Page 27, Line 80, by deleting all of said lines and inserting in lieu thereof the following:

"**[**~~(f) The transfer of any item, provision of any service or granting of any opportunity with a reasonably discernible cost or fair market value when such item, service or opportunity is necessary for a public official or employee to perform his or her duty in his or her official capacity, including but not limited to entrance fees to any sporting event, museum, or other venue when the official or employee is participating in a ceremony, public presentation or official meeting therein;~~**]**"; and

Further amend said bill and section by renumbering subdivisions accordingly; and

Further amend said bill, Pages 32-35, Section 105.473 by removing all of said section from the bill and inserting in lieu thereof the following:

"105.473. 1. Each lobbyist shall, not later than January fifth of each year or five days after beginning any activities as a lobbyist, file standardized registration forms, verified by a written declaration that it is made under the penalties of perjury, along with a filing fee of ten dollars, with the commission. The forms shall include the lobbyist's name and business address, the name and address of all persons such lobbyist employs for lobbying purposes, the name and address of each lobbyist principal by whom such lobbyist is employed or in whose interest such lobbyist appears or works**; and, for elected local government official lobbyists, the local government official to be lobbied**. The commission shall maintain files on all lobbyists' filings, which shall be open to the public. Each lobbyist shall file an updating statement under oath within one week of any addition, deletion, or change in the lobbyist's employment or representation. The filing fee shall be deposited to the general revenue fund of the state. The lobbyist principal or a lobbyist employing another person for lobbying purposes may notify the commission that a judicial, executive or legislative lobbyist is no longer authorized to lobby for the principal or the lobbyist and should be removed from the commission's files.

2. Each person shall, before giving testimony before any committee of the general assembly, give to the secretary of such committee such person's name and address and the identity of any lobbyist or organization, if any, on whose behalf such person appears. A person who is not a lobbyist as defined in section 105.470 shall not be required to give such person's address if the committee determines that the giving of such address would endanger the person's physical health.

3. (1) During any period of time in which a lobbyist continues to act as an executive lobbyist, judicial lobbyist, legislative lobbyist, or elected local government official lobbyist, the lobbyist shall file with the commission on standardized forms prescribed by the commission monthly reports which shall be due at the close of business on the tenth day of the following month;

(2) Each report filed pursuant to this subsection shall include a statement, verified by a written declaration that it is made under the penalties of perjury, setting forth the following:

(a) The total of all expenditures by the lobbyist or his or her lobbyist principals made on behalf of all public officials, their staffs and employees, and their spouses and dependent children, which expenditures shall be separated into at least the following categories by the executive branch**[**~~,~~**] and** judicial branch **[**~~and legislative branch~~**]** of government: printing and publication expenses; media and other advertising expenses; travel; the time, venue, and nature of any entertainment; honoraria; meals, food and beverages; and gifts;

(b) The total of all expenditures by the lobbyist or his or her lobbyist principals made on behalf of all elected local government officials, their staffs and employees, and their spouses and children. Such expenditures shall be separated into at least the following categories: printing and publication expenses; media and other advertising expenses; travel; the time, venue, and nature of any entertainment; honoraria; meals; food and beverages; and gifts;

(c) An itemized listing of the name of the recipient and the nature and amount of each expenditure by the lobbyist or his or her lobbyist principal, including a service or anything of value, for all expenditures made during any reporting period, paid or provided to or for a public official or elected local government official, such official's staff, employees, spouse or dependent children;

(d) **[**~~The total of all expenditures made by a lobbyist or lobbyist principal for occasions and the identity of the group invited, the date and description of the occasion and the amount of the expenditure for each occasion when any of the following are invited in writing:~~

~~a. All members of the senate;~~

~~b. All members of the house of representatives;~~

~~c. All members of a joint committee of the general assembly or a standing committee of either the house of representatives or senate; or~~

~~d. All members of a caucus of the majority party of the house of representatives, minority party of the house of representatives, majority party of the senate, or minority party of the senate;~~

~~(e)~~**]** Any expenditure made on behalf of a public official, an elected local government official or such official's staff, employees, spouse or dependent children, if such expenditure is solicited by such official, the official's staff, employees, or spouse or dependent children, from the lobbyist or his or her lobbyist principals and the name of such person or persons, except any expenditures made to any not-for-profit corporation, charitable, fraternal or civic organization or other association formed to provide for good in the order of benevolence;

[~~(f)~~**] (e)** A statement detailing any direct business relationship or association or partnership the lobbyist has with any public official or elected local government official. The reports required by this subdivision shall cover the time periods since the filing of the last report or since the lobbyist's employment or representation began, whichever is most recent.

4. No expenditure reported pursuant to this section shall include any amount expended by a lobbyist or lobbyist principal on himself or herself. All expenditures disclosed pursuant to this section shall be valued on the report at the actual amount of the payment made, or the charge, expense, cost, or obligation, debt or bill incurred by the lobbyist or the person the lobbyist represents. Whenever a lobbyist principal employs more than one lobbyist, expenditures of the lobbyist principal shall not be reported by each lobbyist, but shall be reported by one of such lobbyists. **[**~~No expenditure shall be made on behalf of a state senator or state representative, or such public official's staff, employees, spouse, or dependent children for travel or lodging outside the state of Missouri unless such travel or lodging was approved prior to the date of the expenditure by the administration and accounts committee of the house or the administration committee of the senate.~~**]**

5. Any lobbyist principal shall provide in a timely fashion whatever information is reasonably requested by the lobbyist principal's lobbyist for use in filing the reports required by this section.

6. All information required to be filed pursuant to the provisions of this section with the commission shall be kept available by the executive director of the commission at all times open to the public for inspection and copying for a reasonable fee for a period of five years from the date when such information was filed.

7. No person shall knowingly employ any person who is required to register as a registered lobbyist but is not registered pursuant to this section. Any person who knowingly violates this subsection shall be subject to a civil penalty in an amount of not more than ten thousand dollars for each violation. Such civil penalties shall be collected by action filed by the commission.

8. No lobbyist shall knowingly omit, conceal, or falsify in any manner information required pursuant to this section.

9. The prosecuting attorney of Cole County shall be reimbursed only out of funds specifically appropriated by the general assembly for investigations and prosecutions for violations of this section.

10. Any public official or other person whose name appears in any lobbyist report filed pursuant to this section who contests the accuracy of the portion of the report applicable to such person may petition the commission for an audit of such report and shall state in writing in such petition the specific disagreement with the contents of such report. The commission shall investigate such allegations in the manner described in section 105.959. If the commission determines that the contents of such report are incorrect, incomplete or erroneous, it shall enter an order requiring filing of an amended or corrected report.

11. The commission shall provide a report listing the total spent by a lobbyist for the month and year to any **[**~~member or member-elect of the general assembly, judge or judicial officer, or any other person holding an elective office of state government~~**]** **public official** or any elected local government official on or before the twentieth day of each month. For the purpose of providing accurate information to the public, the commission shall not publish information in either written or electronic form for ten working days after providing the report pursuant to this subsection. The commission shall not release any portion of the lobbyist report if the accuracy of the report has been questioned pursuant to subsection 10 of this section unless it is conspicuously marked "Under Review".

12. Each lobbyist or lobbyist principal by whom the lobbyist was employed, or in whose behalf the lobbyist acted, shall provide a general description of the proposed legislation or action by the executive branch or judicial branch which the lobbyist or lobbyist principal supported or opposed. This information shall be supplied to the commission on March fifteenth and May thirtieth of each year.

13. **No lobbyist shall make any contribution to, or expenditure on behalf of, any candidate committee formed by a candidate for statewide office, state representative, state senator, or local government official, or any general assembly member's candidate committee for the purpose of providing any food, entertainment, lodging, or travel, and such candidate committees shall be barred from receiving such items. For purposes of this subsection, the term "expenditure" shall have the same meaning given to the term in section 105.470, and the terms "candidate", "candidate committee", and "contribution" shall have the same meanings given to the terms under section 130.011.**

14. No lobbyist shall deliver any tangible or intangible item, service, or thing of value to any statewide elected official, member of the general assembly, local government official, or such person's staff, employees, spouse, or dependent children.

15. No lobbyist shall knowingly accept funds from any candidate committee, as defined under section 130.011, as reimbursement for delivering any tangible or intangible item, service, or thing of value to any statewide elected official or member of the general assembly, or such person's staff, employees, spouse, or dependent children.

16. No member of the general assembly or the governor, lieutenant governor, attorney general, secretary of state, state treasurer, state auditor, or local government official, or such person's staff, employees, spouse, or dependent children, shall:

(1) Accept any tangible or intangible item, service, or thing of value from any lobbyist; or

(2) Use funds from any candidate committee, as defined under section 130.011, to reimburse a lobbyist for delivering any tangible or intangible item, service, or thing of value to the person.

17. The provisions of this section shall supersede any contradicting ordinances or charter provisions."; and"; and

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

Representative Trent raised a point of order that **House Amendment No. 2 to House Amendment No. 7** goes beyond the scope of the underlying amendment.

Representative Houghton requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

On motion of Representative Davis, **House Amendment No. 7, as amended**, was adopted.

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

House Amendment No. 8

AMEND House Committee Bill No. 23, Page 41, Section 321.246, Line 96, by inserting after all of said section and line the following:

"**321.315. 1. Notwithstanding any other provision of this chapter or chapter 72, any owner of real property that is alleged to be subject to the levy of taxes and the jurisdiction of two fire protection districts, or alleged to be subject to the levy of taxes and the jurisdiction of one fire protection district and one fire department, may petition the circuit court in the county in which the real property is located requesting a declaratory judgment under sections 527.010 to 527.130 as to which one fire protection district or fire department has jurisdiction over the property regarding the provision of fire protection and emergency services and the levy of taxes. Two or more owners of real property that is alleged to be subject to the levy of taxes and the jurisdiction of two fire protection districts, or alleged to be subject to the levy of taxes and the jurisdiction of one fire protection district and one fire department, may jointly petition the circuit court.**

2. The fire protection district or fire department that is found not to have jurisdiction over the real property that is the subject of the declaratory judgment shall be liable for the costs of the action, including reasonable attorney fees, to the other parties to the action.

3. Any person as defined in section 527.130 that is aggrieved by the judgment and decree of the circuit court may appeal in like manner as appeals are taken in other civil cases.

527.130. The word "person", wherever used in sections 527.010 to 527.130, shall be construed to mean any person, including a minor represented by next friend or guardian ad litem and any other person under disability lawfully represented, partnership, joint-stock company, corporation, unincorporated association or society**, fire protection district,** or municipal or other corporation of any character whatsoever."; and

Further amend said bill and page, Section 640.648, Line 10, by inserting after all of said section and line the following:

"Section B. Because immediate action is necessary to prevent citizens of this state from double taxation for fire protection services, the enactment of section 321.315 and the repeal and reenactment of section 527.130 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 enactment of section 321.315 and the repeal and reenactment of section 527.130 of section A of this act shall be in full force and effect upon its passage and approval."; and

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

Representative Trent offered **House Amendment No. 1 to House Amendment No. 8**.

House Amendment No. 1
to
House Amendment No. 8

AMEND House Amendment No. 8 to House Committee Bill No. 23, Page 1, Line 1, by deleting said Line and inserting in lieu thereof the following:

"AMEND House Committee Bill No. 23, Page 38, Section 263.245, Line 60, by inserting immediately after said line the following:

"320.086. 1. Nothing contained in sections 320.081 to 320.086 shall allow access to records otherwise closed under sections 610.100 to 610.105**[**~~, RSMo Supp. 1982~~**]**.

2. Nothing contained in sections 320.081 to 320.086 shall restrict or waive the attorney-client privilege.

3. The portion of a record that is individually identifiable health information as defined by 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. Notwithstanding the foregoing, all fire departments and fire protection districts shall produce for every call to the department or district an "incident report" as defined in section 610.100 that shall include the date, time, specific location, and name of the owner of the specific location or any vehicle involved in the incident, if known. All incident reports shall be open records under section 620.100."; and

Further amend said bill, Page 41, Section 321.246, Line 96, by inserting after all of said"; and

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

On motion of Representative Trent, **House Amendment No. 1 to House Amendment No. 8** was adopted.

On motion of Representative Roeber, **House Amendment No. 8, as amended**, was adopted.

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

House Amendment No. 9

AMEND House Committee Bill No. 23, Page 13, Section 67.4600, Line 171, by inserting immediately after said section and line the following:

"71.012. 1. Notwithstanding the provisions of sections 71.015 and 71.860 to 71.920, the governing body of any city, town or village may annex unincorporated areas which are contiguous and compact to the existing corporate limits of the city, town or village pursuant to this section. The term "contiguous and compact" does not include a situation whereby the unincorporated area proposed to be annexed is contiguous to the annexing city, town or village only by a railroad line, trail, pipeline or other strip of real property less than one-quarter mile in width within the city, town or village so that the boundaries of the city, town or village after annexation would leave unincorporated areas between the annexed area and the prior boundaries of the city, town or village connected only by such railroad line, trail, pipeline or other such strip of real property. **The term "contiguous and compact" shall include a situation whereby the unincorporated area proposed to be annexed would be contiguous and compact to the existing corporate limits of the city, town, or village but for an intervening roadway or**

railroad right-of-way, regardless of whether any other city, town, or village has annexed such roadway or railroad right-of-way or otherwise has an easement in such roadway or railroad right-of-way. The term contiguous and compact does not prohibit voluntary annexations pursuant to this section merely because such voluntary annexation would create an island of unincorporated area within the city, town or village, so long as the owners of the unincorporated island were also given the opportunity to voluntarily annex into the city, town or village. Notwithstanding the provisions of this section, the governing body of any city, town or village in any county of the third classification which borders a county of the fourth classification, a county of the second classification and the Mississippi River may annex areas along a road or highway up to two miles from existing boundaries of the city, town or village or the governing body in any city, town or village in any county of the third classification without a township form of government with a population of at least twenty-four thousand inhabitants but not more than thirty thousand inhabitants and such county contains a state correctional center may voluntarily annex such correctional center pursuant to the provisions of this section if the correctional center is along a road or highway within two miles from the existing boundaries of the city, town or village.

2. (1) When a notarized petition, requesting annexation and signed by the owners of all fee interests of record in all tracts of real property located within the area proposed to be annexed, or a request for annexation signed under the authority of the governing body of any common interest community and approved by a majority vote of unit owners located within the area proposed to be annexed is presented to the governing body of the city, town or village, the governing body shall hold a public hearing concerning the matter not less than fourteen nor more than sixty days after the petition is received, and the hearing shall be held not less than seven days after notice of the hearing is published in a newspaper of general circulation qualified to publish legal matters and located within the boundary of the petitioned city, town or village. If no such newspaper exists within the boundary of such city, town or village, then the notice shall be published in the qualified newspaper nearest the petitioned city, town or village. For the purposes of this subdivision, the term "common-interest community" shall mean a condominium as said term is used in chapter 448, or a common-interest community, a cooperative, or a planned community.

(a) A "common-interest community" shall be defined as real property with respect to which a person, by virtue of such person's ownership of a unit, is obliged to pay for real property taxes, insurance premiums, maintenance or improvement of other real property described in a declaration. "Ownership of a unit" does not include a leasehold interest of less than twenty years in a unit, including renewal options;

(b) A "cooperative" shall be defined as a common-interest community in which the real property is owned by an association, each of whose members is entitled by virtue of such member's ownership interest in the association to exclusive possession of a unit;

(c) A "planned community" shall be defined as a common-interest community that is not a condominium or a cooperative. A condominium or cooperative may be part of a planned community.

(2) At the public hearing any interested person, corporation or political subdivision may present evidence regarding the proposed annexation. If, after holding the hearing, the governing body of the city, town or village determines that the annexation is reasonable and necessary to the proper development of the city, town or village, and the city, town or village has the ability to furnish normal municipal services to the area to be annexed within a reasonable time, it may, subject to the provisions of subdivision (3) of this subsection, annex the territory by ordinance without further action.

(3) If a written objection to the proposed annexation is filed with the governing body of the city, town or village not later than fourteen days after the public hearing by at least five percent of the qualified voters of the city, town or village, or two qualified voters of the area sought to be annexed if the same contains two qualified voters, the provisions of sections 71.015 and 71.860 to 71.920, shall be followed.

3. If no objection is filed, the city, town or village shall extend its limits by ordinance to include such territory, specifying with accuracy the new boundary lines to which the city's, town's or village's limits are extended. Upon duly enacting such annexation ordinance, the city, town or village shall cause three certified copies of the same to be filed with the county assessor and the clerk of the county wherein the city, town or village is located, and one certified copy to be filed with the election authority, if different from the clerk of the county which has jurisdiction over the area being annexed, whereupon the annexation shall be complete and final and thereafter all courts of this state shall take judicial notice of the limits of that city, town or village as so extended.

4. That a petition requesting annexation is not or was not verified or notarized shall not affect the validity of an annexation heretofore or hereafter undertaken in accordance with this section.

5. Any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of adoption of the annexation ordinance.

71.015. 1. Should any city, town, or village, not located in any county of the first classification which has adopted a constitutional charter for its own local government, seek to annex an area to which objection is made, the following shall be satisfied:

(1) Before the governing body of any city, town, or village has adopted a resolution to annex any unincorporated area of land, such city, town, or village shall first as a condition precedent determine that**:**

(a) The land to be annexed is contiguous to the existing city, town, or village limits and that the length of the contiguous boundary common to the existing city, town, or village limit and the proposed area to be annexed is at least fifteen percent of the length of the perimeter of the area proposed for annexation**; or**

(b) The land to be annexed would be contiguous and compact to the existing city, town, or village limits but for an intervening roadway or railroad right-of-way, and the shared border of the land to be annexed and existing city, town, or village composes at least fifteen percent of the total perimeter of the land to be annexed. For purposes of calculating the length of such border under this paragraph, the border between the land to be annexed and the existing city, town, or village shall be deemed to be:

a. If an intervening roadway, the centerline; or

b. If a railroad right-of-way, the midpoint between the outermost rails if there are rails or the best estimate of the middle of the right-of-way if there are no rails.

(2) The governing body of any city, town, or village shall propose an ordinance setting forth the following:

(a) The area to be annexed and affirmatively stating that the boundaries comply with the condition precedent referred to in subdivision (1) above;

(b) That such annexation is reasonable and necessary to the proper development of the city, town, or village;

(c) That the city has developed a plan of intent to provide services to the area proposed for annexation;

(d) That a public hearing shall be held prior to the adoption of the ordinance;

(e) When the annexation is proposed to be effective, the effective date being up to thirty-six months from the date of any election held in conjunction thereto.

(3) The city, town, or village shall fix a date for a public hearing on the ordinance and make a good faith effort to notify all fee owners of record within the area proposed to be annexed by certified mail, not less than thirty nor more than sixty days before the hearing, and notify all residents of the area by publication of notice in a newspaper of general circulation qualified to publish legal matters in the county or counties where the proposed area is located, at least once a week for three consecutive weeks prior to the hearing, with at least one such notice being not more than twenty days and not less than ten days before the hearing.

(4) At the hearing referred to in subdivision (3), the city, town, or village shall present the plan of intent and evidence in support thereof to include:

(a) A list of major services presently provided by the city, town, or village including, but not limited to, police and fire protection, water and sewer systems, street maintenance, parks and recreation, and refuse collection;

(b) A proposed time schedule whereby the city, town, or village plans to provide such services to the residents of the proposed area to be annexed within three years from the date the annexation is to become effective;

(c) The level at which the city, town, or village assesses property and the rate at which it taxes that property;

(d) How the city, town, or village proposes to zone the area to be annexed;

(e) When the proposed annexation shall become effective.

(5) Following the hearing, and either before or after the election held in subdivision (6) of this subsection, should the governing body of the city, town, or village vote favorably by ordinance to annex the area, the governing body of the city, town or village shall file an action in the circuit court of the county in which such unincorporated area is situated, under the provisions of chapter 527, praying for a declaratory judgment authorizing such annexation. The petition in such action shall state facts showing:

(a) The area to be annexed and its conformity with the condition precedent referred to in subdivision (1) of this subsection;

(b) That such annexation is reasonable and necessary to the proper development of the city, town, or village; and

(c) The ability of the city, town, or village to furnish normal municipal services of the city, town, or village to the unincorporated area within a reasonable time not to exceed three years after the annexation is to become effective. Such action shall be a class action against the inhabitants of such unincorporated area under the provisions of section 507.070.

(6) Except as provided in subsection 3 of this section, if the court authorizes the city, town, or village to make an annexation, the legislative body of such city, town, or village shall not have the power to extend the limits of the city, town, or village by such annexation until an election is held at which the proposition for annexation is approved by a majority of the total votes cast in the city, town, or village and by a separate majority of the total votes cast in the unincorporated territory sought to be annexed. However, should less than a majority of the total votes cast in the area proposed to be annexed vote in favor of the proposal, but at least a majority of the total votes cast in the city, town, or village vote in favor of the proposal, then the proposal shall again be voted upon in not more than one hundred twenty days by both the registered voters of the city, town, or village and the registered voters of the area proposed to be annexed. If at least two-thirds of the qualified electors voting thereon are in favor of the annexation, then the city, town, or village may proceed to annex the territory. If the proposal fails to receive the necessary majority, no part of the area sought to be annexed may be the subject of another proposal to annex for a period of two years from the date of the election, except that, during the two-year period, the owners of all fee interests of record in the area or any portion of the area may petition the city, town, or village for the annexation of the land owned by them pursuant to the procedures in section 71.012. The elections shall if authorized be held, except as herein otherwise provided, in accordance with the general state law governing special elections, and the entire cost of the election or elections shall be paid by the city, town, or village proposing to annex the territory.

(7) Failure to comply in providing services to the said area or to zone in compliance with the plan of intent within three years after the effective date of the annexation, unless compliance is made unreasonable by an act of God, shall give rise to a cause of action for deannexation which may be filed in the circuit court by any resident of the area who was residing in the area at the time the annexation became effective.

(8) No city, town, or village which has filed an action under this section as this section read prior to May 13, 1980, which action is part of an annexation proceeding pending on May 13, 1980, shall be required to comply with subdivision (5) of this subsection in regard to such annexation proceeding.

(9) If the area proposed for annexation includes a public road or highway but does not include all of the land adjoining such road or highway, then such fee owners of record, of the lands adjoining said highway shall be permitted to intervene in the declaratory judgment action described in subdivision (5) of this subsection.

2. Notwithstanding any provision of subsection 1 of this section, for any annexation by any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county that becomes effective after August 28, 1994, if such city has not provided water and sewer service to such annexed area within three years of the effective date of the annexation, a cause of action shall lie for deannexation, unless the failure to provide such water and sewer service to the annexed area is made unreasonable by an act of God. The cause of action for deannexation may be filed in the circuit court by any resident of the annexed area who is presently residing in the area at the time of the filing of the suit and was a resident of the annexed area at the time the annexation became effective. If the suit for deannexation is successful, the city shall be liable for all court costs and attorney fees.

3. Notwithstanding the provisions of subdivision (6) of subsection 1 of this section, all cities, towns, and villages located in any county of the first classification with a charter form of government with a population of two hundred thousand or more inhabitants which adjoins a county with a population of nine hundred thousand or more inhabitants shall comply with the provisions of this subsection. If the court authorizes any city, town, or village subject to this subsection to make an annexation, the legislative body of such city, town or village shall not have the power to extend the limits of such city, town, or village by such annexation until an election is held at which the proposition for annexation is approved by a majority of the total votes cast in such city, town, or village and by a separate majority of the total votes cast in the unincorporated territory sought to be annexed; except that:

(1) In the case of a proposed annexation in any area which is contiguous to the existing city, town or village and which is within an area designated as flood plain by the Federal Emergency Management Agency and which is inhabited by no more than thirty registered voters and for which a final declaratory judgment has been granted prior to January 1, 1993, approving such annexation and where notarized affidavits expressing approval of the proposed annexation are obtained from a majority of the registered voters residing in the area to be annexed, the area may be annexed by an ordinance duly enacted by the governing body and no elections shall be required; and

(2) In the case of a proposed annexation of unincorporated territory in which no qualified electors reside, if at least a majority of the qualified electors voting on the proposition are in favor of the annexation, the city, town or village may proceed to annex the territory and no subsequent election shall be required.

If the proposal fails to receive the necessary separate majorities, no part of the area sought to be annexed may be the subject of any other proposal to annex for a period of two years from the date of such election, except that, during the two-year period, the owners of all fee interests of record in the area or any portion of the area may petition the city, town, or village for the annexation of the land owned by them pursuant to the procedures in section 71.012 or 71.014.

The election shall, if authorized, be held, except as otherwise provided in this section, in accordance with the general state laws governing special elections, and the entire cost of the election or elections shall be paid by the city, town, or village proposing to annex the territory. Failure of the city, town or village to comply in providing services to the area or to zone in compliance with the plan of intent within three years after the effective date of the annexation, unless compliance is made unreasonable by an act of God, shall give rise to a cause of action for deannexation which may be filed in the circuit court not later than four years after the effective date of the annexation by any resident of the area who was residing in such area at the time the annexation became effective or by any nonresident owner of real property in such area.

4. Except for a cause of action for deannexation under subdivision (2) of subsection 3 of this section, any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of the adoption of the annexation ordinance."; and

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

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

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

House Amendment No. 10

AMEND House Committee Bill No. 23, Page 37, Section 137.556, Line 16, by inserting after all of said section and line, the following:

"238.216. 1. Except as otherwise provided in section 238.220 with respect to the election of directors, in order to call any election required or allowed under sections 238.200 to 238.275, the circuit court shall:

(1) Order the county clerk to cause the questions to appear on the ballot on the next regularly scheduled general, primary or special election day, which date shall be the same in each county or portion of a county included within and voting upon the proposed district;

(2) If the election is to be a mail-in election, specify a date on which ballots for the election shall be mailed, which date shall be a Tuesday, and shall be not earlier than the eighth Tuesday from the issuance of the order, and shall not be on the same day as an election conducted under the provisions of chapter 115; or

(3) If all the owners of property in the district joined in the petition for formation of the district, such owners may cast their ballot by unanimous verified petition approving any measure submitted to them as voters pursuant to this chapter. Each owner shall receive one vote per acre owned. Fractional votes shall be allowed. The verified petition shall be filed with the circuit court clerk. The filing of a unanimous petition shall constitute an election under sections 238.200 to 238.275 and the results of said election shall be entered pursuant to subsection 6 of this section.

2. **In the case of an election by mail-in ballot where the qualified voters are the real property owners under subsection 2 of section 238.220,** application for a ballot shall be **[**~~conducted as follows~~**] required, and such application process shall be**:

(1) Only qualified voters shall be entitled to apply for a ballot;

(2) Such persons shall apply with the clerk of the circuit court in which the petition was filed;

(3) Each person applying shall provide:

(a) Such person's name, address, mailing address, and phone number; **and**

(b) An authorized signature; and

(c) Evidence that such person is entitled to vote. Such evidence **for owners of real property** shall be**[**~~:~~

~~a. For resident individuals, proof of registration from the election authority;~~

~~b. For owners of real property,~~**]** a tax receipt or deed or other document which evidences ownership, and identifies the real property by location;

(4) No person shall apply later than the fourth Tuesday before the date for mailing ballots specified in the circuit court's order.

3. **[**~~If the election is to be a mail in election~~**] In the case of an election by mail-in ballot where the qualified voters are registered voters, the qualified voters shall not have to apply for ballots, but shall be issued a ballot as follows:**

(1) Only qualified voters, who are registered on the forty-fifth day prior to the date set by the circuit court for the mailing of ballots, shall be entitled to be mailed a ballot; and

(2) The election authority shall provide the circuit court with the names and addresses of all registered voters within the proposed transportation development district according to the records of the election authority on the forty-fifth day prior to the date set by the circuit court for the mailing of ballots.

4. In the case of an election by mail-in ballot where the qualified voters are the real property owners under subsection 2 of section 238.220, the circuit court shall mail a ballot to each qualified voter who applied for a ballot pursuant to subsection 2 of this section along with a return addressed envelope directed to the circuit court clerk's office with a sworn affidavit on the reverse side of such envelope for the voter's signature. Such affidavit shall be in the following form:

I hereby declare under penalties of perjury that I am qualified to vote, or to affix my authorized signature in the name of an entity which is entitled to vote, in this election.

Subscribed and sworn to before me this _____ day of _____, 20____

Authorized Signature

_____

_____

Printed Name of Voter Signature of notary or other officer authorized to administer oaths.

_____

Mailing Address of Voter (if different)

5. In the case of an election by mail-in ballot where the qualified voters are registered voters, the circuit court shall mail a ballot to each qualified voter whose name was provided by the election authority under subsection 3 of this section along with a return envelope addressed to the circuit court clerk's office.

6. The return identification envelope shall contain an affidavit that is substantially the following form:

PLEASE PRINT:

NAME: _____

I declare under penalty of perjury, a felony, that I am a qualified voter for this election as shown on voter registration records and that I have voted the enclosed ballot and am returning it in compliance with section 238.216, RSMo, and have not and will not vote more than one ballot in this election.

I also understand that failure to complete the information below will invalidate my ballot.

_____

Signature

_____

Residence Address

_____

Mailing Address (if different)

7. Upon receipt of the ballot, the voter shall mark it, place and seal the marked ballot in the secrecy envelope supplied with the ballot, place and seal the secrecy envelope containing the marked ballot in the return identification envelope supplied with the ballot that has been signed by the voter, and return the marked ballot to the circuit court, no later than the date required under subsection 11 of this section, by United States mail or by personally delivering the ballot to the circuit court.

8. The circuit court may provide additional sites for return delivery of ballots. The circuit court may also provide for the prepayment of postage on the return ballots.

9. Any costs incurred by the circuit court in the administration of an election under this section shall be paid by the petitioners.

[~~4.~~**] 10.** Except as otherwise provided in subsection 2 of section 238.220, with respect to the election of directors, each qualified voter shall have one vote, unless the qualified voters are property owners under subdivision (2) of subsection 2 of section 238.202, in which case they shall receive one vote per acre. Each voter which is not an individual shall determine how to cast its vote as provided for in its articles of incorporation, articles of organization, articles of partnership, bylaws, or other document which sets forth an appropriate mechanism for the determination of the entity's vote. If a voter has no such mechanism, then its vote shall be cast as determined by a majority of the persons who run the day-to-day affairs of the voter. Each voted ballot shall be signed with the authorized signature.

[~~5.~~**] 11.** Mail-in voted ballots shall be returned to the circuit court clerk's office by mail or hand delivery no later than 5:00 p.m. on the sixth Tuesday after the date for mailing the ballots as set forth in the circuit court's order. The circuit court's clerk shall transmit all voted ballots to a team of judges of not less than four, with an equal number from each of the two major political parties. The judges shall be selected by the circuit court from lists compiled by the election authority. Upon receipt of the voted ballots, the judges shall verify the authenticity of the ballots, canvass the votes, and certify the results. Certification by the election judges shall be final and shall be immediately transmitted to the circuit court. Any qualified voter who voted in such election may contest the result in the same manner as provided in chapter 115.

[~~6.~~**] 12.** The results of the election shall be entered upon the records of the circuit court of the county in which the petition was filed. Also, a certified copy thereof shall be filed with the county clerk of each county in which a portion of the proposed district lies, who shall cause the same to be spread upon the records of the county commission."; and

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

Representative Vescovo moved the previous question.

Which motion was adopted by the following vote:

AYES: 095

Alferman	Anderson	Andrews	Austin	Bahr
Basye	Beard	Berry	Black	Bondon
Brown 57	Christofanelli	Conway 104	Corlew	Cornejo
Cross	Curtman	Davis	Dinkins	Dogan
Dohrman	Eggleston	Evans	Fitzpatrick	Fitzwater
Francis	Franklin	Frederick	Gannon	Gregory
Grier	Haahr	Haefner	Hannegan	Hansen
Helms	Henderson	Higdon	Houghton	Houx
Hurst	Johnson	Justus	Kelley 127	Kelly 141
Kidd	Knight	Kolkmeyer	Lant	Lauer
Love	Lynch	Marshall	Mathews	Matthiesen
McGaugh	Messenger	Miller	Moon	Morris 140
Morse 151	Neely	Pfautsch	Phillips	Pietzman
Pike	Pogue	Redmon	Rehder	Remole
Roeber	Rone	Ross	Rowland 155	Ruth
Shaul 113	Shull 16	Shumake	Smith 163	Sommer
Spencer	Stacy	Stephens 128	Swan	Tate
Taylor	Trent	Vescovo	Walker 3	Walsh
White	Wiemann	Wilson	Wood	Mr. Speaker

NOES: 040

Adams	Anders	Bangert	Baringer	Barnes 28
Beck	Brown 27	Burnett	Burns	Butler
Carpenter	Conway 10	Curtis	Ellebracht	Ellington
Franks Jr	Green	Harris	Kendrick	Lavender
May	McCreery	McGee	Meredith 71	Morgan
Mosley	Newman	Nichols	Pierson Jr	Quade
Razer	Revis	Roberts	Rowland 29	Runions
Stevens 46	Unsicker	Walker 74	Washington	Wessels

PRESENT: 000

ABSENT WITH LEAVE: 026

Arthur	Barnes 60	Bernskoetter	Brattin	Chipman
Cookson	DeGroot	Engler	Fraker	Gray
Hill	Korman	Lichtenegger	McCann Beatty	McDaniel
Merideth 80	Mitten	Muntzel	Peters	Plocher
Reiboldt	Reisch	Rhoads	Roden	Schroer
Smith 85				

VACANCIES: 002

Representative Stacy moved that **House Amendment No. 10** be adopted.

Which motion was defeated.

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

House Amendment No. 11

AMEND House Committee Bill No. 23, Page 36, Section 108.120, Line 14, by inserting after all of said line the following:

"137.010. The following words, terms and phrases when used in laws governing taxation and revenue in the state of Missouri shall have the meanings ascribed to them in this section, except when the context clearly indicates a different meaning:

(1) "Grain and other agricultural crops in an unmanufactured condition" shall mean grains and feeds including, but not limited to, soybeans, cow peas, wheat, corn, oats, barley, kafir, rye, flax, grain sorghums, cotton, and such other products as are usually stored in grain and other elevators and on farms; but excluding such grains and other agricultural crops after being processed into products of such processing, when packaged or sacked. The term "processing" shall not include hulling, cleaning, drying, grating, or polishing;

(2) "Hydroelectric power generating equipment", very-low-head turbine generators with a nameplate generating capacity of at least four hundred kilowatts but not more than six hundred kilowatts and machinery and equipment used directly in the production, generation, conversion, storage, or conveyance of hydroelectric power to land-based devices and appurtenances used in the transmission of electrical energy;

(3) "Intangible personal property", for the purpose of taxation, shall include all property other than real property and tangible personal property, as defined by this section;

(4) "Real property" includes land itself, whether laid out in town lots or otherwise, and all growing crops, buildings, structures, improvements and fixtures of whatever kind thereon, hydroelectric power generating equipment, the installed poles used in the transmission or reception of electrical energy, audio signals, video signals or similar purposes, provided the owner of such installed poles is also an owner of a fee simple interest, possessor of an easement, holder of a license or franchise, or is the beneficiary of a right-of-way dedicated for public utility purposes for the underlying land; attached wires, transformers, amplifiers, substations, and other such devices and

appurtenances used in the transmission or reception of electrical energy, audio signals, video signals or similar purposes when owned by the owner of the installed poles, otherwise such items are considered personal property; and stationary property used for transportation or storage of liquid and gaseous products, including, but not limited to, petroleum products, natural gas, propane or LP gas equipment, water, and sewage;

(5) **"Reliever airport", any land and improvements, exclusive of structures, on privately owned airports that qualify as reliever airports under the National Plan of Integrated Airports System that may receive federal airport improvement project funds through the Federal Aviation Administration;**

(6) "Tangible personal property" includes every tangible thing being the subject of ownership or part ownership whether animate or inanimate, other than money, and not forming part or parcel of real property as herein defined, but does not include household goods, furniture, wearing apparel and articles of personal use and adornment, as defined by the state tax commission, owned and used by a person in his home or dwelling place.

137.016. 1. As used in Section 4(b) of Article X of the Missouri Constitution, the following terms mean:

(1) "Residential property", all real property improved by a structure which is used or intended to be used for residential living by human occupants, vacant land in connection with an airport, land used as a golf course, manufactured home parks, bed and breakfast inns in which the owner resides and uses as a primary residence with six or fewer rooms for rent, and time-share units as defined in section 407.600, except to the extent such units are actually rented and subject to sales tax under subdivision (6) of subsection 1 of section 144.020, but residential property shall not include other similar facilities used primarily for transient housing. For the purposes of this section, "transient housing" means all rooms available for rent or lease for which the receipts from the rent or lease of such rooms are subject to state sales tax pursuant to subdivision (6) of subsection 1 of section 144.020;

(2) "Agricultural and horticultural property", all real property used for agricultural purposes and devoted primarily to the raising and harvesting of crops; to the feeding, breeding and management of livestock which shall include breeding, showing, and boarding of horses; to dairying, or to any other combination thereof; and buildings and structures customarily associated with farming, agricultural, and horticultural uses. Agricultural and horticultural property shall also include land devoted to and qualifying for payments or other compensation under a soil conservation or agricultural assistance program under an agreement with an agency of the federal government. Agricultural and horticultural property shall further include **[**~~land and improvements, exclusive of structures, on privately owned airports that qualify as reliever airports under the National Plan of Integrated Airports System, to receive federal airport improvement project funds through the Federal Aviation Administration~~**] any reliever airport**. Real property classified as forest croplands shall not be agricultural or horticultural property so long as it is classified as forest croplands and shall be taxed in accordance with the laws enacted to implement Section 7 of Article X of the Missouri Constitution. Agricultural and horticultural property shall also include any sawmill or planing mill defined in the U.S. Department of Labor's Standard Industrial Classification (SIC) Manual under Industry Group 242 with the SIC number 2421;

(3) "Utility, industrial, commercial, railroad and other real property", all real property used directly or indirectly for any commercial, mining, industrial, manufacturing, trade, professional, business, or similar purpose, including all property centrally assessed by the state tax commission but shall not include floating docks, portions of which are separately owned and the remainder of which is designated for common ownership and in which no one person or business entity owns more than five individual units. All other real property not included in the property listed in subclasses (1) and (2) of Section 4(b) of Article X of the Missouri Constitution, as such property is defined in this section, shall be deemed to be included in the term "utility, industrial, commercial, railroad and other real property".

2. Pursuant to Article X of the state constitution, any taxing district may adjust its operating levy to recoup any loss of property tax revenue, except revenues from the surtax imposed pursuant to Article X, Subsection 2 of Section 6 of the constitution, as the result of changing the classification of structures intended to be used for residential living by human occupants which contain five or more dwelling units if such adjustment of the levy does not exceed the highest tax rate in effect subsequent to the 1980 tax year. For purposes of this section, loss in revenue shall include the difference between the revenue that would have been collected on such property under its classification prior to enactment of this section and the amount to be collected under its classification under this section. The county assessor of each county or city not within a county shall provide information to each taxing district within its boundaries regarding the difference in assessed valuation of such property as the result of such change in classification.

3. All reclassification of property as the result of changing the classification of structures intended to be used for residential living by human occupants which contain five or more dwelling units shall apply to assessments made after December 31, 1994.

4. Where real property is used or held for use for more than one purpose and such uses result in different classifications, the county assessor shall allocate to each classification the percentage of the true value in money of the property devoted to each use; except that, where agricultural and horticultural property, as defined in this section, also contains a dwelling unit or units, the farm dwelling, appurtenant residential-related structures and up to five acres immediately surrounding such farm dwelling shall be residential property, as defined in this section. **This subsection shall not apply to any reliever airport.**

5. All real property which is vacant, unused, or held for future use; which is used for a private club, a not-for-profit or other nonexempt lodge, club, business, trade, service organization, or similar entity; or for which a determination as to its classification cannot be made under the definitions set out in subsection 1 of this section, shall be classified according to its immediate most suitable economic use, which use shall be determined after consideration of:

(1) Immediate prior use, if any, of such property;

(2) Location of such property;

(3) Zoning classification of such property; except that, such zoning classification shall not be considered conclusive if, upon consideration of all factors, it is determined that such zoning classification does not reflect the immediate most suitable economic use of the property;

(4) Other legal restrictions on the use of such property;

(5) Availability of water, electricity, gas, sewers, street lighting, and other public services for such property;

(6) Size of such property;

(7) Access of such property to public thoroughfares; and

(8) Any other factors relevant to a determination of the immediate most suitable economic use of such property.

6. All lands classified as forest croplands shall not, for taxation purposes, be classified as subclass (1), subclass (2), or subclass (3) real property, as such classes are prescribed in Section 4(b) of Article X of the Missouri Constitution and defined in this section, but shall be taxed in accordance with the laws enacted to implement Section 7 of Article X of the Missouri Constitution.

137.017. 1. For general property assessment purposes, the true value in money of land which is in use as agricultural and horticultural property, as defined in section 137.016, shall be that value which such land has for agricultural or horticultural use. The true value of buildings or other structures customarily associated with farming, agricultural, and horticultural uses, excluding residential dwellings and related land, shall be added to the use value of the agricultural and horticultural land to determine the value of the agricultural and horticultural property under sections 137.017 to 137.021.

2. After it has been established that the land is actually agricultural and horticultural property, as defined in section 137.016, and is being valued and assessed accordingly, the land shall remain in this category as long as the owner of the land complies with the provisions of sections 137.017 to 137.021.

3. Continuance of valuation and assessment for general property taxation under the provisions of sections 137.017 to 137.021 shall depend upon continuance of the land being used as agricultural and horticultural property, as defined in section 137.016, and compliance with the other requirements of sections 137.017 to 137.021 and not upon continuance in the same owner of title to the land.

4. For general property assessment purposes, the true value in money of vacant and unused land which is classified as agricultural and horticultural property under subsection 3 of section 137.016 shall be its fair market value. **This subsection shall not apply to any reliever airport.**

5. For general property assessment purposes, the true value in money of a reliever airport shall be that value which such land has for agricultural or horticultural use."; and

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

Representative Curtis 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 House Committee Bill No. 23, Page 1, Line 1, by deleting said line and inserting in lieu thereof the following:

"AMEND House Committee Bill No. 23, Page 3, Section 59.800, Line 41, by inserting immediately after said section and line the following:

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

(1) "International airport", any international airport located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants or any city not within a county;

(2) "Outlying property", property of an international airport that is not used as a control tower, parking lot, runway, taxiway, or terminal.

2. There is hereby established the "St. Louis Airport Oversight Commission" whose purpose is to review any decision by the governing body of an international airport regarding any outlying property that may substantially affect property neighboring the outlying property.

3. The commission shall consist of ten members as follows:

(1) Two members appointed by the governing body of any home rule city with more than eight thousand but fewer than nine thousand inhabitants and located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants;

(2) Two members appointed by the governing body of any home rule city with more than ten thousand but fewer than eleven thousand nine hundred inhabitants and located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants;

(3) One member appointed by the governing body of any city of the fourth classification with more than eight hundred but fewer than nine hundred inhabitants and located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants;

(4) One member appointed by the governing body of any home rule city with more than twenty-four thousand but fewer than twenty-seven thousand inhabitants;

(5) Two members appointed by the governing body of any city of the fourth classification with more than two hundred eighty-five but fewer than three hundred twenty inhabitants and located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants;

(6) One member appointed by the governing body of any city of the fourth classification with more than twelve thousand but fewer than thirteen thousand five hundred inhabitants and located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants; and

(7) One member appointed by the governing body of any city of the fourth classification with more than four thousand but fewer than four thousand five hundred inhabitants and located in any county with a charter form of government and with more than nine hundred fifty thousand inhabitants.

4. The commission shall have veto power over any decision by the governing structure of the international airport or by any city not within a county regarding the airport.

5. The commission shall meet at least weekly to review and vote on any decision. The meeting shall be held at the city hall of each city represented on the commission on an alternating basis. Notice of the meeting shall be provided as required by law."; and

Further amend said bill, Page 36, Section 108.120, Line 14, by inserting after all of"; and

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

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

Representative Vescovo moved the previous question.

Which motion was adopted by the following vote:

AYES: 088

Alferman	Anderson	Andrews	Austin	Bahr
Basye	Beard	Berry	Black	Brown 57
Conway 104	Corlew	Cornejo	Cross	Curtman

Davis	DeGroot	Dinkins	Dogan	Dohrman
Eggleston	Evans	Fitzwater	Fraker	Franklin
Frederick	Gannon	Gregory	Grier	Haahr
Haefner	Hannegan	Hansen	Helms	Henderson
Higdon	Houghton	Houx	Hurst	Justus
Kelley 127	Kelly 141	Knight	Kolkmeyer	Lant
Lauer	Lichtenegger	Love	Lynch	Marshall
Mathews	Matthiesen	McGaugh	Messenger	Miller
Moon	Morris 140	Morse 151	Muntzel	Phillips
Pietzman	Pike	Pogue	Redmon	Rehder
Reisch	Remole	Rhoads	Roeber	Rone
Ross	Rowland 155	Ruth	Shaul 113	Shull 16
Shumake	Sommer	Spencer	Stacy	Stephens 128
Swan	Taylor	Vescovo	Walker 3	Walsh
White	Wiemann	Wood		

NOES: 037

Adams	Anders	Bangert	Baringer	Barnes 28
Beck	Brown 27	Burnett	Burns	Conway 10
Curtis	Ellebracht	Ellington	Franks Jr	Green
Kendrick	Lavender	McCreery	McGee	Meredith 71
Mitten	Morgan	Mosley	Newman	Nichols
Pierson Jr	Quade	Razer	Revis	Roberts
Rowland 29	Runions	Smith 85	Stevens 46	Unsicker
Washington	Wessels			

PRESENT: 000

ABSENT WITH LEAVE: 036

Arthur	Barnes 60	Bernskoetter	Bondon	Brattin
Butler	Carpenter	Chipman	Christofanelli	Cookson
Engler	Fitzpatrick	Francis	Gray	Harris
Hill	Johnson	Kidd	Korman	May
McCann Beatty	McDaniel	Merideth 80	Neely	Peters
Pfautsch	Plocher	Reiboldt	Roden	Schroer
Smith 163	Tate	Trent	Walker 74	Wilson
Mr. Speaker				

VACANCIES: 002

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

Representative Vescovo moved the previous question.

Which motion was adopted by the following vote:

AYES: 088

Alferman	Anderson	Andrews	Austin	Bahr
Basye	Beard	Bernskoetter	Berry	Black
Bondon	Brown 57	Corlew	Cornejo	Curtman
DeGroot	Dinkins	Dogan	Dohrman	Eggleston
Engler	Evans	Fitzwater	Fraker	Francis

Franklin	Frederick	Gannon	Gregory	Grier
Haahr	Haefner	Hannegan	Hansen	Helms
Henderson	Higdon	Houghton	Houx	Hurst
Johnson	Justus	Kelley 127	Kelly 141	Knight
Kolkmeyer	Lant	Lauer	Lichtenegger	Love
Lynch	Marshall	Mathews	Matthiesen	McGaugh
Messenger	Miller	Moon	Morse 151	Muntzel
Neely	Pfautsch	Phillips	Pietzman	Pike
Pogue	Redmon	Rehder	Reisch	Remole
Rhoads	Roeber	Rone	Rowland 155	Ruth
Shaul 113	Shull 16	Shumake	Spencer	Stacy
Stephens 128	Swan	Taylor	Walker 3	Walsh
White	Wiemann	Wood		

NOES: 036

Adams	Anders	Bangert	Baringer	Barnes 28
Beck	Brown 27	Burnett	Burns	Conway 10
Curtis	Ellebracht	Franks Jr	Kendrick	Lavender
May	McCreery	McGee	Meredith 71	Merideth 80
Morgan	Mosley	Newman	Nichols	Pierson Jr
Quade	Razer	Revis	Roberts	Rowland 29
Runions	Smith 85	Stevens 46	Unsicker	Walker 74
Washington				

PRESENT: 000

ABSENT WITH LEAVE: 037

Arthur	Barnes 60	Brattin	Butler	Carpenter
Chipman	Christofanelli	Conway 104	Cookson	Cross
Davis	Ellington	Fitzpatrick	Gray	Green
Harris	Hill	Kidd	Korman	McCann Beatty
McDaniel	Mitten	Morris 140	Peters	Plocher
Reiboldt	Roden	Ross	Schroer	Smith 163
Sommer	Tate	Trent	Vescovo	Wessels
Wilson	Mr. Speaker			

VACANCIES: 002

HCB 23, as amended, was referred to the Committee on Fiscal Review pursuant to Rule 53.

PERFECTION OF HOUSE BILLS

HB 1795, **HCS HB 2157**, **HB 2632**, **HB 2607**, **HCS HB 2259**, and **HB 2644** were placed on the Informal Calendar.

HB 2538, relating to maintaining Missouri state parks, was taken up by Representative Pietzman.

On motion of Representative Pietzman, the title of **HB 2538** was agreed to.

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

House Amendment No. 1

AMEND House Bill No. 2538, Page 2, Section 253.147, Line 18, by inserting after the number "**(6)**" the following:

"**Any anticipated land acquisitions by purchase, lease, donation, agreement, or eminent domain and the total anticipated costs associated with such acquisition;**
(7)"; and

Further amend said bill, page, and section, by renumbering subsequent subdivisions accordingly; and

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

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

Speaker Richardson assumed the Chair.

On motion of Representative Pietzman, **HB 2538, as amended**, was ordered perfected and printed.

On motion of Representative Vescovo, the House recessed until 2:00 p.m.

AFTERNOON SESSION

The hour of recess having expired, the House was called to order by Speaker Pro Tem Haahr.

Representative Vescovo suggested the absence of a quorum.

The following roll call indicated a quorum present:

AYES: 041

Alferman	Anders	Basye	Beard	Bernskoetter
Black	Bondon	Brown 27	Butler	Cookson
Curtman	DeGroot	Fraker	Francis	Gannon
Hansen	Henderson	Hurst	Kelley 127	Kelly 141
Kidd	Korman	Lant	Lichtenegger	May
McGaugh	Morris 140	Morse 151	Muntzel	Pfautsch
Phillips	Pogue	Redmon	Rehder	Reiboldt
Remole	Rowland 29	Taylor	Walsh	White
Wiemann				

NOES: 000

PRESENT: 070

Anderson	Andrews	Bahr	Baringer	Barnes 28
Beck	Berry	Brown 57	Christofanelli	Conway 104
Corlew	Cornejo	Curtis	Dogan	Dohrman
Eggleston	Evans	Fitzpatrick	Fitzwater	Franklin
Frederick	Gregory	Haahr	Haefner	Helms
Higdon	Hill	Houx	Johnson	Kendrick
Knight	Kolkmeyer	Love	Lynch	Marshall

McCreery	Meredith 71	Messenger	Miller	Morgan
Newman	Nichols	Pierson Jr	Pike	Quade
Razer	Reisch	Revis	Rhoads	Roberts
Ross	Rowland 155	Runions	Ruth	Shaul 113
Shull 16	Shumake	Smith 163	Sommer	Stacy
Stephens 128	Tate	Trent	Unsicker	Vescovo
Walker 3	Wessels	Wilson	Wood	Mr. Speaker

ABSENT WITH LEAVE: 050

Adams	Arthur	Austin	Bangert	Barnes 60
Brattin	Burnett	Burns	Carpenter	Chipman
Conway 10	Cross	Davis	Dinkins	Ellebracht
Ellington	Engler	Franks Jr	Gray	Green
Grier	Hannegan	Harris	Houghton	Justus
Lauer	Lavender	Mathews	Matthiesen	McCann Beatty
McDaniel	McGee	Merideth 80	Mitten	Moon
Mosley	Neely	Peters	Pietzman	Plocher
Roden	Roeber	Rone	Schroer	Smith 85
Spencer	Stevens 46	Swan	Walker 74	Washington

VACANCIES: 002

PERFECTION OF HOUSE BILLS

HB 2499, relating to videoconferencing for parole hearings, was taken up by Representative Hansen.

On motion of Representative Hansen, the title of **HB 2499** was agreed to.

On motion of Representative Hansen, **HB 2499** was ordered perfected and printed.

THIRD READING OF SENATE BILLS - INFORMAL

SS SCS SB 593, relating to financial solvency of insurance companies, was taken up by Representative Shull (16).

On motion of Representative Shull (16), the title of **SS SCS SB 593** was agreed to.

On motion of Representative Shull (16), **SS SCS SB 593** was truly agreed to and finally passed by the following vote:

AYES: 130

Adams	Alferman	Anders	Anderson	Andrews
Bahr	Bangert	Baringer	Barnes 60	Barnes 28
Basye	Beard	Beck	Berry	Black
Bondon	Brown 27	Brown 57	Burnett	Burns
Butler	Carpenter	Christofanelli	Conway 104	Corlew
Cornejo	Cross	Curtis	Curtman	Davis
DeGroot	Dinkins	Dogan	Dohrman	Eggleston
Ellebracht	Engler	Evans	Fitzpatrick	Fitzwater

Francis	Franklin	Franks Jr	Frederick	Gray
Green	Gregory	Grier	Haahr	Haefner
Hannegan	Hansen	Helms	Henderson	Higdon
Hill	Houghton	Houx	Hurst	Johnson
Justus	Kelley 127	Kelly 141	Kendrick	Kidd
Knight	Kolkmeyer	Korman	Lant	Lauer
Lavender	Lichtenegger	Love	Lynch	Marshall
Matthiesen	McCreery	McGaugh	McGee	Meredith 71
Merideth 80	Messenger	Miller	Morgan	Morris 140
Morse 151	Muntzel	Newman	Nichols	Pfautsch
Phillips	Pierson Jr	Pike	Plocher	Quade
Razer	Rehder	Reiboldt	Reisch	Remole
Revis	Rhoads	Roberts	Roeber	Rowland 155
Rowland 29	Runions	Ruth	Schroer	Shaul 113
Shull 16	Shumake	Smith 163	Sommer	Stacy
Stephens 128	Stevens 46	Tate	Taylor	Trent
Unsicker	Vescovo	Walker 3	Walsh	Washington
Wessels	White	Wiemann	Wilson	Wood

NOES: 002

Moon	Pogue

PRESENT: 000

ABSENT WITH LEAVE: 029

Arthur	Austin	Bernskoetter	Brattin	Chipman
Conway 10	Cookson	Ellington	Fraker	Gannon
Harris	Mathews	May	McCann Beatty	McDaniel
Mitten	Mosley	Neely	Peters	Pietzman
Redmon	Roden	Rone	Ross	Smith 85
Spencer	Swan	Walker 74	Mr. Speaker	

VACANCIES: 002

Speaker Pro Tem Haahr declared the bill passed.

SB 594, relating to insurance markets for commercial insurance, was taken up by Representative Engler.

On motion of Representative Engler, the title of **SB 594** was agreed to.

Representative Kolkmeyer assumed the Chair.

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

House Amendment No. 1

AMEND Senate Bill No. 594, Page 1, Section A, Line 2, by inserting after all of said line the following:

"191.671. 1. No other section of this act shall apply to any insurer, health services corporation, or health maintenance organization licensed by the department of insurance, financial institutions and professional registration which conducts HIV testing only for the purposes of assessing a person's fitness for insurance coverage offered by such insurer, health services corporation, or health maintenance corporation, except that nothing in this section shall

be construed to exempt any insurer, health services corporation or health maintenance organization in their capacity as employers from the provisions of section 191.665 relating to employment practices.

2. Upon renewal of any individual or group insurance policy, subscriber contractor health maintenance organization contract covering medical expenses, no insurer, health services corporation or health maintenance organization shall deny or alter coverage to any previously covered individual who has been diagnosed as having HIV infection or any HIV-related condition during the previous policy or contract period only because of such diagnosis, nor shall any such insurer, health services corporation or health maintenance organization exclude coverage for treatment of such infection or condition with respect to any such individual. **The provisions of this subsection shall not apply to short-term major medical policies having a duration of less than one year.**

3. The director of the department of insurance, financial institutions and professional registration shall establish by regulation standards for the use of HIV testing by insurers, health services corporations and health maintenance organizations.

4. A laboratory certified by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, permitting testing of specimens obtained in interstate commerce, and which subjects itself to ongoing proficiency testing by the College of American Pathologists, the American Association of Bio Analysts, or an equivalent program approved by the Centers for Disease Control shall be authorized to perform or conduct HIV testing for an insurer, health services corporation or health maintenance organization pursuant to this section.

5. The result or results of HIV testing of an applicant for insurance coverage shall not be disclosed by an insurer, health services corporation or health maintenance organization, except as specifically authorized by such applicant in writing. Such result or results shall, however, be disclosed to a physician designated by the subject of the test. If there is no physician designated, the insurer, health services corporation, or health maintenance organization shall disclose the identity of individuals residing in Missouri having a confirmed positive HIV test result to the department of health and senior services. Provided, further, that no such insurer, health services corporation or health maintenance organization shall be liable for violating any duty or right of confidentiality established by law for disclosing such identity of individuals having a confirmed positive HIV test result to the department of health and senior services. Such disclosure shall be in a manner that ensures confidentiality. Disclosure of test results in violation of this section shall constitute a violation of sections 375.930 to 375.948 regulating trade practices in the business of insurance. Nothing in this subsection shall be construed to foreclose any remedies existing on June 1, 1988.

376.008. 1. All short-term major medical policies delivered or issued for delivery in this state shall include on any application for coverage and on the fact page of all policies a conspicuous and clearly captioned paragraph stating:

This policy may not cover preexisting conditions, including conditions you may currently have and are unaware of but are not diagnosed until the policy's term. This policy may not cover certain essential health benefits, including prescription drugs, preventative care, and emergency services. Before you realize benefits under this policy, you may be responsible for a deductible and/or coinsurance. Be sure to discuss these items with your insurance broker before purchasing a short-term medical policy.

2. No short-term major medical policy shall be delivered or issued for delivery in this state until the prospective insured has confirmed receipt of a benefit summary statement. As used in this section, "benefit summary statement" shall mean a no more than two-page plain language explanation of the following:

(1) Coverage limits, if any, expressed in dollars for:

(a) Each occurrence;

(b) Each covered benefit including, but not limited to, any benefit that is or was a covered benefit for any duration or dollar amount during the contract period and anything included under subdivision (2) of this subsection; and

(c) Each contract period;

(2) Copayments and deductibles for each covered benefit including, but not limited to:

(a) Inpatient hospital care;

(b) Outpatient hospital care;

(c) Nonhospital inpatient care;

(d) Nonhospital outpatient care;

(e) Prescription drugs; and

(f) Emergency services; and

(3) Any copayment or deductible for an illness or affliction which differs from the copayment or deductible required to be described under subdivision (2) of this subsection.

376.385. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements, to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1998, shall offer coverage for all physician-prescribed medically appropriate and necessary equipment, supplies and self-management training used in the management and treatment of diabetes. Coverage shall include persons with gestational, type I or type II diabetes.

2. Health care services required by this section shall not be subject to any greater deductible or co-payment than any other health care service provided by the policy, contract or plan.

3. No entity enumerated in subsection 1 of this section may reduce or eliminate coverage due to the requirements of this section.

4. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, **short-term major medical policies having a duration of less than one year,** or other limited benefit health insurance policies.

376.429. 1. All health benefit plans, as defined in section 376.1350, that are delivered, issued for delivery, continued or renewed on or after August 28, 2006, and providing coverage to any resident of this state shall provide coverage for routine patient care costs as defined in subsection 7 of this section incurred as the result of phase II, III, or IV of a clinical trial that is approved by an entity listed in subsection 4 of this section and is undertaken for the purposes of the prevention, early detection, or treatment of cancer. Health benefit plans may limit coverage for the routine patient care costs of patients in phase II of a clinical trial to those treating facilities within the health benefit plans' provider network; except that, this provision shall not be construed as relieving a health benefit plan of the sufficiency of network requirements under state statute.

2. In the case of treatment under a clinical trial, the treating facility and personnel must have the expertise and training to provide the treatment and treat a sufficient volume of patients. There must be equal to or superior, noninvestigational treatment alternatives and the available clinical or preclinical data must provide a reasonable expectation that the treatment will be superior to the noninvestigational alternatives.

3. Coverage required by this section shall include coverage for routine patient care costs incurred for drugs and devices that have been approved for sale by the Food and Drug Administration (FDA), regardless of whether approved by the FDA for use in treating the patient's particular condition, including coverage for reasonable and medically necessary services needed to administer the drug or use the device under evaluation in the clinical trial.

4. Subsections 1 and 2 of this section requiring coverage for routine patient care costs shall apply to phase III or IV of clinical trials that are approved or funded by one of the following entities:

(1) One of the National Institutes of Health (NIH);

(2) An NIH cooperative group or center as defined in subsection 7 of this section;

(3) The FDA in the form of an investigational new drug application;

(4) The federal Departments of Veterans' Affairs or Defense;

(5) An institutional review board in this state that has an appropriate assurance approved by the Department of Health and Human Services assuring compliance with and implementation of regulations for the protection of human subjects (45 CFR 46); or

(6) A qualified research entity that meets the criteria for NIH Center support grant eligibility.

5. Subsections 1 and 2 of this section requiring coverage for routine patient care costs shall apply to phase II of clinical trials if:

(1) Phase II of a clinical trial is sanctioned by the National Institutes of Health (NIH) or National Cancer Institute (NCI) and conducted at academic or National Cancer Institute Center; and

(2) The person covered under this section is enrolled in the clinical trial. This section shall not apply to persons who are only following the protocol of phase II of a clinical trial, but not actually enrolled.

6. An entity seeking coverage for treatment, prevention, or early detection in a clinical trial approved by an institutional review board under subdivision (5) of subsection 4 of this section shall maintain and post electronically a list of the clinical trials meeting the requirements of subsections 2 and 3 of this section. This list shall include: the phase for which the clinical trial is approved; the entity approving the trial; the particular disease; and the number of participants in the trial. If the electronic posting is not practical, the entity seeking coverage shall periodically provide payers and providers in the state with a written list of trials providing the information required in this section.

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

(1) "Cooperative group", a formal network of facilities that collaborate on research projects and have an established NIH-approved Peer Review Program operating within the group, including the NCI Clinical Cooperative Group and the NCI Community Clinical Oncology Program;

(2) "Multiple project assurance contract", a contract between an institution and the federal Department of Health and Human Services (DHHS) that defines the relationship of the institution to the DHHS and sets out the responsibilities of the institution and the procedures that will be used by the institution to protect human subjects;

(3) "Routine patient care costs" shall include coverage for reasonable and medically necessary services needed to administer the drug or device under evaluation in the clinical trial. Routine patient care costs include all items and services that are otherwise generally available to a qualified individual that are provided in the clinical trial except:

(a) The investigational item or service itself;

(b) Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and

(c) Items and services customarily provided by the research sponsors free of charge for any enrollee in the trial.

8. For the purpose of this section, providers participating in clinical trials shall obtain a patient's informed consent for participation on the clinical trial in a manner that is consistent with current legal and ethical standards. Such documents shall be made available to the health insurer upon request.

9. The provisions of this section shall not apply to a policy, plan or contract paid under Title XVIII or Title XIX of the Social Security Act.

10. Nothing in this section shall apply to any accident-only policy, specified disease policy, hospital indemnity policy, Medicare supplement policy, long-term care policy, short-term major medical policy **[**~~of six months or less duration~~**] having a duration of less than one year**, or other limited benefit health insurance policies.

11. The provisions of this section regarding phase II of a clinical trial shall not apply automatically to an individually underwritten health benefit plan, but shall be an option to any such plan.

376.446. 1. Health carriers shall permit individuals to learn the amount of cost-sharing, including deductibles, copayments, and coinsurance, under the individual's health benefit plan or coverage that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. At a minimum, such information shall be made available to such individual through an internet website and such other means for individuals without access to the internet. As used in this section, the terms "health carrier" and "health benefit plans" shall have the same meanings assigned to them in section 376.1350.

2. Health carriers shall permit individuals to learn the amount of cost-sharing, including deductibles, copayments, and coinsurance, under an individual's short-term major medical policy, having a duration of less than one year, that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. At a minimum, such information shall be made available to such individual through an internet website and such other means for individuals without access to the internet.

[~~2.~~**]** 3. 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, hospitalization-surgical care policy**[**~~, short-term major medical policy of six months or less duration~~**]**, or any other supplemental policy.

[~~3.~~**] 4.** The provisions of subsections 1 and 2 shall become effective on January 1, 2014.

376.452. 1. Except as provided in this section, if a health insurance issuer offers health insurance coverage in the large group market in connection with a group health plan, the health insurance issuer shall renew or continue the coverage in force at the option of the plan sponsor. **The provisions of this subsection shall not apply to short-term major medical policies having a duration of less than one year.**

2. A health insurance issuer may nonrenew or discontinue health insurance coverage offered in connection with a group health plan in the large group market if:

(1) The plan sponsor has failed to pay premiums or contributions in accordance with the terms of the health insurance coverage or if the health insurance issuer has not received timely premium payments;

(2) The plan sponsor has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of the coverage;

(3) The plan sponsor has failed to comply with the health insurance issuer's minimum participation requirements;

(4) The plan sponsor has failed to comply with the health insurance issuer's employer contribution requirements;

(5) The health insurance issuer is ceasing to offer coverage in the large group market in accordance with subsection 3 of this section;

(6) In the case of a health insurance issuer that offers health insurance coverage in the large group market through a network plan, there is no longer any enrollee under the group health plan who lives, resides, or works in the service area of the health insurance issuer or in the area for which the issuer is authorized to do business;

(7) In the case of health insurance coverage that is made available in the large group market only through one or more bona fide associations, the membership of an employer in the bona fide association ceases, but only if coverage is terminated under this subdivision uniformly without regard to any health status-related factor of any covered individual.

3. A health insurance issuer shall not discontinue offering a particular type of group health insurance coverage offered in the large group market unless:

(1) The issuer provides notice to each plan sponsor, participant and beneficiary provided coverage of this type in the large group market of the discontinuation at least ninety days prior to the date of the discontinuation of the coverage;

(2) The issuer offers to each plan sponsor being provided coverage of this type in the large group market the option to purchase any other health insurance coverage currently being offered by the health insurance issuer to a group health plan in the large group market; and

(3) The issuer acts uniformly without regard to the claims experience of those plan sponsors or any health status-related factor of any participant or beneficiary covered or new participant or beneficiary who may become eligible for such coverage.

4. (1) A health insurance issuer shall not discontinue offering all health insurance coverage in the large group market unless:

(a) The issuer provides notice of discontinuation to the director and to each plan sponsor, participant and beneficiary covered at least one hundred eighty days prior to the date of the discontinuation of coverage; and

(b) All health insurance issued or delivered for issuance in Missouri in the large group market is discontinued and coverage under such health insurance is not renewed.

(2) In the case of a discontinuation under this subsection, the health insurance issuer shall not provide for the issuance of any health insurance coverage in the large group market for a period of five years beginning on the date of the discontinuation of the last health insurance coverage not renewed.

5. At the time of coverage renewal, a health insurance issuer may modify the health insurance coverage for a product offered to a group health plan in the large group market. For purposes of this subsection, renewal shall be deemed to occur not more often than annually on the anniversary of the effective date of the group health plan's health insurance coverage unless a longer term is specified in the policy or contract.

6. In the case of health insurance coverage that is made available by a health insurance issuer only through one or more bona fide associations, a reference to plan sponsor in this section is deemed, with respect to coverage provided to an employer member of the association, to include a reference to such employer.

376.454. 1. Except as provided in this section, a health insurance issuer that provides individual health insurance coverage to an individual shall renew or continue in force such coverage at the option of the individual. **The provisions of this subsection shall not apply to short-term major medical policies having a duration of less than one year.**

2. A health insurance issuer may nonrenew or discontinue health insurance coverage of an individual in the individual market based only on one or more of the following:

(1) The individual has failed to pay premiums or contributions in accordance with the terms of the health insurance coverage or the issuer has not received timely premium payments;

(2) The individual has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the coverage;

(3) The issuer is ceasing to offer coverage in the individual market in accordance with subsection 4 of this section;

(4) In the case of a health insurance issuer that offers health insurance coverage in the market through a network plan, the individual no longer resides, lives, or works in the service area or in an area for which the issuer is authorized to do business but only if such coverage is terminated under this subdivision uniformly without regard to any health status-related factor of covered individuals;

(5) In the case of health insurance coverage that is made available in the individual market only through one or more bona fide associations, the membership of the individual in the association on the basis of which the coverage is provided ceases, but only if such coverage is terminated under this subdivision uniformly without regard to any health status-related factor of covered individuals.

3. In any case in which an issuer decides to discontinue offering a particular type of health insurance coverage offered in the individual market, coverage of such type may be discontinued by the issuer only if:

(1) The issuer provides notice to each covered individual provided coverage of this type in such market of such discontinuation at least ninety days prior to the date of the discontinuation of such coverage;

(2) The issuer offers to each individual in the individual market provided coverage of this type, the option to purchase any other individual health insurance coverage currently being offered by the issuer for individuals in such market; and

(3) In exercising the option to discontinue coverage of this type and in offering the option of coverage under subdivision (2) of this subsection, the issuer acts uniformly without regard to any health status-related factor of enrolled individuals or individuals who may become eligible for such coverage.

4. (1) In any case in which a health insurance issuer elects to discontinue offering all health insurance coverage in the individual market in the state, health insurance coverage may be discontinued by the issuer only if:

(a) The issuer provides notice to the director and to each individual of such discontinuation at least one hundred eighty days prior to the date of the expiration of such coverage; and

(b) All health insurance issued or delivered for issuance in the state in such market is discontinued and coverage under such health insurance coverage in such market is not renewed.

(2) In the case of a discontinuation under subdivision (1) of this subsection, the issuer shall not provide for the issuance of any health insurance coverage in the individual market for a five-year period beginning on the date of the discontinuation of the last health insurance coverage not so renewed.

5. At the time of coverage renewal, a health insurance issuer may modify the health insurance coverage for a policy form offered to individuals in the individual market so long as such modification is consistent with applicable law and effective on a uniform basis among all individuals with that policy form. For purposes of this subsection, renewal shall be deemed to occur not more often than annually on the anniversary of the effective date of the individual's health insurance coverage or as specified in the policy or contract.

6. In applying this section in the case of health insurance coverage that is made available by a health insurance issuer in the individual market to individuals only through one or more associations, a reference to an individual is deemed to include a reference to such an association of which the individual is a member.

7. An insurer shall provide a certification of creditable coverage as required by Public Law 104-191 and regulations pursuant thereto.

376.779. 1. All health plans or policies that are individually underwritten or provide for such coverage for specific individuals and the members of their families, which provide for hospital treatment, shall provide coverage, while confined in a hospital or in a residential or nonresidential facility certified by the department of mental health, for treatment of alcoholism on the same basis as coverage for any other illness, except that coverage may be limited to thirty days in any policy or contract benefit period. All Missouri individual contracts issued on or after January 1, 2005, shall be subject to this section. Coverage required by this section shall be included in the policy or contract and payment provided as for other coverage in the same policy or contract notwithstanding any construction or relationship of interdependent contracts or plans affecting coverage and payment of reimbursement prerequisites under the policy or contract.

2. Insurers, corporations or groups providing coverage may approve for payment or reimbursement vendors and programs providing services or treatment required by this section. Any vendor or person offering services or treatment subject to the provisions of this section and seeking approval for payment or reimbursement shall submit to the department of mental health a detailed description of the services or treatment program to be offered. The department of mental health shall make copies of such descriptions available to insurers, corporations or groups providing coverage under the provisions of this section. Each insurer, corporation or group providing coverage shall notify the vendor or person offering service or treatment as to its acceptance or rejection for payment or reimbursement; provided, however, payment or reimbursement shall be made for any service or treatment program certified by the department of mental health. Any notice of rejection shall contain a detailed statement of the reasons for rejection and the steps and procedures necessary for acceptance. Amended descriptions of services or treatment programs to be offered may be filed with the department of mental health. Any vendor or person rejected for approval of payment or reimbursement may modify their description and treatment program and submit

copies of the amended description to the department of mental health and to the insurer, corporation or group which rejected the original description.

3. The department of mental health may issue rules necessary to carry out the provisions of this section. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

4. All substance abuse treatment programs in Missouri receiving funding from the Missouri department of mental health must be certified by the department.

5. 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, hospitalization-surgical care policy, short-term major medical policy **[**~~of six months or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.781. 1. All group health insurance policies providing coverage on an expense-incurred basis, all group service or indemnity contracts issued by a not-for-profit health service corporation, all self-insured group health benefit plans of any type or description, and all such health plans or policies that are individually underwritten or provide for such coverage for specific individuals and the members of their families as nongroup policies, which provide for hospital treatment, shall offer coverage for the necessary care and treatment of loss or impairment of speech or hearing subject to the same durational limits, dollar limits, deductibles and coinsurance factors as other covered services in such policies or contracts. All Missouri group contracts issued or renewed on or after December 31, 1984, shall be subject to this section. Notwithstanding any construction or relationship of interdependent contracts or plans affecting coverage and payment of reimbursement prerequisites under the policy or contract, coverage required by this section shall be included in the policy or contract and payment provided as for other coverage in the same policy or contract.

2. The offer of benefits under subsection 1 of this section shall be in writing and may be rejected by the individual or group policyholder.

3. Nothing in this section shall prohibit the insurance company or not-for-profit health service corporation from including any coverage for loss or impairment of speech, language or hearing as standard coverage in their policies or contracts, but same shall not contain terms contrary to this section.

4. The phrase "loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist, audiologist or speech/language pathologist licensed by the state board of healing arts or certified by the American Speech-Language and Hearing Association (ASHA), or both, and which fall within the scope of his or her license or certification.

5. Any provision in a health insurance policy contrary to or in conflict with the provisions of this section shall, to the extent of the conflict, be void, but such invalidity shall not offset the validity of the other provisions of such policy.

6. The department of insurance, financial institutions and professional registration may issue rules necessary to carry out the provisions of this section. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

7. This section shall not apply to short-term major medical policies having a duration of less than one year.

376.782. 1. As used in this section, the term "low-dose mammography screening" means the X-ray examination of the breast using equipment specifically designed and dedicated for mammography, including the X-ray tube, filter, compression device, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast, and any fee charged by a radiologist or other physician for reading, interpreting or diagnosing based on such X-ray.

2. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1991, and providing coverage to any resident of this state shall provide benefits or coverage for low-dose mammography screening for any nonsymptomatic woman covered under such policy or contract which meets the minimum requirements of this section. Such benefits or coverage shall include at least the following:

(1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive;

(2) A mammogram for women age forty to forty-nine, inclusive, every two years or more frequently based on the recommendation of the patient's physician;

(3) A mammogram every year for women age fifty and over;

(4) A mammogram for any woman, upon the recommendation of a physician, where such woman, her mother or her sister has a prior history of breast cancer.

3. Coverage and benefits related to mammography as required by this section shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments as other radiological examinations.

4. The provisions of this section shall not apply to short-term major medical policies having a duration of less than one year.

376.811. 1. Every insurance company and health services corporation doing business in this state shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the following minimum standards:

(1) Coverage for outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, of not less than twenty-six days per policy benefit period;

(2) Coverage for residential treatment program of not less than twenty-one days per policy benefit period;

(3) Coverage for medical or social setting detoxification of not less than six days per policy benefit period;

(4) The coverages set forth in this subsection may be subject to a separate lifetime frequency cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply to medical detoxification in a life-threatening situation as determined by the treating physician and subsequently documented within forty-eight hours of treatment to the reasonable satisfaction of the insurance company or health services corporation; and

(5) The coverages set forth in this subsection:

(a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply to physical illness;

(b) May be administered pursuant to a managed care program established by the insurance company or health services corporation; and

(c) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

2. In addition to the coverages set forth in subsection 1 of this section, every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies, benefits or coverages for recognized mental illness, excluding chemical dependency, meeting the following minimum standards:

(1) Coverage for outpatient treatment, including treatment through partial- or full-day program services, for mental health services for a recognized mental illness rendered by a licensed professional to the same extent as any other illness;

(2) Coverage for residential treatment programs for the therapeutic care and treatment of a recognized mental illness when prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the department of mental health or accredited by the Joint Commission on Accreditation of Hospitals to the same extent as any other illness;

(3) Coverage for inpatient hospital treatment for a recognized mental illness to the same extent as for any other illness, not to exceed ninety days per year;

(4) The coverages set forth in this subsection shall be subject to the same coinsurance, co-payment, deductible, annual maximum and lifetime maximum factors as apply to physical illness; and

(5) The coverages set forth in this subsection may be administered pursuant to a managed care program established by the insurance company, health services corporation or health maintenance organization, and covered services may be delivered through a system of contractual arrangements with one or more providers, community mental health centers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the group or individual policyholder or contract holder and, if accepted, shall fully and completely satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to 376.814 shall prohibit an insurance company, health services corporation or health maintenance organization from including all or part of the coverages set forth in sections 376.810 to 376.814 as standard coverage in their policies or contracts issued in this state.

4. Every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies mental health benefits or coverage as part of the policy or as a supplement to the policy. Such mental health benefits or coverage shall include at least two sessions per year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, licensed clinical social worker, or, subject to contractual provisions, a licensed marital and family therapist, acting within the scope of such license and under the following minimum standards:

(1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or assessment, but not dependent upon findings; and

(2) Coverage and benefits in this subsection shall not be subject to any conditions of preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are satisfied; and

(3) Coverage and benefits in this subsection shall be subject to the same coinsurance, co-payment and deductible factors as apply to regular office visits under coverages and benefits for physical illness.

5. If the group or individual policyholder or contract holder rejects the offer required by this section, then the coverage shall be governed by the mental health and chemical dependency insurance act as provided in sections 376.825 to 376.836.

6. 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, hospitalization-surgical care policy, short-term major medical policy **[**~~of six months or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

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

(1) "Eating disorder", pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding or eating disorder, and any other eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association where diagnosed by a licensed physician, psychiatrist, psychologist, clinical social worker, licensed marital and family therapist, or professional counselor duly licensed in the state where he or she practices and acting within their applicable scope of practice in the state where he or she practices;

(2) "Health benefit plan", shall have the same meaning as such term is defined in section 376.1350; however, for purposes of this section "health benefit plan" does not include 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~~**] having a duration of less than one year**, or any other supplemental policy;

(3) "Health carrier", shall have the same meaning as such term is defined in section 376.1350;

(4) "Medical care", health care services needed to diagnose, prevent, treat, cure, or relieve physical manifestations of an eating disorder, and shall include inpatient hospitalization, partial hospitalization, residential care, intensive outpatient treatment, follow-up outpatient care, and counseling;

(5) "Pharmacy care", medications prescribed by a licensed physician for an eating disorder and includes any health-related services deemed medically necessary to determine the need or effectiveness of the medications, but only to the extent that such medications are included in the insured's health benefit plan;

(6) "Psychiatric care" and "psychological care", direct or consultative services provided during inpatient hospitalization, partial hospitalization, residential care, intensive outpatient treatment, follow-up outpatient care, and counseling provided by a psychiatrist or psychologist licensed in the state of practice;

(7) "Therapy", medical care and behavioral interventions provided by a duly licensed physician, psychiatrist, psychologist, professional counselor, licensed clinical social worker, or family marriage therapist where said person is licensed or registered in the states where he or she practices;

(8) "Treatment of eating disorders", therapy provided by a licensed treating physician, psychiatrist, psychologist, professional counselor, clinical social worker, or licensed marital and family therapist pursuant to the powers granted under such licensed physician's, psychiatrist's, psychologist's, professional counselor's, clinical social worker's, or licensed marital and family therapist's license in the state where he or she practices for an individual diagnosed with an eating disorder.

2. In accordance with the provisions of section 376.1550, all health benefit plans that are delivered, issued for delivery, continued or renewed on or after January 1, 2017, if written inside the state of Missouri, or written outside the state of Missouri but covering Missouri residents, shall provide coverage for the diagnosis and treatment of eating disorders as required in section 376.1550.

3. Coverage provided under this section is limited to medically necessary treatment that is provided by a licensed treating physician, psychiatrist, psychologist, professional counselor, clinical social worker, or licensed

marital and family therapist pursuant to the powers granted under such licensed physician's, psychiatrist's, psychologist's, professional counselor's, clinical social worker's, or licensed marital and family therapist's license and acting within their applicable scope of coverage, in accordance with a treatment plan.

4. The treatment plan, upon request by the health benefit plan or health carrier, shall include all elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

5. Coverage of the treatment of eating disorders may be subject to other general exclusions and limitations of the contract or benefit plan not in conflict with the provisions of this section, such as coordination of benefits, and utilization review of health care services, which includes reviews of medical necessity and care management. Medical necessity determinations and care management for the treatment of eating disorders shall consider the overall medical and mental health needs of the individual with an eating disorder, shall not be based solely on weight, and shall take into consideration the most recent Practice Guideline for the Treatment of Patients with Eating Disorders adopted by the American Psychiatric Association in addition to current standards based upon the medical literature generally recognized as authoritative in the medical community.

376.1192. 1. As used in this section, "health benefit plan" and "health carrier" shall have the same meaning as such terms are defined in section 376.1350.

2. Beginning September 1, 2013, the oversight division of the joint committee on legislative research shall perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if state mandates were enacted to provide health benefit plan coverage for the following:

(1) Orally administered anticancer medication that is used to kill or slow the growth of cancerous cells charged at the same co-payment, deductible, or coinsurance amount as intravenously administered or injected cancer medication that is provided, regardless of formulation or benefit category determination by the health carrier administering the health benefit plan;

(2) Diagnosis and treatment of eating disorders that include anorexia nervosa, bulimia, binge eating, eating disorders nonspecified, and any other severe eating disorders contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. The actuarial analysis shall assume the following are included in health benefit plan coverage:

(a) Residential treatment for eating disorders, if such treatment is medically necessary in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders, as most recently published by the American Psychiatric Association; and

(b) Access to medical treatment that provides coverage for integrated care and treatment as recommended by medical and mental health care professionals, including but not limited to psychological services, nutrition counseling, physical therapy, dietician services, medical monitoring, and psychiatric monitoring.

3. By December 31, 2013, the director of the oversight division of the joint committee on legislative research shall submit a report of the actuarial findings prescribed by this section to the speaker of the house of representatives, the president pro tempore of the senate, and the chairpersons of the house of representatives committee on health insurance and the senate small business, insurance and industry committee, or the committees having jurisdiction over health insurance issues if the preceding committees no longer exist.

4. For the purposes of this section, the actuarial analysis of health benefit plan coverage shall assume that such coverage:

(1) Shall not be subject to any greater deductible or co-payment than other health care services provided by the health benefit plan; and

(2) 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 policies **[**~~of six months' or less duration~~**] having a duration of less than one year**, or any other supplemental policy.

5. The cost for each actuarial analysis shall not exceed thirty thousand dollars and the oversight division of the joint committee on legislative research may utilize any actuary contracted to perform services for the Missouri consolidated health care plan to perform the analysis required under this section.

6. The provisions of this section shall expire on December 31, 2013.

376.1199. 1. Each health carrier or health benefit plan that offers or issues health benefit plans providing obstetrical/gynecological benefits and pharmaceutical coverage, which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall:

(1) Notwithstanding the provisions of subsection 4 of section 354.618, provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network for covered services. The services covered by this subdivision shall be limited to those services defined by the published recommendations of the accreditation council for graduate medical education for training an obstetrician, gynecologist or obstetrician/gynecologist, including but not limited to diagnosis, treatment and referral for such services. A health carrier shall not impose additional co-payments, coinsurance or deductibles upon any enrollee who seeks or receives health care services pursuant to this subdivision, unless similar additional co-payments, coinsurance or deductibles are imposed for other types of health care services received within the provider network. Nothing in this subsection shall be construed to require a health carrier to perform, induce, pay for, reimburse, guarantee, arrange, provide any resources for or refer a patient for an abortion, as defined in section 188.015, other than a spontaneous abortion or to prevent the death of the female upon whom the abortion is performed, or to supersede or conflict with section 376.805; and

(2) Notify enrollees annually of cancer screenings covered by the enrollees' health benefit plan and the current American Cancer Society guidelines for all cancer screenings or notify enrollees at intervals consistent with current American Cancer Society guidelines of cancer screenings which are covered by the enrollees' health benefit plans. The notice shall be delivered by mail unless the enrollee and health carrier have agreed on another method of notification; and

(3) Include coverage for services related to diagnosis, treatment and appropriate management of osteoporosis when such services are provided by a person licensed to practice medicine and surgery in this state, for individuals with a condition or medical history for which bone mass measurement is medically indicated for such individual. In determining whether testing or treatment is medically appropriate, due consideration shall be given to peer-reviewed medical literature. A policy, provision, contract, plan or agreement may apply to such services the same deductibles, coinsurance and other limitations as apply to other covered services; and

(4) If the health benefit plan also provides coverage for pharmaceutical benefits, provide coverage for contraceptives either at no charge or at the same level of deductible, coinsurance or co-payment as any other covered drug. No such deductible, coinsurance or co-payment shall be greater than any drug on the health benefit plan's formulary. As used in this section, "contraceptive" shall include all prescription drugs and devices approved by the federal Food and Drug Administration for use as a contraceptive, but shall exclude all drugs and devices that are intended to induce an abortion, as defined in section 188.015, which shall be subject to section 376.805. Nothing in this subdivision shall be construed to exclude coverage for prescription contraceptive drugs or devices ordered by a health care provider with prescriptive authority for reasons other than contraceptive or abortion purposes.

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. 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~~**]** **having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Notwithstanding the provisions of subdivision (4) of subsection 1 of this section to the contrary:

(1) Any health carrier shall offer and issue to any person or entity purchasing a health benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such person or entity;

(2) Upon request of an enrollee who is a member of a group health benefit plan and who states that the use or provision of contraceptives is contrary to his or her moral, ethical or religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that excludes coverage for contraceptives. Any administrative costs to a group health benefit plan associated with such exclusion of coverage not offset by the decreased costs of providing coverage shall be borne by the group policyholder or group plan holder;

(3) Any health carrier which is owned, operated or controlled in substantial part by an entity that is operated pursuant to moral, ethical or religious tenets that are contrary to the use or provision of contraceptives shall be exempt from the provisions of subdivision (4) of subsection 1 of this section. For purposes of this subsection, if new premiums are charged for a contract, plan or policy, it shall be determined to be a new contract, plan or policy.

5. Except for a health carrier that is exempted from providing coverage for contraceptives pursuant to this section, a health carrier shall allow enrollees in a health benefit plan that excludes coverage for contraceptives pursuant to subsection 4 of this section to purchase a health benefit plan that includes coverage for contraceptives.

6. Any health benefit plan issued pursuant to subsection 1 of this section shall provide clear and conspicuous written notice on the enrollment form or any accompanying materials to the enrollment form and the group health benefit plan application and contract:

(1) Whether coverage for contraceptives is or is not included;

(2) That an enrollee who is a member of a group health benefit plan with coverage for contraceptives has the right to exclude coverage for contraceptives if such coverage is contrary to his or her moral, ethical or religious beliefs;

(3) That an enrollee who is a member of a group health benefit plan without coverage for contraceptives has the right to purchase coverage for contraceptives;

(4) Whether an optional rider for elective abortions has been purchased by the group contract holder pursuant to section 376.805; and

(5) That an enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical, or religious beliefs.

For purposes of this subsection, if new premiums are charged for a contract, plan, or policy, it shall be determined to be a new contract, plan, or policy.

7. Health carriers shall not disclose to the person or entity who purchased the health benefit plan the names of enrollees who exclude coverage for contraceptives in the health benefit plan or who purchase a health benefit plan that includes coverage for contraceptives. Health carriers and the person or entity who purchased the health benefit plan shall not discriminate against an enrollee because the enrollee excluded coverage for contraceptives in the health benefit plan or purchased a health benefit plan that includes coverage for contraceptives.

8. The departments of health and senior services and insurance, financial institutions and professional registration may promulgate rules necessary to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to this section shall become effective unless it has been promulgated pursuant to chapter 536. 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, 2001, shall be invalid and void.

376.1200. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1996, shall offer coverage for the treatment of breast cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants when performed pursuant to nationally accepted peer review protocols utilized by breast cancer treatment centers experienced in dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants. The offer of benefits under this section shall be in writing and must be accepted in writing by the individual or group policyholder or contract holder.

2. Such health care service shall not be subject to any greater deductible or co-payment than any other health care service provided by the policy, contract or plan, except that the policy, contract or plan may contain a provision imposing a lifetime benefit maximum of not less than one hundred thousand dollars, for dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants for breast cancer treatment.

3. Benefits may be administered for such health care service through a managed care program of exclusive and/or preferred contractual arrangements with one or more providers rendering such health care service. These contractual arrangements may provide that the provider shall hold the patient harmless for the cost of rendering such health care service if it is subsequently found by the entity authorized to resolve disputes that:

(1) Such care did not qualify under the protocols established for the providing of care for such health care service;

(2) Such care was not medically appropriate; or

(3) The provider otherwise failed to comply with the utilization management or other managed care provision agreed to in any contract between the entity and the provider.

4. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified disease policies, or to short-term nonrenewable policies **[**~~of not more than seven months duration~~**] having a duration of less than one year**.

5. Nothing in this section shall prohibit an entity from including all or part of such health care services as standard coverage in its policies, contracts or plans.

376.1209. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that provide coverage for the surgical procedure known as a mastectomy, and which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1998, shall provide coverage for prosthetic devices or reconstructive surgery necessary to restore symmetry as recommended by the oncologist or primary care physician for the patient incident to the mastectomy. Coverage for prosthetic devices and reconstructive surgery shall be subject to the same deductible and coinsurance conditions applied to the mastectomy and all other terms and conditions applicable to other benefits with the exception that no time limit shall be imposed on an individual for the receipt of prosthetic devices or reconstructive surgery and if such individual changes his or her insurer, then the new policy subject to the federal Women's Health and Cancer Rights Act (Sections 901-903 of P.L. 105-277), as amended, shall provide coverage consistent with the federal Women's Health and Cancer Rights Act (Sections 901-903 of P.L. 105-277), as amended, and any regulations promulgated pursuant to such act.

2. As used in this section, the term "mastectomy" means the removal of all or part of the breast for medically necessary reasons, as determined by a physician licensed pursuant to chapter 334.

3. 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**, short-term major medical policy having a duration of less than one year,** or long-term care policy.

376.1210. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1997, and providing for maternity benefits, shall provide coverage for a minimum of forty-eight hours of inpatient care following a vaginal delivery and a minimum of ninety-six hours of inpatient care following a cesarean section for a mother and her newly born child in a hospital as defined in section 197.020 or any other health care facility licensed to provide obstetrical care under the provisions of chapter 197.

2. Notwithstanding the provisions of subsection 1 of this section, any entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1997, and providing for maternity benefits, may authorize a shorter length of hospital stay for services related to maternity and newborn care if:

(1) A shorter hospital stay meets with the approval of the attending physician after consulting with the mother. The physician's approval to discharge shall be made in accordance with the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization; and

(2) The entity providing the individual or group health insurance policy provides coverage for post-discharge care to the mother and her newborn.

3. Post-discharge care shall consist of a minimum of two visits at least one of which shall be in the home, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with experience in maternal and child health nursing or a physician. The location and schedule of the post-discharge visits shall be determined by the attending physician. Services provided by the registered professional nurse or physician shall include, but not be limited to, physical assessment of the newborn and mother, parent education, assistance and training in breast or bottle feeding, education and services for complete childhood immunizations, the performance of any necessary and appropriate clinical tests and submission of a metabolic specimen satisfactory to the state laboratory. Such services shall be in accordance with the medical criteria outlined in the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization. Any abnormality, in the condition of the mother or the child, observed by the nurse shall be reported to the attending physician as medically appropriate.

4. For the purposes of this section, "attending physician" shall include the attending obstetrician, pediatrician, or other physician attending the mother or newly born child.

5. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide notice to policyholders, insured persons and participants regarding the coverage required by this section. Such notice shall be in writing and prominently positioned in the policy, certificate of coverage or summary plan description.

6. Such health care service shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.

7. No insurer may provide financial disincentives to, or deselect, terminate the services of, require additional documentation from, require additional utilization review, or reduce payments to, or otherwise penalize the attending physician in retaliation solely for ordering care consistent with the provisions of this section.

8. **The provisions of this section shall not apply to short-term major medical policies having a duration of less than one year.**

9. The department of insurance, financial institutions and professional registration shall adopt rules and regulations to implement and enforce the provisions of this section. No rule or portion of a rule promulgated pursuant to this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

376.1215. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization and all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide coverage for immunizations of a child from birth to five years of age as provided by department of health and senior services regulations.

2. Such coverage shall not be subject to any deductible or co-payment limits.

3. The contract issued by a health maintenance organization may provide that the benefits required pursuant to this section shall be covered benefits only if the services are rendered by a provider who is designated by and affiliated with the health maintenance organization, except that the health maintenance organization shall, as a condition of participation, comply with the immunization requirements of state or federally funded health programs.

4. This section shall not apply to supplemental insurance policies, including life care contracts, accident-only policies, specified disease policies, hospital policies providing a fixed daily benefit only, Medicare supplement policies, long-term care policies, coverage issued as a supplement to liability insurance, short-term major medical policies **[**~~of six months or less duration~~**] having a duration of less than one year,** and other supplemental policies as determined by the department of insurance, financial institutions and professional registration.

5. The department of health and senior services shall promulgate rules and regulations to determine which immunizations shall be covered by policies, plans or contracts described in this section. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

6. No health care provider shall charge more than one hundred percent of the reasonable and customary charges for providing any immunization.

376.1218. 1. Any health carrier or health benefit plan that offers or issues health benefit plans, other than Medicaid health benefit plans, which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2006, shall provide coverage for early intervention services described in this section that are delivered by early intervention specialists who are health care professionals licensed by the state of Missouri and acting within the scope of their professions for children from birth to age three identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Such coverage shall be limited to three thousand dollars for each covered child per policy per calendar year, with a maximum of nine thousand dollars per child.

2. As used in this section, "health carrier" and "health benefit plan" shall have the same meaning as such terms are defined in section 376.1350.

3. In the event that any health benefit plan is found not to be required to provide coverage under subsection 1 of this section because of preemption by a federal law, including but not limited to the act commonly known as

ERISA contained in Title 29 of the United States Code, or in the event that subsection 1 of this section is found to be unconstitutional, then the lead agency shall be responsible for payment and provision of any benefit provided under this section.

4. For purposes of this section, "early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1431, et seq. Early intervention services shall include services under an active individualized family service plan that enhance functional ability without effecting a cure. An individualized family service plan is a written plan for providing early intervention services to an eligible child and the child's family that is adopted in accordance with 20 U.S.C. Section 1436. The Part C early intervention system, on behalf of its contracted regional Part C early intervention system centers and providers, shall be considered the rendering provider of services for purposes of this section.

5. No payment made for specified early intervention services shall be applied by the health carrier or health benefit plan against any maximum lifetime aggregate specified in the policy or health benefit plan if the carrier opts to satisfy its obligations under this section under subdivision (2) of subsection 7 of this section. A health benefit plan shall be billed at the applicable Medicaid rate at the time the covered benefit is delivered, and the health benefit plan shall pay the Part C early intervention system at such rate for benefits covered by this section. Services under the Part C early intervention system shall be delivered as prescribed by the individualized family service plan and an electronic claim filed in accordance with the carrier's or plan's standard format. Beginning January 1, 2007, such claims' payments shall be made in accordance with the provisions of sections 376.383 and 376.384.

6. The health care service required by this section shall not be subject to any greater deductible, co-payment, or coinsurance than other similar health care services provided by the health benefit plan.

7. (1) Subject to the provisions of this section, payments made during a calendar year by a health carrier or group of carriers affiliated by or under common ownership or control to the Part C early intervention system for services provided to children covered by the Part C early intervention system shall not exceed one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement.

(2) In lieu of reimbursing claims under this section, a carrier or group of carriers affiliated by or under common ownership or control may, on behalf of all of the carrier's or carriers' health benefit plan or plans providing coverage under this section, directly pay the Part C early intervention system by January thirty-first of the calendar year an amount equal to one-half of one percent of the direct written premium for health benefit plans as reported to the department of insurance, financial institutions and professional registration on the health carrier's most recently filed annual financial statement, or five hundred thousand dollars, whichever is less, and such payment shall constitute full and complete satisfaction of the health benefit plan's obligation for the calendar year. Nothing in this subsection shall require a health carrier or health benefit plan providing coverage under this section to amend or modify any provision of an existing policy or plan relating to the payment or reimbursement of claims by the health carrier or health benefit plan.

8. This section shall not apply to a supplemental insurance policy, including a life care contract, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, hospitalization-surgical care policy, policy that is individually underwritten or provides such coverage for specific individuals and members of their families, long-term care policy, or short-term major medical policies **[**~~of six months or less duration~~**] having a duration of less than one year**.

9. Except for health carriers or health benefit plans making payments under subdivision (2) of subsection 7 of this section, the department of insurance, financial institutions and professional registration shall collect data related to the number of children receiving private insurance coverage under this section and the total amount of moneys paid on behalf of such children by private health carriers or health benefit plans. The department shall report to the general assembly regarding the department's findings no later than January 30, 2007, and annually thereafter.

10. Notwithstanding the provisions of section 23.253 to the contrary, the provisions of this section shall not sunset.

376.1219. 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual and group health service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after September 1, 1997, shall provide coverage for formula and

low protein modified food products recommended by a physician for the treatment of a patient with phenylketonuria or any inherited disease of amino and organic acids who is covered under the policy, contract, or plan and who is less than six years of age.

2. For purposes of this section, "low protein modified food products" means foods that are specifically formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of any inherited metabolic disease. Low protein modified food products do not include foods that are naturally low in protein.

3. The coverage required by this section may be subject to the same deductible for similar health care services provided by the policy, contract, or plan as well as a reasonable coinsurance or co-payment on the part of the insured, which shall not be greater than fifty percent of the cost of the formula and food products, and may be subject to an annual benefit maximum of not less than five thousand dollars per covered child. Nothing in this section shall prohibit a carrier from using individual case management or from contracting with vendors of the formula and food products.

4. 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 having a duration of less than one year,** or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1220. 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual or group health service, or indemnity contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state shall provide coverage for newborn hearing screening, necessary rescreening, audiological assessment and follow-up, and initial amplification.

2. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.

3. 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 policies **[**~~of six months or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Coverage for newborn hearing screening and any necessary rescreening and audiological assessment shall be provided to newborns eligible for medical assistance pursuant to section 208.151, and the children's health program pursuant to sections 208.631 to 208.660, with payment for the newborn hearing screening required in section 191.925, and any necessary rescreening, audiological assessment and follow-up, and amplification as described in section 191.928.

376.1224. 1. For purposes of this section, the following terms shall mean:

(1) "Applied behavior analysis", the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior;

(2) "Autism service provider":

(a) Any person, entity, or group that provides diagnostic or treatment services for autism spectrum disorders who is licensed or certified by the state of Missouri; or

(b) Any person who is licensed under chapter 337 as a board-certified behavior analyst by the behavior analyst certification board or licensed under chapter 337 as an assistant board-certified behavior analyst;

(3) "Autism spectrum disorders", a neurobiological disorder, an illness of the nervous system, which includes Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified, Rett's Disorder, and Childhood Disintegrative Disorder, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association;

(4) "Diagnosis of autism spectrum disorders", medically necessary assessments, evaluations, or tests in order to diagnose whether an individual has an autism spectrum disorder;

(5) "Habilitative or rehabilitative care", professional, counseling, and guidance services and treatment programs, including applied behavior analysis, that are necessary to develop the functioning of an individual;

(6) "Health benefit plan", shall have the same meaning ascribed to it as in section 376.1350;

(7) "Health carrier", shall have the same meaning ascribed to it as in section 376.1350;

(8) "Line therapist", an individual who provides supervision of an individual diagnosed with an autism diagnosis and other neurodevelopmental disorders pursuant to the prescribed treatment plan, and implements specific behavioral interventions as outlined in the behavior plan under the direct supervision of a licensed behavior analyst;

(9) "Pharmacy care", medications used to address symptoms of an autism spectrum disorder prescribed by a licensed physician, and any health-related services deemed medically necessary to determine the need or effectiveness of the medications only to the extent that such medications are included in the insured's health benefit plan;

(10) "Psychiatric care", direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

(11) "Psychological care", direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

(12) "Therapeutic care", services provided by licensed speech therapists, occupational therapists, or physical therapists;

(13) "Treatment for autism spectrum disorders", care prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist, including equipment medically necessary for such care, pursuant to the powers granted under such licensed physician's or licensed psychologist's license, including, but not limited to:

(a) Psychiatric care;

(b) Psychological care;

(c) Habilitative or rehabilitative care, including applied behavior analysis therapy;

(d) Therapeutic care;

(e) Pharmacy care.

2. All group health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2011, if written inside the state of Missouri, or written outside the state of Missouri but insuring Missouri residents, shall provide coverage for the diagnosis and treatment of autism spectrum disorders to the extent that such diagnosis and treatment is not already covered by the health benefit plan.

3. With regards to a health benefit plan, a health carrier shall not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual or their dependent because the individual is diagnosed with autism spectrum disorder.

4. (1) Coverage provided under this section is limited to medically necessary treatment that is ordered by the insured's treating licensed physician or licensed psychologist, pursuant to the powers granted under such licensed physician's or licensed psychologist's license, in accordance with a treatment plan.

(2) The treatment plan, upon request by the health benefit plan or health carrier, shall include all elements necessary for the health benefit plan or health carrier to pay claims. Such elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

(3) Except for inpatient services, if an individual is receiving treatment for an autism spectrum disorder, a health carrier shall have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall only apply to a particular individual being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorders by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the health benefit plan or health carrier, as applicable.

5. Coverage provided under this section for applied behavior analysis shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of applied behavior analysis services beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavior analysis, shall not be subject to the age and dollar limitations described in this subsection.

6. The maximum benefit limitation for applied behavior analysis described in subsection 5 of this section shall be adjusted by the health carrier at least triennially for inflation to reflect the aggregate increase in the general price level as measured by the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as defined and officially published by the United States Department of Labor, or its successor agency. Beginning January 1, 2012, and annually thereafter, the current value of the maximum benefit limitation for applied behavior analysis coverage adjusted for inflation in accordance with this subsection shall be calculated by the director of the department of insurance, financial institutions and professional registration. The director shall furnish the calculated value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

7. Subject to the provisions set forth in subdivision (3) of subsection 4 of this section, coverage provided under this section shall not be subject to any limits on the number of visits an individual may make to an autism service provider, except that the maximum total benefit for applied behavior analysis set forth in subsection 5 of this section shall apply to this subsection.

8. This section shall not be construed as limiting benefits which are otherwise available to an individual under a health benefit plan. The health care coverage required by this section shall not be subject to any greater deductible, coinsurance, or co-payment than other physical health care services provided by a health benefit plan. Coverage of services may be subject to other general exclusions and limitations of the contract or benefit plan, not in conflict with the provisions of this section, such as coordination of benefits, exclusions for services provided by family or household members, and utilization review of health care services, including review of medical necessity and care management; however, coverage for treatment under this section shall not be denied on the basis that it is educational or habilitative in nature.

9. To the extent any payments or reimbursements are being made for applied behavior analysis, such payments or reimbursements shall be made to either:

(1) The autism service provider, as defined in this section; or

(2) The entity or group for whom such supervising person, who is certified as a board-certified behavior analyst by the Behavior Analyst Certification Board, works or is associated.

Such payments or reimbursements under this subsection to an autism service provider or a board-certified behavior analyst shall include payments or reimbursements for services provided by a line therapist under the supervision of such provider or behavior analyst if such services provided by the line therapist are included in the treatment plan and are deemed medically necessary.

10. Notwithstanding any other provision of law to the contrary, health carriers shall not be held liable for the actions of line therapists in the performance of their duties.

11. The provisions of this section shall apply to any health care plans issued to employees and their dependents under the Missouri consolidated health care plan established pursuant to chapter 103 that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2011. The terms "employees" and "health care plans" shall have the same meaning ascribed to them in section 103.003.

12. The provisions of this section shall also apply to the following types of plans that are established, extended, modified, or renewed on or after January 1, 2011:

(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section 1002(32);

(2) All self-insured group arrangements, to the extent not preempted by federal law;

(3) All plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, or any waiver or exception to that act provided under federal law or regulation; and

(4) All self-insured school district health plans.

13. The provisions of this section shall not automatically apply to an individually underwritten health benefit plan, but shall be offered as an option to any such plan.

14. 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~~**]** **having a duration of less than one year**, or any other supplemental policy.

15. Any health carrier or other entity subject to the provisions of this section shall not be required to provide reimbursement for the applied behavior analysis delivered to a person insured by such health carrier or other entity to the extent such health carrier or other entity is billed for such services by any Part C early intervention

program or any school district for applied behavior analysis rendered to the person covered by such health carrier or other entity. This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education plan, or an individualized service plan. This section shall not be construed as affecting any obligation to provide reimbursement pursuant to section 376.1218.

16. The provisions of sections 376.383, 376.384, and 376.1350 to 376.1399 shall apply to this section.

17. The director of the department of insurance, financial institutions and professional registration shall grant a small employer with a group health plan, as that term is defined in section 379.930, a waiver from the provisions of this section if the small employer demonstrates to the director by actual claims experience over any consecutive twelve-month period that compliance with this section has increased the cost of the health insurance policy by an amount of two and a half percent or greater over the period of a calendar year in premium costs to the small employer.

18. The provisions of this section shall not apply to the Mo HealthNet program as described in chapter 208.

19. (1) By February 1, 2012, and every February first thereafter, the department of insurance, financial institutions and professional registration shall submit a report to the general assembly regarding the implementation of the coverage required under this section. The report shall include, but shall not be limited to, the following:

(a) The total number of insureds diagnosed with autism spectrum disorder;

(b) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by this section;

(c) The cost of such coverage per insured per month; and

(d) The average cost per insured for coverage of applied behavior analysis;

(2) All health carriers and health benefit plans subject to the provisions of this section shall provide the department with the data requested by the department for inclusion in the annual report.

376.1225. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1998, shall provide coverage for administration of general anesthesia and hospital charges for dental care provided to the following covered persons:

(1) A child under the age of five;

(2) A person who is severely disabled; or

(3) A person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

2. Each plan as described in this section must provide coverage for administration of general anesthesia and hospital or office charges for treatment rendered by a dentist, regardless of whether the services are provided in a participating hospital or surgical center or office.

3. Nothing in this section shall prevent a health carrier from requiring prior authorization for hospitalization for dental care procedures in the same manner that prior authorization is required for hospitalization for other covered diseases or conditions.

4. Nothing in this section shall apply to accident-only, dental-only plans or other specified disease, hospital indemnity, Medicare supplement or long-term care policies, or short-term major medical policies **[**~~of six months or less in duration~~**] having a duration of less than one year**.

376.1230. 1. Every policy issued by a health carrier, as defined in section 376.1350, shall provide coverage for chiropractic care delivered by a licensed chiropractor acting within the scope of his or her practice as defined in chapter 331. The coverage shall include initial diagnosis and clinically appropriate and medically necessary services and supplies required to treat the diagnosed disorder, subject to the terms and conditions of the policy. The coverage may be limited to chiropractors within the health carrier's network, and nothing in this section shall be construed to require a health carrier to contract with a chiropractor not in the carrier's network nor shall a carrier be required to reimburse for services rendered by a nonnetwork chiropractor unless prior approval has been obtained from the carrier by the enrollee. An enrollee may access chiropractic care within the network for a total of twenty-six chiropractic physician office visits per policy period, but may be required to provide the health carrier with notice prior to any additional visit as a condition of coverage. A health carrier may require prior authorization or notification before any follow-up diagnostic tests are ordered by a chiropractor or for any office visits for treatment in excess of twenty-six in any policy period. The certificate of coverage for any health benefit plan issued by a health carrier shall clearly state the availability of chiropractic coverage under the policy and any limitations, conditions, and exclusions.

2. A health benefit plan shall provide coverage for treatment of a chiropractic care condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a chiropractic care condition than for access to treatment for another physical health condition.

3. The provisions of this section shall not apply to any health plan or contract that is individually underwritten.

4. The provisions of this section shall not apply to benefits provided under the Medicaid program.

5. 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~~**] having a duration of less than one year**, or any other similar supplemental policy.

376.1232. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2010, shall offer coverage for prosthetic devices and services, including original and replacement devices, as prescribed by a physician acting within the scope of his or her practice.

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. The amount of the benefit for prosthetic devices and services under this section shall be no less than the annual and lifetime benefit maximums applicable to the basic health care services required to be provided under the health benefit plan. If the health benefit plan does not include any annual or lifetime maximums applicable to basic health care services, the amount of the benefit for prosthetic devices and services shall not be subject to an annual or lifetime maximum benefit level. Any co-payment, coinsurance, deductible, and maximum out-of-pocket amount applied to the benefit for prosthetic devices and services shall be no more than the most common amounts applied to the basic health care services required to be provided under the health benefit plan.

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 policies **[**~~of six months or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1235. 1. No health carrier or health benefit plan, as defined in section 376.1350, shall impose a co-payment or coinsurance percentage charged to the insured for services rendered for each date of service by a physical therapist licensed under chapter 334 or an occupational therapist licensed under chapter 324, for services that require a prescription, that is greater than the co-payment or coinsurance percentage charged to the insured for the services of a primary care physician licensed under chapter 334 for an office visit.

2. A health carrier or health benefit plan shall clearly state the availability of physical therapy and occupational therapy coverage under its plan and all related limitations, conditions, and exclusions.

3. Beginning September 1, 2016, the oversight division of the joint committee on legislative research shall perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if the provisions of this section regarding occupational therapy coverage were enacted. By December 31, 2016, the director of the oversight division of the joint committee on legislative research shall submit a report of the actuarial findings prescribed by this section to the speaker, the president pro tem, and the chairpersons of both the house of representatives and senate standing committees having jurisdiction over health insurance matters. If the fiscal note cost estimation is less than the cost of an actuarial analysis, the actuarial analysis requirement shall be waived.

4. This section shall not apply to short-term major medical policies having a duration of less than one year.

376.1237. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, and that provides coverage for prescription eye drops shall provide coverage for the refilling of an eye drop prescription prior to the last day of the prescribed dosage period without regard to a coverage restriction for early refill of prescription renewals as long as the prescribing health care provider authorizes such early refill, and the health carrier or the health benefit plan is notified.

2. For the purposes of this section, health carrier and health benefit plan shall have the same meaning as defined in section 376.1350.

3. The coverage required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

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 policies **[**~~of six months' or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

5. The provisions of this section shall terminate on January 1, 2020.

376.1250. 1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1999, and providing coverage to any resident of this state shall provide benefits or coverage for:

(1) A pelvic examination and pap smear for any nonsymptomatic woman covered under such policy or contract, in accordance with the current American Cancer Society guidelines;

(2) A prostate examination and laboratory tests for cancer for any nonsymptomatic man covered under such policy or contract, in accordance with the current American Cancer Society guidelines; and

(3) A colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic person covered under such policy or contract, in accordance with the current American Cancer Society guidelines.

2. Coverage and benefits related to the examinations and tests as required by this section shall be at least as favorable and subject to the same dollar limits, deductible, and co-payments as other covered benefits or services.

3. Nothing in this act shall apply to accident-only, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policies.

4. The provisions of this section shall not apply to short-term major medical policies **[**~~of six months or less duration~~**] having a duration of less than one year**.

5. The attending physician shall advise the patient of the advantages, disadvantages, and risks, including cancer, associated with breast implantation prior to such operation.

6. Nothing in this section shall alter, impair or otherwise affect claims, rights or remedies available pursuant to law.

376.1253. 1. Each physician attending any patient with a newly diagnosed cancer shall inform the patient that the patient has the right to a referral for a second opinion by an appropriate board-certified specialist prior to any treatment. If no specialist in that specific cancer diagnosis area is in the provider network, a referral shall be made to a nonnetwork specialist in accordance with this section.

2. Each health carrier or health benefit plan, as defined in section 376.1350, that offers or issues health benefit plans which are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2003, shall provide coverage for a second opinion rendered by a specialist in that specific cancer diagnosis area when a patient with a newly diagnosed cancer is referred to such specialist by his or her attending physician. Such coverage shall be subject to the same deductible and coinsurance conditions applied to other specialist referrals and all other terms and conditions applicable to other benefits, including the prior authorization and/or referral authorization requirements as specified in the applicable health insurance policy.

3. 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 policies **[**~~of six months' or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1257. 1. As used in this section the following terms shall mean:

(1) "Anticancer medications", medications used to kill or slow the growth of cancerous cells;

(2) "Covered person", a policyholder, subscriber, enrollee, or other individual enrolled in or insured by a health benefit plan for health insurance coverage;

(3) "Health benefit plan", shall have the same meaning as defined in section 376.1350.

2. Any health benefit plan that provides coverage and benefits for cancer treatment shall provide coverage of prescribed orally administered anticancer medications on a basis no less favorable than intravenously administered or injected anticancer medications.

3. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, co-payment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected anticancer medication, regardless of formulation or benefit category determination by the company administering the health benefit plan.

4. The health benefit plan shall not reclassify or increase any type of cost-sharing to the covered person for anticancer medications in order to achieve compliance with this section. Any change in health insurance coverage, which otherwise increases an out-of-pocket expense to anticancer medications, shall be applied to the majority of comparable medical or pharmaceutical benefits covered by the health benefit plan.

5. Notwithstanding the provisions of subsections 2, 3, and 4 of this section, a health benefit plan that limits the total amounts paid by a covered person through all cost-sharing requirements to no more than seventy-five dollars per thirty-day supply for any orally administered anticancer medication shall be considered in compliance with this section. On January 1, 2016, and on January first of each year thereafter, a health benefit plan may adjust such seventy-five dollar limit. The adjustment shall not exceed the Consumer Price Index for All Urban Consumers Midwest Region for that year. For purposes of this subsection "cost-sharing requirements" shall include co-payments, coinsurance, deductibles, and any other amounts paid by the covered person for that prescription.

6. For a health benefit plan that meets the definition of "high deductible health plan" as defined by 26 U.S.C. 223(c)(2), the provisions of subsection 5 of this section shall only apply after a covered person's deductible has been satisfied for the year.

7. **The provisions of this section shall not apply to short-term major medical policies having a duration of less than one year.**

8. The provisions of this section shall become effective January 1, 2015.

376.1275. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2003, shall include coverage for their members for the cost for human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation. The testing must be performed in a facility which is accredited by the American Association of Blood Banks or its successors, and is licensed under the Clinical Laboratory Improvement Act, 42 U.S.C. Section 263a, as amended, and is accredited by the American Association of Blood Banks or its successors, the College of American Pathologists, the American Society for Histocompatibility and Immunogenetics (ASHI) or any other national accrediting body with requirements that are substantially equivalent to or more stringent than those of the College of American Pathologists. At the time of testing, the person being tested must complete and sign an informed consent form which also authorizes the results of the test to be used for participation in the National Marrow Donor Program. The health benefit plan may limit each enrollee to one such testing per lifetime to be reimbursed at a cost of no greater than seventy-five dollars by the health carrier or health benefit plan.

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

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 policies **[**~~of six months' or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

376.1290. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements, to the extent not preempted by federal law, and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2002, shall offer coverage for testing pregnant women for lead poisoning and for all testing for lead poisoning authorized by sections 701.340 to 701.349 or by rule of the department of health and senior services promulgated pursuant to sections 701.340 to 701.349.

2. Health care services required by this section shall not be subject to any greater deductible or co-payment than any other health care service provided by the policy, contract or plan.

3. No entity enumerated in subsection 1 of this section shall reduce or eliminate coverage as a result of the requirements of this section.

4. Nothing in this section shall apply to **short-term major medical policies having a duration of one year or less, or to** accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies.

376.1400. 1. Every health insurance carrier offering policies of insurance in this state shall use standardized information for the explanation of benefits given to the health care provider whenever a claim is paid or denied. As used in this section, the term "health insurance carrier" shall have the meaning given to "health carrier" in section 376.1350. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, short-term major medical policies **[**~~of six months or less duration~~**]** **having a duration of less than one year**, other limited benefit health insurance policies.

2. The standardized information shall contain the following:

(1) The name of the insured;

(2) The insured's identification number;

(3) The date of service;

(4) Amount of charge;

(5) Explanation for any denial;

(6) The amount paid;

(7) The patient's full name;

(8) The name and address of the insurer; and

(9) The phone number to contact for questions on explanation of benefits.

3. All health insurance carriers shall use the standard explanation of benefits information after January 1, 2002.

376.1550. 1. Notwithstanding any other provision of law to the contrary, each health carrier that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2005, shall provide coverage for a mental health condition, as defined in this section, and shall comply with the following provisions:

(1) A health benefit plan shall provide coverage for treatment of a mental health condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a mental health condition than for access to treatment for a physical health condition. Any deductible or out-of-pocket limits required by a health carrier or health benefit plan shall be comprehensive for coverage of all health conditions, whether mental or physical;

(2) The coverages set forth is this subsection:

(a) May be administered pursuant to a managed care program established by the health carrier; and

(b) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri;

(3) A health benefit plan that does not otherwise provide for management of care under the plan or that does not provide for the same degree of management of care for all health conditions may provide coverage for treatment of mental health conditions through a managed care organization; provided that the managed care organization is in compliance with rules adopted by the department of insurance, financial institutions and professional registration that assure that the system for delivery of treatment for mental health conditions does not diminish or negate the purpose of this section. The rules adopted by the director shall assure that:

(a) Timely and appropriate access to care is available;

(b) The quantity, location, and specialty distribution of health care providers is adequate; and

(c) Administrative or clinical protocols do not serve to reduce access to medically necessary treatment for any insured;

(4) Coverage for treatment for chemical dependency shall comply with sections 376.779, 376.810 to 376.814, and 376.825 to 376.836 and for the purposes of this subdivision the term "health insurance policy" as used in sections 376.779, 376.810 to 376.814, and 376.825 to 376.836, the term "health insurance policy" shall include group coverage.

2. As used in this section, the following terms mean:

(1) "Chemical dependency", the psychological or physiological dependence upon and abuse of drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social or occupational role functioning or both;

(2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350;

(4) "Mental health condition", any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders except for chemical dependency;

(5) "Managed care organization", any financing mechanism or system that manages care delivery for its members or subscribers, including health maintenance organizations and any other similar health care delivery system or organization;

(6) "Rate, term, or condition", any lifetime or annual payment limits, deductibles, co-payments, coinsurance, and other cost-sharing requirements, out-of-pocket limits, visit limits, and any other financial component of a health benefit plan that affects the insured.

3. This section shall not apply to a health plan or policy that is individually underwritten or provides such coverage for specific individuals and members of their families pursuant to section 376.779, sections 376.810 to 376.814, and sections 376.825 to 376.836, 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, hospitalization-surgical care policy, short-term major medical policies **[**~~of six months or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

4. Notwithstanding any other provision of law to the contrary, all health insurance policies that cover state employees, including the Missouri consolidated health care plan, shall include coverage for mental illness. Multiyear group policies need not comply until the expiration of their current multiyear term unless the policyholder elects to comply before that time.

5. The provisions of this section shall not be violated if the insurer decides to apply different limits or exclude entirely from coverage the following:

(1) Marital, family, educational, or training services unless medically necessary and clinically appropriate;

(2) Services rendered or billed by a school or halfway house;

(3) Care that is custodial in nature;

(4) Services and supplies that are not immediately nor clinically appropriate; or

(5) Treatments that are considered experimental.

6. The director shall grant a policyholder a waiver from the provisions of this section if the policyholder demonstrates to the director by actual experience over any consecutive twenty-four-month period that compliance with this section has increased the cost of the health insurance policy by an amount that results in a two percent increase in premium costs to the policyholder. The director shall promulgate rules establishing a procedure and appropriate standards for making such a demonstration. 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, 2004, shall be invalid and void.

376.1900. 1. As used in this section, the following terms shall mean:

(1) "Electronic visit", or "e-visit", an online electronic medical evaluation and management service completed using a secured web-based or similar electronic-based communications network for a single patient encounter. An electronic visit shall be initiated by a patient or by the guardian of a patient with the health care provider, be completed using a federal Health Insurance Portability and Accountability Act (HIPAA)-compliant online connection, and include a permanent record of the electronic visit;

(2) "Health benefit plan" shall have the same meaning ascribed to it in section 376.1350;

(3) "Health care provider" shall have the same meaning ascribed to it in section 376.1350;

(4) "Health care service", a service for the diagnosis, prevention, treatment, cure or relief of a physical or mental health condition, illness, injury or disease;

(5) "Health carrier" shall have the same meaning ascribed to it in section 376.1350;

(6) "Telehealth" shall have the same meaning ascribed to it in section 208.670.

2. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, shall not deny coverage for a health care service on the basis that the health care service is provided through telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment.

3. A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient.

4. A health carrier shall not be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in person.

5. A health care service provided through telehealth shall not be subject to any greater deductible, co-payment, or coinsurance amount than would be applicable if the same health care service was provided through face-to-face diagnosis, consultation, or treatment.

6. A health carrier shall not impose upon any person receiving benefits under this section any co-payment, coinsurance, or deductible amount, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services that is not equally imposed upon all terms and services covered under the policy, contract, or health benefit plan.

7. Nothing in this section shall preclude a health carrier from undertaking utilization review to determine the appropriateness of telehealth as a means of delivering a health care service, provided that the determinations shall be made in the same manner as those regarding the same service when it is delivered in person.

8. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.

9. Nothing in this section shall be construed to require a health care provider to be physically present with a patient where the patient is located unless the health care provider who is providing health care services by means of telehealth determines that the presence of a health care provider is necessary.

10. 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 policies **[**~~of six months' or less duration~~**] having a duration of less than one year**, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration. "; and

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

Speaker Richardson resumed the Chair.

Representative Hill moved that **House Amendment No. 1** be adopted.

Which motion was defeated by the following vote, the ayes and noes having been demanded by Representative Hill:

AYES: 043

Alferman	Beard	Black	Chipman	Cornejo
Curtis	Curtman	Davis	Dinkins	Eggleston
Evans	Fitzpatrick	Fitzwater	Frederick	Haahr
Hannegan	Helms	Hill	Houghton	Hurst
Johnson	Kelly 141	Kidd	Korman	McDaniel
Moon	Morris 140	Morse 151	Pietzman	Pike
Rehder	Reisch	Remole	Roeber	Ross
Schroer	Shumake	Smith 163	Sommer	Stacy
Taylor	Vescovo	White		

NOES: 097

Adams	Anders	Anderson	Arthur	Bangert
Baringer	Barnes 28	Basye	Beck	Berry
Bondon	Brown 27	Brown 57	Burnett	Burns
Butler	Carpenter	Christofanelli	Conway 10	Conway 104
Cross	DeGroot	Dogan	Dohrman	Ellebracht
Engler	Fraker	Francis	Franklin	Gannon

Gray	Green	Gregory	Haefner	Hansen
Harris	Henderson	Higdon	Houx	Justus
Kendrick	Knight	Kolkmeyer	Lant	Lavender
Lichtenegger	Love	Lynch	Marshall	Matthiesen
May	McCreery	McGaugh	McGee	Meredith 71
Merideth 80	Messenger	Miller	Mitten	Morgan
Mosley	Muntzel	Neely	Newman	Nichols
Pfautsch	Phillips	Pierson Jr	Plocher	Pogue
Quade	Razer	Redmon	Reiboldt	Revis
Rhoads	Roberts	Rowland 29	Runions	Ruth
Shaul 113	Shull 16	Stephens 128	Stevens 46	Swan
Tate	Trent	Unsicker	Walker 3	Walker 74
Walsh	Washington	Wessels	Wiemann	Wilson
Wood	Mr. Speaker			

PRESENT: 001

Franks Jr

ABSENT WITH LEAVE: 020

Andrews	Austin	Bahr	Barnes 60	Bernskoetter
Brattin	Cookson	Corlew	Ellington	Grier
Kelley 127	Lauer	Mathews	McCann Beatty	Peters
Roden	Rone	Rowland 155	Smith 85	Spencer

VACANCIES: 002

On motion of Representative Engler, **SB 594** was truly agreed to and finally passed by the following vote:

AYES: 143

Adams	Alferman	Anders	Anderson	Arthur
Bangert	Baringer	Barnes 60	Barnes 28	Basye
Beard	Beck	Bernskoetter	Berry	Black
Bondon	Brown 27	Brown 57	Burnett	Burns
Butler	Carpenter	Chipman	Christofanelli	Conway 10
Conway 104	Corlew	Cornejo	Cross	Curtman
Davis	DeGroot	Dinkins	Dogan	Dohrman
Eggleston	Ellebracht	Engler	Evans	Fitzpatrick
Fitzwater	Fraker	Francis	Franklin	Frederick
Gannon	Gray	Green	Gregory	Grier
Haahr	Haefner	Hannegan	Hansen	Harris
Helms	Henderson	Higdon	Hill	Houghton
Houx	Hurst	Johnson	Justus	Kelley 127
Kelly 141	Kendrick	Kidd	Knight	Kolkmeyer
Korman	Lant	Lavender	Lichtenegger	Love
Lynch	Matthiesen	May	McCreery	McDaniel
McGaugh	McGee	Meredith 71	Merideth 80	Messenger
Miller	Mitten	Morgan	Morris 140	Morse 151
Mosley	Muntzel	Neely	Newman	Nichols
Pfautsch	Phillips	Pierson Jr	Pietzman	Pike
Plocher	Quade	Razer	Redmon	Rehder
Reiboldt	Reisch	Remole	Revis	Rhoads
Roberts	Roden	Roeber	Ross	Rowland 29

Runions	Ruth	Schroer	Shaul 113	Shull 16
Shumake	Smith 163	Sommer	Spencer	Stacy
Stephens 128	Stevens 46	Swan	Tate	Taylor
Trent	Unsicker	Vescovo	Walker 3	Walker 74
Walsh	Washington	Wessels	White	Wiemann
Wilson	Wood	Mr. Speaker		

NOES: 005

Curtis	Ellington	Marshall	Moon	Pogue

PRESENT: 001

Franks Jr

ABSENT WITH LEAVE: 012

Andrews	Austin	Bahr	Brattin	Cookson
Lauer	Mathews	McCann Beatty	Peters	Rone
Rowland 155	Smith 85			

VACANCIES: 002

Speaker Richardson declared the bill passed.

THIRD READING OF SENATE BILLS

HCS SS SCS SB 826, relating to pharmacy, was taken up by Representative Ross.

On motion of Representative Ross, the title of **HCS SS SCS SB 826** was agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 17, Section 338.056, Line 38, by inserting immediately after said line the following:

"338.202. 1. Notwithstanding any other provision of law to the contrary, unless the prescriber has specified on the prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his or her professional judgment to dispense varying quantities of maintenance medication per fill**,** up to the total number of dosage units as authorized by the prescriber on the original prescription, including any refills. Dispensing of the maintenance medication based on refills authorized by the physician or prescriber on the prescription shall be limited to no more than a ninety-day supply of the medication, and the maintenance medication shall have been previously prescribed to the patient for at least a three-month period. **The supply limitations provided in this subsection shall not apply if the prescription is issued by a practitioner located in another state according to and in compliance with the applicable laws of that state and the United States or dispensed to a patient who is a member of the United States Armed Forces serving outside the United States.**

2. For the purposes of this section, "maintenance medication" is and means a medication prescribed for chronic long-term conditions and that is taken on a regular, recurring basis; except that, it shall not include controlled substances, as defined in and under section 195.010.

376.1237. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, and that provides

coverage for prescription eye drops shall provide coverage for the refilling of an eye drop prescription prior to the last day of the prescribed dosage period without regard to a coverage restriction for early refill of prescription renewals as long as the prescribing health care provider authorizes such early refill, and the health carrier or the health benefit plan is notified.

2. For the purposes of this section, health carrier and health benefit plan shall have the same meaning as defined in section 376.1350.

3. The coverage required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

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 policies of six months' or less duration, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

[~~5. The provisions of this section shall terminate on January 1, 2020.~~**]**"; 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 Pfautsch offered **House Amendment No. 2**.

House Amendment No. 2

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 13, Section 195.265, Line 18, by inserting after all of said section and line the following:

"210.070. **[**~~Every~~**] 1. A** physician, midwife**,** or nurse who shall be in attendance upon a newborn infant or its mother**[**~~,~~**]** shall drop into the eyes of such infant **[**~~immediately after delivery,~~**]** a prophylactic **[**~~solution~~**] medication** approved by the state department of health and senior services**[**~~, and shall within forty-eight hours thereafter, report in writing to the board of health or county physician of the city, town or county where such birth occurs, his or her compliance with this section, stating the solution used by him or her~~**]**.

2. Administration of such eye drops shall not be required if a parent or legal guardian of such infant objects to the treatment because it is against the religious beliefs of the parent or legal guardian."; and

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

Representative Chipman assumed the Chair.

Representative Lavender offered **House Amendment No. 1 to House Amendment No. 2**.

House Amendment No. 1
to
House Amendment No. 2

AMEND House Amendment No. 2 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 1, Line 13, by deleting said line and inserting in lieu thereof the following:

"**guardian.**

334.506. 1. As used in this section, "approved health care provider" means a person holding a current and active license as a physician and surgeon under this chapter, a chiropractor under chapter 331, a dentist under chapter 332, a podiatrist under chapter 330, a physician assistant under this chapter, an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, or podiatrist practicing in another jurisdiction whose license is in good standing.

2. A physical therapist **[**~~shall not~~**] may evaluate and** initiate treatment **[**~~for a new injury or illness~~**] on a patient** without a prescription **or referral** from an approved health care provider.

3. A physical therapist may provide educational resources and training, develop fitness or wellness programs **[**~~for asymptomatic persons~~**]**, or provide screening or consultative services within the scope of physical therapy practice without **[**~~the~~**] a** prescription **[**~~and direction of~~**] or referral from** an approved health care provider.

4. **[**~~A physical therapist may examine and treat without the prescription and direction of an approved health care provider any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider or a chronic illness that has been previously diagnosed by an approved health care provider. The physical therapist shall:~~

~~(1) Contact the patient's current approved health care provider within seven days of initiating physical therapy services under this subsection;~~

~~(2) Not change an existing physical therapy referral available to the physical therapist without approval of the patient's current approved health care provider;~~

~~(3) Refer to an approved health care provider any patient whose medical condition at the time of examination or treatment is determined to be beyond the scope of practice of physical therapy;~~

~~(4) Refer to an approved health care provider any patient whose condition for which physical therapy services are rendered under this subsection has not been documented to be progressing toward documented treatment goals after six visits or fourteen days, whichever first occurs;~~

~~(5) Notify the patient's current approved health care provider prior to the continuation of treatment if treatment rendered under this subsection is to continue beyond thirty days. The physical therapist shall provide such notification for each successive period of thirty days~~**] A physical therapist shall refer to an approved health care provider any patient whose medical condition at the time of evaluation or treatment is determined to be beyond the scope of practice of physical therapy**.

5. The provision of physical therapy services of evaluation and screening pursuant to this section shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section may not be delegated. Upon each reinitiation of physical therapy services, a physical therapist shall provide a full physical therapy evaluation prior to the reinitiation of physical therapy treatment. **[**~~Physical therapy treatment provided pursuant to the provisions of subsection 4 of this section may be delegated by physical therapists to physical therapist assistants only if the patient's current approved health care provider has been so informed as part of the physical therapist's seven-day notification upon reinitiation of physical therapy services as required in subsection 4 of this section.~~**]** Nothing in this subsection shall be construed as to limit the ability of physical therapists or physical therapist assistants to provide physical therapy services in accordance with the provisions of this chapter, and upon the referral of an approved health care provider. Nothing in this subsection shall prohibit an approved health care provider from acting within the scope of their practice as defined by the applicable chapters of RSMo.

6. No person licensed to practice, or applicant for licensure, as a physical therapist or physical therapist assistant shall make a medical diagnosis.

7. A physical therapist shall only delegate physical therapy treatment to a physical therapist assistant or to a person in an entry level of a professional education program approved by the Commission for Accreditation of Physical Therapists and Physical Therapist Assistant Education (CAPTE) who satisfies supervised clinical education requirements related to the person's physical therapist or physical therapist assistant education. The entry-level person shall be under on-site supervision of a physical therapist.

334.613. 1. The board may refuse to issue or renew a license to practice as a physical therapist or physical therapist assistant for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew a license to practice as a physical therapist or physical therapist assistant, the board may, at its discretion, issue a license which is subject to probation, restriction, or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation, or restriction shall contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited, or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited, or restricted license seeking review of the board's determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board's decision shall be considered as waived.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of a license to practice as a physical therapist or physical therapist assistant who has failed to renew or has surrendered his or her license for any one or any combination of the following causes:

(1) Use 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 a physical therapist or physical therapist assistant;

(2) The person has been finally adjudicated and found guilty, or 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 a physical therapist or physical therapist assistant, 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 of registration or authority, permit, or license issued under this chapter or in obtaining permission to take any examination given or required under this chapter;

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of a physical therapist or physical therapist assistant, including but not limited to the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation by fraud, deception, or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for sessions of physical therapy which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

(b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

(c) Willfully and continually performing inappropriate or unnecessary treatment or services;

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;

(e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method, procedure, treatment, medicine, or device;

(f) Performing services which have been declared by board rule to be of no physical therapy value;

(g) Final disciplinary action by any professional association, professional society, licensed hospital or medical staff of the hospital, or physical therapy facility in this or any other state or territory, whether agreed to voluntarily or not, and including but not limited to any removal, suspension, limitation, or restriction of the person's professional employment, malpractice, or any other violation of any provision of this chapter;

(h) Administering treatment without sufficient examination, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional physical therapy practice;

(i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, while a physical therapist or physical therapist assistant/patient relationship exists; making sexual advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of a sexual nature with patients or clients;

(j) Terminating the care of a patient without adequate notice or without making other arrangements for the continued care of the patient;

(k) Failing to furnish details of a patient's physical therapy records to treating physicians, other physical therapists, or hospitals upon proper request; or failing to comply with any other law relating to physical therapy records;

(l) Failure of any applicant or licensee, other than the licensee subject to the investigation, to cooperate with the board during any investigation;

(m) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(n) Failure to timely pay license renewal fees specified in this chapter;

(o) Violating a probation agreement with this board or any other licensing agency;

(p) Failing to inform the board of the physical therapist's or physical therapist assistant's current telephone number, residence, and business address;

(q) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physical therapist or physical therapist assistant. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation, or association which issues or conducts such advertising;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of a physical therapist or physical therapist assistant. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule adopted under this chapter;

(7) Impersonation of any person licensed as a physical therapist or physical therapist assistant or allowing any person to use his or her license or diploma from any school;

(8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation, or other final disciplinary action against a physical therapist or physical therapist assistant for a license or other right to practice as a physical therapist or physical therapist assistant by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including but not limited to the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of physical therapy while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice who is not licensed and currently eligible to practice under this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice physical therapy who is not licensed and currently eligible to practice under this chapter;

(11) Issuance of a license to practice as a physical therapist or physical therapist assistant based upon a material mistake of fact;

(12) Failure to display a valid license pursuant to practice as a physical therapist or physical therapist assistant;

(13) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any document executed in connection with the practice of physical therapy;

(14) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of physical therapy services for all patients, or the qualifications of an individual person or persons to render, or perform physical therapy services;

(15) Using, or permitting the use of, the person's name under the designation of "physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise;

(16) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the federal Medicare program;

(17) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary facility or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in any physical therapy facility to the board, in writing, within thirty days after the discovery thereof;

(18) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant paying or offering to pay a referral fee or**[**~~, notwithstanding section 334.010 to the contrary, practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon under this chapter, as a physician assistant under this chapter, as a chiropractor under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose license is in good standing~~**] evaluating or treating a patient in a manner inconsistent with section 334.506**;

(19) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.685;

(20) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a physician who is authorized by law to do so;

(21) Failing to maintain adequate patient records under 334.602;

(22) Attempting to engage in conduct that subverts or undermines the integrity of the licensing examination or the licensing examination process, including but not limited to utilizing in any manner recalled or memorized licensing examination questions from or with any person or entity, failing to comply with all test center security procedures, communicating or attempting to communicate with any other examinees during the test, or copying or sharing licensing examination questions or portions of questions;

(23) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant who requests, receives, participates or engages directly or indirectly in the division, transferring, assigning, rebating or refunding of fees received for professional services or profits by means of a credit or other valuable consideration such as wages, an unearned commission, discount or gratuity with any person who referred a patient, or with any relative or business associate of the referring person;

(24) Being unable to practice as a physical therapist or physical therapist assistant with reasonable skill and safety to patients by reasons of incompetency, or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition. The following shall apply to this subdivision:

(a) In enforcing this subdivision the board shall, after a hearing by the board, upon a finding of probable cause, require a physical therapist or physical therapist assistant to submit to a reexamination for the purpose of establishing his or her competency to practice as a physical therapist or physical therapist assistant conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of such physical therapist's or physical therapist assistant's professional conduct, or to submit to a mental or physical examination or combination thereof by a facility or professional approved by the board;

(b) For the purpose of this subdivision, every physical therapist and physical therapist assistant licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board;

(c) In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physical therapist, physical therapist assistant or applicant without the physical therapist's, physical therapist assistant's or applicant's consent;

(d) Written notice of the reexamination or the physical or mental examination shall be sent to the physical therapist or physical therapist assistant, by registered mail, addressed to the physical therapist or physical therapist assistant at the physical therapist's or physical therapist assistant's last known address. Failure of a physical therapist or physical therapist assistant to submit to the examination when directed shall constitute an admission of the allegations against the physical therapist or physical therapist assistant, in which case the board may enter a final order without the presentation of evidence, unless the failure was due to circumstances beyond the physical therapist's or physical therapist assistant's control. A physical therapist or physical therapist assistant whose right to practice has been affected under this subdivision shall, at reasonable intervals, be afforded an opportunity to demonstrate that the physical therapist or physical therapist assistant can resume the competent practice as a physical therapist or physical therapist assistant with reasonable skill and safety to patients;

(e) In any proceeding under this subdivision neither the record of proceedings nor the orders entered by the board shall be used against a physical therapist or physical therapist assistant in any other proceeding. Proceedings under this subdivision shall be conducted by the board without the filing of a complaint with the administrative hearing commission;

(f) When the board finds any person unqualified because of any of the grounds set forth in this subdivision, it may enter an order imposing one or more of the disciplinary measures set forth in subsection 3 of this section.

3. After the filing of such complaint before the administrative hearing commission, 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 board may, singly or in combination:

(1) Warn, censure or place the physical therapist or physical therapist assistant named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years;

(2) Suspend the physical therapist's or physical therapist assistant's license for a period not to exceed three years;

(3) Restrict or limit the physical therapist's or physical therapist assistant's license for an indefinite period of time;

(4) Revoke the physical therapist's or physical therapist assistant's license;

(5) Administer a public or private reprimand;

(6) Deny the physical therapist's or physical therapist assistant's application for a license;

(7) Permanently withhold issuance of a license;

(8) Require the physical therapist or physical therapist assistant to submit to the care, counseling or treatment of physicians designated by the board at the expense of the physical therapist or physical therapist assistant to be examined;

(9) Require the physical therapist or physical therapist assistant to attend such continuing educational courses and pass such examinations as the board may direct.

4. In any order of revocation, the board may provide that the physical therapist or physical therapist assistant shall not apply for reinstatement of the physical therapist's or physical therapist assistant's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

5. Before restoring to good standing a license issued under this chapter which has been in a revoked, suspended, or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

6. In any investigation, hearing or other proceeding to determine a physical therapist's, physical therapist assistant's or applicant's fitness to practice, any record relating to any patient of the physical therapist, physical therapist assistant, or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such physical therapist, physical therapist assistant, applicant, record custodian, or patient might otherwise invoke. In addition, no such physical therapist, physical therapist assistant, applicant, or record custodian may withhold records or testimony bearing upon a physical therapist's, physical therapist assistant's, or applicant's fitness to practice on the grounds of privilege between such physical therapist, physical therapist assistant, applicant, or record custodian and a patient."; and"; and

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

Representative Roden raised a point of order that **House Amendment No. 1 to House Amendment No. 2** goes beyond the scope of the underlying amendment.

Representative Chipman requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

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

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

House Amendment No. 3

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 13, Section 195.265, Line 18, by inserting the following after all of said line:

"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. 3** was adopted.

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

House Amendment No. 4

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 1, Section A, Line 3, by inserting after all of said line the following:

"191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient's health care records to the patient, the patient's authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) (a) Search and retrieval, in an amount not more than twenty-four dollars and eighty-five cents plus copying in the amount of fifty-seven cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed twenty-three dollars and twenty-six cents, as adjusted annually pursuant to subsection 5 of this section; or

(b) The records shall be furnished electronically upon payment of the search, retrieval, and copying fees set under this section at the time of the request or one hundred eight dollars and eighty-eight cents total, whichever is less, if such person:

a. Requests health records to be delivered electronically in a format of the health care provider's choice;

b. The health care provider stores such records completely in an electronic health record; and

c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost;

(3) Notary fee, not to exceed two dollars, if requested.

3. **For purposes of subsections 1 and 2 of this section, "a copy of his or her record of that patient's health history and treatment rendered" or "the patient's health care records" include a statement or record that no such health history or treatment record responsive to the request exists.**

4. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

[~~4.~~**] 5.** The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.

[~~5.~~**] 6.** Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall

be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department's internet website by February first of each year.

[~~6.~~**] 7.** A health care provider may disclose a deceased patient's health care records or payment records to the executor or administrator of the deceased person's estate, or pursuant to a valid, unrevoked power of attorney for health care that specifically directs that the deceased person's health care records be released to the agent after death. If an executor, administrator, or agent has not been appointed, the deceased prior to death did not specifically object to disclosure of his or her records in writing, and such disclosure is not inconsistent with any prior expressed preference of the deceased that is known to the health care provider, a deceased patient's health care records may be released upon written request of a person who is deemed as the personal representative of the deceased person under this subsection. Priority shall be given to the deceased patient's spouse and the records shall be released on the affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving spouse, the health care records may be released to one of the following persons:

(1) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse;

(2) An adult child of the deceased patient on the affidavit of the adult child that he or she is the adult child of the deceased;

(3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent of the deceased;

(4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or sister that he or she is the adult brother or sister of the deceased;

(5) A guardian or conservator of the deceased patient at the time of the patient's death on the affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased; or

(6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian that he or she is the guardian ad litem of the minor child of the deceased."; and

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

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

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

House Amendment No. 5

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 17, Section 338.056, Line 38, by inserting after all of said section and line the following:

"**630.1010. The department of mental health shall develop a treatment protocol containing best practice guidelines for the treatment of opioid-dependent patients. The treatment protocol shall include the following:**

(1) Appropriate clinical use of all drugs approved by the federal Food and Drug Administration for the treatment of opioid addiction, including, but not limited to, the following:

(a) Opioid maintenance;

(b) Opioid detoxification;

(c) Overdose reversal; and

(d) Long acting, antagonist medication;

(2) Training for prescribers dispensing narcotic drugs for the treatment and management of opiate-dependent patients consistent with the federal Controlled Substances Act, as amended by Section 303 of the Comprehensive Addiction and Recovery Act of 2016; and

(3) Development and adoption of standard processes for obtaining informed consent from patients concerning all available medication-assisted treatment options, including potential benefits and risks."; and

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

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

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

House Amendment No. 6

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 11, Section 195.070, Lines 24-31, by deleting all of said lines and inserting in lieu thereof the following:

"patient, for any reason, if such practitioner did not originally dispense the drug**, except as provided in section 195.265**."; and

Further amend said bill, Page 12, Section 195.080, Line 24, by inserting after the words "**treatment for cancer**" the words "**or sickle cell disease**"; and

Further amend said bill, page, and section, Line 28, by inserting after the words "**dispense medication**" the words "**in good faith**"; and

Further amend said bill and page, Section 195.265, Line 1, by inserting immediately after the number "**195.265.**" the following:

"**1. Unused controlled substances may be accepted from ultimate users, from hospice or home health care providers on behalf of ultimate users to the extent federal law allows, or any person lawfully entitled to dispose of a decedent's property if the decedent was an ultimate user who died while in lawful possession of a controlled substance, through:**

(1) Collection receptacles, drug disposal boxes, mail back packages, and other means by a Drug Enforcement Agency-authorized collector in accordance with federal regulations even if the authorized collector did not originally dispense the drug; or

(2) Drug take back programs conducted by federal, state, tribal, or local law enforcement agencies in partnership with any person or entity.

This subsection shall supersede and preempt any local ordinances or regulations, including any ordinances or regulations enacted by any political subdivision of the state, regarding the disposal of unused controlled substances. For the purposes of this section, the term "ultimate user" shall mean a person who has lawfully obtained and possesses a controlled substance for his or her own use or for the use of a member of his or her household or for an animal owned by him or her or a member of his or her household.

2."; and

Further amend said bill and section, Page 13, Line 7, by deleting the word "**mailers**" and inserting in lieu thereof the words "**mail back packages**"; and

Further amend said bill, page, and section, Line 12, by inserting immediately after the word "**location**" the phrase "**and is updated every six months by the department**"; and

Further amend said bill, page, and section, Line 13, by inserting immediately after the word "**events**" the words "**and mail back events**"; and

Further amend said bill, page, and section, Line 14, by inserting immediately after the word "**event**" the phrase "**and is updated every six months by the department**"; and

Further amend said bill, page, and section, Line 16, by deleting the words "**4 of section 195.070**" and inserting in lieu thereof the words "**1 of this section**"; and

Further amend said bill, page, and section, Line 18, by inserting after all of said section and line the following:

"208.183. 1. There shall be established an "Advisory Council on Rare Diseases and Personalized Medicine" within the MO HealthNet division. The advisory council shall serve as an expert advisory committee to the drug utilization review board, providing necessary consultation to the board when the board makes recommendations or determinations regarding beneficiary access to drugs or biological products for rare diseases, or when the board itself determines that it lacks the specific scientific, medical, or technical expertise necessary for the proper performance of its responsibilities and such necessary expertise can be provided by experts outside the board. "Beneficiary access", as used in this section, shall mean developing prior authorization and reauthorization criteria for a rare disease drug, including placement on a preferred drug list or a formulary, as well as payment, cost-sharing, drug utilization review, or medication therapy management.

2. The advisory council on rare diseases and personalized medicine shall be composed of the following health care professionals, who shall be appointed by the director of the department of social services:

(1) Two physicians affiliated with a public school of medicine who are licensed and practicing in this state with experience researching, diagnosing, or treating rare diseases;

(2) Two physicians affiliated with private schools of medicine headquartered in this state who are licensed and practicing in this state with experience researching, diagnosing, or treating rare diseases;

(3) A physician who holds a doctor of osteopathy degree, who is active in medical practice, and who is affiliated with a school of medicine in this state with experience researching, diagnosing, or treating rare diseases;

(4) Two medical researchers from either academic research institutions or medical research organizations in this state who have received federal or foundation grant funding for rare disease research;

(5) A registered nurse or advanced practice registered nurse licensed and practicing in this state with experience treating rare diseases;

(6) A pharmacist practicing in a hospital in this state which has a designated orphan disease center;

(7) A professor employed by a pharmacy program in this state that is fully accredited by the Accreditation Council for Pharmacy Education and who has advanced scientific or medical training in orphan and rare disease treatments;

(8) One individual representing the rare disease community or who is living with a rare disease;

(9) One member who represents a rare disease foundation;

(10) A representative from a rare disease center located within one of the state's comprehensive pediatric hospitals;

(11) The chair of the joint committee on the life sciences or the chair's designee; and

(12) The chairperson of the drug utilization review board, or the chairperson's designee, who shall serve as an ex officio, nonvoting member of the advisory council.

3. The director shall convene the first meeting of the advisory council on rare diseases and personalized medicine no later than February 28, 2019. Following the first meeting, the advisory council shall meet upon the call of the chairperson of the drug utilization review board or upon the request of a majority of the council members.

4. The drug utilization review board, when making recommendations or determinations regarding beneficiary access to drugs and biological products for rare diseases, as defined in the federal Orphan Drug Act of 1983, P.L. 97-414, and drugs and biological products that are approved by the U.S. Food and Drug Administration and within the emerging fields of personalized medicine and noninheritable gene editing therapeutics, shall request and consider information from the advisory council on rare diseases and personalized medicine.

5. The drug utilization review board shall seek the input of the advisory council on rare diseases and personalized medicine to address topics for consultation under this section including, but not limited to:

(1) Rare diseases;

(2) The severity of rare diseases;

(3) The unmet medical need associated with rare diseases;

(4) The impact of particular coverage, cost-sharing, tiering, utilization management, prior authorization, medication therapy management, or other Medicaid policies on access to rare disease therapies;

(5) An assessment of the benefits and risks of therapies to treat rare diseases;

(6) The impact of particular coverage, cost-sharing, tiering, utilization management, prior authorization, medication therapy management, or other policies on patients' adherence to the treatment regimen prescribed or otherwise recommended by their physicians;

(7) Whether beneficiaries who need treatment from or a consultation with a rare disease specialist have adequate access and, if not, what factors are causing the limited access; and

(8) The demographics and the clinical description of patient populations.

6. Nothing in this section shall be construed to create a legal right for a consultation on any matter or to require the drug utilization review board to meet with any particular expert or stakeholder.

7. Recommendations of the advisory council on rare diseases and personalized medicine on an applicable treatment of a rare disease shall be explained in writing to members of the drug utilization review board during public hearings.

8. For purposes of this section, a "rare disease drug" shall mean a drug used to treat a rare medical condition, defined as any disease or condition that affects fewer than two hundred thousand persons in the United States, such as cystic fibrosis, hemophilia, and multiple myeloma.

9. All members of the advisory council on rare diseases and personalized medicine shall annually sign a conflict of interest statement revealing economic or other relationships with entities that could influence a member's decisions, and at least twenty percent of the advisory council members shall not have a conflict of interest with respect to any insurer, pharmaceutical benefits manager, or pharmaceutical manufacturer."; and

Further amend said bill and page, Section 338.010, Line 9, by inserting immediately after the word "**[**~~twelve~~**]**" the words "**at least**"; and

Further amend said bill, page, and section, Line 10, by inserting after the word "**the**" the phrase "**age recommended by the**"; and

Further amend said bill, page, section, and line, by deleting the word "**recommendations**"; and

Further amend said bill and section, Page 14, Lines 47-48 and 53, by deleting each instance of the phrase "**[**~~and administration of viral influenza vaccines~~**]**" and inserting in lieu thereof "and administration of viral influenza vaccines"; and

Further amend said bill, Pages 16-17, Section 338.056, Lines 14-31, by deleting all of said lines and inserting in lieu thereof the following:

"2. A pharmacist who receives a prescription for a brand name drug or biological product may**[**~~, unless requested otherwise by the purchaser,~~**]** select a less expensive generically equivalent or interchangeable biological product **[**~~under the following circumstances:~~

~~(1) If a written prescription is involved, the prescription form used shall have two signature lines at opposite ends at the bottom of the form. Under the line at the right side shall be clearly printed the words: "Dispense as Written". Under the line at the left side shall be clearly printed the words "Substitution Permitted". The prescriber shall communicate the instructions to the pharmacist by signing the appropriate line~~**] unless:**

(1) the patient requests a brand name drug or biological product; or

(2) the prescribing practitioner indicates that substitution is prohibited or displays "brand medically necessary", "dispense as written", "do not substitute", "DAW", or words of similar import on the prescription.

3. No prescription shall be valid without the signature of the prescriber **[**~~on one of these lines; (2)~~**] .**

4. If an oral prescription is involved, the practitioner or the practitioner's agent, communicating the instructions to the pharmacist, shall instruct the pharmacist as to whether or not a therapeutically equivalent generic drug or interchangeable biological product may be substituted. The pharmacist shall note the instructions on the file copy of the prescription."; and

Further amend said bill, Page 17, Section B, Lines 2 and 5, by deleting each instance of the phrase "section 195.070" and inserting in lieu thereof the phrase "sections 195.070 and 195.265"; and

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

On motion of Representative Hill, **House Amendment No. 6** was adopted.

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

House Amendment No. 7

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 13, Section 195.265, Line 18, by inserting after all of said section and line the following:

"**195.2200. As used in sections 195.2200 to 195.2281, unless the context requires otherwise, the following terms mean:**

(1) "Consumer", a person twenty-one years of age or older who purchases marijuana or marijuana products for personal use by persons twenty-one years of age or older, but not for resale to others;

(2) "Division", the division of alcohol and tobacco control within the department of public safety;

(3) "Industrial hemp", the plant of the genus cannabis and any part of such plant, whether growing, with a delta-9 THC concentration that does not exceed three-tenths percent on a dry-weight basis;

(4) "License", to grant a license or registration under sections 195.2200 to 195.2281;

(5) "Licensed premises", the premises specified in an application for a license under sections 195.2200 to 195.2281, which are owned or in possession of the licensee and within which the licensee is authorized to cultivate, manufacture, distribute, sell, or test marijuana and marijuana products in accordance with sections 195.2200 to 195.2281;

(6) "Licensee", a person licensed or registered under sections 195.2200 to 195.2281;

(7) "Local licensing authority", for any locality that has chosen to adopt a local licensing requirement in addition to the state licensing requirements under sections 195.2200 to 195.2281, an authority designated by a town, village, city, county, or city not within a county;

(8) "Locality", a town, village, city, county, or city not within a county;

(9) "Location", a particular parcel of land that may be identified by an address or other descriptive means;

(10) "Marijuana" or "marihuana", all parts of the plant of the genus cannabis, whether growing, the seeds thereof, the resin extracted from any part of the plant, and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or its resin, including marihuana concentrate. "Marijuana" or "marihuana" shall not include industrial hemp, nor shall it include fiber produced from the stalks, oil, or cake made from the seeds of the plant; sterilized seed of the plant that is incapable of germination; or the weight of any other ingredient combined with marijuana to prepare topical or oral administrations, food, drink, or other product;

(11) "Marijuana accessories", any equipment, products, or materials of any kind that are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, composting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, vaporizing, or containing marijuana, or for ingesting, inhaling, or otherwise introducing marijuana into the human body;

(12) "Marijuana business operator", a person or entity who is not licensed as a marijuana establishment but who is licensed to operates a marijuana establishment, who is an owner of a marijuana establishment, or who receives a portion of the profits of a marijuana establishment;

(13) "Marijuana establishment", a wholesale marijuana-cultivation facility, a marijuana testing facility, a wholesale marijuana-product manufacturing facility, or a retail marijuana store;

(14) "Marijuana products", concentrated marijuana products and marijuana products that consist of marijuana and other ingredients and are intended for use or consumption including, but not limited to, edible products, ointments, and tinctures;

(15) "Marijuana testing facility", an entity licensed to analyze and certify the safety and potency of marijuana;

(16) "Marijuana transporter", a person or entity who is not licensed as a marijuana establishment but who is licensed to provide logistics, distribution, and storage of marijuana and marijuana products;

(17) "Operating fees", fees that may be charged by a locality for costs including, but not limited to, inspection, administration, and enforcement of marijuana establishments authorized under sections 195.2200 to 195.2281;

(18) "Premises", a distinctly identified, as required by the division, and definite location, which may include a building, a part of a building, a room, or any other definite contiguous area;

(19) "Retail marijuana store", an entity licensed to purchase marijuana from wholesale marijuana-cultivation facilities and marijuana and marijuana products from wholesale marijuana-product manufacturing facilities and to sell marijuana and marijuana products to consumers;

(20) "Sale" or "sell", includes to exchange, barter, or traffic in; to solicit or receive and order, except through a licensee licensed under sections 195.2200 to 195.2281; to deliver for value in any way other than gratuitously; to peddle or possess with intent to sell; or to traffic in for any consideration promised or obtained directly or indirectly;

(21) "THC", tetrahydrocannabinol;

(22) "Unreasonably impracticable", the condition if the measures necessary to comply with the regulations require such a high investment of risk, moneys, time, or any other resource or asset that the operation of a marijuana establishment is not worthy of being carried out in practice by a reasonably prudent businessperson;

(23) "Wholesale marijuana-cultivation facility", an entity licensed to cultivate, prepare, and package marijuana and sell marijuana to retail marijuana stores, to wholesale marijuana-product manufacturing facilities, and to other marijuana-cultivation facilities but not to consumers;

(24) "Wholesale marijuana-product manufacturing facility", an entity licensed to purchase marijuana; manufacture, prepare, and package marijuana products; and sell marijuana and marijuana products to other wholesale marijuana-product manufacturing facilities and to retail marijuana stores but not to consumers.

195.2203. 1. Notwithstanding any other provision of law, the following acts are not unlawful and shall not be an offense under Missouri law or the law of any locality within Missouri or be a basis for seizure or forfeiture of assets under Missouri law for persons twenty-one years of age or older:

(1) Possessing, using, displaying, purchasing, or transporting marijuana accessories or thirty-five grams or less of marijuana;

(2) Possessing, growing, processing, or transporting no more than six marijuana plants, with three or fewer being mature, flowering plants, and possession of the marijuana produced by the plants on the premises where the plants were grown, provided that the growing takes place in an enclosed, locked space; is not conducted openly or publicly; and is not made available for sale;

(3) Transfer of thirty-five grams or less of marijuana without remuneration to a person who is twenty-one years of age or older;

(4) Consumption of marijuana, provided that nothing in sections 195.2200 to 195.2281 shall permit consumption that is conducted openly and publicly or in a manner that endangers others; or

(5) Assisting another person who is twenty-one years of age or older in any of the acts under subdivisions (1) to (4) of this subsection.

2. Notwithstanding any other provision of law, the following acts are not unlawful and shall not be an offense under Missouri law or be a basis for seizure or forfeiture of assets under Missouri law for persons twenty-one years of age or older:

(1) Manufacturing or selling marijuana accessories to a person who is twenty-one years of age or older;

(2) Possessing, displaying, or transporting marijuana or marijuana products; purchasing marijuana from a wholesale marijuana-cultivation facility; purchasing marijuana or marijuana products from a wholesale marijuana-product manufacturing facility; or selling marijuana or marijuana products to consumers if the person conducting the activities described in this subdivision has obtained a current, valid license to operate a retail marijuana store or is acting in his or her capacity as an owner, employee, or agent of a retail marijuana store;

(3) Cultivating, harvesting, processing, packaging, transporting, displaying, or possessing marijuana; delivering or transferring marijuana to a marijuana testing facility; selling marijuana to a wholesale marijuana-cultivation facility, a wholesale marijuana-product manufacturing facility, or a retail marijuana store; or purchasing marijuana from a wholesale marijuana-cultivation facility if the person conducting the activities described in this subdivision has obtained a current, valid license to operate a wholesale marijuana-cultivation facility or is acting in his or her capacity as an owner, employee, or agent of a wholesale marijuana-cultivation facility;

(4) Packaging, processing, transporting, manufacturing, displaying, or possessing marijuana or marijuana products; delivering or transferring marijuana or marijuana products to a marijuana testing facility; selling marijuana or marijuana products to a retail marijuana store or a wholesale marijuana-product manufacturing facility; purchasing marijuana from a wholesale marijuana-cultivation facility; or purchasing marijuana or marijuana products from a wholesale marijuana-product manufacturing facility if the person conducting the activities described in this subdivision has obtained a current, valid license to operate a wholesale marijuana-product manufacturing facility or is acting in his or her capacity as an owner, employee, or agent of a wholesale marijuana-product manufacturing facility;

(5) Possessing, cultivating, processing, repackaging, storing, transporting, displaying, transferring, or delivering marijuana or marijuana products if the person has obtained a current, valid license to operate a marijuana testing facility or is acting in his or her capacity as an owner, employee, or agent of a marijuana testing facility; or

(6) Leasing or otherwise allowing the use of property owned, occupied, or controlled by any person, corporation, or other entity for any of the activities conducted lawfully in accordance with subdivisions (1) to (5) of this subsection.

195.2206. 1. Before July 1, 2020, the division shall adopt rules and regulations necessary for implementation of sections 195.2200 to 195.2281. 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, 2018, shall be invalid and void.

2. Such rules and regulations shall not prohibit the operation of marijuana establishments either expressly or through rules and regulations that make their operation unreasonably impracticable. Such rules and regulations shall include, but not be limited to:

(1) Procedures for the issuance, renewal, suspension, and revocation of a license to operate a marijuana establishment, with such procedures subject to all requirements of chapter 536;

(2) A schedule of application, licensing, and renewal fees, provided that the application fees shall not exceed five thousand dollars, adjusted annually for inflation, unless the division determines a greater fee is necessary to carry out its responsibilities under sections 195.2200 to 195.2281;

(3) Qualifications for licensure that are directly and demonstrably related to the operation of a marijuana establishment including, but not limited to, a requirement for a fingerprint-based criminal history check for all owners, managers, contractors, employees, and other support staff of entities licensed under sections 195.2200 to 195.2281;

(4) Security requirements for marijuana establishments;

(5) Requirements to prevent the sale or diversion of marijuana and marijuana products to persons under the age of twenty-one;

(6) Labeling requirements for marijuana and marijuana products sold or distributed by a marijuana establishment that include, but are not limited to:

(a) Warning labels;

(b) The amount of THC per serving and the number of servings per package for marijuana products;

(c) A universal symbol indicating the package contains marijuana or THC; and

(d) The potency of the marijuana or marijuana product highlighted on the label;

(7) Health and safety regulations and standards for the manufacture of marijuana products and the cultivation of marijuana as developed by the department of health and senior services;

(8) Restrictions on the advertising and displaying of marijuana and marijuana products;

(9) Establishing a marijuana and marijuana products independent testing and certification program, within an implementation time frame established by the division, requiring licensees to test marijuana to ensure, at a minimum, that products sold for human consumption do not contain contaminants that are injurious to health and to ensure correct labeling;

(10) Regulation of the storage of, warehouses for, and transportation of marijuana and marijuana products;

(11) Sanitary requirements for marijuana establishments including, but not limited to, sanitary requirements for the preparation of marijuana products; and

(12) Compliance with, enforcement of, or violation of any provision of sections 195.2200 to 195.2281 or any rule promulgated, including procedures and grounds for denying, suspending, fining, restricting, or revoking a state license issued under sections 195.2200 to 195.2281.

3. In order to ensure that individual privacy is protected, the division shall not require a consumer to provide a retail marijuana store with personal information other than government-issued identification to determine the consumer's age, and a retail marijuana store shall not be required to acquire and record personal information about consumers other than information typically acquired in a financial transaction conducted at a retail liquor store.

4. The division shall begin accepting and processing applications on October 1, 2020.

195.2209. 1. The division shall develop and maintain a seed-to-sale tracking system that tracks marijuana from either seed or immature plant stage until the marijuana or marijuana product is sold to a customer at a retail marijuana store to ensure that no marijuana grown or processed by a marijuana establishment is sold or otherwise transferred except by a retail marijuana store.

2. The division has the authority to:

(1) Grant or refuse state licenses for the cultivation, manufacture, distribution, sale, and testing of marijuana and marijuana products as provided by law; suspend, fine, restrict, or revoke such licenses upon a violation of sections 195.2200 to 195.2281 or any rule promulgated. The division may take any action with respect to a registration under sections 195.2200 to 195.2281 as it may with respect to a license under sections 195.2200 to 195.2281, in accordance with the procedures established under sections 195.2200 to 195.2281; and

(2) Develop such forms, licenses, identification cards, and applications as are necessary or convenient in the discretion of the division for the administration of sections 195.2200 to 195.2281 or any rule promulgated.

3. Nothing in sections 195.2200 to 195.2281 shall be construed to limit a law enforcement agency's ability to investigate unlawful activity in relation to a marijuana establishment. A law enforcement agency shall have the authority to run a criminal history record check of a licensee or employee of a licensee during an investigation of unlawful activity related to marijuana and marijuana products.

4. (1) The division shall create a statewide licensure class system for wholesale marijuana-cultivation facilities. The classifications may be based upon square footage of the facility; lights, lumens, or wattage; lit canopy; the number of cultivating plants; a combination of the foregoing; or other reasonable metrics. The division shall create a fee structure for the license class system.

(2) The division may establish limitations upon marijuana production through one or more of the following methods:

(a) Placing or modifying a limit on the number of licenses that it issues, by class or overall, but in placing or modifying the limits, the division shall consider the reasonable availability of new licenses after a limit is established or modified;

(b) Placing or modifying a limit on the amount of production permitted by a wholesale marijuana-cultivation facility license or class of licenses based upon some reasonable metric or set of metrics including, but not limited to, those items detailed in subdivision (1) of this subsection, previous months' sales, pending sales, or other reasonable metrics as determined by the division; and

(c) Placing or modifying a limit on the total amount of production by wholesale marijuana-cultivation facility licensees in the state, collectively, based upon some reasonable metric or set of metrics including, but not limited to, those items detailed in subdivision (1) of this subsection, as determined by the division.

195.2212. 1. A license provided by sections 195.2200 to 195.2281 shall not be issued to or held by:

(1) A person until the required fee has been paid;

(2) An individual whose criminal history indicates that he or she is not of good moral character;

(3) A person other than an individual if the criminal history of any of its officers, directors, stockholders, or owners indicate that the officers, directors, stockholders, or owners are not of good moral character;

(4) A person financed in whole or in part by any other person whose criminal history indicates he or she is not of good moral character and his or her reputation is not satisfactory to the division or local licensing authority;

(5) A person under twenty-one years of age;

(6) A person licensed under sections 195.2200 to 195.2281 who, during a period of licensure or at the time of application, has failed to:

(a) File any tax return related to a marijuana establishment; or

(b) Pay any taxes, interest, or penalties due, as determined by final agency action, relating to a marijuana establishment;

(7) A person who:

(a) Has discharged a sentence for a conviction of a felony in the five years immediately preceding his or her application date; or

(b) Has discharged a sentence for a conviction of a felony under any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance in the ten years immediately preceding his or her application date, except that the division or local licensing authority may grant a license to a person if the person has a state felony conviction based on possession or use of marijuana or marijuana concentrate that would not be a felony if the person were convicted of the offense on the date he or she applied for licensure;

(8) A person who employs another person at a marijuana establishment who has not submitted fingerprints for a criminal history record check or whose criminal history record check reveals that the person is ineligible;

(9) A sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the division or a local licensing authority; or

(10) A person applying for a license for a location that is currently licensed as a retail food establishment or wholesale food registrant.

2. (1) In investigating the qualifications of an applicant or a licensee, the division and local licensing authority may have access to criminal history record information furnished by a criminal justice agency subject to any restrictions imposed by such agency. In the event the division or local licensing authority considers the applicant's criminal history record, the division or local licensing authority shall also consider any information provided by the applicant regarding such criminal history record including, but not limited to, evidence of rehabilitation, character references, and educational achievements, especially those items pertaining to the time between the applicant's last criminal conviction and the consideration of the application for a state license.

(2) As used in subdivision (1) of this subsection, "criminal justice agency" means any federal, state, or municipal court or any governmental agency or subunit of such agency that administers criminal justice under a statute or executive order and that allocates a substantial part of its annual budget to the administration of criminal justice.

(3) At the time of filing an application for issuance of a state marijuana establishment license, an applicant shall submit a set of his or her fingerprints and file personal history information concerning the applicant's qualifications for a state license on forms prepared by the division. The division or locality shall submit the fingerprints to the Missouri state highway patrol for the purpose of conducting fingerprint-based criminal history record checks. The Missouri state highway patrol shall forward the fingerprints to the Federal Bureau of Investigation for the purpose of conducting a fingerprint-based criminal history record check. The division or locality may acquire a name-based criminal history record check for an applicant or a license holder who has twice submitted to a fingerprint-based criminal history record check and whose fingerprints are unclassifiable. An applicant who has previously submitted fingerprints for a state or local license may request that the fingerprints on file be used. The division or locality shall use the information resulting from the fingerprint-based criminal history record check to investigate and determine whether an applicant is qualified to hold a state or local license under sections 195.2200 to 195.2281. The division or locality may verify any of the information an applicant is required to submit.

195.2215. 1. Ninety days prior to the expiration date of an existing license, the division shall notify the licensee of the expiration date by first-class mail at the licensee's address of record with the division. A licensee may apply for the renewal of an existing license to the division no later than thirty days prior to the date of expiration. Upon receipt of an application for renewal of an existing license and any applicable fees, the division shall submit, within seven days, a copy of the application to the locality to determine whether the application complies with all local restrictions on renewal of licenses. The division shall not accept an application for renewal of a license after the date of expiration, except as provided in subsection 3 of this section. The division may extend the expiration date of the license and accept a late application for renewal of a license if the applicant has filed a timely renewal application with the local licensing authority. The division or the local licensing authority, in its discretion, subject to the requirements of this subsection and subsection 3 of this section and based upon reasonable grounds, may waive the thirty-day time requirements set forth in this subsection.

2. The division may require an additional fingerprint request if there is a demonstrated investigative need.

3. (1) Notwithstanding the provisions of subsection 1 of this section, a licensee whose license has been expired for ninety days or less may file a late renewal application upon the payment of a nonrefundable late application fee of five hundred dollars to the division. A licensee who files a late renewal application and pays the requisite fees may continue to operate until the division takes final action to approve or deny the licensee's late renewal application unless the division summarily suspends the license.

(2) The division may administratively continue the license and accept a late application for renewal of a license at its discretion.

(3) Notwithstanding the amount specified for the late application fee in subdivision (1) of this subsection, the division by rule or as otherwise provided by law may reduce the amount of the fee.

195.2218. 1. (1) A retail marijuana store license shall be issued only to a person selling marijuana or marijuana products under the terms and conditions of sections 195.2200 to 195.2281.

(2) A retail marijuana store may cultivate its own marijuana if it obtains a wholesale marijuana-cultivation facility license, or it may purchase marijuana from a wholesale marijuana-cultivation facility.

(3) The retail marijuana store shall track all of its marijuana and marijuana products from the point that they are transferred from a wholesale marijuana-cultivation facility or wholesale marijuana-product manufacturing facility to the point of sale.

2. (1) Notwithstanding the provisions of this section, a retail marijuana store licensee may also sell marijuana products that are prepackaged and labeled as required by rules of the division.

(2) A retail marijuana store licensee may transact with a wholesale marijuana-product manufacturing facility licensee for the purchase of marijuana products upon the licensed premises of either licensee.

3. (1) A retail marijuana store shall not sell more than thirty-five grams of marijuana or its equivalent in marijuana products, including marijuana concentrate, except for nonedible, nonpsychoactive marijuana products, including ointments, lotions, balms, and other nontransdermal topical products, during a single transaction to a person.

(2) (a) Prior to initiating a sale, the employee of the retail marijuana store making the sale shall verify that the purchaser has a valid identification card showing the purchaser is twenty-one years of age or older. If a person under twenty-one years of age presents fraudulent proof of age, any action relying on the fraudulent proof of age shall not be grounds for the revocation or suspension of any license issued under sections 195.2200 to 195.2281.

(b) If a retail marijuana store licensee or employee has reasonable cause to believe that a person is under twenty-one years of age and is exhibiting fraudulent proof of age in an attempt to obtain any marijuana or marijuana-infused product, the licensee or employee is authorized to confiscate such fraudulent proof of age, if possible, and shall, within seventy-two hours after the confiscation, remit the proof of age to a state or local law enforcement agency. The failure to confiscate such fraudulent proof of age or to remit to a state or local law enforcement agency within seventy-two hours after the confiscation shall not constitute a criminal offense.

4. A retail marijuana store may provide a sample of its products to a facility that has a marijuana testing facility license from the division for testing and research purposes. A retail marijuana store shall maintain a record of what was provided to the testing facility, the identity of the testing facility, and the results of the testing.

5. All marijuana and marijuana products sold at a licensed retail marijuana store shall be packaged and labeled as required by rules of the division.

6. (1) A licensed retail marijuana store shall only sell marijuana, marijuana products, marijuana accessories, nonconsumable products such as apparel, and marijuana-related products such as childproof packaging containers and shall be prohibited from selling or giving away any consumable product including, but not limited to, cigarettes, alcohol, or edible products that do not contain marijuana including, but not limited to, sodas, candies, or baked goods.

(2) A licensed retail marijuana store shall not sell any marijuana or marijuana products that contain nicotine or alcohol, if the sale of the alcohol would require a license.

(3) A licensed retail marijuana store shall not sell marijuana or marijuana products over the internet nor deliver marijuana or marijuana products to a person not physically present in the retail marijuana store's licensed premises.

7. An automatic dispensing machine that contains marijuana or marijuana products may only be located on the licensed premises of a retail marijuana store. If a licensed retail marijuana store uses an automatic dispensing machine that contains marijuana or marijuana products, it shall comply with the regulations promulgated by the division for its use.

8. Marijuana or marijuana products shall not be consumed on the licensed premises of a retail marijuana store.

9. A display case containing marijuana concentrate shall include the potency of the marijuana concentrate next to the name of the product.

10. No more than fifty licenses shall be issued under this section. Thirty-five percent of such licenses issued shall be issued to minority-owned businesses, of which twenty percent shall be issued to African Americans, ten percent to women, and five percent to other minorities.

195.2221. 1. A wholesale marijuana-cultivation facility license may be issued only to a person who cultivates marijuana for sale and distribution to retail marijuana stores, wholesale marijuana-product manufacturing facilities, or other wholesale marijuana-cultivation facilities.

2. A wholesale marijuana-cultivation facility shall track the marijuana it cultivates from seed or immature plant to wholesale purchase.

3. A wholesale marijuana-cultivation facility may provide a sample of its products to a marijuana testing facility for testing and research purposes. A wholesale marijuana-cultivation facility shall maintain a record of what was provided to the marijuana testing facility, the identity of the marijuana testing facility, and any test results.

4. Marijuana or marijuana products shall not be consumed on the licensed premises of a wholesale marijuana-cultivation facility.

5. No more than fifty cultivation licenses shall be issued under this section. Thirty-five percent of such licenses issued shall be issued to minority-owned businesses, of which twenty percent shall be issued to African Americans, ten percent to women, and five percent to other minorities.

195.2224. 1. (1) A wholesale marijuana-product manufacturing facility license may be issued to a person who manufactures marijuana products under the terms and conditions of sections 195.2200 to 195.2281.

(2) A wholesale marijuana-product manufacturing facility may cultivate its own marijuana if it obtains a wholesale marijuana-cultivation facility license, or it may purchase marijuana from a wholesale marijuana-cultivation facility. A wholesale marijuana-product manufacturing facility shall track all of its marijuana from the time it is either:

(a) Transferred from its retail marijuana-cultivation facility; or

(b) Delivered to the wholesale marijuana-product manufacturing facility from a wholesale marijuana-cultivation facility

to the time the marijuana is transferred to a retail marijuana store.

(3) A wholesale marijuana-product manufacturing facility shall not:

(a) Add any marijuana to a food product if the manufacturer of the food product holds a trademark to the food product's name, except that a wholesale marijuana-product manufacturing facility may use a trademarked food product if it uses the product as a component or as part of a recipe and does not state or advertise to the consumer that the final marijuana product contains a trademarked food product;

(b) Intentionally or knowingly label or package a marijuana product in a manner that would cause a reasonable consumer confusion as to whether the marijuana product was a trademarked food product; or

(c) Label or package a product in a manner that violates any federal trademark law or regulation.

2. Marijuana products shall be prepared on a licensed premises that is used exclusively for the manufacture and preparation of marijuana or marijuana products and using equipment that is used exclusively for the manufacture and preparation of marijuana products.

3. All licensed premises on which marijuana products are manufactured shall meet the sanitary standards for marijuana product preparation promulgated by the division.

4. A marijuana product shall be sealed and conspicuously labeled in compliance with sections 195.2200 to 195.2281 and any rules promulgated by the division.

5. Marijuana or marijuana products shall not be consumed on the licensed premises of a wholesale marijuana-product manufacturing facility.

6. A wholesale marijuana-product manufacturing facility may provide a sample of its products to a marijuana testing facility for testing and research purposes. A wholesale marijuana-product manufacturing

facility shall maintain a record of what was provided to the marijuana testing facility, the identity of the marijuana testing facility, and the results of the testing.

7. An edible marijuana product may list its ingredients and compatibility with dietary practices.

8. All marijuana products that require refrigeration to prevent spoilage shall be stored and transported in a refrigerated environment.

195.2227. 1. A marijuana testing facility license may be issued to a person who performs testing and research on marijuana. The facility may test marijuana products.

2. The division shall promulgate rules relating to acceptable testing and research practices including, but not limited to, testing, standards, quality control analysis, equipment certification and calibration, and chemical identification and other substances used in bona fide research methods.

3. A person who has an interest in a marijuana testing facility license from the division for testing purposes shall not have any interest in a retail marijuana store, a wholesale marijuana-cultivation facility, or a wholesale marijuana-product manufacturing facility. A person that has an interest in a retail marijuana store, a wholesale marijuana-cultivation facility, or a wholesale marijuana-product manufacturing facility shall not have an interest in a marijuana testing facility license.

195.2230. 1. (1) A marijuana transporter license may be issued to a person to provide logistics, distribution, and storage of marijuana and marijuana products. Notwithstanding any other provisions of law, a marijuana transporter license is valid for two years and cannot be transferred with a change of ownership. A marijuana transporter is responsible for the marijuana and marijuana products once it takes control of the product.

(2) A marijuana transporter may contract with multiple marijuana establishments.

(3) All marijuana transporters shall hold a valid marijuana transporter license, except that an entity licensed under sections 195.2200 to 195.2281 that provides its own distribution is not required to have a marijuana transporter license to transport and distribute its products.

2. A marijuana transporter may maintain a licensed premises to temporarily store marijuana and marijuana products and to use as a centralized distribution point. The licensed premises shall be located in a jurisdiction that permits the operation of retail marijuana stores. A marijuana transporter may store and distribute marijuana and marijuana products from this location. A storage facility shall meet the same security requirements that are required of a wholesale marijuana-cultivation facility.

3. A marijuana transporter shall use the seed-to-sale tracking system developed under section 195.2209 to create shipping manifests documenting the transport of marijuana and marijuana products throughout the state.

4. A marijuana transporter licensee may:

(1) Maintain and operate one or more warehouses in the state to handle marijuana and marijuana products; and

(2) Deliver marijuana products on orders previously taken if the place where orders are taken and delivered is licensed under sections 195.2200 to 195.2281.

195.2233. A marijuana business operator license may be issued to a person who operates a marijuana establishment licensed under sections 195.2200 to 195.2281, who is an owner licensed under sections 195.2200 to 195.2281, or who may receive a portion of the profits as compensation.

195.2236. 1. The division shall charge and collect fees under sections 195.2200 to 195.2281. The application fee for a person applying for a license under sections 195.2200 to 195.2281 shall be five hundred dollars. The division shall transfer two hundred fifty dollars of the fee to the marijuana cash fund established in subsection 3 of this sections and submit two hundred fifty dollars to the locality in which the license is proposed to be issued.

2. A locality in which a license under sections 195.2200 to 195.2281 is permitted may adopt and impose operating fees in an amount determined by the locality on marijuana establishments within its jurisdiction.

3. (1) There is hereby created in the state treasury the "Marijuana Cash Fund", which shall consist of moneys collected under sections 195.2200 to 195.2281. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used solely for the administration of sections 195.2200 to 195.2281.

(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

195.2239. 1. Before October 1, 2020, each locality shall enact an ordinance or regulation specifying the entity within the locality that is responsible for processing applications submitted for a license to operate a marijuana establishment within the boundaries of the locality and for the issuance of such licenses should the issuance by the locality become necessary because of a failure by the division to adopt regulations or because of a failure by the division to process and issue licenses under sections 195.2200 to 195.2281.

2. A locality may enact ordinances or regulations, not in conflict with sections 195.2200 to 195.2281 or with rules and regulations, to:

(1) Govern the time, place, manner, and number of marijuana establishment operations;

(2) Establish procedures for the issuance, suspension, and revocation of a license issued by the locality in accordance with sections 195.2200 to 195.2281;

(3) Establish a schedule of annual operating, licensing, and application fees for marijuana establishments, provided that the application fee shall only be due if an application is submitted to a locality in accordance with sections 195.2200 to 195.2281 and provided that a licensing fee shall only be due if a license is issued by a locality in accordance with sections 195.2200 to 195.2281; and

(4) Establish civil penalties for violation of an ordinance or regulation governing the time, place, and manner of a marijuana establishment that may operate in such locality.

A locality may prohibit the operation of wholesale marijuana-cultivation facilities, wholesale marijuana-product manufacturing facilities, marijuana testing facilities, or retail marijuana stores through the enactment of an ordinance or through an initiated or referred measure, provided that any initiative or referendum measure to prohibit the operation of any marijuana establishment shall appear on a general election ballot.

3. If the division receives an application for original licensing or renewal of an existing license for any marijuana establishment, the division shall provide, within seven days, a copy of the application to the locality in which the establishment is to be located. The locality shall determine whether the application complies with local restrictions on time, place, manner, and number of marijuana businesses. The locality shall inform the division whether the application complies with local restrictions on time, place, manner, and number of marijuana businesses.

4. A locality may impose a separate local licensing requirement as a part of its restrictions on time, place, manner, and number of marijuana businesses. A locality may decline to impose any local licensing requirements, but a locality shall notify the division that it either approves or denies each application it receives.

5. 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, 2018, shall be invalid and void.

195.2242. 1. If a locality issues local licenses for a marijuana establishment, a locality may schedule a public hearing on the application. If the locality schedules a hearing, it shall post and publish public notice thereof no later than ten days prior to the hearing. The locality shall give public notice by posting a sign in a conspicuous place on the license applicant's premises for which a local license application has been made and by publication in a newspaper of general circulation in the county in which the applicant's premises are to be located.

2. If a locality does not issue local licenses, the locality may give public notice of the state license application by posting a sign in a conspicuous place on the state license applicant's premises for which a state license application has been made and by publication in a newspaper of general circulation in the county in which the applicant's premises are located.

195.2245. 1. Applications for a state license under the provisions of sections 195.2200 to 195.2281 shall be made to the division on forms prepared and furnished by the division and shall set forth such information as the division may require to enable the division to determine whether a state license should be granted. The information shall include the name and address of the applicant and the names and addresses of the officers, directors, or managers. Each application shall be verified by the oath or affirmation of such person or persons as the division may prescribe. The division may issue a state license to an applicant under this section upon completion of the applicable criminal history background check associated with the application, and the state license is conditioned upon locality approval. A license applicant is prohibited from

operating a marijuana establishment without the division's and locality's approval. If the applicant does not receive locality approval within one year from the date of the division's approval, the state license shall expire and shall not be renewed. If an application is denied by the local licensing authority, the division shall revoke the state-issued license.

2. Nothing in sections 195.2200 to 195.2281 preempts or otherwise impairs the power of a local government to enact ordinances or resolutions concerning matters authorized to local governments.

195.2248. 1. Localities are authorized to adopt and enforce regulations for marijuana establishments that are at least as restrictive as the provisions of sections 195.2200 to 195.2281 and any rule promulgated by the division.

2. A marijuana establishment shall not operate until it is licensed by the division under sections 195.2200 to 195.2281 and approved by the locality. In connection with a license, the applicant shall provide a complete and accurate application as required by the division.

3. A marijuana establishment shall notify the division in writing of the name, address, and date of birth of an owner, officer, or manager before the new owner, officer, or manager begins managing, owning, or associating with the operation. The owner, officer, manager, or employee shall pass a fingerprint-based criminal history record check as required by the division and obtain the required identification prior to being associated with, managing, owning, or working at the operation.

4. A marijuana establishment shall not acquire, possess, cultivate, deliver, transfer, transport, supply, or dispense marijuana for any purpose except as provided in sections 195.2200 to 195.2281.

5. All managers and employees of a marijuana establishment shall be residents of Missouri upon the date of their license application. All licenses granted under sections 195.2200 to 195.2281 are valid for a period of one year after the date of issuance unless revoked or suspended under sections 195.2200 to 195.2281 or the rules promulgated.

6. Before granting a state license, the division may consider, except if specifically provided otherwise in sections 195.2200 to 195.2281, the requirements of sections 195.2200 to 195.2281 and any rules promulgated, and all other reasonable restrictions that are or may be placed upon the licensee by the division or locality.

7. (1) Each license issued under sections 195.2200 to 195.2281 is separate and distinct. It is unlawful for a person to exercise any of the privileges granted under a license other than the license that the person holds or for a licensee to allow any other person to exercise the privileges granted under the licensee's license. A separate license shall be required for each specific business or business entity and each geographical location.

(2) At all times, a licensee shall possess and maintain possession of the premises for which the license is issued by ownership, lease, rental, or other arrangement for possession of the premises.

8. The licenses issued under sections 195.2200 to 195.2281 shall specify the date of issuance, the period of licensure, the name of the licensee, and the premises licensed. The licensee shall conspicuously place the license on the licensed premises at all times.

9. In computing any time prescribed by sections 195.2200 to 195.2281, the day of the act, event, or default from which the designated time begins to run shall not be included. Saturdays, Sundays, and legal holidays shall be counted as any other day.

10. Each licensee shall manage the licensed premises himself or herself or employ a separate and distinct manager on the licensed premises and shall report the name of the manager to the division and local licensing authority. The licensee shall report any change in manager to the division and local licensing authority within seven days after the change.

195.2251. 1. A tax shall be levied upon the sale of marijuana or transfer of marijuana by a wholesale marijuana-cultivation facility to a wholesale marijuana-product manufacturing facility or to a retail marijuana store at a rate of twenty percent. The department of revenue shall direct the division to establish procedures for the collection of all taxes levied. The tax shall be evidenced by stamps, which shall be furnished by and purchased from the department of revenue, and the department shall enforce any such tax in a manner similar to taxes levied on cigarettes under chapter 149.

2. All such tax revenue shall be deposited to the credit of the general revenue; however, no more than ten percent shall be used to fund higher education, ten percent to fund elementary and secondary education, and five percent to fund programs assisting children with mental health issues, and no such tax revenue shall be used to fund any pension or public retirement plan.

3. Nothing in this section shall prohibit a locality from imposing its own sales tax or a sales tax upon consumers.

195.2254. 1. The division shall deny a state license if the premises on which the applicant proposes to conduct its business does not meet the requirements set forth under sections 195.2200 to 195.2281. The division may refuse or deny a license renewal, reinstatement, or initial license issuance for good cause. For purposes of this subsection, "good cause" means:

(1) The licensee or applicant has violated, does not meet, or has failed to comply with any of the terms, conditions, or provisions of sections 195.2200 to 195.2281; any rules promulgated; or any supplemental local law, rule, or regulation;

(2) The licensee or applicant has failed to comply with any special terms or conditions that were placed on its license under an order of the division or local licensing authority; or

(3) The licensed premises has been operated in a manner that adversely affects the public health or the safety of the immediate neighborhood in which the establishment is located.

2. If the division denies a state license under subsection 1 of this section, the applicant shall be entitled to a hearing. The division shall provide written notice of the grounds for denial of the state license to the applicant and to the locality no later than fifteen days prior to the hearing.

195.2257. 1. In addition to any other sanctions prescribed by sections 195.2200 to 195.2281 or any rules promulgated, the division has the power, on its own motion or upon complaint and after investigation and opportunity for a public hearing at which the licensee shall be afforded an opportunity to be heard, to fine a licensee or to suspend or revoke a license issued by the division for a violation by the licensee or by any of the agents or employees of the licensee of the provisions of sections 195.2200 to 195.2281, any of the rules promulgated, or any of the terms, conditions, or provisions of the license issued by the division. The division has the power to administer oaths and issue subpoenas to require the presence of persons and the production of papers, books, and records necessary to the determination of a hearing that the division is authorized to conduct.

2. The division shall provide notice of suspension, revocation, fine, or other sanction, as well as the required notice of the hearing under subsection 1 of this section, by mailing the same in writing to the licensee at the address contained in the license and, if different, at the last address furnished to the division or locality by the licensee. Except in the case of a summary suspension, a suspension shall not be for a period longer than six months. If a license is suspended or revoked, a part of the fees paid therefor shall not be returned to the licensee. Any license may be summarily suspended by the division without notice pending any prosecution, investigation, or public hearing. Nothing in this section shall prevent the summary suspension of a license.

195.2260. 1. Every licensee licensed under sections 195.2200 to 195.2281 shall be deemed, by virtue of applying for, holding, or renewing such person's license, to have expressly consented to the procedures set forth in this section.

2. The division or locality shall not be required to cultivate or care for any marijuana or marijuana product belonging to or seized from a licensee. The division or locality shall not be authorized to sell marijuana, retail or otherwise.

3. If the division issues a final agency order imposing a disciplinary action against a licensee under section 195.2254, then, in addition to any other remedies, the division's or locality's final agency order may specify that some or all of the licensee's marijuana or marijuana product is not marijuana or a marijuana product and is an illegal controlled substance. The order may further specify that the licensee shall lose any interest in any of the marijuana or marijuana product even if the marijuana or marijuana product previously qualified as marijuana or a marijuana product. The final agency order may direct the destruction of any such marijuana and marijuana products, except as provided under subsections 4 and 5 of this section. The authorized destruction may include the incidental destruction of any containers, equipment, supplies, and other property associated with the marijuana or marijuana product.

4. Following the issuance of a final agency order by the division against a licensee and ordering destruction authorized by subsection 3 of this section, a licensee shall have fifteen days within which to file a petition for stay of agency action with the circuit court. The action shall be filed in the circuit court of Cole County. The licensee shall serve the petition in accordance with the Missouri rules of civil procedure. The circuit court shall promptly rule upon the petition and determine whether the licensee has a substantial likelihood of success on judicial review so as to warrant delay of the destruction authorized by subsection 3 of this section or whether other circumstances warrant delay of such destruction including, but not limited to, the need for preservation of evidence. If destruction is so delayed under judicial order, the court shall issue an order setting forth terms and conditions under which the licensee may maintain the marijuana and

marijuana product pending judicial review and prohibiting the licensee from using or distributing the marijuana or marijuana product pending the review. The division shall not carry out the destruction authorized by subsection 3 of this section until fifteen days have passed without the filing of a petition for stay of agency action or until the court has issued an order denying stay of agency action under this subsection.

5. A prosecuting attorney shall notify the division if it begins investigating a marijuana establishment. If the division has received notification from a prosecuting attorney that an investigation is being conducted, the division shall not destroy any marijuana or marijuana products from the marijuana establishment until the destruction is approved by the prosecuting attorney.

195.2263. 1. Each licensee shall keep a complete set of all records necessary to show fully the business transactions of the licensee, all of which shall be open at all times during business hours for the inspection and examination by the division or its duly authorized representatives. The division may require any licensee to furnish such information as it considers necessary for the proper administration of sections 195.2200 to 195.2281 and may require an audit to be made of the books of account and records on such occasions as it may consider necessary by an auditor to be selected by the division, who shall likewise have access to all books and records of the licensee, and the expense thereof shall be paid by the licensee.

2. The licensed premises, including any places of storage where marijuana or marijuana products are stored, cultivated, sold, dispensed, or tested shall be subject to inspection by the division or locality and its investigators, during all business hours and other times of apparent activity, for the purpose of inspection or investigation. Access shall be required during business hours for examination of any inventory or books and records required to be kept by the licensees. If any part of the licensed premises consists of a locked area, upon demand to the licensee, such area shall be made available for inspection without delay, and, upon request by authorized representatives of the division or locality, the licensee shall open the area for inspection.

3. Each licensee shall retain all books and records necessary to show fully the business transactions of the licensee for a period of the current tax year and the three immediately preceding tax years.

195.2266. If the division does not issue a license to an applicant within ninety days of receipt of the application filed in accordance with sections 195.2200 to 195.2281 and does not notify the applicant of the specific reason for the denial in writing and within such time period or if the division has adopted rules and regulations and has accepted applications but has not issued any licenses by January 1, 2021, the applicant may resubmit its application directly to the locality, and the locality may issue an annual license to the applicant. A locality issuing a license to an applicant shall do so within ninety days of receipt of the resubmitted application unless the locality finds and notifies the applicant that the applicant is not in compliance with any ordinance or regulation, and the locality shall notify the division if an annual license has been issued to the applicant. If an application is submitted to a locality under this section, the division shall forward to the locality the application fee paid by the applicant to the division upon request by the locality. A license issued by a locality in accordance with this section shall have the same force and effect as a license issued by the division. A subsequent or renewed license may be issued under this section on an annual basis only upon resubmission to the locality of a new application submitted to the division.

195.2269. If the division does not adopt rules and regulations required by sections 195.2200 to 195.2281, an applicant may submit an application directly to a locality after October 1, 2020, and the locality may issue an annual license to the applicant. A locality issuing a license to an applicant shall do so within ninety days of receipt of the application unless it finds and notifies the applicant that the applicant is not in compliance with any ordinance or regulation and shall notify the division if an annual license has been issued to the applicant. A license issued by a locality in accordance with this subsection shall have the same force and effect as a license issued by the division in accordance with sections 195.2200 to 195.2281. A subsequent or renewed license may be issued under this section on an annual basis if the division has not adopted regulations required by sections 195.2200 to 195.2281 at least ninety days prior to the date upon which such subsequent or renewed license would be effective or if the division has adopted regulations but has not, at least ninety days after the adoption of such regulations, issued licenses under sections 195.2200 to 195.2281.

195.2272. Nothing in sections 195.2200 to 195.2281 shall require an employer to permit or accommodate the use, consumption, possession, transfer, display, transportation, sale, or growing of marijuana in the workplace or to affect the ability of employers to have policies restricting the use of marijuana by employees.

195.2275. Nothing in sections 195.2200 to 195.2281 shall allow driving under the influence of marijuana or driving while impaired by marijuana or to supersede statutory laws related to driving under

the influence of marijuana or driving while impaired by marijuana, nor shall sections 195.2200 to 195.2281 prevent the state from enacting and imposing penalties for driving under the influence of or while impaired by marijuana.

195.2278. Nothing in sections 195.2200 to 195.2281 shall permit the transfer of marijuana, with or without remuneration, to a person under twenty-one years of age or to allow a person under twenty-one years of age to purchase, possess, use, transport, grow, or consume marijuana.

195.2281. Nothing in sections 195.2200 to 195.2281 shall prohibit a person, employer, school, hospital, detention facility, corporation, or any other entity that occupies, owns, or controls a property from prohibiting or otherwise regulating the possession, consumption, use, display, transfer, distribution, sale, transportation, or growing of marijuana on or in such property."; and

Further amend said bill, Page 17, Section 338.056, Line 38, by inserting after all of said section and line the following:

"**579.001. Any person convicted and serving a sentence for a nonviolent felony involving marijuana or marijuana drug paraphernalia under this chapter may petition the court for, and the court may grant, parole to such person.**

579.015. 1. A person commits the offense of possession of a controlled substance if he or she knowingly possesses a controlled substance, except as authorized by this chapter or chapter 195.

2. The offense of possession of any controlled substance except thirty-five grams or less of marijuana or any synthetic cannabinoid is a class D felony.

3. The offense of possession of more than ten grams but thirty-five grams or less of marijuana or any synthetic cannabinoid is a class A misdemeanor**, except as provided in sections 195.2200 to 195.2281**.

4. The offense of possession of not more than ten grams of marijuana or any synthetic cannabinoid is a class D misdemeanor. If the defendant has previously been found guilty of any offense of the laws related to controlled substances of this state, or of the United States, or any state, territory, or district, the offense is a class A misdemeanor. Prior findings of guilt shall be pleaded and proven in the same manner as required by section 558.021. **The provisions of this subsection shall not apply to any person in compliance with the provisions of sections 195.2200 to 195.2281.**

5. In any complaint, information, or indictment, and in any action or proceeding brought for the enforcement of any provision of this chapter or chapter 195, it shall not be necessary to include any exception, excuse, proviso, or exemption contained in this chapter or chapter 195, and the burden of proof of any such exception, excuse, proviso or exemption shall be upon the defendant.

579.020. 1. A person commits the offense of delivery of a controlled substance if, except as authorized in this chapter or chapter 195, he or she:

(1) Knowingly distributes or delivers a controlled substance;

(2) Attempts to distribute or deliver a controlled substance;

(3) Knowingly possesses a controlled substance with the intent to distribute or deliver any amount of a controlled substance; or

(4) Knowingly permits a minor to purchase or transport illegally obtained controlled substances.

2. Except when the controlled substance is thirty-five grams or less of marijuana or synthetic cannabinoid or as otherwise provided under subsection 5 of this section, the offense of delivery of a controlled substance is a class C felony.

3. Except as otherwise provided under subsection 4 of this section **or in sections 195.2200 to 195.2281**, the offense of delivery of thirty-five grams or less of marijuana or synthetic cannabinoid is a class E felony.

4. The offense of delivery of thirty-five grams or less of marijuana or synthetic cannabinoid to a person less than seventeen years of age who is at least two years younger than the defendant is a class C felony.

5. The offense of delivery of a controlled substance is a class B felony if:

(1) The delivery or distribution is any amount of a controlled substance except thirty-five grams or less of marijuana or synthetic cannabinoid, to a person less than seventeen years of age who is at least two years younger than the defendant; or

(2) The person knowingly permits a minor to purchase or transport illegally obtained controlled substances.

579.055. 1. A person commits the offense of manufacture of a controlled substance if, except as authorized in this chapter or chapter 195, he or she:

(1) Knowingly manufactures, produces, or grows a controlled substance;

(2) Attempts to manufacture, produce, or grow a controlled substance; or

(3) Knowingly possesses a controlled substance with the intent to manufacture, produce, or grow any amount of controlled substance.

2. The offense of manufacturing or attempting to manufacture any amount of controlled substance is a class B felony when committed within two thousand feet of the real property comprising a public or private elementary, vocational, or secondary school, community college, college, or university. It is a class A felony if a person has suffered serious physical injury or has died as a result of a fire or explosion started in an attempt by the defendant to produce methamphetamine. **The provisions of this subsection shall not apply to any person in compliance with the provisions of sections 195.2200 to 195.2281.**

3. The offense of manufacturing or attempting to manufacture any amount of a controlled substance, except thirty-five grams or less of marijuana or synthetic cannabinoid, is a class C felony.

4. The offense of manufacturing thirty-five grams or less of marijuana or synthetic cannabinoid is a class E felony**, except as provided in sections 195.2200 to 195.2281**."; and

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

Representative Knight raised a point of order that **House Amendment No. 7** goes beyond the scope of the bill.

Representative Chipman requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

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

House Amendment No. 8

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 1, Section A, Line 3, by inserting 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)~~**]** "Parent", a parent or legal guardian of a minor who is responsible for the minor's medical care;

(5) "Physician", any person currently licensed to practice medicine under chapter 334;

[~~(7)~~**] (6)** "Registrant", an individual to whom the department issues a hemp extract registration card under this section**;**

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

(8) "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~~**] 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~~**] physician** concerning the individual contained in the database described in subsection 9 of this section;

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

(d) States that the individual is under the 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~~**] 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~~**] physician** concerning the minor contained in the database described in subsection **[**~~9~~**] 10** of this section;

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

(d) The minor is under the 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 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~~**] physician** who signs the **[**~~statement~~**] recommendation** described in subsection 2 or 3 of this section shall:

(1) Keep a record of the **[**~~neurologist's~~**] 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~~**] 10** 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~~**] 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~~**] Notwithstanding the provisions of section 538.210 or any other law to the contrary, any physician licensed under chapter 334, any hospital licensed under chapter 197, any pharmacist licensed under chapter 338, any nurse licensed under chapter 335, or any other person employed or directed by any of the above, which provides care, treatment or professional services to any patient under section 192.945 shall not be liable for any civil damages for acts or omissions unless the damages were occasioned by gross negligence or by willful or wanton acts or omissions by such physician, hospital, pharmacist, nurse or person in rendering such care and treatment.**"; and

Further amend said bill, Page 12, Section 195.080, Line 46, by inserting immediately after all of said section and line the following:

"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 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 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."; and

Further amend said bill, Page 13, Section 195.265, Line 18, by inserting after all of said line the following:

"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 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, 2018, 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 Baringer moved that **House Amendment No. 8** be adopted.

Which motion was defeated.

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

House Amendment No. 9

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 12, Section 195.080, Line 28, by inserting after the words "**dispense medication**" the words "**in good faith**"; and

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

Representative Morris (140) offered **House Substitute Amendment No. 1 for House Amendment No. 9**.

House Substitute Amendment No. 1
for
House Amendment No. 9

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 17, Section 338.056, Line 38, by inserting after all of said section and line the following:

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

(1) "Covered person", the same meaning as such term is defined in section 376.1257;

(2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350;

(4) "Pharmacy benefits manager", the same meaning as such term is defined in section 376.388.

2. No pharmacy benefits manager shall charge or collect from a covered person a co-payment for a prescription or pharmacy service that exceeds the amount retained by the pharmacist or pharmacy from all payment sources for filling the prescription or providing the service.

3. No pharmacy benefits manager shall prohibit a pharmacist or pharmacy with which the pharmacy benefits manager has entered a contract from doing either of the following:

(1) Informing a covered person of the difference between the covered person's co-payment for a prescription drug and the amount the covered person would pay if the covered person did not use a health benefit plan to cover the cost; or

(2) Selling a prescription drug to a covered person who chooses not to use a health benefit plan to cover the cost, provided the cost to the covered person is less than the covered person's co-payment for the drug.

4. No pharmacy benefits manager shall restrict or interfere with a pharmacists's ability to provide pharmacy care to a covered person, including providing pharmacist-patient communications and discussing alternative drug options.

5. No pharmacy benefits manager shall charge or hold a pharmacist or pharmacy responsible for any fee that is related to a claim unless the amount of the fee can be determined and has been disclosed to the pharmacist or pharmacy at the time of the claim's adjudication.

6. No pharmacy benefits manager shall prohibit a pharmacist or pharmacy from making any written or oral statement to any state, county, or municipal official or before any state, county, or municipal committee, body, or proceeding.

7. The department of insurance, financial institutions and professional registration shall enforce the provisions of this section.

8. Any person aggrieved by a pharmacy benefits manager's violation of this section may bring a civil action against the pharmacy benefits manager that violated the provisions of this section.

9. If any person believes that a pharmacy benefits manager has committed a violation of subsections 2 through 5 of this section, they may mail written notice to the pharmacy benefits manager describing the alleged violation and allow the pharmacy benefits manager ten business days from the date the notice was postmarked to remedy such alleged violation. If such alleged violation is not so remedied, then such person may request the department of insurance, financial institutions and professional registration to conduct an arbitration proceeding in a manner prescribed by such division, provided that the division shall issue a ruling within seventy days of receiving the request. The division may join similar claims and claims presenting a common issue of fact. The department may establish a reasonable fee, which shall be paid by the non-prevailing party. The division's ruling shall be final and binding on all parties unless appealed as provided in chapter 536.

10. The department of insurance, financial institutions and professional registration may promulgate rules as necessary 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, 2018, shall be invalid and void."; and

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

On motion of Representative Morris (140), **House Substitute Amendment No. 1 for House Amendment No. 9** was adopted.

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

House Amendment No. 10

AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 826, Page 13, Section 195.265, Line 18, by inserting after all of said line the following:

"326.319. 1. All moneys payable pursuant to the provisions of this chapter shall be collected by the division of professional registration who shall transmit them to the department of revenue for deposit in the state treasury to the credit of a fund to be known as the "State Board of Accountancy Fund" which is hereby created.

2. Notwithstanding the provisions of section 33.080 to the contrary, money in the fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule certificate or permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**.

3. In any proceeding in which a remedy provided by subsection 1 or 2 of section 326.310 is imposed, the board may also require the respondent licensee to pay the costs of the proceeding if the board is a prevailing party or in settlement. The moneys shall be placed in the state treasury to the credit of the "Missouri State Board of Accountancy Investigation Fund", which is hereby created, to be used solely for investigations as provided in this chapter. The moneys shall not be considered in calculating amounts to be transferred to general revenue as provided in subsection 2 of this section. The fund shall be used solely for board investigations.

4. The board shall set the amount of the fees which this chapter authorizes and requires by rule pursuant to chapter 536. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

327.081. 1. All funds received pursuant to the provisions of this chapter shall be deposited in the state treasury to the credit of the "State Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects Fund" which is hereby established. All expenditures authorized by this chapter shall be paid from funds appropriated to the board by the general assembly from this fund.

2. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**.

332.061. All funds received pursuant to the provisions of this chapter shall be transmitted by the director of the division of professional registration to the department of revenue for deposit in the state treasury to the credit of the "Dental Board Fund" which is hereby established. All expenditures authorized by this chapter shall be paid from funds appropriated from the dental board fund by the legislature. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium **[**~~is~~**] exceeds** two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**.

333.231. 1. All fees payable under this chapter shall be collected by the division of professional registration and transmitted to the department of revenue for deposit in the state treasury to the credit of the fund to be known as the "Board of Embalmers and Funeral Directors' Fund".

2. All compensation of board members and employees and all expenses incident to the administration of this chapter shall be paid out of the board of embalmers and funeral directors' fund. No expense of this board shall ever be paid out of any other fund of the state, either by deficiency bill or otherwise.

3. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**.

334.050. 1. There is hereby established in the office of the state treasurer a fund to be known as the "Board of Registration for the Healing Arts Fund". All fees of any kind and character authorized to be charged by the board shall be collected by the director of the division of professional registration and shall be transmitted to the department of revenue for deposit in the state treasury for credit to this fund, to be disbursed only in payment of expenses of maintaining the board and for the enforcement of the provisions of law concerning professions regulated by the board; and no other money shall be paid out of the state treasury for carrying out these provisions. Warrants shall be issued on the state treasurer for payment out of said fund.

2. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**.

3. The board shall charge each person applying to and appearing before it for examination for certificate of licensure to practice as physician and surgeon, an examination fee. Should the examination prove unsatisfactory and

the board refuse to issue a license thereon, the applicant failing to pass the examination may return to any meeting and be examined upon payment of a reexamination fee.

335.036. 1. The board shall:

(1) Elect for a one-year term a president and a secretary, who shall also be treasurer, and the board may appoint, employ and fix the compensation of a legal counsel and such board personnel as defined in subdivision (4) of subsection 10 of section 324.001 as are necessary to administer the provisions of sections 335.011 to 335.096;

(2) Adopt and revise such rules and regulations as may be necessary to enable it to carry into effect the provisions of sections 335.011 to 335.096;

(3) Prescribe minimum standards for educational programs preparing persons for licensure pursuant to the provisions of sections 335.011 to 335.096;

(4) Provide for surveys of such programs every five years and in addition at such times as it may deem necessary;

(5) Designate as "approved" such programs as meet the requirements of sections 335.011 to 335.096 and the rules and regulations enacted pursuant to such sections; and the board shall annually publish a list of such programs;

(6) Deny or withdraw approval from educational programs for failure to meet prescribed minimum standards;

(7) Examine, license, and cause to be renewed the licenses of duly qualified applicants;

(8) Cause the prosecution of all persons violating provisions of sections 335.011 to 335.096, and may incur such necessary expenses therefor;

(9) Keep a record of all the proceedings; and make an annual report to the governor and to the director of the department of insurance, financial institutions and professional registration;

(10) Establish an impaired nurse program.

2. The board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

3. All fees received by the board pursuant to the provisions of sections 335.011 to 335.096 shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes. The board is authorized to provide funding for the nursing education incentive program established in sections 335.200 to 335.203.

4. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule, permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**.

5. 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 chapter 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. All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. 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, 1999, shall be invalid and void."; and

Further amend said bill, Page 17, Section 338.056, Line 38, by inserting after all of said line the following:

"338.070. 1. The board of pharmacy shall set the amount of the fees which this chapter authorizes and requires by rules and regulations promulgated pursuant to chapter 536. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter. All fees shall be paid before an applicant may be admitted to examination or his or her name placed upon the register of pharmacists, or before any license or permit, or any renewal thereof, is issued by the board.

2. All fees payable pursuant to the provisions of this chapter shall be collected by the division of professional registration and transmitted to the department of revenue for deposit in the state treasury to the credit of the fund to be known as the "Board of Pharmacy Fund".

3. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the **average** amount of **[**~~the appropriation~~**] expenses** from the board's funds for the preceding **three completed** fiscal **[**~~year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year~~**] years**. The amount, if any, in the fund which shall lapse is that amount in the fund **[**~~which~~**] that** exceeds **two times** the **[**~~appropriate multiple of the appropriations from the board's funds for the preceding fiscal year~~**] amount of such three-year average. However, no moneys in this fund shall be transferred and placed to the credit of general revenue in fiscal year 2020**."; and

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

Representative Ruth raised a point of order that **House Amendment No. 10** goes beyond the scope of the bill.

Representative Chipman requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

On motion of Representative Ross, **HCS SS SCS SB 826, as amended**, was adopted.

On motion of Representative Ross, **HCS SS SCS SB 826, as amended**, was read the third time and passed by the following vote:

AYES: 134

Adams	Alferman	Anders	Anderson	Andrews
Arthur	Bahr	Bangert	Baringer	Barnes 60
Barnes 28	Basye	Beard	Beck	Bernskoetter
Black	Bondon	Brown 27	Brown 57	Burnett
Butler	Carpenter	Chipman	Christofanelli	Conway 10
Conway 104	Corlew	Cornejo	Cross	Curtman
Davis	DeGroot	Dinkins	Dogan	Dohrman
Eggleston	Ellebracht	Engler	Evans	Fitzpatrick
Fitzwater	Fraker	Francis	Franklin	Franks Jr
Frederick	Gannon	Gray	Grier	Haahr
Haefner	Hannegan	Hansen	Harris	Helms
Henderson	Higdon	Hill	Houghton	Johnson
Justus	Kelley 127	Kelly 141	Kendrick	Knight
Kolkmeyer	Lant	Lauer	Lavender	Lichtenegger
Love	Lynch	Mathews	Matthiesen	McCreery
McGaugh	McGee	Meredith 71	Merideth 80	Messenger
Miller	Mitten	Morgan	Morris 140	Morse 151
Mosley	Muntzel	Neely	Newman	Nichols
Pfautsch	Phillips	Pierson Jr	Pike	Quade
Razer	Redmon	Reiboldt	Reisch	Remole
Revis	Rhoads	Roberts	Roden	Roeber
Ross	Rowland 155	Rowland 29	Runions	Ruth
Shaul 113	Shull 16	Shumake	Smith 163	Sommer
Spencer	Stacy	Stephens 128	Stevens 46	Swan
Tate	Taylor	Trent	Unsicker	Vescovo
Walker 3	Walker 74	Walsh	Washington	Wessels
White	Wiemann	Wilson	Wood	

NOES: 012

Berry	Curtis	Ellington	Green	Hurst
Kidd	Marshall	May	McDaniel	Moon
Pogue	Smith 85			

PRESENT: 000

ABSENT WITH LEAVE: 015

Austin	Brattin	Burns	Cookson	Gregory
Houx	Korman	McCann Beatty	Peters	Pietzman
Plocher	Rehder	Rone	Schroer	Mr. Speaker

VACANCIES: 002

Representative Chipman declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 124

Anders	Anderson	Arthur	Bahr	Bangert
Baringer	Barnes 60	Barnes 28	Basye	Beard
Beck	Bernskoetter	Black	Brown 27	Brown 57
Burnett	Butler	Carpenter	Chipman	Christofanelli
Conway 10	Conway 104	Corlew	Cornejo	Cross
Curtman	Davis	DeGroot	Dinkins	Dogan
Dohrman	Ellebracht	Engler	Evans	Fitzpatrick
Fitzwater	Fraker	Francis	Franklin	Franks Jr
Frederick	Gannon	Grier	Haahr	Haefner
Hannegan	Hansen	Harris	Helms	Henderson
Higdon	Hill	Houghton	Houx	Johnson
Justus	Kelley 127	Kelly 141	Kendrick	Kidd
Knight	Kolkmeyer	Lant	Lauer	Lavender
Lichtenegger	Love	Lynch	McCreery	McGaugh
McGee	Meredith 71	Merideth 80	Messenger	Miller
Mitten	Morgan	Morris 140	Morse 151	Muntzel
Neely	Newman	Nichols	Pfautsch	Phillips
Pierson Jr	Pietzman	Pike	Quade	Razer
Redmon	Rehder	Reiboldt	Reisch	Remole
Revis	Rhoads	Roberts	Roeber	Ross
Rowland 155	Rowland 29	Runions	Ruth	Shaul 113
Shull 16	Shumake	Smith 163	Sommer	Stacy
Stephens 128	Stevens 46	Swan	Tate	Taylor
Trent	Unsicker	Vescovo	Walker 3	Walker 74
Walsh	White	Wood	Mr. Speaker	

NOES: 022

Alferman	Berry	Bondon	Curtis	Eggleston
Ellington	Gray	Green	Hurst	Marshall
Matthiesen	May	McDaniel	Moon	Mosley
Pogue	Roden	Schroer	Smith 85	Washington
Wessels	Wilson			

PRESENT: 000

ABSENT WITH LEAVE: 015

Adams	Andrews	Austin	Brattin	Burns
Cookson	Gregory	Korman	Mathews	McCann Beatty
Peters	Plocher	Rone	Spencer	Wiemann

VACANCIES: 002

THIRD READING OF SENATE BILLS - INFORMAL

HCS SS SCS SB 775, as amended, with House Amendment No. 1 to House Amendment No. 2 and **House Amendment No. 2**, **pending**, relating to reimbursement allowance taxes, was taken up by Representative Fitzpatrick.

House Amendment No. 1 to House Amendment No. 2 was withdrawn.

Representative Alferman offered **House Amendment No. 2 to House Amendment No. 2**.

House Amendment No. 2
to
House Amendment No. 2

AMEND House Amendment No. 2 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 775, Page 1, Line 3, by deleting the word "**sixty**" and inserting in lieu thereof the word "**forty-five**"; and

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

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

On motion of Representative Wood, **House Amendment No. 2, as amended**, was adopted.

On motion of Representative Fitzpatrick, **HCS SS SCS SB 775, as amended**, was adopted.

On motion of Representative Fitzpatrick, **HCS SS SCS SB 775, as amended**, was read the third time and passed by the following vote:

AYES: 137

Adams	Alferman	Anders	Anderson	Arthur
Bahr	Bangert	Baringer	Barnes 28	Basye
Beard	Beck	Bernskoetter	Berry	Black
Bondon	Brown 27	Brown 57	Burnett	Butler
Carpenter	Chipman	Christofanelli	Conway 10	Conway 104
Corlew	Cornejo	Cross	Curtis	Curtman
Davis	DeGroot	Dinkins	Dogan	Dohrman
Eggleston	Ellebracht	Ellington	Engler	Evans
Fitzpatrick	Fitzwater	Fraker	Francis	Franklin
Franks Jr	Frederick	Gannon	Gray	Green

Grier	Haahr	Haefner	Hannegan	Hansen
Harris	Helms	Henderson	Higdon	Hill
Houghton	Houx	Hurst	Johnson	Justus
Kelley 127	Kelly 141	Kendrick	Kidd	Knight
Kolkmeyer	Lant	Lauer	Lavender	Love
Lynch	May	McCreery	McGaugh	Meredith 71
Merideth 80	Messenger	Miller	Mitten	Moon
Morgan	Morris 140	Morse 151	Mosley	Muntzel
Newman	Nichols	Pfautsch	Phillips	Pierson Jr
Pietzman	Pike	Quade	Razer	Redmon
Rehder	Reiboldt	Reisch	Remole	Revis
Roberts	Roden	Roeber	Ross	Rowland 155
Rowland 29	Runions	Ruth	Schroer	Shaul 113
Shull 16	Smith 85	Smith 163	Sommer	Spencer
Stacy	Stephens 128	Stevens 46	Swan	Tate
Taylor	Trent	Unsicker	Vescovo	Walker 3
Walker 74	Walsh	Washington	White	Wilson
Wood	Mr. Speaker			

NOES: 003

Marshall	Neely	Pogue

PRESENT: 000

ABSENT WITH LEAVE: 021

Andrews	Austin	Barnes 60	Brattin	Burns
Cookson	Gregory	Korman	Lichtenegger	Mathews
Matthiesen	McCann Beatty	McDaniel	McGee	Peters
Plocher	Rhoads	Rone	Shumake	Wessels
Wiemann				

VACANCIES: 002

Representative Chipman declared the bill passed.

PERFECTION OF HOUSE BILLS - INFORMAL

HB 2438, relating to workers' compensation, was taken up by Representative Remole.

On motion of Representative Remole, the title of **HB 2438** was agreed to.

On motion of Representative Remole, **HB 2438** was ordered perfected and printed.

THIRD READING OF HOUSE CONCURRENT RESOLUTIONS

HCR 96, relating to Move Over or Slow Down Awareness Month, was taken up by Representative Conway (104).

Speaker Richardson resumed the Chair.

On motion of Representative Conway (104), **HCR 96** was read the third time and passed by the following vote:

AYES: 131

Adams	Alferman	Anders	Anderson	Arthur
Bangert	Baringer	Barnes 28	Basye	Beard
Beck	Bernskoetter	Berry	Black	Bondon
Brown 27	Brown 57	Burnett	Burns	Carpenter
Chipman	Christofanelli	Conway 10	Conway 104	Corlew
Cross	Curtis	Curtman	Davis	DeGroot
Dinkins	Dogan	Dohrman	Eggleston	Ellebracht
Engler	Evans	Fitzpatrick	Fitzwater	Fraker
Franklin	Frederick	Gannon	Gray	Haefner
Hannegan	Hansen	Harris	Helms	Henderson
Higdon	Hill	Houghton	Houx	Hurst
Johnson	Justus	Kelley 127	Kelly 141	Kendrick
Kidd	Knight	Kolkmeyer	Lant	Lauer
Lavender	Lichtenegger	Love	Lynch	Marshall
May	McCreery	McGaugh	McGee	Meredith 71
Merideth 80	Messenger	Miller	Mitten	Moon
Morgan	Morris 140	Morse 151	Mosley	Muntzel
Newman	Nichols	Pfautsch	Phillips	Pierson Jr
Pietzman	Pike	Quade	Razer	Redmon
Reiboldt	Reisch	Remole	Revis	Rhoads
Roberts	Roeber	Ross	Rowland 155	Rowland 29
Runions	Ruth	Shaul 113	Shull 16	Shumake
Smith 85	Smith 163	Sommer	Stacy	Stephens 128
Stevens 46	Swan	Tate	Taylor	Trent
Unsicker	Vescovo	Walker 3	Walker 74	Walsh
Washington	Wessels	White	Wilson	Wood
Mr. Speaker				

NOES: 000

PRESENT: 001

Pogue

ABSENT WITH LEAVE: 029

Andrews	Austin	Bahr	Barnes 60	Brattin
Butler	Cookson	Cornejo	Ellington	Francis
Franks Jr	Green	Gregory	Grier	Haahr
Korman	Mathews	Matthiesen	McCann Beatty	McDaniel
Neely	Peters	Plocher	Rehder	Roden
Rone	Schroer	Spencer	Wiemann	

VACANCIES: 002

Speaker Richardson declared the bill passed.

PERFECTION OF HOUSE BILLS - INFORMAL

HCS HB 2407, relating to an advisory council on rare diseases within the MO HealthNet division, was taken up by Representative Ruth.

On motion of Representative Ruth, the title of **HCS HB 2407** was agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 2407, Page 3, Section 208.183, Line 85, by inserting after all of said section and line the following:

"**Section 1. The month of August shall be known and designated as "Rare Disease Awareness Month". The citizens of the state of Missouri are encouraged to participate in appropriate activities and events to increase awareness of rare diseases that affect Missourians of all ages.**"; and

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

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

On motion of Representative Ruth, **HCS HB 2407, as amended**, was adopted.

On motion of Representative Ruth, **HCS HB 2407, as amended**, was ordered perfected and printed.

COMMITTEE REPORTS

Committee on Financial Institutions, Chairman Fraker reporting:

Mr. Speaker: Your Committee on Financial Institutions, to which was referred **HB 2657**, 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 (10): Bondon, Brown (57), Dinkins, Fraker, Francis, Helms, Houx, Redmon, Rowland (29) and Walker (3)

Noes (2): Green and Shaul (113)

Absent (2): Nichols and Smith (85)

Committee on General Laws, Chairman Cornejo reporting:

Mr. Speaker: Your Committee on General Laws, to which was referred **SS SCS SB 600**, 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 (12): Anderson, Basye, Carpenter, Cornejo, Cross, Evans, Mathews, McCreery, Merideth (80), Roeber, Schroer and Taylor

Noes (0)

Absent (1): Arthur

Committee on Insurance Policy, Chairman Engler reporting:

Mr. Speaker: Your Committee on Insurance Policy, to which was referred **SS SB 597**, 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 (10): Ellebracht, Engler, Morris (140), Muntzel, Pfautsch, Shull (16), Tate, Unsicker, Walker (74) and Wiemann

Noes (0)

Absent (2): Messenger and Stephens (128)

Committee on Rules - Legislative Oversight, Chairman Rhoads reporting:

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCR 102**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (9): Bondon, Eggleston, Fitzwater, Gregory, Haahr, Houx, Rhoads, Shull (16) and Shumake

Noes (3): Butler, Curtis and Lavender

Absent (2): Rone and Wessels

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HJR 80**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Curtis, Eggleston, Fitzwater, Gregory, Haahr, Houx, Rhoads, Shull (16) and Shumake

Noes (2): Butler and Lavender

Absent (2): Rone and Wessels

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 1254**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 1359**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (11): Bondon, Butler, Curtis, Eggleston, Fitzwater, Houx, Lavender, Rhoads, Rone, Shumake and Wessels

Noes (1): Shull (16)

Absent (1): Haahr

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 1565**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Bondon, Eggleston, Fitzwater, Gregory, Houx, Rone, Shull (16) and Shumake

Noes (2): Lavender and Wessels

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 1725**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (12): Bondon, Butler, Curtis, Eggleston, Fitzwater, Gregory, Haahr, Houx, Lavender, Rhoads, Shull (16) and Shumake

Noes (0)

Absent (2): Rone and Wessels

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 1856**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (9): Bondon, Eggleston, Fitzwater, Gregory, Haahr, Houx, Rhoads, Shull (16) and Shumake

Noes (3): Butler, Curtis and Lavender

Absent (2): Rone and Wessels

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HBs 2061 & 2219**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 2276**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 2284**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 2403**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 2410**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 2425**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 2539**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Bondon, Eggleston, Fitzwater, Gregory, Houx, Rone, Shull (16) and Shumake

Noes (2): Lavender and Wessels

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 2549**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (9): Bondon, Eggleston, Fitzwater, Gregory, Haahr, Houx, Rhoads, Shull (16) and Shumake

Noes (3): Butler, Curtis and Lavender

Absent (2): Rone and Wessels

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 2567**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **SCS SB 629**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bondon, Eggleston, Fitzwater, Gregory, Houx, Lavender, Rone, Shull (16), Shumake and Wessels

Noes (0)

Absent (4): Butler, Curtis, Haahr and Rhoads

REFERRAL OF HOUSE COMMITTEE BILLS

The following House Committee Bills were referred to the Committee indicated:

HCB 15 - Fiscal Review
HCB 16 - Fiscal Review
HCB 23 - Fiscal Review

REFERRAL OF SENATE BILLS

The following Senate Bills were referred to the Committee indicated:

SCS SB 629 - Fiscal Review
SS SB 705 - Fiscal Review

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **HCS HB 2001**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HCS HB 2002** entitled:

An act to appropriate money for the expenses, grants, refunds, and distributions of the State Board of Education and the Department of Elementary and Secondary Education, and the several divisions and programs thereof to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, and to transfer money among certain funds for the period beginning July 1, 2018, and ending June 30, 2019.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HCS HB 2003** entitled:

An act to appropriate money for the expenses, grants, refunds, and distributions of the Department of Higher Education, the several divisions, programs, and institutions of higher education included therein to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, and to transfer money among certain funds for the period beginning July 1, 2018, and ending June 30, 2019.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HCS HB 2004** entitled:

An act to appropriate money for the expenses, grants, refunds, and distributions of the Department of Revenue, the Department of Transportation, and the several divisions and programs thereof to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, and to transfer money among certain funds for the period beginning July 1, 2018, and ending June 30, 2019.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HCS HB 2005** entitled:

An act to appropriate money for the expenses, grants, refunds, and distributions of the Office of Administration, the Department of Transportation, the Department of Conservation, the Department of Public Safety, the Chief Executive's Office, and the several divisions and programs thereof to be expended only as provided in Article IV, Section 28 of the Constitution of Missouri, and to transfer money among certain funds for the period beginning July 1, 2018, and ending June 30, 2019.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the President Pro Tem has appointed the following Conference Committee to act with a like committee from the House on **HCS SB 569, as amended**.

Senators: Cunningham, Wieland, Crawford, Walsh and Sifton

COMMITTEE CHANGES

April 25, 2018

Mr. Adam Crumbliss
Chief Clerk
Missouri House of Representatives
State Capitol, Room 317A
Jefferson City, MO 65101

Dear Mr. Crumbliss:

I hereby remove Representative Kevin Corlew from the Rules - Administrative Oversight Committee and appoint Representative Delus Johnson.

If you have any questions, please feel free to contact my office.

Sincerely,

/s/ Todd Richardson
Speaker of the Missouri House of Representatives
152nd District

ADJOURNMENT

On motion of Representative Vescovo, the House adjourned until 10:00 a.m., Thursday, April 26, 2018.

COMMITTEE HEARINGS

BUDGET
Thursday, April 26, 2018, upon adjournment, House Hearing Room 3.
Executive session will be held: HB 2019
Executive session may be held on any matter referred to the committee.

CONSENT AND HOUSE PROCEDURE
Tuesday, May 1, 2018, 9:00 AM, House Hearing Room 4.
Executive session will be held: SB 819
Executive session may be held on any matter referred to the committee.

CORRECTIONS AND PUBLIC INSTITUTIONS
Thursday, April 26, 2018, 9:00 AM, House Hearing Room 1.
Public hearing will be held: HB 1579
Executive session will be held: HB 1556, HB 2198
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW
Thursday, April 26, 2018, 9:00 AM, House Hearing Room 6.
Executive session will be held: CCR SS SCS HB 1291, SS HB 1858, HCS SS SCS SBs 894 & 921
Executive session may be held on any matter referred to the committee.

HIGHER EDUCATION
Thursday, April 26, 2018, 1:45 PM or upon adjournment (whichever is later), House Hearing Room 7.
Executive session will be held: SCS SBs 807 & 577
Executive session may be held on any matter referred to the committee.
To reconsider SCS SBs 807 & 577.

JOINT COMMITTEE ON EDUCATION
Monday, April 30, 2018, 12:00 PM, House Hearing Room 6.
Executive session may be held on any matter referred to the committee.
Election of Chair and Co-Chair, outgoing member recognition, discussion of interim activities.

JOINT COMMITTEE ON LEGISLATIVE RESEARCH - PERSONNEL SUBCOMMITTEE
Thursday, April 26, 2018, 8:15 AM, Room 117A (Legislative Research).
Executive session may be held on any matter referred to the committee.
Personnel meeting.
The meeting will be closed pursuant to Section 610.021(3).
CORRECTED

JOINT COMMITTEE ON PUBLIC EMPLOYEE RETIREMENT
Monday, April 30, 2018, 2:00 PM, House Hearing Room 5.
Executive session may be held on any matter referred to the committee.
Second quarter meeting.

JUDICIARY
Thursday, April 26, 2018, 9:30 AM, House Hearing Room 7.
Executive session will be held: SS SCS SB 966
Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON HOMELAND SECURITY
Thursday, April 26, 2018, 8:00 AM, House Hearing Room 4.
Executive session will be held: SS SCS SB 586
Executive session may be held on any matter referred to the committee.
Testimony pertaining to homeland security. Pursuant to Article III, Section 18 of the Missouri Constitution, and 610.021 (10), (19), (20) and (21) RSMO., portions of the meeting may be closed.

VETERANS
Tuesday, May 1, 2018, 8:00 AM, House Hearing Room 1.
Public hearing will be held: SCR 42
Executive session may be held on any matter referred to the committee.

HOUSE CALENDAR

SIXTY-SECOND DAY, THURSDAY, APRIL 26, 2018

HOUSE JOINT RESOLUTIONS FOR PERFECTION

HJR 61 - Shumake

HOUSE BILLS FOR PERFECTION - APPROPRIATIONS

HB 2015 - Fitzpatrick

HOUSE COMMITTEE BILLS FOR PERFECTION

HCB 23, (Fiscal Review 4/25/18) - Dogan

HOUSE BILLS FOR PERFECTION - REVISION

HRB 2 - Shaul (113)

HOUSE BILLS FOR PERFECTION

HCS HB 2234 - Rehder
HCS HB 1444 - Eggleston
HCS HB 1722 - Moon
HB 2211 - Kidd
HB 2421 - Pfautsch
HB 2159 - Hurst
HCS HB 2125 - Helms
HB 1977 - Redmon
HB 2232 - Ross
HCS HB 2233 - Ross
HB 2409 - Fraker
HCS HB 2295 - Helms
HB 2334 - Shaul (113)
HCS HB 2335 - Black
HCS HB 2180 - Kolkmeyer
HB 2184 - Bondon
HCS HB 1929 - Corlew
HB 1837 - Rhoads
HCS HB 2411 - Pike
HB 2453 - Austin
HB 2590 - Gregory
HB 1811 - Smith (85)
HCS HB 2397 – Dogan
HCS HB 1457 - Lauer
HB 1715 - Phillips
HB 1470 - Kelley (127)
HCS HB 1491 - Kelley (127)
HB 1767 - Arthur
HB 1966 - Cornejo
HB 2139 - Morris (140)
HB 1846 - Cornejo
HB 1485 - Brown (57)
HB 2549 - Morse (151)
HCS HBs 2061 & 2219 - Kidd
HCS HB 1260 - Schroer
HB 1742 - Davis
HCS#2 HB 1802 - Miller
HCS HB 2257 - Redmon
HCS HB 2324 - Korman
HCS HB 2393 - Cookson

HB 2403 - Muntzel
HB 2425 - Alferman
HCS HB 2410 - Bernskoetter
HB 2480 - Rhoads
HCS HB 2580 - Bondon
HB 2681 - Corlew

HOUSE BILLS FOR PERFECTION - INFORMAL

HCS HB 2247 - Roeber
HB 2384 - Barnes (60)
HB 1662 - Swan
HCS HB 1857 - Shaul (113)
HCS HB 1803 - Matthiesen
HB 1397 - Shaul (113)
HCS HB 2210 - Christofanelli
HB 2460 - Vescovo
HB 1590 - Smith (163)
HB 2381 - Sommer
HB 2352 - Fraker
HB 1728 - Lant
HB 1378 - Trent
HCS HB 1424 - Roeber
HB 1569 - Christofanelli
HCS HB 1549 - Alferman
HB 1626 - Morris (140)
HCS HB 1363 - Kidd
HB 1290 – Henderson
HCS HB 1248 - Pike
HCS HB 2364 - Bondon
HCS HB 2356 - Haefner
HB 1906 - Higdon
HCS HB 2038 - Fraker
HCS HB 1273 - Kendrick
HCS HB 1577 - Wiemann
HCS HB 1870 - Barnes (60)
HB 1901 - Cross
HB 1972 - Wiemann
HB 1431 - Barnes (28)
HB 1454 - May
HB 1795 - Bernskoetter
HCS HB 2157 - Bahr
HB 2632 - Dinkins
HB 2607 - Knight
HCS HB 2259 - Lichtenegger
HB 2644 - Rowland (29)

HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING - INFORMAL

HCR 55 - Basye

HOUSE COMMITTEE BILLS FOR THIRD READING

HCB 11 - Neely
HCB 16, (Fiscal Review 4/25/18) - Houghton
HCB 14 - Reiboldt
HCB 15, (Fiscal Review 4/25/18), E.C. - Frederick

HOUSE BILLS FOR THIRD READING

HCS HB 1554, (Fiscal Review 4/24/18) - Neely
HCS HB 1739 - Smith (163)
HB 2179 - Haahr

HOUSE BILLS FOR THIRD READING - INFORMAL

HCS HB 1885, (Fiscal Review 4/18/18) - Bahr

SENATE BILLS FOR THIRD READING

SCS SB 644 - Brattin
HCS SCS SB 718 - Rhoads
SB 625 - Miller
HCS SS SCS SB 547 - Curtman
HCS SS SB 870 - Alferman
HCS SB 806 - Neely
HCS SB 743 - Redmon
SCS SB 862 - Mathews
SB 757 - Tate
SB 768 - Berry
HCS SS SCS SBs 894 & 921, (Fiscal Review 4/23/18) - Fitzwater
SCS SB 990 - Alferman
SCS SB 814 - Rowland (155)
SB 840 - Bernskoetter
HCS SCS SB 917 - Fitzwater
SCS SB 629, (Fiscal Review 4/25/18) - Rehder
HCS SB 660 - Fitzwater
SB 683 - Kolkmeyer
SS SB 705, (Fiscal Review 4/25/18) - Bondon
HCS SB 727 - Bondon
SCS SB 892 - Walker (3)
HCS SB 681 - Ruth

SENATE BILLS FOR THIRD READING - INFORMAL

SB 649 - Engler
SS SCS SB 549 - Rehder
SB 626 - Kidd
SB 708 - Fitzpatrick

HOUSE BILLS WITH SENATE AMENDMENTS

SS HB 1858, (Fiscal Review 4/24/18) - Christofanelli
SCS HCS HB 1268, (Fiscal Review 4/24/18) - Lichtenegger
SCS HCS HB 2002 - Fitzpatrick
SCS HCS HB 2003 - Fitzpatrick
SCS HCS HB 2004 - Fitzpatrick
SCS HCS HB 2005 - Fitzpatrick

BILLS IN CONFERENCE

CCR SS SCS HB 1291, as amended (Fiscal Review 4/18/18) - Henderson
HCS SB 569, as amended - Fraker

HOUSE RESOLUTIONS

HR 4878 - Shaul (113)
HR 5237 - Fraker

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

HCS HB 1 - Fitzpatrick
CCS SCS HCS HB 2 - Fitzpatrick
CCS SCS HCS HB 3 - Fitzpatrick
CCS SCS HCS HB 4 - Fitzpatrick
CCS SCS HCS HB 5 - Fitzpatrick
CCS SCS HCS HB 6 - Fitzpatrick
CCS SCS HCS HB 7 - Fitzpatrick
CCS SCS HCS HB 8 - Fitzpatrick
CCS SCS HCS HB 9 - Fitzpatrick
CCS SCS HCS HB 10 - Fitzpatrick
CCS SCS HCS HB 11 - Fitzpatrick
CCS SCS HCS HB 12 - Fitzpatrick
SCS HCS HB 13 - Fitzpatrick
CCS SCS HCS HB 17 - Fitzpatrick
SCS HCS HB 18 - Fitzpatrick