JOURNAL OF THE HOUSE

First Regular Session, 101st GENERAL ASSEMBLY

SIXTY-EIGHTH DAY, MONDAY, MAY 10, 2021

The House met pursuant to adjournment.

Representative Chipman in the Chair.

Prayer by Representative Brad Hudson.

Father God,

Let us pause right now to acknowledge that every good and perfect gift that we could ever have or hope for comes from You.

May we boldly face this final week of regular session knowing that we do not face it alone.

When we are weak You offer the strength that we need. When the way is not clear, Your mighty hand is there to guide us. When we ask for wisdom, You give it freely. Forgive us, for our sins are many. Help us, as our knowledge is limited, and lead us, as we are truly lost without You.

Yours is the kingdom, the power, and the glory, forever and ever.

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: Amora Simmons, Layla Mueller, Pierson Merritt, Brayden Himes, and Henley Gregory.

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

AYES: 145

Anderson	Andrews	Appelbaum	Atchison	Aune
Bailey	Baker	Bangert	Baringer	Barnes
Basye	Billington	Black 137	Black 7	Boggs
Bromley	Brown 16	Brown 27	Brown 70	Buchheit-Courtway
Burger	Burton	Busick	Butz	Chipman
Christofanelli	Clemens	Coleman 97	Cook	Copeland
Cupps	Davidson	Davis	Deaton	DeGroot
Derges	Dinkins	Dogan	Eggleston	Ellebracht
Evans	Falkner	Fishel	Fitzwater	Fogle
Francis	Gray	Gregory 51	Gregory 96	Grier
Griesheimer	Griffith	Gunby	Haden	Haffner
Haley	Hannegan	Hardwick	Henderson	Hicks

Hill	Houx	Hovis	Hudson	Hurlbert
Ingle	Johnson	Kalberloh	Kelley 127	Kelly 141
Kidd	Knight	Lewis 25	Lewis 6	Lovasco
Mackey	Mayhew	McCreery	McGaugh	McGirl
Morse	Mosley	Murphy	Nurrenbern	O'Donnell
Owen	Patterson	Perkins	Person	Phifer
Pike	Plocher	Pollitt 52	Pollock 123	Porter
Pouche	Price IV	Quade	Railsback	Reedy
Richey	Riggs	Riley	Roberts	Roden
Rogers	Rone	Ruth	Sander	Sassmann
Sauls	Schwadron	Seitz	Sharp 36	Sharpe 4
Shaul	Shields	Simmons	Smith 155	Smith 163
Smith 45	Smith 67	Stacy	Stephens 128	Stevens 46
Taylor 139	Taylor 48	Terry	Thomas	Thompson
Toalson Reisch	Trent	Turnbaugh	Unsicker	Van Schoiack
Veit	Wallingford	Walsh 50	Walsh Moore 93	Weber
West	Wiemann	Wright	Young	Mr. Speaker

NOES: 006

Adams	Bland Manlove	Bosley	Burnett	McDaniel
Rowland				

PRESENT: 003

Aldridge	Collins	Doll

ABSENT WITH LEAVE: 008

Coleman 32	Merideth	Pietzman	Proudie	Schnelting
Schroer	Tate	Windham		

VACANCIES: 001

COMMITTEE REPORTS

Committee on Fiscal Review, Chairman Fitzwater reporting:

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **SS#2 SCS SB 262**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (5): Baringer, Fitzwater, Griesheimer, Terry and Wiemann

Noes (3): Eggleston, Richey and Walsh (50)

Absent (0)

THIRD READING OF SENATE BILLS

SS SB 258, relating to classification of Missouri National Guard members, was taken up by Representative Griffith.

Representative Griffith moved that the title of **SS SB 258** be agreed to.

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

House Amendment No. 1

AMEND Senate Substitute for Senate Bill No. 258, Page 1, In the Title, Lines 2-3, by deleting the words "classification of Missouri National Guard members" and inserting in lieu thereof the words "military affairs"; and

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

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

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

House Amendment No. 2

AMEND Senate Substitute for Senate Bill No. 258, Page 1, Section 41.201, Line 6, by inserting after all of said section and line the following:

"**41.676. The National Guard armory located in or nearest to Joplin shall be designated as the "Sergeant Robert Wayne Crow Jr. Memorial Armory".**

143.1032. 1. In each taxable year beginning on or after January 1, 2022, each individual or corporation entitled to a tax refund in an amount sufficient to make a designation under this section may designate that one dollar or any amount in excess of one dollar on a single return, and two dollars or any amount in excess of two dollars on a combined return, of the refund due be credited to the Missouri Medal of Honor fund. The contribution designation authorized by this section shall be clearly and unambiguously printed on the first page of each income tax return form provided by this state. If any individual or corporation that is not entitled to a tax refund in an amount sufficient to make a designation under this section wishes to make a contribution to the Missouri Medal of Honor fund, such individual or corporation may, by separate check, draft, or other negotiable instrument, send in with the payment of taxes, or may send in separately, that amount, clearly designated for the Missouri Medal of Honor fund, the individual or corporation wishes to contribute. The department of revenue shall deposit such amount to the Missouri Medal of Honor fund as provided in subsection 2 of this section.

2. The director of revenue shall deposit at least monthly all contributions designated by individuals under this section to the state treasurer for deposit to the Missouri Medal of Honor fund. The fund shall be administered by the director of revenue.

3. The director of revenue shall deposit at least monthly all contributions designated by the corporations under this section, less an amount sufficient to cover the cost of collection, handling, and administration by the department of revenue during fiscal year 2021, to the Missouri Medal of Honor fund.

4. A contribution designated under this section shall only be deposited in the Missouri Medal of Honor fund after all other claims against the refund from which such contribution is to be made have been satisfied.

5. Moneys deposited in the Missouri Medal of Honor fund shall be used by the department of transportation to pay for the costs of the Missouri Medal of Honor signs.

6. 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.

227.299. 1. Except as provided in subsection 7 of this section, an organization or person that seeks a bridge or highway designation on the state highway system to honor an event, place, organization, or person who has been deceased for more than two years shall petition the department of transportation by submitting the following:

(1) An application in a form prescribed by the director, describing the bridge or segment of highway for which designation is sought and the proposed name of the bridge or relevant portion of highway. The application shall include the name of at least one current member of the general assembly who will sponsor the bridge or highway designation. The application may contain written testimony for support of the bridge or highway designation;

(2) A list of at least one hundred signatures of individuals who support the naming of the bridge or highway; and

(3) A fee to be determined by the commission to cover the costs of constructing and maintaining the proposed signs. The fee shall not exceed the cost of constructing and maintaining each sign.

2. All moneys received by the department of transportation for the construction and maintenance of bridge or highway signs on the state highway system shall be deposited in the state treasury to the credit of the state road fund.

3. The documents and fees required under this section shall be submitted to the department of transportation no later than November first prior to the next regular session of the general assembly to be approved or denied by the joint committee on transportation oversight during such legislative session.

4. The department of transportation shall give notice of any proposed bridge or highway designation on the state highway system in a manner reasonably calculated to advise the public of such proposal. Reasonable notice shall include posting the proposal for the designation on the department's official public website, and making available copies of the sign designation application to any representative of the news media or public upon request and posting the application on a bulletin board or other prominent public place which is easily accessible to the public and clearly designated for that purpose at the principal office.

5. If the memorial highway designation requested by the organization is not approved by the joint committee on transportation oversight, ninety-seven percent of the application fee shall be refunded to the requesting organization.

6. Two highway signs shall be erected for each bridge and highway designation on the state highway system processed under this section. When a named section of a highway crosses two or more county lines, consideration shall be given by the department of transportation to allow additional signage at the county lines or major intersections.

7. **(1)** Highway or bridge designations on the state highway system honoring fallen law enforcement officers, members of the Armed Forces killed in the line of duty, **Missouri recipients of the Medal of Honor,** emergency personnel killed while performing duties relating to their employment, or state employees killed while serving the state shall not be subject to the provisions of this section.

(2) Notwithstanding any provision of law to the contrary, beginning August 28, 2021, for designations honoring Missouri Medal of Honor recipients, no fees shall be assessed and all costs associated with such designations shall be funded by the department of transportation.

8. No bridge or portion of a highway on the state highway system may be named or designated after more than one event, place, organization, or person. Each event, place, organization, or person shall only be eligible for one bridge or highway designation.

9. Any highway signs erected for any bridge or highway designation on the state highway system under the provisions of this section shall be erected and maintained for a twenty-year period. After such period, the signs shall be subject to removal by the department of transportation and the bridge or highway may be designated to honor events, places, organizations, or persons other than the current designee. An existing highway or bridge designation processed under the provisions of this section may be retained for additional twenty-year increments if, at least one year before the designation's expiration, an application to the department of transportation is made to retain the designation along with the required documents and all applicable fees required under this section.

10. **For persons honored with designations on the state highway system under this chapter after August 28, 2021, the department of transportation shall post a link on its website to biographical information of such persons.**

11. The provisions of this section shall apply to bridge or highway designations sought after August 28, 2006.

227.450. The portion of U.S. Highway 60 from the intersection of State Route O to the intersection of **[**~~State Highway 5~~**] Leadhill Drive** in Wright County shall be designated the "Spc. Justin Blake Carter Memorial Highway **[**~~for Life~~**]**". The department of transportation shall erect and maintain appropriate signs designating such highway with the costs to be paid for by private donations.

227.463. The portion of Interstate 29 from its intersection of Interstate 70/U.S. State Highway 71/40 in Jackson County north to the bridge crossing over Nishnabotna River in Atchison County, except for those portions of Interstate 29 previously designated as of August 28, 2021, shall be designated the "Purple Heart Trail". Costs for such designation shall be paid by private donations.

227.464. The portion of Interstate 55 from State Highway O in Pemiscot County to U.S. Highway 40 in St. Louis City, except for those portions of Interstate 55 previously designated as of August 28, 2021, shall be designated the "Purple Heart Trail". Costs for such designation shall be paid by private donations.

227.465. The portion of Interstate 57 from the Missouri/Illinois state line in Mississippi County continuing south to U.S. State Highway 60/State Highway AA in Scott County shall be designated the "Purple Heart Trail". Costs for such designation shall be paid by private donations.

227.466. The portion of Interstate 64 from Interstate 70 from the city of Wentzville in St. Charles County continuing east to Interstate 55 at the Missouri/Illinois state line in St. Louis City, except for those portions of Interstate 64/US40/US61 previously designated as of August 28, 2021, shall be designated the "Purple Heart Trail". Costs for such designation shall be paid by private donations.

227.467. Notwithstanding any provision of this chapter to the contrary, a highway's classification as a "Purple Heart Trail" shall not prevent a segment of such highway from being additionally designated as a memorial highway.

227.477. The portion of U.S. Business 71 from State Highway 76 West to State Highway EE in McDonald County shall be designated the "Army PFC Christopher Lee Marion Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.478. The portion of U.S. State Highway 160 from West BYP to County Road 115 in Greene County shall be designated the "Otis E Moore Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.486. The portion of U.S. State Highway 60 from CRD Mockingbird Road continuing east to State Highway PP in Webster County shall be designated as the "Army SGT Timothy J Sutton Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.488. The bridge on U.S. State Highway 63 crossing over Business 63 in Adair County shall be designated the "U.S. Army SGT Brandon Maggart Memorial Bridge". The department of transportation shall erect and maintain appropriate signs designating such bridge, with the costs to be paid for by private donations.

227.489. The bridge on U.S. Highway 63 crossing over the BSNF Railroad/Marceline Sub in La Plata in Macon County shall be designated as the "U.S. Army PFC Adam L Thomas Memorial Bridge". The department of transportation shall erect and maintain appropriate signs designating such bridge, with the costs to be paid for by private donations.

227.490. The bridge on U.S. State Highway 63 crossing over Patterson Street in Adair County shall be designated as the "U.S. Army SFC Matthew C Lewellen Memorial Bridge". The department of transportation shall erect and maintain appropriate signs designating such bridge, with the costs to be paid for by private donations.

227.495. The portion of U.S. State Highway 54 from State Highway E to State Highway D in Cole County shall be designated as the "U.S. Army Specialist Michael Campbell Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.496. The portion of State Highway T from .05 miles west of Laretto Ridge Drive to Decker Road in the town of Labadie in Franklin County shall be designated as "Medal of Honor PVT George Phillips Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by the department.

227.497. The portion of U.S. State Highway 63 from Spruce Street to McKay Street within the city of Macon in Macon County shall be designated as the "US Army Sergeant Hugh C Dunn Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.498. The portion of Interstate 64 from Winghaven Boulevard to Prospect Road within the city of Lake St. Louis in St. Charles County shall be designated as "US Navy SEAL Scotty Wirtz Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.777. The bridge on State Highway 17 crossing over the BSNF Railroad south of the city of Crocker in Pulaski County shall be designated as "US Navy FA Paul Akers Jr Memorial Bridge". The department of transportation shall erect and maintain appropriate signs designating such bridge, with the costs to be paid by private donations.

227.780. The portion of State Highway 163 from Stadium Boulevard/State Highway 740 continuing south to Mick Deaver Drive in Boone County shall be designated as "PFC Dale Raymond Jackson Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.781. The portion of State Highway 163 from Mick Deaver Drive to Old Route K in Boone County shall be designated as "Corporal Steven Lee Irvin Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.782. The portion of State Highway 163 from Old Route K to Green Meadows Drive in Boone County shall be designated as "CPL Daniel Joseph Heibel Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.783. The portion of State Highway 163 from Green Meadows Drive to Nifong in Boone County shall be designated as "LCPL Larry Harold Coleman Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.

227.784. The bridge on U.S. State Highway 63 crossing over Beaver Creek in Phelps County shall be designated as "VFW Post 2025 Memorial Bridge". The department of transportation shall erect and maintain appropriate signs designating such bridge, with the costs to be paid by private donations.

227.785. The bridge on State Highway 21 crossing over the Current River in Ripley County shall be designated as "Veterans Memorial Bridge". The department of transportation shall erect and maintain appropriate signs designating such bridge, with the costs to be paid by private donations.

227.793. The portion of Interstate 44 from State Highway 744/N. MulRoy Road continuing east to RA IS 44 Strafford/Greene County Line in Greene County shall be designated the "Nathanael Greene Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the cost to be paid for by private donations.

301.020. 1. Every owner of a motor vehicle or trailer, which shall be operated or driven upon the highways of this state, except as herein otherwise expressly provided, shall annually file, by mail or otherwise, in the office of the director of revenue, an application for registration on a blank to be furnished by the director of revenue for that purpose containing:

(1) A brief description of the motor vehicle or trailer to be registered, including the name of the manufacturer, the vehicle identification number, the amount of motive power of the motor vehicle, stated in figures of horsepower and whether the motor vehicle is to be registered as a motor vehicle primarily for business use as defined in section 301.010;

(2) The name, the applicant's identification number and address of the owner of such motor vehicle or trailer;

(3) The gross weight of the vehicle and the desired load in pounds if the vehicle is a commercial motor vehicle or trailer.

2. If the vehicle is a motor vehicle primarily for business use as defined in section 301.010 and if such vehicle is ten years of age or less and has less than one hundred fifty thousand miles on the odometer, the director of revenue shall retain the odometer information provided in the vehicle inspection report, and provide for prompt access to such information, together with the vehicle identification number for the motor vehicle to which such information pertains, for a period of ten years after the receipt of such information. This section shall not apply unless:

(1) The application for the vehicle's certificate of ownership was submitted after July 1, 1989; and

(2) The certificate was issued pursuant to a manufacturer's statement of origin.

3. If the vehicle is any motor vehicle other than a motor vehicle primarily for business use, a recreational motor vehicle, motorcycle, motortricycle, autocycle, bus, or any commercial motor vehicle licensed for over twelve thousand pounds and if such motor vehicle is ten years of age or less and has less than one hundred fifty thousand miles on the odometer, the director of revenue shall retain the odometer information provided in the vehicle inspection report, and provide for prompt access to such information, together with the vehicle identification number for the motor vehicle to which such information pertains, for a period of ten years after the receipt of such information. This subsection shall not apply unless:

(1) The application for the vehicle's certificate of ownership was submitted after July 1, 1990; and

(2) The certificate was issued pursuant to a manufacturer's statement of origin.

4. If the vehicle qualifies as a reconstructed motor vehicle, motor change vehicle, specially constructed motor vehicle, non-USA-std motor vehicle, as defined in section 301.010, or prior salvage as referenced in section 301.573, the owner or lienholder shall surrender the certificate of ownership. The owner shall make an application for a new certificate of ownership, pay the required title fee, and obtain the vehicle examination certificate required pursuant to subsection 9 of section 301.190. If an insurance company pays a claim on a salvage vehicle as defined in section 301.010 and the owner retains the vehicle, as prior salvage, the vehicle shall only be required to meet the examination requirements under subsection 10 of section 301.190. Notarized bills of sale along with a copy of the front and back of the certificate of ownership for all major component parts installed on the vehicle and invoices for all essential parts which are not defined as major component parts shall accompany the application for a new certificate of ownership. If the vehicle is a specially constructed motor vehicle, as defined in section 301.010, two pictures of the vehicle shall be submitted with the application. If the vehicle is a kit vehicle, the applicant shall submit the invoice and the manufacturer's statement of origin on the kit. If the vehicle requires the issuance of a special number by the director of revenue or a replacement vehicle identification number, the applicant shall submit the required application and application fee. All applications required under this subsection shall be submitted with any applicable taxes which may be due on the purchase of the vehicle or parts. The director of revenue shall appropriately designate "Reconstructed Motor Vehicle", "Motor Change Vehicle", "Non-USA-Std Motor Vehicle", or "Specially Constructed Motor Vehicle" on the current and all subsequent issues of the certificate of ownership of such vehicle.

5. Every insurance company that pays a claim for repair of a motor vehicle which as the result of such repairs becomes a reconstructed motor vehicle as defined in section 301.010 or that pays a claim on a salvage vehicle as defined in section 301.010 and the owner is retaining the vehicle shall in writing notify the owner of the vehicle, and in a first party claim, the lienholder if a lien is in effect, that he is required to surrender the certificate of ownership, and the documents and fees required pursuant to subsection 4 of this section to obtain a prior salvage motor vehicle certificate of ownership or documents and fees as otherwise required by law to obtain a salvage certificate of ownership, from the director of revenue. The insurance company shall within thirty days of the payment of such claims report to the director of revenue the name and address of such owner, the year, make, model, vehicle identification number, and license plate number of the vehicle, and the date of loss and payment.

6. Anyone who fails to comply with the requirements of this section shall be guilty of a class B misdemeanor.

7. An applicant for registration may make a donation of one dollar to promote a blindness education, screening and treatment program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the blindness education, screening and treatment program fund established in section 209.015. Moneys in the blindness education, screening and treatment program fund shall be used solely for the purposes established in section 209.015; except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

8. An applicant for registration may make a donation of one dollar to promote an organ donor program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the organ donor program fund as established in sections 194.297 to 194.304. Moneys in the organ donor fund shall be used solely for the purposes established in sections 194.297 to 194.304, except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

9. An applicant for registration may make a donation of one dollar to the Missouri Medal of Honor recipients fund. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the Missouri Medal of Honor recipients fund as established in Section 1 of this Act. Moneys in the Medal of Honor recipients fund shall be used solely for the purposes established in Section 1 of this Act, except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

302.171. 1. The director shall verify that an applicant for a driver's license is a Missouri resident or national of the United States or a noncitizen with a lawful immigration status, and a Missouri resident before accepting the application. The director shall not issue a driver's license for a period that exceeds the duration of an applicant's lawful immigration status in the United States. The director may establish procedures to verify the Missouri residency or United States naturalization or lawful immigration status and Missouri residency of the applicant and establish the duration of any driver's license issued under this section. An application for a license shall be made upon an approved form furnished by the director. Every application shall state the full name, Social Security number, age, height, weight, color of eyes, sex, residence, mailing address of the applicant, and the classification for which the applicant has been licensed, and, if so, when and by what state, and whether or not such license has ever been suspended, revoked, or disqualified, and, if revoked, suspended or disqualified, the date and reason for such suspension, revocation or disqualification and whether the applicant is making a one dollar donation to promote an organ donation program as prescribed in subsection 2**, to promote a blindness education, screening and treatment program as prescribed in subsection 3, or the Missouri Medal of Honor recipients fund prescribed in subsection 4** of this section. A driver's license, nondriver's license, or instruction permit issued under this chapter shall contain the applicant's legal name as it appears on a birth certificate or as legally changed through marriage or court order. No name change by common usage based on common law shall be permitted. The application shall also contain such information as the director may require to enable the director to determine the applicant's qualification for driving a motor vehicle; and shall state whether or not the applicant has been convicted in this or any other state for violating the laws of this or any other state or any ordinance of any municipality, relating to driving without a license, careless driving, or driving while intoxicated, or failing to stop after an accident and disclosing the applicant's identity, or driving a motor vehicle without the owner's consent. The application shall contain a certification by the applicant as to the truth of the facts stated therein. Every person who applies for a license to operate a motor vehicle who is less than twenty-one years of age shall be provided with educational materials relating to the hazards of driving while intoxicated, including information on penalties imposed by law for violation of the intoxication-related offenses of the state. Beginning January 1, 2001, if the applicant is less than eighteen years of age, the applicant must comply with all requirements for the issuance of an intermediate driver's license pursuant to section 302.178. For persons mobilized and deployed with the United States Armed Forces, an application under this subsection shall be considered satisfactory by the department of revenue if it is signed by a person who holds general power of attorney executed by the person deployed, provided the applicant meets all other requirements set by the director.

2. An applicant for a license may make a donation of one dollar to promote an organ donor program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the organ donor program fund established in sections 194.297 to 194.304. Moneys in the organ donor program fund shall be used solely for the purposes established in sections 194.297 to 194.304 except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for the license at the time of issuance or renewal of the license. The director shall make available an informational booklet or other informational sources on the importance of organ and tissue donations to applicants for licensure as designed by the organ donation advisory committee established in sections 194.297 to 194.304. The director shall inquire of each applicant at the time the licensee presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection and whether the applicant is interested in inclusion in the organ donor registry and shall also specifically inform the licensee of the ability to consent to organ donation by placing a donor symbol sticker authorized and issued by the department of health and senior services on the back of his or her driver's license or identification card as prescribed by subdivision (1) of subsection 1 of section 194.225. A symbol may be placed on the front of the license or identification card indicating the applicant's desire to be listed in the registry at the applicant's request at the time of his or her application for a driver's license or identification card, or the applicant may instead request an organ donor sticker from the department of health and senior services by application on the department of health and senior services' website. Upon receipt of an organ donor sticker sent by the department of health and senior services, the applicant shall place the sticker on the back of his or her driver's license or identification card to indicate that he or she has made an anatomical gift. The director shall notify the department of health and senior services of information obtained from applicants who indicate to the director that they are interested in registry participation, and the department of health and senior services shall enter the complete name, address, date of birth, race, gender and a unique personal identifier in the registry established in subsection 1 of section 194.304.

3. An applicant for a license may make a donation of one dollar to promote a blindness education, screening and treatment program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the blindness education, screening and treatment program fund established in section 209.015. Moneys in the blindness education, screening and treatment program fund shall be used solely for the purposes established in section 209.015; except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for the license at the time of issuance or renewal of the license. The director shall inquire of each applicant at the time the licensee presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

4. **An applicant for registration may make a donation of one dollar to the Missouri Medal of Honor recipients fund. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the Missouri Medal of Honor recipients fund as established in Section 1 of this Act. Moneys in the Medal of Honor recipients fund shall be used solely for the purposes established in Section 1 of this Act, except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.**

5. Beginning July 1, 2005, the director shall deny the driving privilege of any person who commits fraud or deception during the examination process or who makes application for an instruction permit, driver's license, or nondriver's license which contains or is substantiated with false or fraudulent information or documentation, or who knowingly conceals a material fact or otherwise commits a fraud in any such application. The period of denial shall be one year from the effective date of the denial notice sent by the director. The denial shall become effective ten days after the date the denial notice is mailed to the person. The notice shall be mailed to the person at the last known address shown on the person's driving record. The notice shall be deemed received three days after mailing unless returned by the postal authorities. No such individual shall reapply for a driver's examination, instruction permit, driver's license, or nondriver's license until the period of denial is completed. No individual who is denied the driving privilege under this section shall be eligible for a limited driving privilege issued under section 302.309.

[~~5.~~**] 6.** All appeals of denials under this section shall be made as required by section 302.311.

[~~6.~~**] 7.** The period of limitation for criminal prosecution under this section shall be extended under subdivision (1) of subsection 3 of section 556.036.

[~~7.~~**] 8.** The director may promulgate rules and regulations necessary to administer and enforce this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536.

[~~8.~~**] 9.** Notwithstanding any provision of this chapter that requires an applicant to provide proof of Missouri residency for renewal of a noncommercial driver's license, noncommercial instruction permit, or nondriver's license, an applicant who is sixty-five years and older and who was previously issued a Missouri noncommercial driver's license, noncommercial instruction permit, or Missouri nondriver's license is exempt from showing proof of Missouri residency.

[~~9.~~**] 10.** Notwithstanding any provision of this chapter, for the renewal of a noncommercial driver's license, noncommercial instruction permit, or nondriver's license, a photocopy of an applicant's United States birth certificate along with another form of identification approved by the department of revenue, including, but not limited to, United States military identification or United States military discharge papers, shall constitute sufficient proof of Missouri citizenship.

[~~10.~~**] 11.** Notwithstanding any other provision of this chapter, if an applicant does not meet the requirements of subsection 8 of this section and does not have the required documents to prove Missouri residency, United States naturalization, or lawful immigration status, the department may issue a one-year driver's license renewal. This one-time renewal shall only be issued to an applicant who previously has held a Missouri noncommercial driver's license, noncommercial instruction permit, or nondriver's license for a period of fifteen years or more and who does not have the required documents to prove Missouri residency, United States naturalization, or lawful immigration status. After the expiration of the one-year period, no further renewal shall be provided without the applicant producing proof of Missouri residency, United States naturalization, or lawful immigration status.

Section 1. There is hereby created in the state treasury the "Missouri Medal of Honor Recipients Fund". The fund shall consist of moneys donated pursuant to sections 301.020, 302.171, and 143.1032 of this act. Unexpended balances in the fund at the end of any fiscal year shall not be transferred to the general revenue fund or any other fund, the provisions of section 33.080 to the contrary notwithstanding. Moneys in the fund shall be used to pay for memorial highway signs for Missouri Medal of Honor recipients, and for the maintenance and repair of all such signs, whether originally paid for by private donations or by the department of transportation."; and

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

Representative Roden 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 Senate Substitute for Senate Bill No. 258, Page 9, Lines 25-31, by deleting all of said lines and inserting in lieu thereof the following:

"**Section 1. 1. There is hereby created in the state treasury the "Missouri Medal of Honor Recipients Fund". The fund shall consist of moneys donated pursuant to sections 301.020, 302.171, and 143.1032. All monies shall be received by the department of revenue and either upon request or, at a minimum, on a monthly basis be transferred to the department of transportation. Unexpended balances in the fund at the end of any fiscal year shall not be transferred to the general revenue fund or any other fund, the provisions of section 33.080 to the contrary notwithstanding. Moneys in the fund shall be used to pay any renewal fee for a memorial bridge or memorial highway signs for Missouri Medal of Honor recipients, and for the maintenance and repair of all such signs whether originally paid for by private donations or by the department of transportation.**

2. The department of revenue shall provide notification by way of memorandum, to the department of transportation informing the department of transportation of the payment transfer to the credit of the State Road fund, with the memorandum indicating the payment amount, payment date, payment account number, and the names or names of the Missouri Medal of Honor recipient or recipients for which the payment is made."; and"; and

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

On motion of Representative Roden, **House Amendment No. 1 to House Amendment No. 2** was adopted.

On motion of Representative Hardwick, **House Amendment No. 2, as amended**, was adopted.

On motion of Representative Griffith, **SS SB 258, as amended**, was read the third time and passed by the following vote:

AYES: 152

Adams	Aldridge	Anderson	Andrews	Appelbaum
Atchison	Aune	Bailey	Baker	Bangert
Baringer	Barnes	Basye	Billington	Black 137
Black 7	Boggs	Bosley	Bromley	Brown 16
Brown 27	Brown 70	Buchheit-Courtway	Burger	Burnett

Burton	Busick	Butz	Chipman	Christofanelli
Coleman 32	Coleman 97	Collins	Cook	Copeland
Cupps	Davidson	Davis	Deaton	DeGroot
Derges	Dinkins	Dogan	Doll	Eggleston
Ellebracht	Evans	Falkner	Fishel	Fitzwater
Fogle	Francis	Gray	Gregory 96	Grier
Griesheimer	Griffith	Gunby	Haden	Haffner
Haley	Hannegan	Hardwick	Henderson	Hicks
Hill	Houx	Hovis	Hudson	Hurlbert
Ingle	Johnson	Kalberloh	Kelley 127	Kelly 141
Kidd	Knight	Lewis 25	Lewis 6	Lovasco
Mackey	Mayhew	McCreery	McGaugh	McGirl
Merideth	Morse	Mosley	Murphy	Nurrenbern
O'Donnell	Owen	Patterson	Perkins	Person
Phifer	Pike	Plocher	Pollitt 52	Pollock 123
Porter	Pouche	Proudie	Quade	Railsback
Reedy	Richey	Riggs	Riley	Roberts
Roden	Rogers	Rone	Rowland	Ruth
Sander	Sassmann	Sauls	Schwadron	Seitz
Sharp 36	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Smith 163	Smith 45	Smith 67	Stacy
Stephens 128	Stevens 46	Taylor 139	Taylor 48	Terry
Thomas	Thompson	Toalson Reisch	Trent	Turnbaugh
Unsicker	Van Schoiack	Veit	Wallingford	Walsh 50
Walsh Moore 93	Weber	West	Wiemann	Wright
Young	Mr. Speaker			

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 010

Bland Manlove	Clemens	Gregory 51	McDaniel	Pietzman
Price IV	Schnelting	Schroer	Tate	Windham

VACANCIES: 001

Representative Chipman declared the bill passed.

HCS SB 86, relating to political influence in school districts, was taken up by Representative Baker.

On motion of Representative Baker, the title of **HCS SB 86** was agreed to.

Representative Baker moved that **HCS SB 86** be adopted.

Which motion was defeated.

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

House Amendment No. 1

AMEND Senate Bill No. 86, Page 1, In the Title, Lines 2 to 3, by deleting the phrase "the use of public funds in elections" and inserting in lieu thereof the phrase "school districts"; and

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

SB 86, with House Amendment No. 1, pending, was laid over.

HCS SS SCS SB 27, **SS SB 63**, **HCS SB 9**, **HCS SS SB 44**, **SS SB 45**, **HCS SS SB 64**, **SB 86, with House Amendment No. 1, pending**, **SCS SB 272**, **HCS SS SCS SB 4**, **HCS SB 5**, **HCS SB 38**, **SS#2 SCS SB 262**, and **HCS SB 323** were placed on the Informal Calendar.

THIRD READING OF SENATE BILLS - INFORMAL

HCS SCS SB 403, relating to health care, was taken up by Representative Patterson.

On motion of Representative Patterson, the title of **HCS SCS SB 403** was agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 4, Section 192.028, Lines 4-5, by deleting the words "**a disease or diseases**" and inserting in lieu thereof the words "**the Covid-19 disease**"; and

Further amend said bill and section, Page 5, Lines 21-23, by deleting all of said lines; and

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

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

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

House Amendment No. 2

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"332.071. A person or other entity "practices dentistry" within the meaning of this chapter who:

(1) Undertakes to do or perform dental work or dental services or dental operations or oral surgery, by any means or methods, including the use of lasers, gratuitously or for a salary or fee or other reward, paid directly or indirectly to the person or to any other person or entity;

(2) Diagnoses or professes to diagnose, prescribes for or professes to prescribe for, treats or professes to treat, any disease, pain, deformity, deficiency, injury or physical condition of human teeth or adjacent structures or treats or professes to treat any disease or disorder or lesions of the oral regions;

(3) Attempts to or does replace or restore a part or portion of a human tooth;

(4) Attempts to or does extract human teeth or attempts to or does correct malformations of human teeth or jaws;

(5) Attempts to or does adjust an appliance or appliances for use in or used in connection with malposed teeth in the human mouth;

(6) Interprets or professes to interpret or read dental radiographs;

(7) Administers an anesthetic in connection with dental services or dental operations or dental surgery;

(8) Undertakes to or does remove hard and soft deposits from or polishes natural and restored surfaces of teeth;

(9) Uses or permits to be used for the person's benefit or for the benefit of any other person or other entity the following titles or words in connection with the person's name: "Doctor", "Dentist", "Dr.", "D.D.S.", or "D.M.D.", or any other letters, titles, degrees or descriptive matter which directly or indirectly indicate or imply that the person is willing or able to perform any type of dental service for any person or persons, or uses or permits the use of for the person's benefit or for the benefit of any other person or other entity any card, directory, poster, sign or any other means by which the person indicates or implies or represents that the person is willing or able to perform any type of dental services or operation for any person;

(10) Directly or indirectly owns, leases, operates, maintains, manages or conducts an office or establishment of any kind in which dental services or dental operations of any kind are performed for any purpose; but this section shall not be construed to prevent owners or lessees of real estate from lawfully leasing premises to those who are qualified to practice dentistry within the meaning of this chapter;

(11) Controls, influences, attempts to control or influence, or otherwise interferes with the dentist's independent professional judgment regarding the diagnosis or treatment of a dental disease, disorder, or physical condition except that any opinion rendered by any health care professional licensed under this chapter or chapter 330, 331, 334, 335, 336, 337, or 338 regarding the diagnosis, treatment, disorder, or physical condition of any patient shall not be construed to control, influence, attempt to control or influence or otherwise interfere with a dentist's independent professional judgment;

(12) Constructs, supplies, reproduces or repairs any prosthetic denture, bridge, artificial restoration, appliance or other structure to be used or worn as a substitute for natural teeth, except when one, not a registered and licensed dentist, does so pursuant to a written uniform laboratory work order, in the form prescribed by the board, of a dentist registered and currently licensed in Missouri and which the substitute in this subdivision described is constructed upon or by use of casts or models made from an impression furnished by a dentist registered and currently licensed in Missouri;

(13) Attempts to or does place any substitute described in subdivision (12) of this section in a human mouth or attempts to or professes to adjust any substitute or delivers any substitute to any person other than the dentist upon whose order the work in producing the substitute was performed;

(14) Advertises, solicits, or offers to or does sell or deliver any substitute described in subdivision (12) of this section or offers to or does sell the person's services in constructing, reproducing, supplying or repairing the substitute to any person other than a registered and licensed dentist in Missouri;

(15) Undertakes to do or perform any physical evaluation of a patient in the person's office or in a hospital, clinic, or other medical or dental facility prior to or incident to the performance of any dental services, dental operations, or dental surgery;

(16) Reviews examination findings, x-rays, or other patient data to make judgments or decisions about the dental care rendered to a patient in this state**;**

(17) Prescribes and administers vaccines for diseases related to care within the practice of dentistry; or

(18) Prescribes and administers vaccines in accordance with section 332.368 when deployed under section 44.045 to provide care as necessitated by an emergency.

332.368. 1. A dentist may:

(1) Prescribe and administer vaccines to a person with whom the dentist has established a patient relationship; and

(2) Prescribe and administer vaccines to any person when the dentist is deployed under section 44.045 to provide care as necessitated by an emergency.

2. A dentist shall not be required to prescribe or administer vaccines.

3. Before prescribing or administering any vaccine under this section, a dentist shall complete a training course recognized by the board under subsection 4 of this section and obtain a certificate of successful completion from the agency or organization that offered the course. A dentist shall produce the certificate upon request of the board.

4. The board shall recognize for purposes of this section any training course that:

(1) Includes training on appropriate vaccine storage and proper vaccine administration;

(2) Addresses contraindications and adverse reactions to vaccines; and

(3) Is offered by the Centers for Disease Control and Prevention, the American Dental Association or its successor organization, or any other similar federal or state agency or professional organization deemed qualified by the board.

5. A dentist who administers a vaccine under this section shall inform the patient that the administration of the vaccine will be entered into the ShowMeVax system, as administered by the department of health and senior services. The patient shall attest to the inclusion of such information in the system by signing a form provided by the dentist. If the patient indicates that he or she does not want such information entered into the ShowMeVax system, the dentist shall provide a written report within fourteen days of administration of a vaccine to the patient's primary health care provider, if provided by the patient, containing:

(1) The identity of the patient;

(2) The identity of the vaccine or vaccines administered;

(3) The route of administration;

(4) The anatomic site of the administration;

(5) The dose administered; and

(6) The date of administration.

6. Prior to administering a vaccine under this section, a dentist shall review the patient's vaccination history in the ShowMeVax system.

7. A dentist shall not administer a vaccine under this section to a child under seven years of age or under the minimum age recommended by the Centers for Disease Control and Prevention.

8. A dentist who prescribes or administers a vaccine under this section shall comply with any applicable patient of care record-keeping requirements.

9. A dentist shall not delegate the administration of a vaccine under this section.

10. The board shall promulgate rules for the purpose of recognizing entities qualified to offer the training course required under 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, 2021, shall be invalid and void."; and

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

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

Representative Kelley (127) offered **House Amendment No. 3**.

House Amendment No. 3

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Section 9.275, Line 4, by inserting after all of said line and section the following:

"**9.287. The month of May shall be known and designated as "Ehlers-Danlos Syndrome Awareness Month". Ehlers-Danlos Syndrome is a rare disorder affecting connective tissues that results in joint hypermobility, skin hyperextensibility, chronic pain, fatigue, and, in some cases, spontaneous rupture of blood vessels and internal organs. The citizens of this state are encouraged to observe the month with appropriate events and activities to raise awareness of Ehlers-Danlos Syndrome.**"; and

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

On motion of Representative Kelley (127), **House Amendment No. 3** was adopted.

Representative Gregory (96) offered **House Amendment No. 4**.

House Amendment No. 4

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

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

(1) "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) "Consult" or "consultation", communication by telephone, by fax, in writing, or in person with the patient's personally approved licensed health care provider or a licensed health care provider of the patient's designation.

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**, provided that the physical therapist has a doctorate of physical therapy degree or has five years of clinical practice as a physical therapist**.

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;~~**] A physical therapist shall refer to an approved health care provider any patient whose condition at the time of evaluation or treatment is determined to be beyond the scope of practice of physical therapy.**

(2) **[**~~Not change an existing physical therapy referral available to the physical therapist without approval of the patient's current approved health care provider;~~**] A physical therapist shall refer to an approved health care provider any patient who does not demonstrate measurable or functional improvement after ten visits or twenty-one business days, whichever occurs first.**

(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) A physical therapist shall consult with an approved health care provider if, after ten visits or twenty-one business days, whichever occurs first, the patient has demonstrated measurable or functional improvement from the course of physical therapy services or treatment provided and the physical therapist believes that continuation of the course of physical therapy services or treatment is reasonable and necessary based on the physical therapist's evaluation of the patient. The physical therapist shall not provide further physical therapy services or treatment until the consultation has occurred.**

(b) The consultation with the approved health care provider shall include information concerning:

a. The patient's condition for which physical therapy services or treatments were provided;

b. The basis for the course of services or treatment indicated, as determined from the physical therapy evaluation of the patient;

c. The physical therapy services or treatment provided before the date of the consultation;

d. The patient's demonstrated measurable or functional improvement from the services or treatment provided before the date of the consultation;

e. The continuing physical therapy services or treatment proposed to be provided following the consultation; and

f. The professional physical therapy basis for the continued physical therapy services or treatment to be provided.

(c) Continued physical therapy services or treatment following the consultation with an approved health care provider shall proceed in accordance with any feedback, advice, opinion, or direction of the approved health care provider. The physical therapist shall notify the consulting approved health care provider of continuing physical therapy services or treatment every thirty days after the initial consultation unless the consulting approved health care provider directs otherwise.

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 on Accreditation in Physical Therapy 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 the 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, of the United States, or of any country, for any offense directly related to the duties and responsibilities of the occupation, as set forth in section 324.012, regardless of 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 Social Security Act;

(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 section 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

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

On motion of Representative Gregory (96), **House Amendment No. 4** was adopted.

Representative Black (7) offered **House Amendment No. 5**.

House Amendment No. 5

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 11, Section 574.204, Line 9, by inserting after all of said section and line the following:

"577.010. 1. A person commits the offense of driving while intoxicated if he or she operates a vehicle while in an intoxicated condition.

2. The offense of driving while intoxicated is:

(1) A class B misdemeanor;

(2) A class A misdemeanor if:

(a) The defendant is a prior offender; or

(b) A person less than seventeen years of age is present in the vehicle;

(3) A class E felony if:

(a) The defendant is a persistent offender; or

(b) While driving while intoxicated, the defendant acts with criminal negligence to cause physical injury to another person;

(4) A class D felony if:

(a) The defendant is an aggravated offender;

(b) While driving while intoxicated, the defendant acts with criminal negligence to cause physical injury to a law enforcement officer or emergency personnel; or

(c) While driving while intoxicated, the defendant acts with criminal negligence to cause serious physical injury to another person;

(5) A class C felony if:

(a) The defendant is a chronic offender;

(b) While driving while intoxicated, the defendant acts with criminal negligence to cause serious physical injury to a law enforcement officer or emergency personnel; or

(c) While driving while intoxicated, the defendant acts with criminal negligence to cause the death of another person;

(6) A class B felony if:

(a) The defendant is a habitual offender;

(b) While driving while intoxicated, the defendant acts with criminal negligence to cause the death of a law enforcement officer or emergency personnel;

(c) While driving while intoxicated, the defendant acts with criminal negligence to cause the death of any person not a passenger in the vehicle operated by the defendant, including the death of an individual that results from the defendant's vehicle leaving a highway, as defined in section 301.010, or the highway's right-of-way;

(d) While driving while intoxicated, the defendant acts with criminal negligence to cause the death of two or more persons; or

(e) While driving while intoxicated, the defendant acts with criminal negligence to cause the death of any person while he or she has a blood alcohol content of at least eighteen-hundredths of one percent by weight of alcohol in such person's blood;

(7) A class A felony if the defendant has previously been found guilty of an offense under paragraphs (a) to (e) of subdivision (6) of this subsection and is found guilty of a subsequent violation of such paragraphs.

3. Notwithstanding the provisions of subsection 2 of this section, a person found guilty of the offense of driving while intoxicated as a first offense shall not be granted a suspended imposition of sentence:

(1) Unless such person shall be placed on probation for a minimum of two years; or

(2) In a circuit where a DWI court or docket created under section 478.007 or other court-ordered treatment program is available, and where the offense was committed with fifteen-hundredths of one percent or more by weight of alcohol in such person's blood, unless the individual participates and successfully completes a program under such DWI court or docket or other court-ordered treatment program.

4. If a person is found guilty of a second or subsequent offense of driving while intoxicated, the court may order the person to submit to a period of continuous alcohol monitoring or verifiable breath alcohol testing performed a minimum of four times per day as a condition of probation. **If a person is found guilty of a second or subsequent offense of driving while intoxicated within a four-year time period, the court shall order such person to undergo a risk and needs assessment as defined in section 478.001 to determine if the person will benefit from a community-based substance use disorder treatment program as defined in section 478.001. Upon considering the result of the risk and needs assessment, the court may refer the person to a community-based substance use disorder program that offers one or more forms of medications that are approved for the treatment of alcohol or drug dependence by the United States Food and Drug Administration.**

5. If a person is not granted a suspended imposition of sentence for the reasons described in subsection 3 of this section:

(1) If the individual operated the vehicle with fifteen-hundredths to twenty-hundredths of one percent by weight of alcohol in such person's blood, the required term of imprisonment shall be not less than forty-eight hours;

(2) If the individual operated the vehicle with greater than twenty-hundredths of one percent by weight of alcohol in such person's blood, the required term of imprisonment shall be not less than five days.

6. A person found guilty of the offense of driving while intoxicated:

(1) As a prior offender, persistent offender, aggravated offender, chronic offender, or habitual offender shall not be granted a suspended imposition of sentence or be sentenced to pay a fine in lieu of a term of imprisonment, section 557.011 to the contrary notwithstanding;

(2) As a prior offender shall not be granted parole or probation until he or she has served a minimum of ten days imprisonment:

(a) Unless as a condition of such parole or probation such person performs at least thirty days of community service under the supervision of the court in those jurisdictions which have a recognized program for community service; or

(b) The offender participates in and successfully completes a program established under section 478.007 or other court-ordered treatment program, if available, and as part of either program, the offender performs at least thirty days of community service under the supervision of the court;

(3) As a persistent offender shall not be eligible for parole or probation until he or she has served a minimum of thirty days imprisonment:

(a) Unless as a condition of such parole or probation such person performs at least sixty days of community service under the supervision of the court in those jurisdictions which have a recognized program for community service; or

(b) The offender participates in and successfully completes a program established under section 478.007 or other court-ordered treatment program, if available, and as part of either program, the offender performs at least sixty days of community service under the supervision of the court;

(4) As an aggravated offender shall not be eligible for parole or probation until he or she has served a minimum of sixty days imprisonment;

(5) As a chronic or habitual offender shall not be eligible for parole or probation until he or she has served a minimum of two years imprisonment; and

(6) Any probation or parole granted under this subsection may include a period of continuous alcohol monitoring or verifiable breath alcohol testing performed a minimum of four times per day."; and

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

On motion of Representative Black (7), **House Amendment No. 5** was adopted.

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

House Amendment No. 6

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"334.530. 1. A candidate for license to practice as a physical therapist shall furnish evidence of such person's educational qualifications by submitting satisfactory evidence of completion of a program of physical therapy education approved as reputable by the board **or eligibility to graduate from such a program within ninety days**. A candidate who presents satisfactory evidence of the person's graduation from a school of physical therapy approved as reputable by the American Medical Association or, if graduated before 1936, by the American Physical Therapy Association, or if graduated after 1988, the Commission on Accreditation for Physical Therapy Education or its successor, is deemed to have complied with the educational qualifications of this subsection.

2. Persons desiring to practice as physical therapists in this state shall appear before the board at such time and place as the board may direct and be examined as to their fitness to engage in such practice. **Applicants shall meet the qualifying standards for such examinations, including any requirements established by any entity contracted by the board to administer the board approved examination.** Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications set forth in subsection 1 of this section **and meets the requirements established to qualify for examination**. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the applicant, subject to the penalties of making a false affidavit or declaration.

3. The examination of qualified candidates for licenses to practice physical therapy shall test entry-level competence as related to physical therapy theory, examination and evaluation, physical therapy diagnosis, prognosis, treatment, intervention, prevention, and consultation.

4. The examination shall embrace, in relation to the human being, the subjects of anatomy, chemistry, kinesiology, pathology, physics, physiology, psychology, physical therapy theory and procedures as related to medicine, surgery and psychiatry, and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice physical therapy.

5. **No person who has failed on six or more occasions to achieve a passing score on the examination required by this section shall be eligible for licensure by examination under this section.**

6. The applicant shall pass a test administered by the board on the laws and rules related to the practice of physical therapy in Missouri.

334.655. 1. A candidate for licensure to practice as a physical therapist assistant shall furnish evidence of the person's educational qualifications. The educational requirements for licensure as a physical therapist assistant are:

(1) A certificate of graduation from an accredited high school or its equivalent; and

(2) Satisfactory evidence of completion of an associate degree program of physical therapy education accredited by the commission on accreditation of physical therapy education **or eligibility to graduate from such a program within ninety days**.

2. Persons desiring to practice as a physical therapist assistant in this state shall appear before the board at such time and place as the board may direct and be examined as to the person's fitness to engage in such practice. **Applicants must meet the qualifying standards for such examinations, including any requirements established by any entity contracted by the board to administer the board approved examination.** Applications for examination shall be on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications provided in subsection 1 of this section **and meets the requirements established to qualify for examination**. Each application shall contain a statement that the statement is made under oath of affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the statement, subject to the penalties of making a false affidavit or declaration.

3. The examination of qualified candidates for licensure to practice as physical therapist assistants shall embrace an examination which shall cover the curriculum taught in accredited associate degree programs of physical therapy assistant education. Such examination shall be sufficient to test the qualification of the candidates as practitioners.

4. The examination shall include, as related to the human body, the subjects of anatomy, kinesiology, pathology, physiology, psychology, physical therapy theory and procedures as related to medicine and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice as a physical therapist assistant.

5. **No person who has failed on six or more occasions to achieve a passing score on the examination required by this section shall be eligible for licensure by examination under this section.**

6. The applicant shall pass a test administered by the board on the laws and rules related to the practice as a physical therapist assistant in this state.

[~~6.~~**] 7.** The board shall license without examination any legally qualified person who is a resident of this state and who was actively engaged in practice as a physical therapist assistant on August 28, 1993. The board may license such person pursuant to this subsection until ninety days after the effective date of this section.

[~~7.~~**] 8.** A candidate to practice as a physical therapist assistant who does not meet the educational qualifications may submit to the board an application for examination if such person can furnish written evidence to the board that the person has been employed in this state for at least three of the last five years under the supervision of a licensed physical therapist and such person possesses the knowledge and training equivalent to that obtained in an accredited school. The board may license such persons pursuant to this subsection until ninety days after rules developed by the state board of healing arts regarding physical therapist assistant licensing become effective."; and

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

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

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

House Amendment No. 7

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 8, Section 192.2520, Line 99, by inserting after all of said line and section the following:

"**196.1170. 1. This section shall be known and may be cited as the "Kratom Consumer Protection Act".**

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

(1) "Dealer", a person who sells, prepares, or maintains kratom products or advertises, represents, or holds oneself out as selling, preparing, or maintaining kratom products. Such person may include, but not be limited to, a manufacturer, wholesaler, store, restaurant, hotel, catering facility, camp, bakery, delicatessen, supermarket, grocery store, convenience store, nursing home, or food or drink company;

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

(3) "Director", the director of the department or the director's designee;

(4) "Food", a food, food product, food ingredient, dietary ingredient, dietary supplement, or beverage for human consumption;

(5) "Kratom product", a food product or dietary ingredient containing any part of the leaf of the plant Mitragyna speciosa.

3. The general assembly hereby occupies and preempts the entire field of regulating kratom products to the complete exclusion of any order, ordinance, or regulation of any political subdivision of this state. Any political subdivision's existing or future orders, ordinances, or regulations relating to kratom products are hereby void.

4. (1) A dealer who prepares, distributes, sells, or exposes for sale a food that is represented to be a kratom product shall disclose on the product label the factual basis upon which that representation is made.

(2) A dealer shall not prepare, distribute, sell, or expose for sale a food represented to be a kratom product that does not conform to the disclosure requirement under subdivision (1) of this subsection.

5. A dealer shall not prepare, distribute, sell, or expose for sale any of the following:

(1) A kratom product that is adulterated with a dangerous non-kratom substance. A kratom product shall be considered to be adulterated with a dangerous non-kratom substance if the kratom product

is mixed or packed with a non-kratom substance and that substance affects the quality or strength of the kratom product to such a degree as to render the kratom product injurious to a consumer;

(2) A kratom product that is contaminated with a dangerous non-kratom substance. A kratom product shall be considered to be contaminated with a dangerous non-kratom substance if the kratom product contains a poisonous or otherwise deleterious non-kratom ingredient including, but not limited to, any substance listed in section 195.017;

(3) A kratom product containing a level of 7-hydroxymitragynine in the alkaloid fraction that is greater than two percent of the alkaloid composition of the product;

(4) A kratom product containing any synthetic alkaloids, including synthetic mitragynine, synthetic 7-hydroxymitragynine, or any other synthetically derived compounds of the plant Mitragyna speciosa; or

(5) A kratom product that does not include on its package or label the amount of mitragynine and 7-hydroxymitragynine contained in the product.

6. A dealer shall not distribute, sell, or expose for sale a kratom product to an individual under eighteen years of age.

7. (1) If a dealer violates subdivision (1) of subsection 4 of this section, the director may, after notice and hearing, impose a fine on the dealer of no more than five hundred dollars for the first offense and no more than one thousand dollars for the second or subsequent offense.

(2) A dealer who violates subdivision (2) of subsection 4 of this section, subsection 5 of this section, or subsection 6 of this section is guilty of a class D misdemeanor.

(3) A person aggrieved by a violation of subdivision (2) of subsection 4 of this section or subsection 5 of this section may, in addition to and distinct from any other remedy at law or in equity, bring a private cause of action in a court of competent jurisdiction for damages resulting from that violation including, but not limited to, economic, noneconomic, and consequential damages.

(4) A dealer does not violate subdivision (2) of subsection 4 of this section or subsection 5 of this section if a preponderance of the evidence shows that the dealer relied in good faith upon the representations of a manufacturer, processor, packer, or distributor of food represented to be a kratom product.

8. The department shall promulgate rules to implement the provisions of this section including, but not limited to, the requirements for the format, size, and placement of the disclosure label required under subdivision (1) of subsection 4 of this section and for the information to be included in the disclosure label. 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, 2021, shall be invalid and void."; and

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

Representative Grier 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 Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 2, Line 34, by inserting after all of said line the following:

"Further amend said bill, Page 10, Section 221.065, Line 12, by inserting after all of said line the following:

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

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, **who has been granted a certificate of controlled substance prescriptive authority under section 335.019,** the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

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

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

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

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

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

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will**[**~~:~~**]** ~~(a)~~**]** engage in collaborative practice consistent with each professional's skill, training, education, and competence;

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

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

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

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

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

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

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

4. **(1)** The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to **[**~~specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including~~ **]**delegating authority to prescribe controlled substances.

(2) Any previously adopted rules regulating the use of collaborative practice arrangements that are not limited to delegating authority to prescribe controlled substances shall be null and void from the effective date of this subdivision.

(3) Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

[~~11.~~**] 10.** No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

[~~12.~~**] 11.** No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician."; and

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

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

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

Representative Stephens (128) offered **House Amendment No. 8**.

House Amendment No. 8

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"**376.1551. 1. As used in this section, the following terms mean:**

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

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

(3) "Mental health condition", the same meaning given to the term in section 376.1550.

2. Notwithstanding any other provision of law to the contrary, each health carrier that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2022, and that provide coverage for a mental health condition shall meet the requirements of the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, as amended, and the regulations promulgated thereunder. The director may enforce such requirements subject to the provisions of this section.

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, hospitalization-surgical care policy, short-term major medical policy of twelve months' or less duration, a health benefit plan in the small group market that was issued before January 1, 2014, or a health benefit plan in the individual market that was purchased before January 1, 2014, or any other supplemental policy as determined by the director of the department of commerce and insurance.

4. The director may promulgate rules to effectuate 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, 2021, shall be invalid and void."; and

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

On motion of Representative Stephens (128), **House Amendment No. 8** was adopted.

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

House Amendment No. 9

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Section 9.235, Line 3, by inserting after all of said section and line the following:

"**9.236. The third full week in September of each year shall be known and designated as "Sickle Cell Awareness Week". Sickle cell disease is a genetic disease in which a person's body produces abnormally shaped red blood cells that resemble a crescent and that do not last as long as normal round red blood cells, which leads to anemia. It is recommended to the people of the state that the week be appropriately observed through activities that will increase awareness of sickle cell disease and efforts to improve treatment options for patients.**"; and

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

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

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

House Amendment No. 10

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 2, Section 9.309, Line 3, by inserting after all of said line and section the following:

"135.096. 1. In order to promote personal financial responsibility for long-term health care in this state, **[**~~for all taxable years beginning after December 31, 1999, a resident individual may deduct from such individual's Missouri taxable income an amount equal to fifty percent of all nonreimbursed amounts paid by such individual for qualified long-term care insurance premiums to the extent such amounts are not included the individual's itemized deductions.~~**]** for all taxable years beginning after December 31, **[**~~2006~~**] 2020**, a resident individual may deduct from each individual's Missouri taxable income an amount equal to one hundred percent of all nonreimbursed amounts paid by such individuals for qualified long-term care insurance premiums to the extent such amounts are not included in the individual's itemized deductions. A married individual filing a Missouri income tax return separately from his or her spouse shall be allowed to make a deduction pursuant to this section in an amount equal to the proportion of such individual's payment of all qualified long-term care insurance premiums. The director of the department of revenue shall place a line on all Missouri individual income tax returns for the deduction created by this section.

2. For purposes of this section, "qualified long-term care insurance" means any **insurance** policy which meets or exceeds the provisions of sections 376.1100 to 376.1118 and the rules and regulations promulgated pursuant to such sections for long-term care insurance**, or any insurance policy considered an asset or resource for purposes of eligibility for long-term care benefits under MO HealthNet**.

3. Notwithstanding any other provision of law to the contrary, two or more insurers issuing a qualified long-term care insurance policy shall not act in concert with each other and with others with respect to any matters pertaining to the making of rates or rating systems.

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

(1) "Department", the Missouri department of revenue;

(2) "Qualified long-term care insurance", any insurance policy which meets or exceeds the provisions of sections 376.1100 to 376.1118 and the rules and regulations promulgated pursuant to such sections for long-term care insurance, or any insurance policy considered an asset or resource for purposes of eligibility for long-term care benefits under MO HealthNet;

(3) "Tax credit", a credit against the tax otherwise due under chapter 143, excluding withholding tax imposed under sections 143.191 to 143.265;

(4) "Taxpayer", an individual subject to the state income tax imposed by the provisions of chapter 143, excluding withholding tax imposed under sections 143.191 to 143.265.

2. For all tax years beginning on or after January 1, 2022, in addition to the deduction allowed pursuant to section 135.096, a taxpayer shall be allowed a tax credit in an amount equal to one hundred percent of up to one thousand dollars of nonreimbursed amounts paid by such individual for qualified long-term care insurance premiums during the tax year for which the tax credit is claimed, and fifty percent of any nonreimbursed amounts in excess of one thousand dollars paid by such individual for qualified long-term care insurance premiums during the tax year for which the tax credit is claimed. If the amount of the tax credit exceeds the taxpayer's state tax liability, the difference shall be refundable. Tax credits authorized pursuant to this section shall not be transferred, sold, or assigned.

3. The tax credit allowed by this section shall be claimed by such taxpayer at the time such taxpayer files a return and shall be applied against the income tax liability imposed by chapter 143 after reduction for all other credits allowed thereon. The department may require any documentation it deems necessary to implement the provisions of this section.

4. The department shall promulgate rules 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, 2021, shall be invalid and void."; and

Further amend said bill, Page 10, Section 221.065, Line 12, by inserting after all of said line and section the following:

"376.1109. 1. The director may adopt regulations that include standards for full and fair disclosure setting forth the manner, content and required disclosures for the sale of long-term care insurance policies, terms of renewability, initial and subsequent conditions of eligibility, nonduplication of coverage provisions, coverage of dependents, preexisting conditions, termination of insurance, continuation or conversion, probationary periods, limitations, exceptions, reductions, elimination periods, requirements for replacement, recurrent conditions and definitions of terms. Regulations adopted pursuant to sections 376.1100 to 376.1130 shall be in accordance with the provisions of chapter 536.

2. No long-term care insurance policy may:

(1) Be cancelled, nonrenewed or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder; or

(2) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same company, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder; or

(3) Provide coverage for skilled nursing care only or provide significantly more coverage for skilled care in a facility than for lower levels of care.

3. No long-term care insurance policy or certificate other than a policy or certificate thereunder issued to a group as defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100:

(1) Shall use a definition of preexisting condition which is more restrictive than the following: "Preexisting condition" means a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services, within six months preceding the effective date of coverage of an insured person;

(2) May exclude coverage for a loss or confinement which is the result of a preexisting condition unless such loss or confinement begins within six months following the effective date of coverage of an insured person.

4. The director may extend the limitation periods set forth in subdivisions (1) and (2) of subsection 3 of this section as to specific age group categories in specific policy forms upon findings that the extension is in the best interest of the public.

5. The definition of preexisting condition provided in subsection 3 of this section does not prohibit an insurer from using an application form designed to elicit the complete health history of an applicant, and, on the basis of the answers on that application, from underwriting in accordance with that insurer's established underwriting standards. Unless otherwise provided in the policy or certificate, a preexisting condition, regardless of whether it is disclosed on the application, need not be covered until the waiting period described in subdivision (2) of subsection 3 of this section expires. No long-term care insurance policy or certificate may exclude or use waivers or riders of any kind to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions beyond the waiting period described in subdivision (2) of subsection 3 of this section.

6. No long-term care insurance policy may be delivered or issued for delivery in this state if such policy:

(1) Conditions eligibility for any benefits on a prior hospitalization requirement; or

(2) Conditions eligibility for benefits provided in an institutional care setting on the receipt of a higher level of institutional care; or

(3) Conditions eligibility for any benefits other than waiver of premium, post-confinement, post-acute care or recuperative benefits on a prior institutionalization requirement.

7. A long-term care insurance policy containing post-confinement, post-acute care or recuperative benefits shall clearly label in a separate paragraph of the policy or certificate entitled "Limitations or Conditions on Eligibility for Benefits" such limitations or conditions, including any required number of days of confinement.

8. A long-term care insurance policy or rider which conditions eligibility of noninstitutional benefits on the prior receipt of institutional care shall not require a prior institutional stay of more than thirty days.

9. No long-term care insurance policy or rider which provides benefits only following institutionalization shall condition such benefits upon admission to a facility for the same or related conditions within a period of less than thirty days after discharge from the institution.

10. The director may adopt regulations establishing loss ratio standards for long-term care insurance policies provided that a specific reference to long-term care insurance policies is contained in the regulation.

11. Long-term care insurance applicants shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the applicant is not satisfied for any reason. Long-term care insurance policies and certificates shall have a notice prominently printed on the first page or attached thereto stating in substance that the applicant shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded if, after examination of the policy or certificate, other than a certificate issued pursuant to a policy issued to a group defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100, the applicant is not satisfied for any reason. This subsection shall also apply to denials of applications and any refund must be made within thirty days of the return or denial.

12. (1) If a long-term care insurance policy issued, delivered, or renewed in this state on or after January 1, 2011, is cancelled for any reason, the insurer shall refund the unearned portion of any premium paid beyond the month in which the cancellation is effective. Any refund shall be returned to the policyholder within twenty days from the date the insurer receives notice of the cancellation. Long-term care insurance policies and certificates shall have a notice prominently printed on the first page or attached thereto stating in substance that the applicant shall be entitled to a refund of the unearned premium if the policy is cancelled for any reason.

(2) The policyholder may notify the insurer of cancellation of such long-term care insurance policy at any time by sending written or electronic notification.

13. No long-term care insurance policy shall increase premium rates, measured annually, in excess of the amount that is actuarially justified based on credible experience, and on the rate basis in effect in this state without recognition of rates that may be in effect in other states."; and

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

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

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

House Amendment No. 11

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"376.1575. As used in sections 376.1575 to 376.1580, the following terms shall mean:

(1) "Completed application", a practitioner's application to a health carrier that seeks the health carrier's authorization for the practitioner to provide patient care services as a member of the health carrier's network and does not omit any information which is clearly required by the application form and the accompanying instructions;

(2) "Credentialing", a health carrier's process of assessing and validating the qualifications of a practitioner to provide patient care services and act as a member of the health carrier's provider network;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350**. The term "health carrier" shall also include any entity described in subdivision (4) of section 354.700**;

(4) "Practitioner":

(a) A physician or physician assistant eligible to provide treatment services under chapter 334;

(b) A pharmacist eligible to provide services under chapter 338;

(c) A dentist eligible to provide services under chapter 332;

(d) A chiropractor eligible to provide services under chapter 331;

(e) An optometrist eligible to provide services under chapter 336;

(f) A podiatrist eligible to provide services under chapter 330;

(g) A psychologist or licensed clinical social worker eligible to provide services under chapter 337; or

(h) An advanced practice nurse eligible to provide services under chapter 335."; and

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

On motion of Representative Wallingford, **House Amendment No. 11** was adopted.

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

House Amendment No. 12

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 9, Section 197.135, Line 47, by inserting after all of said line the following:

"208.662. 1. There is hereby established within the department of social services the "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for any low-income unborn child. The program shall be established under the authority of Title XXI of the federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42 CFR 457.1.

2. For an unborn child to be enrolled in the show-me healthy babies program, his or her mother shall not be eligible for coverage under Title XIX of the federal Social Security Act, the Medicaid program, as it is administered by the state, and shall not have access to affordable employer-subsidized health care insurance or other affordable health care coverage that includes coverage for the unborn child. In addition, the unborn child shall be in a family with income eligibility of no more than three hundred percent of the federal poverty level, or the equivalent modified adjusted gross income, unless the income eligibility is set lower by the general assembly through appropriations. In calculating family size as it relates to income eligibility, the family shall include, in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children.

3. Coverage for an unborn child enrolled in the show-me healthy babies program shall include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, and birth. Coverage need not include services that are solely for the benefit of the pregnant mother, that are unrelated to maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn child. However, the department may include pregnancy-related assistance as defined in 42 U.S.C. Section 1397ll.

4. There shall be no waiting period before an unborn child may be enrolled in the show-me healthy babies program. In accordance with the definition of child in 42 CFR 457.10, coverage shall include the period from conception to birth. The department shall develop a presumptive eligibility procedure for enrolling an unborn child. There shall be verification of the pregnancy.

5. Coverage for the child shall continue for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the general assembly through appropriations.

6. Pregnancy-related and postpartum coverage for the mother shall begin on the day the pregnancy ends and extend through **[**~~the last day of the month that includes the sixtieth day~~**] one year** after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by the general assembly through appropriations. The department may include pregnancy-related assistance as defined in 42 U.S.C. Section 1397ll.

7. The department shall provide coverage for an unborn child enrolled in the show-me healthy babies program in the same manner in which the department provides coverage for the children's health insurance program (CHIP) in the county of the primary residence of the mother.

8. The department shall provide information about the show-me healthy babies program to maternity homes as defined in section 135.600, pregnancy resource centers as defined in section 135.630, and other similar agencies and programs in the state that assist unborn children and their mothers. The department shall consider allowing such agencies and programs to assist in the enrollment of unborn children in the program, and in making determinations about presumptive eligibility and verification of the pregnancy.

9. Within sixty days after August 28, 2014, the department shall submit a state plan amendment or seek any necessary waivers from the federal Department of Health and Human Services requesting approval for the show-me healthy babies program.

10. At least annually, the department shall prepare and submit a report to the governor, the speaker of the house of representatives, and the president pro tempore of the senate analyzing and projecting the cost savings and benefits, if any, to the state, counties, local communities, school districts, law enforcement agencies, correctional centers, health care providers, employers, other public and private entities, and persons by enrolling unborn children in the show-me healthy babies program. The analysis and projection of cost savings and benefits, if any, may include but need not be limited to:

(1) The higher federal matching rate for having an unborn child enrolled in the show-me healthy babies program versus the lower federal matching rate for a pregnant woman being enrolled in MO HealthNet or other federal programs;

(2) The efficacy in providing services to unborn children through managed care organizations, group or individual health insurance providers or premium assistance, or through other nontraditional arrangements of providing health care;

(3) The change in the proportion of unborn children who receive care in the first trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility, or by removal of other barriers, and any resulting or projected decrease in health problems and other problems for unborn children and women throughout pregnancy; at labor, delivery, and birth; and during infancy and childhood;

(4) The change in healthy behaviors by pregnant women, such as the cessation of the use of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected short-term and long-term decrease in birth defects; poor motor skills; vision, speech, and hearing problems; breathing and respiratory problems; feeding and digestive problems; and other physical, mental, educational, and behavioral problems; and

(5) The change in infant and maternal mortality, preterm births and low birth weight babies and any resulting or projected decrease in short-term and long-term medical and other interventions.

11. The show-me healthy babies program shall not be deemed an entitlement program, but instead shall be subject to a federal allotment or other federal appropriations and matching state appropriations.

12. Nothing in this section shall be construed as obligating the state to continue the show-me healthy babies program if the allotment or payments from the federal government end or are not sufficient for the program to operate, or if the general assembly does not appropriate funds for the program.

13. Nothing in this section shall be construed as expanding MO HealthNet or fulfilling a mandate imposed by the federal government on the state."; and

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

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

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

House Amendment No. 13

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 9, Section 197.135, Line 47, by inserting after all of said line and section the following:

"**197.175. 1. Before January 1, 2022, each hospital licensed under this chapter shall adopt a written policy on discharge planning for homeless patients and provide a copy of the policy to all hospital employees.**

2. Each hospital's policy shall require the hospital to perform the following actions:

(1) Discharge homeless patients to safe and appropriate locations;

(2) Make appropriate arrangements for the care to be received by homeless patients following discharge;

(3) Coordinate referrals for homeless patients with social service providers in the region in which the hospital is located;

(4) Coordinate services and referrals for homeless patients with any appropriate city and county agencies that provide services for homeless persons;

(5) Offer to every homeless patient, before discharge, the following:

(a) A meal and weather-appropriate clothing;

(b) Screening for infectious diseases; and

(c) Immunizations against any disease if the vaccine is available and medically appropriate for the patient; and

(6) Transport every homeless patient to his or her discharge destination as long as the destination is located no more than thirty miles from the hospital."; and

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

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

House Amendment No. 1
to
House Amendment No. 13

AMEND House Amendment No. 13 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Line 21, by inserting after all of said line the following:

"Further amend said bill and page, Section 210.542, Line 8, by inserting after all of said line and section the following:

"**213.145. No person's rights, privileges, or access to public services shall be denied or abridged solely because such person is experiencing homelessness. Such person shall be granted the same rights and privileges as any other citizen of this state. A person experiencing homelessness has the following rights:**

(1) The right to move freely in public spaces, including sidewalks and public buildings, parks, and transportation;

(2) The right to equal treatment by city and state agencies;

(3) The right to emergency medical care;

(4) The right to a reasonable expectation of privacy for personal property, just as inside a home;

(5) The right to vote, register to vote, and receive documentation necessary to prove identity; and

(6) The right to protection from disclosure of his or her record and information without appropriate legal authority and the right to confidentiality of personal records."; and"; and

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

Representative Burnett moved that **House Amendment No. 1 to House Amendment No. 13** be adopted.

Which motion was defeated.

Speaker Vescovo assumed the Chair.

Representative Collins moved that **House Amendment No. 13** be adopted.

Which motion was defeated.

Representative Gregory (96) offered **House Amendment No. 14**.

House Amendment No. 14

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 9, Section 197.135, Line 47, by inserting after all of said line and section the following:

"**208.226. 1. No restrictions to access shall be imposed that preclude availability of any individual antipsychotic medication.**

2. The provisions of this section shall not prohibit the division from utilizing clinical edits to ensure clinical best practices, including, but not limited to:

(1) Drug safety and avoidance of harmful drug interactions;

(2) Compliance with nationally recognized and juried clinical guidelines from national medical associations using medical evidence and emphasizing best practice principles;

(3) Detection of patients receiving prescription drugs from multiple prescribers; and

(4) Detection, prevention, and treatment of substance use disorders.

3. The division shall issue a provider update no less than twice annually to enumerate treatment and utilization principles for MO HealthNet providers, including, but not limited to:

(1) Treatment with antipsychotic drugs, as with any other form of treatment, should be individualized in order to optimize the patient's recovery and stability;

(2) Treatment with antipsychotic drugs should be as effective, safe, and well-tolerated as supported by best medical evidence;

(3) Treatment with antipsychotic drugs should consider the individual patient's needs, preferences, and vulnerabilities;

(4) Treatment with antipsychotic drugs should support an improved quality of life for the patient; and

(5) Treatment choices should be informed by the best current medical evidence and should be updated consistent with evolving nationally recognized best practice guidelines.

4. If the division implements any new policy or clinical edit for an antipsychotic drug, the division shall continue to allow MO HealthNet participants access to any antipsychotic drug that they utilize and on which they are stable or that they have successfully utilized previously. The division may recommend a resource list with no restrictions to access.

208.227. 1. **[**~~No restrictions to access shall be imposed that preclude availability of any individual atypical antipsychotic monotherapy for the treatment of schizophrenia, bipolar disorder, or psychosis associated with severe depression.~~**]** The division shall establish a pharmaceutical case management or polypharmacy program for high risk MO HealthNet participants with numerous or multiple prescribed drugs. The division shall also establish a behavioral health pharmacy and opioid surveillance program to encourage the use of best medical evidence-supported prescription practices. The division shall communicate with providers, as such term is defined in section 208.164, whose prescribing practices deviate from or do not otherwise utilize best medical evidence-supported prescription practices. The communication may be telemetric, written, oral, or some combination thereof. These programs shall be established and administered through processes established and supported under a memorandum of understanding between the department of mental health and the department of social services, or their successor entities.

2. The provisions of this section shall not prohibit the division from utilizing clinical edits to ensure clinical best practices**,** including, but not limited to:

(1) Drug safety and avoidance of harmful drug interactions;

(2) Compliance with nationally recognized and juried clinical guidelines from national medical associations using medical evidence and emphasizing best practice principles;

(3) Detection of patients receiving prescription drugs from multiple prescribers; and

(4) Detection, prevention, and treatment of substance use disorders.

3. **[**~~The division shall issue a provider update no less than twice annually to enumerate treatment and utilization principles for MO HealthNet providers including, but not limited to:~~

~~(1) Treatment with antipsychotic drugs, as with any other form of treatment, should be individualized in order to optimize the patient's recovery and stability;~~

~~(2) Treatment with antipsychotic drugs should be as effective, safe, and well-tolerated as supported by best medical evidence;~~

~~(3) Treatment with antipsychotic drugs should consider the individual patient's needs, preferences, and vulnerabilities;~~

~~(4) Treatment with antipsychotic drugs should support an improved quality of life for the patient;~~

~~(5) Treatment choices should be informed by the best current medical evidence and should be updated consistent with evolving nationally recognized best practice guidelines; and~~

~~(6) Cost considerations in the context of best practices, efficacy, and patient response to adverse drug reactions should guide antipsychotic medication policy and selection once the preceding principles have been maximally achieved.~~

~~4. If the division implements any new policy or clinical edit for an antipsychotic drug, the division shall continue to allow MO HealthNet participants access to any antipsychotic drug that they utilize and on which they are stable or that they have successfully utilized previously. The division shall adhere to the following:~~

~~(1) If an antipsychotic drug listed as "nonpreferred" is considered clinically appropriate for an individual patient based on the patient's previous response to the drug or other medical considerations, prior authorization procedures, as such term is defined in section 208.164, shall be simple and flexible;~~

~~(2) If an antipsychotic drug listed as "nonpreferred" is known or found to be safe and effective for a given individual, the division shall not restrict the patient's access to that drug. Such nonpreferred drug shall, for that patient only and if that patient has been reasonably adherent to the prescribed therapy, be considered "preferred" in order to minimize the risk of relapse and to support continuity of care for the patient;~~

~~(3) A patient shall not be required to change antipsychotic drugs due to changes in medication management policy, prior authorization, or a change in the payor responsible for the benefit; and~~

~~(4) Patients transferring from state psychiatric hospitals to community-based settings, including patients previously found to be not guilty of a criminal offense by reason of insanity or who have previously been found to be incompetent to stand trial, shall be permitted to continue the medication regimen that aided the stability and recovery so that such patient was able to successfully transition to the community-based setting.~~

~~5. The division's medication policy and clinical edits shall provide MO HealthNet participants initial access to multiple Food and Drug Administration-approved antipsychotic drugs that have substantially the same clinical differences and adverse effects that are predictable across individual patients and whose manufacturers have entered into a federal rebate agreement with the Department of Health and Human Services. Clinical differences may include, but not be limited to, weight gain, extrapyramidal side effects, sedation, susceptibility to metabolic syndrome, other substantial adverse effects, the availability of long-acting formulations, and proven efficacy in the treatment of psychosis. The available drugs for an individual patient shall include, but not be limited to, the following categories:~~

~~(1) At least one relatively weight-neutral atypical antipsychotic medication;~~

~~(2) At least one long-acting injectable formulation of an atypical antipsychotic;~~

~~(3) Clozapine;~~

~~(4) At least one atypical antipsychotic medication with relatively potent sedative effects;~~

~~(5) At least one medium-potency typical antipsychotic medication;~~

~~(6) At least one long-acting injectable formulation of a high-potency typical antipsychotic medication;~~

~~(7) At least one high-potency typical antipsychotic medication; and~~

~~(8) At least one low-potency typical antipsychotic medication.~~

~~6. Nothing in subsection 5 of this section shall be construed to require any of the following:~~

~~(1) Step therapy or a trial of a typical antipsychotic drug before permitting a patient access to an atypical drug or antipsychotic medication;~~

~~(2) A limit of one atypical antipsychotic drug as an open-access, first-choice agent; or~~

~~(3) A trial of one of the eight categories of drugs listed in subsection 5 of this section before having access to the other seven categories.~~

~~7.~~**]** The department of social services may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2017, shall be invalid and void.

[~~8.~~**] 4.** The department shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section.

[~~9. As used in this section, the following terms mean:~~

~~(1) "Division", the MO HealthNet division of the department of social services;~~

~~(2) "Reasonably adherent", a patient's adherence to taking medication on a prescribed schedule as measured by a medication position ratio of at least seventy-five percent;~~

~~(3) "Successfully utilized previously", a drug or drug regimen's provision of clinical stability in treating a patient's symptoms.~~**]**"; and

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

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

House Amendment No. 1
to
House Amendment No. 14

AMEND House Amendment No. 14 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 3, Line 39, by inserting after said line the following:

"Further amend said bill, Page 11, Section 574.204, Line 9, by inserting after said section and line the following:

"**Section 1. (1) The month of May of each year is hereby designated as "Lupus Awareness Month" in Missouri.**

(2) The tenth of May of each year is hereby designated as "Lupus Awareness Day" in Missouri.

(3) Citizens of the state are encouraged to participate in activities that raise awareness about the diagnosis and treatment of lupus and its impact on lives of individuals living with lupus."; and"; and"; and

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

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

Representative Andrews offered **House Amendment No. 2 to House Amendment No. 14**.

House Amendment No. 2
to
House Amendment No. 14

AMEND House Amendment No. 14 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Line 1, by inserting after all of said line the following:

"Page 4, Section 135.690, Line 97, by inserting after all of said section and line the following:

"173.260. 1. As used in this section, unless the context clearly requires otherwise, the following terms mean:

(1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and corresponding regulations applicable to air ambulances adopted by the department of health and senior services;

(2) "Air ambulance registered professional nurse", a person licensed as a registered professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional nursing services as a flight nurse in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and the corresponding regulations applicable to such programs;

(3) "Air ambulance registered respiratory therapist", a person licensed as a registered respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations adopted by the state board for respiratory care, who provides respiratory therapy services in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and corresponding regulations applicable to such programs;

(4) "Board", the coordinating board for higher education;

(5) "Eligible child", the natural, adopted or stepchild of a public safety officer or employee, as defined in this section, who is less than twenty-four years of age and who is a dependent of a public safety officer or employee or was a dependent at the time of death or permanent and total disability of a public safety officer or employee;

(6) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to **[**~~190.245~~**] 190.243** and by rules adopted by the department of health and senior services under sections 190.001 to **[**~~190.245~~**] 190.243**;

(7) "Employee", any full-time employee of the department of transportation engaged in the construction or maintenance of the state's highways, roads and bridges;

(8) "Flight crew member", an individual engaged in flight responsibilities with an air ambulance licensed in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and corresponding regulations applicable to such programs;

(9) "Grant", the public safety officer or employee survivor grant as established by this section;

(10) "Institution of postsecondary education", any approved public or private institution as defined in section 173.205;

(11) "Line of duty", any action of a public safety officer, whose primary function is crime control or reduction, enforcement of the criminal law, or suppression of fires, is authorized or obligated by law, rule, regulation or condition of employment or service to perform;

(12) "Public safety officer", any firefighter, uniformed employee of the office of the state fire marshal, emergency medical technician, police officer, capitol police officer, parole officer, probation officer, state correctional employee, water safety officer, park ranger, conservation officer or highway patrolman employed by the state of Missouri or a political subdivision thereof who is killed or permanently and totally disabled in the line of duty or any emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory therapist, or flight crew member who is killed or permanently and totally disabled in the line of duty;

(13) "Permanent and total disability", a disability which renders a person unable to engage in any gainful work;

(14) "Spouse", the husband, wife, widow or widower of a public safety officer or employee at the time of death or permanent and total disability of such public safety officer;

(15) "Tuition", any tuition or incidental fee or both charged by an institution of postsecondary education, as defined in this section, for attendance at that institution by a student as a resident of this state.

2. Within the limits of the amounts appropriated therefor, the coordinating board for higher education shall provide, as defined in this section, a grant for either of the following to attend an institution of postsecondary education:

(1) An eligible child of a public safety officer or employee killed or permanently and totally disabled in the line of duty; or

(2) A spouse of a public safety officer killed or permanently and totally disabled in the line of duty.

3. An eligible child or spouse may receive a grant under this section only so long as the child or spouse is enrolled in a program leading to a certificate, or an associate or baccalaureate degree. In no event shall a child or spouse receive a grant beyond the completion of the first baccalaureate degree or, in the case of a child, age twenty-four years, except that the child may receive a grant through the completion of the semester or similar grading period in which the child reaches his twenty-fourth year. No child or spouse shall receive more than one hundred percent of tuition when combined with similar funds made available to such child or spouse.

4. The coordinating board for higher education shall:

(1) Promulgate all necessary rules and regulations for the implementation of this section;

(2) Determine minimum standards of performance in order for a child or spouse to remain eligible to receive a grant under this program;

(3) Make available on behalf of an eligible child or spouse an amount toward the child's or spouse's tuition which is equal to the grant to which the child or spouse is entitled under the provisions of this section;

(4) Provide the forms and determine the procedures necessary for an eligible child or spouse to apply for and receive a grant under this program.

5. An eligible child or spouse who is enrolled or has been accepted for enrollment as an undergraduate postsecondary student at an approved institution of postsecondary education shall receive a grant in an amount not to exceed the least of the following:

(1) The actual tuition, as defined in this section, charged at an approved institution where the child or spouse is enrolled or accepted for enrollment; or

(2) The amount of tuition charged a Missouri resident at the University of Missouri for attendance as a full-time student, as defined in section 173.205.

6. An eligible child or spouse who is a recipient of a grant may transfer from one approved public or private institution of postsecondary education to another without losing his entitlement under this section. The board shall make necessary adjustments in the amount of the grant. If a grant recipient at anytime withdraws from the institution of postsecondary education so that under the rules and regulations of that institution he is entitled to a refund of any tuition, fees, or other charges, the institution shall pay the portion of the refund to which he is entitled attributable to the grant for that semester or similar grading period to the board.

7. If an eligible child or spouse is granted financial assistance under any other student aid program, public or private, the full amount of such aid shall be reported to the board by the institution and the eligible child or spouse.

8. Nothing in this section shall be construed as a promise or guarantee that a person will be admitted to an institution of postsecondary education or to a particular institution of postsecondary education, will be allowed to continue to attend an institution of postsecondary education after having been admitted, or will be graduated from an institution of postsecondary education.

9. A public safety officer who is permanently and totally disabled shall be eligible for a grant pursuant to the provisions of this section.

10. An eligible child of a public safety officer or employee, spouse of a public safety officer or public safety officer shall cease to be eligible for a grant pursuant to this section when such public safety officer or employee is no longer permanently and totally disabled.

190.001. Sections 190.001 to **[**~~190.245~~**] 190.243** shall be known and may be cited as the "Comprehensive Emergency Medical Services Systems Act".

190.060. 1. An ambulance district shall have the following governmental powers, and all other powers incidental, necessary, convenient or desirable to carry out and effectuate the express powers:

(1) To establish and maintain an ambulance service within its corporate limits, and to acquire for, develop, expand, extend and improve such service;

(2) To acquire land in fee simple, rights in land and easements upon, over or across land and leasehold interests in land and tangible and intangible personal property used or useful for the location, establishment, maintenance, development, expansion, extension or improvement of an ambulance service. The acquisition may be by dedication, purchase, gift, agreement, lease, use or adverse possession;

(3) To operate, maintain and manage the ambulance service, and to make and enter into contracts for the use, operation or management of and to provide rules and regulations for the operation, management or use of the ambulance service;

(4) To fix, charge and collect reasonable fees and compensation for the use of the ambulance service according to the rules and regulations prescribed by the board from time to time;

(5) To borrow money and to issue bonds, notes, certificates, or other evidences of indebtedness for the purpose of accomplishing any of its corporate purposes, subject to compliance with any condition or limitation set forth in sections 190.001 to 190.090 or otherwise provided by the Constitution of the state of Missouri;

(6) To employ or enter into contracts for the employment of any person, firm, or corporation, and for professional services, necessary or desirable for the accomplishment of the objects of the district or the proper administration, management, protection or control of its property;

(7) To maintain the ambulance service for the benefit of the inhabitants of the area comprising the district regardless of race, creed or color, and to adopt such reasonable rules and regulations as may be necessary to render the highest quality of emergency medical care; to exclude from the use of the ambulance service all persons who willfully disregard any of the rules and regulations so established; to extend the privileges and use of the ambulance service to persons residing outside the area of the district upon such terms and conditions as the board of directors prescribes by its rules and regulations;

(8) To provide for health, accident, disability and pension benefits for the salaried members of its organized ambulance district and such other benefits for the members' spouses and minor children, through either, or both, a contributory or noncontributory plan. The type and amount of such benefits shall be determined by the board of directors of the ambulance district within the level of available revenue of the pension program and other available revenue of the district. If an employee contributory plan is adopted, then at least one voting member of the board of trustees shall be a member of the ambulance district elected by the contributing members. The board of trustees shall not be the same as the board of directors;

(9) To purchase insurance indemnifying the district and its employees, officers, volunteers and directors against liability in rendering services incidental to the furnishing of ambulance services. Purchase of insurance pursuant to this section is not intended to waive sovereign immunity, official immunity or the Missouri public duty doctrine defenses; and

(10) To provide for life insurance, accident, sickness, health, disability, annuity, length of service, pension, retirement and other employee-type fringe benefits, subject to the provisions of section 70.615, for the volunteer members of any organized ambulance district and such other benefits for their spouses and eligible unemancipated children, either through a contributory or noncontributory plan, or both. For purposes of this section, "eligible unemancipated child" means a natural or adopted child of an insured, or a stepchild of an insured who is domiciled with the insured, who is less than twenty-three years of age, who is not married, not employed on a full-time basis, not maintaining a separate residence except for full-time students in an accredited school or institution of higher learning, and who is dependent on parents or guardians for at least fifty percent of his or her support. The type and amount of such benefits shall be determined by the board of directors of the ambulance district within available revenues of the district, including the pension program of the district. The provision and receipt of such benefits shall not make the recipient an employee of the district. Directors who are also volunteer members may receive such benefits while serving as a director of the district.

2. The use of any ambulance service of a district shall be subject to the reasonable regulation and control of the district and upon such reasonable terms and conditions as shall be established by its board of directors.

3. A regulatory ordinance of a district adopted pursuant to any provision of this section may provide for a suspension or revocation of any rights or privileges within the control of the district for a violation of any regulatory ordinance.

4. Nothing in this section or in other provisions of sections 190.001 to **[**~~190.245~~**]** **190.243** shall be construed to authorize the district or board to establish or enforce any regulation or rule in respect to the operation or maintenance of the ambulance service within its jurisdiction which is in conflict with any federal or state law or regulation applicable to the same subject matter.

5. After August 28, 1998, the board of directors of an ambulance district that proposes to contract for the total management and operation of the ambulance service, when that ambulance district has not previously contracted out for said service, shall hold a public hearing within a thirty-day period and shall make a finding that the proposed contract to manage and operate the ambulance service will:

(1) Provide benefits to the public health that outweigh the associated costs;

(2) Maintain or enhance public access to ambulance service;

(3) Maintain or improve the public health and promote the continued development of the regional emergency medical services system.

6. (1) Upon a satisfactory finding following the public hearing in subsection 5 of this section and after a sixty-day period, the ambulance district may enter into the proposed contract, however said contract shall not be implemented for at least thirty days.

(2) The provisions of subsection 5 of this section shall not apply to contracts which were executed prior to August 28, 1998, or to the renewal or modification of such contracts or to the signing of a new contract with an ambulance service provider for services that were previously contracted out.

7. All ambulance districts authorized to adopt laws, ordinances, or regulations regarding basic life support ambulances shall require such ambulances to be equipped with an automated external defibrillator and be staffed by at least one individual trained in the use of an automated external defibrillator.

8. The ambulance district may adopt procedures for conducting fingerprint background checks on current and prospective employees, contractors, and volunteers. The ambulance district may submit applicant fingerprints to the Missouri state highway patrol, Missouri criminal records repository, for the purpose of checking the person's criminal history. The fingerprints shall be used to search the Missouri criminal records repository and shall be submitted to the Federal Bureau of Investigation to be used for searching the federal criminal history files. The fingerprints shall be submitted on forms and in the manner prescribed by the Missouri state highway patrol. Fees shall be as set forth in section 43.530.

190.098. 1. In order for a person to be eligible for certification by the department as a community paramedic, an individual shall:

(1) Be currently certified as a paramedic;

(2) Successfully complete or have successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and

(3) Complete an application form approved by the department.

2. A community paramedic shall practice in accordance with protocols and supervisory standards established by the medical director. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse through a collaborative practice arrangement with a physician or a physician assistant through a collaborative practice arrangement with a physician and there is no duplication of services to the patient from another provider.

3. Any ambulance service shall enter into a written contract to provide community paramedic services in another ambulance service area, as that term is defined in section 190.100. The contract that is agreed upon may be for an indefinite period of time, as long as it includes at least a sixty-day cancellation notice by either ambulance service.

4. A community paramedic is subject to the provisions of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated under sections 190.001 to **[**~~190.245~~**] 190.243**.

5. No person shall hold himself or herself out as a community paramedic or provide the services of a community paramedic unless such person is certified by the department.

6. The medical director shall approve the implementation of the community paramedic program.

7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

190.100. As used in sections 190.001 to **[**~~190.245~~**] 190.257**, the following words and terms mean:

(1) "Advanced emergency medical technician" or "AEMT", a person who has successfully completed a course of instruction in certain aspects of advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and rules and regulations adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(2) "Advanced life support (ALS)", an advanced level of care as provided to the adult and pediatric patient such as defined by national curricula, and any modifications to that curricula specified in rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(3) "Ambulance", any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical

equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

(4) "Ambulance service", a person or entity that provides emergency or nonemergency ambulance transportation and services, or both, in compliance with sections 190.001 to **[**~~190.245~~**] 190.243**, and the rules promulgated by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(5) "Ambulance service area", a specific geographic area in which an ambulance service has been authorized to operate;

(6) "Basic life support (BLS)", a basic level of care, as provided to the adult and pediatric patient as defined by national curricula, and any modifications to that curricula specified in rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(7) "Council", the state advisory council on emergency medical services;

(8) "Department", the department of health and senior services, state of Missouri;

(9) "Director", the director of the department of health and senior services or the director's duly authorized representative;

(10) "Dispatch agency", any person or organization that receives requests for emergency medical services from the public, by telephone or other means, and is responsible for dispatching emergency medical services;

(11) "Emergency", the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of health and medicine, to believe that the absence of immediate medical care could result in:

(a) Placing the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in significant jeopardy;

(b) Serious impairment to a bodily function;

(c) Serious dysfunction of any bodily organ or part;

(d) Inadequately controlled pain;

(12) "Emergency medical dispatcher", a person who receives emergency calls from the public and has successfully completed an emergency medical dispatcher course, meeting or exceeding the national curriculum of the United States Department of Transportation and any modifications to such curricula specified by the department through rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(13) "Emergency medical responder", a person who has successfully completed an emergency first response course meeting or exceeding the national curriculum of the U.S. Department of Transportation and any modifications to such curricula specified by the department through rules adopted under sections 190.001 to **[**~~190.245~~**] 190.243** and who provides emergency medical care through employment by or in association with an emergency medical response agency;

(14) "Emergency medical response agency", any person that regularly provides a level of care that includes first response, basic life support or advanced life support, exclusive of patient transportation;

(15) "Emergency medical services for children (EMS-C) system", the arrangement of personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency medical services required in prevention and management of incidents which occur as a result of a medical emergency or of an injury event, natural disaster or similar situation;

(16) "Emergency medical services (EMS) system", the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency medical services required in prevention and management of incidents occurring as a result of an illness, injury, natural disaster or similar situation;

(17) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to **[**~~190.245~~**] 190.243**, and by rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully completed a course of instruction in basic life support as prescribed by the department and is licensed by the department in accordance with standards prescribed by sections 190.001 to **[**~~190.245~~**] 190.243** and rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(19) "Emergency medical technician-community paramedic", "community paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified by the department in accordance with standards prescribed in section 190.098;

(20) "Emergency medical technician-paramedic" or "EMT-P", a person who has successfully completed a course of instruction in advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(21) "Emergency services", health care items and services furnished or required to screen and stabilize an emergency which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider or by an ambulance service or emergency medical response agency;

(22) "Health care facility", a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed;

(23) "Hospital", an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, or a hospital operated by the state;

(24) "Medical control", supervision provided by or under the direction of physicians, or their designated registered nurse, including both online medical control, instructions by radio, telephone, or other means of direct communications, and offline medical control through supervision by treatment protocols, case review, training, and standing orders for treatment;

(25) "Medical direction", medical guidance and supervision provided by a physician to an emergency services provider or emergency medical services system;

(26) "Medical director", a physician licensed pursuant to chapter 334 designated by the ambulance service or emergency medical response agency and who meets criteria specified by the department by rules pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(27) "Memorandum of understanding", an agreement between an emergency medical response agency or dispatch agency and an ambulance service or services within whose territory the agency operates, in order to coordinate emergency medical services;

(28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;

(29) "Person", as used in these definitions and elsewhere in sections 190.001 to **[**~~190.245~~**] 190.243**, any individual, firm, partnership, copartnership, joint venture, association, cooperative organization, corporation, municipal or private, and whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or fraternal organization, estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

(30) "Physician", a person licensed as a physician pursuant to chapter 334;

(31) "Political subdivision", any municipality, city, county, city not within a county, ambulance district or fire protection district located in this state which provides or has authority to provide ambulance service;

(32) "Professional organization", any organized group or association with an ongoing interest regarding emergency medical services. Such groups and associations could include those representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's, physicians, communications specialists and instructors. Organizations could also represent the interests of ground ambulance services, air ambulance services, fire service organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric services, labor unions and poison control services;

(33) "Proof of financial responsibility", proof of ability to respond to damages for liability, on account of accidents occurring subsequent to the effective date of such proof, arising out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules promulgated by the department, but in no event less than the statutory minimum required for motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

(34) "Protocol", a predetermined, written medical care guideline, which may include standing orders;

(35) "Regional EMS advisory committee", a committee formed within an emergency medical services (EMS) region to advise ambulance services, the state advisory council on EMS and the department;

(36) "Specialty care transportation", the transportation of a patient requiring the services of an emergency medical technician-paramedic who has received additional training beyond the training prescribed by the department. Specialty care transportation services shall be defined in writing in the appropriate local protocols for ground and air ambulance services and approved by the local physician medical director. The protocols shall be maintained by the local ambulance service and shall define the additional training required of the emergency medical technician-paramedic;

(37) "Stabilize", with respect to an emergency, the provision of such medical treatment as may be necessary to attempt to assure within reasonable medical probability that no material deterioration of an individual's medical condition is likely to result from or occur during ambulance transportation unless the likely benefits of such transportation outweigh the risks;

(38) "State advisory council on emergency medical services", a committee formed to advise the department on policy affecting emergency medical service throughout the state;

(39) "State EMS medical directors advisory committee", a subcommittee of the state advisory council on emergency medical services formed to advise the state advisory council on emergency medical services and the department on medical issues;

(40) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation in electrocardiogram analysis, and as further defined in rules promulgated by the department under sections 190.001 to 190.250;

(41) "STEMI care", includes education and prevention, emergency transport, triage, and acute care and rehabilitative services for STEMI that requires immediate medical or surgical intervention or treatment;

(42) "STEMI center", a hospital that is currently designated as such by the department to care for patients with ST-segment elevation myocardial infarctions;

(43) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the department;

(44) "Stroke care", includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services;

(45) "Stroke center", a hospital that is currently designated as such by the department;

(46) **"Time-critical diagnosis", trauma care, stroke care, and STEMI care occurring either outside of a hospital or in a center designated under section 190.241;**

(47) "Time-critical diagnosis advisory committee", a committee formed under section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma, stroke, and STEMI patients;

(48) "Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;

[~~(47)~~**] (49)** "Trauma care" includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem **trauma** injuries that potentially require immediate medical or surgical intervention or treatment;

[~~(48)~~**] (50)** "Trauma center", a hospital that is currently designated as such by the department.

190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical Services" which shall consist of sixteen members, one of which shall be a resident of a city not within a county. The members of the council shall be appointed by the governor with the advice and consent of the senate and shall serve terms of four years. The governor shall designate one of the members as chairperson. The chairperson may appoint subcommittees that include noncouncil members.

2. The state EMS medical directors advisory committee and the regional EMS advisory committees will be recognized as subcommittees of the state advisory council on emergency medical services.

3. The council shall have geographical representation and representation from appropriate areas of expertise in emergency medical services including volunteers, professional organizations involved in emergency medical services, EMT's, paramedics, nurses, firefighters, physicians, ambulance service administrators, hospital administrators and other health care providers concerned with emergency medical services. The regional EMS advisory committees shall serve as a resource for the identification of potential members of the state advisory council on emergency medical services.

4. **The state EMS medical director, as described under section 190.103, shall serve as an ex officio member of the council.**

5. The members of the council and subcommittees shall serve without compensation except that members of the council shall, subject to appropriations, be reimbursed for reasonable travel expenses and meeting expenses related to the functions of the council.

[~~5.~~**] 6.** The purpose of the council is to make recommendations to the governor, the general assembly, and the department on policies, plans, procedures and proposed regulations on how to improve the statewide emergency medical services system. The council shall advise the governor, the general assembly, and the department on all aspects of the emergency medical services system.

[~~6.~~**] 7.** (1) There is hereby established a standing subcommittee of the council to monitor the implementation of the recognition of the EMS personnel licensure interstate compact under sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive reports from the Missouri delegate to the interstate commission for EMS personnel practice. The subcommittee shall consist of at least seven members appointed by the chair of the council, to include at least two members as recommended by the Missouri state council of firefighters and one member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the department of health and senior services, the general assembly, and the governor regarding the participation of Missouri with the recognition of the EMS personnel licensure interstate compact.

(2) The subcommittee shall formally request a public hearing for any rule proposed by the interstate commission for EMS personnel practice in accordance with subsection 7 of section 190.930. The hearing request shall include the request that the hearing be presented live through the internet. The Missouri delegate to the interstate commission for EMS personnel practice shall be responsible for ensuring that all hearings, notices of, and related rulemaking communications as required by the compact be communicated to the council and emergency medical services personnel under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

(3) The department of health and senior services shall not establish or increase fees for Missouri emergency medical services personnel licensure in accordance with this chapter for the purpose of creating the funds necessary for payment of an annual assessment under subdivision (3) of subsection 5 of section 190.924.

8. The council shall consult with the time-critical diagnosis advisory committee, as described under section 190.257, regarding time-critical diagnosis.

190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their region's ambulance services on matters relating to medical control and medical direction in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The regional EMS medical director shall serve a term of four years. The southwest, northwest, and Kansas City regional EMS medical directors shall be elected to an initial two-year term. The central, east central, and southeast regional EMS medical directors shall be elected to an initial four-year term. All subsequent terms following the initial terms shall be four years. The state EMS medical director shall be the chair of the state EMS medical director's advisory committee, and shall be elected by the members of the regional EMS medical director's advisory committee, shall serve a term of four years, and shall seek to coordinate EMS services between the EMS regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS medical director, and seek to incorporate the EMS system into the health care system serving Missouri.

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

3. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall have the responsibility and the authority to ensure that the personnel working under their supervision are able to provide care meeting established standards of care with consideration for state and national standards as well as local area needs and resources. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall establish and develop triage, treatment and transport protocols, which may include authorization for standing orders. Emergency medical technicians shall only perform those medical procedures as directed by treatment protocols approved by the local medical director or when authorized through direct communication with online medical control.

4. All ambulance services and emergency medical response agencies that are required to have a medical director shall establish an agreement between the service or agency and their medical director. The agreement will include the roles, responsibilities and authority of the medical director beyond what is granted in accordance with sections 190.001 to **[**~~190.245~~**] 190.243** and rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The agreement shall also include grievance procedures regarding the emergency medical response agency or ambulance service, personnel and the medical director.

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

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

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

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

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

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

11. **The state EMS medical directors advisory committee shall review and make recommendations regarding all proposed community and regional time-critical diagnosis plans.**

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

190.104. 1. The department is authorized to establish a program to improve the quality of emergency care for pediatric patients throughout the state and to implement a comprehensive pediatric emergency medical services system in accordance with standards prescribed by sections 190.001 to **[**~~190.245~~**] 190.243** and rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

2. The department is authorized to receive contributions, grants, donations or funds from any private entity to be expended for the program authorized pursuant to this section.

190.105. 1. No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any public way or place of the state of Missouri unless such person holds a currently valid license from the department for an ambulance service issued pursuant to the provisions of sections 190.001 to **[**~~190.245~~**] 190.243**.

2. No ground ambulance shall be operated for ambulance purposes, and no individual shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless the ground ambulance is under the immediate supervision and direction of a person who is holding a currently valid Missouri license as an emergency medical technician. Nothing in this section shall be construed to mean that a duly registered nurse, a duly licensed physician, or a duly licensed physician assistant be required to hold an emergency medical technician's license. When a physician assistant is in attendance with a patient on an ambulance, the physician assistant shall be exempt from any mileage limitations in any collaborative practice arrangement prescribed under law. Each ambulance service is responsible for assuring that any person driving its ambulance is competent in emergency vehicle operations and has a safe driving record. Each ground ambulance shall be staffed with at least two licensed individuals when transporting a patient, except as provided in section 190.094. In emergency situations which require additional medical personnel to assist the patient during transportation, an emergency medical responder, firefighter, or law enforcement personnel with a valid driver's license and prior experience with driving emergency vehicles may drive the ground ambulance provided the ground ambulance service stipulates to this practice in operational policies.

3. No license shall be required for an ambulance service, or for the attendant of an ambulance, which:

(1) Is rendering assistance in the case of an emergency, major catastrophe or any other unforeseen event or series of events which jeopardizes the ability of the local ambulance service to promptly respond to emergencies; or

(2) Is operated from a location or headquarters outside of Missouri in order to transport patients who are picked up beyond the limits of Missouri to locations within or outside of Missouri, but no such outside ambulance shall be used to pick up patients within Missouri for transportation to locations within Missouri, except as provided in subdivision (1) of this subsection.

4. The issuance of a license pursuant to the provisions of sections 190.001 to **[**~~190.245~~**] 190.243** shall not be construed so as to authorize any person to provide ambulance services or to operate any ambulances without a franchise in any city not within a county or in a political subdivision in any county with a population of over nine hundred thousand inhabitants, or a franchise, contract or mutual-aid agreement in any other political subdivision which has enacted an ordinance making it unlawful to do so.

5. Sections 190.001 to **[**~~190.245~~**] 190.243** shall not preclude the adoption of any law, ordinance or regulation not in conflict with such sections by any city not within a county, or at least as strict as such sections by any county, municipality or political subdivision except that no such regulations or ordinances shall be adopted by a political subdivision in a county with a population of over nine hundred thousand inhabitants except by the county's governing body.

6. In a county with a population of over nine hundred thousand inhabitants, the governing body of the county shall set the standards for all ambulance services which shall comply with subsection 5 of this section. All such ambulance services must be licensed by the department. The governing body of such county shall not prohibit a licensed ambulance service from operating in the county, as long as the ambulance service meets county standards.

7. An ambulance service or vehicle when operated for the purpose of transporting persons who are sick, injured, or otherwise incapacitated shall not be treated as a common or contract carrier under the jurisdiction of the Missouri division of motor carrier and railroad safety.

8. Sections 190.001 to **[**~~190.245~~**] 190.243** shall not apply to, nor be construed to include, any motor vehicle used by an employer for the transportation of such employer's employees whose illness or injury occurs on private property, and not on a public highway or property, nor to any person operating such a motor vehicle.

9. A political subdivision that is authorized to operate a licensed ambulance service may establish, operate, maintain and manage its ambulance service, and select and contract with a licensed ambulance service. Any political subdivision may contract with a licensed ambulance service.

10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection 2 of section 190.109, shall be construed to authorize any municipality or county which is located within an ambulance district or a fire protection district that is authorized to provide ambulance service to promulgate laws, ordinances or regulations related to the provision of ambulance services. This provision shall not apply to any municipality or county which operates an ambulance service established prior to August 28, 1998.

11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to authorize any municipality or county which is located within an ambulance district or a fire protection district that is authorized to provide ambulance service to operate an ambulance service without a franchise in an ambulance district or a fire protection district that is authorized to provide ambulance service which has enacted an ordinance making it unlawful to do so. This provision shall not apply to any municipality or county which operates an ambulance service established prior to August 28, 1998.

12. No provider of ambulance service within the state of Missouri which is licensed by the department to provide such service shall discriminate regarding treatment or transportation of emergency patients on the basis of race, sex, age, color, religion, sexual preference, national origin, ancestry, handicap, medical condition or ability to pay.

13. No provision of this section, other than subsections 5, 6, 10 and 11 of this section, is intended to limit or supersede the powers given to ambulance districts pursuant to this chapter or to fire protection districts pursuant to chapter 321, or to counties, cities, towns and villages pursuant to chapter 67.

14. Upon the sale or transfer of any ground ambulance service ownership, the owner of such service shall notify the department of the change in ownership within thirty days of such sale or transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance service to verify compliance with the licensure standards of sections 190.001 to **[**~~190.245~~**] 190.243**.

190.108. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the applicant for an air ambulance license.

2. The department shall have the authority and responsibility to license an air ambulance service in accordance with sections 190.001 to **[**~~190.245~~**] 190.243**, and in accordance with rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The department may promulgate rules relating to the requirements for an air ambulance license including, but not limited to:

(1) Medical control plans;
(2) Medical director qualifications;
(3) Air medical staff qualifications;
(4) Response and operations standards to assure that the health and safety needs of the public are met;
(5) Standards for air medical communications;
(6) Criteria for compliance with licensure requirements;
(7) Records and forms;
(8) Equipment requirements;
(9) Five-year license renewal;
(10) Quality improvement committees; and
(11) Response time, patient care and transportation standards.

3. Application for an air ambulance service license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The application form shall contain such information as the department deems necessary to make a determination as to whether the air ambulance service meets all the requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

4. Upon the sale or transfer of any air ambulance service ownership, the owner of such service shall notify the department of the change in ownership within thirty days of such sale or transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance service to verify compliance with the licensure standards of sections 190.001 to **[**~~190.245~~**] 190.243**.

190.109. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the applicant for a ground ambulance license.

2. Any person that owned and operated a licensed ambulance on December 31, 1997, shall receive an ambulance service license from the department, unless suspended, revoked or terminated, for that ambulance service area which was, on December 31, 1997, described and filed with the department as the primary service area for its licensed ambulances on August 28, 1998, provided that the person makes application and adheres to the rules and regulations promulgated by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

3. The department shall issue a new ground ambulance service license to an ambulance service that is not currently licensed by the department, or is currently licensed by the department and is seeking to expand its ambulance service area, except as provided in subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked or terminated, when the director finds that the applicant meets the requirements of ambulance service licensure established pursuant to sections 190.100 to **[**~~190.245~~**] 190.243** and the rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. In order to be considered for a new ambulance service license, an ambulance service shall submit to the department a letter of endorsement from each ambulance district or fire protection district that is authorized to provide ambulance service, or from each municipality not within an ambulance district or fire protection district that is authorized to provide ambulance service, in which the ambulance service proposes to operate. If an ambulance service proposes to operate in unincorporated portions of a county not within an ambulance district or fire protection district that is authorized to provide ambulance service, in order to be considered for a new ambulance service license, the ambulance service shall submit to the department a letter of endorsement from the county. Any letter of endorsement required pursuant to this section shall verify that the political subdivision has conducted a public hearing regarding the endorsement and that the governing body of the political subdivision has adopted a resolution approving the endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance service:

(1) Will provide a benefit to public health that outweighs the associated costs;
(2) Will maintain or enhance the public's access to ambulance services;
(3) Will maintain or improve the public health and promote the continued development of the regional emergency medical service system;
(4) Has demonstrated the appropriate expertise in the operation of ambulance services; and
(5) Has demonstrated the financial resources necessary for the operation of the proposed ambulance service.

4. A contract between a political subdivision and a licensed ambulance service for the provision of ambulance services for that political subdivision shall expand, without further action by the department, the ambulance service area of the licensed ambulance service to include the jurisdictional boundaries of the political subdivision. The termination of the aforementioned contract shall result in a reduction of the licensed ambulance

service's ambulance service area by removing the geographic area of the political subdivision from its ambulance service area, except that licensed ambulance service providers may provide ambulance services as are needed at and around the state fair grounds for protection of attendees at the state fair.

5. The department shall renew a ground ambulance service license if the applicant meets the requirements established pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**, and the rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

6. The department shall promulgate rules relating to the requirements for a ground ambulance service license including, but not limited to:

(1) Vehicle design, specification, operation and maintenance standards;

(2) Equipment requirements;

(3) Staffing requirements;

(4) Five-year license renewal;

(5) Records and forms;

(6) Medical control plans;

(7) Medical director qualifications;

(8) Standards for medical communications;

(9) Memorandums of understanding with emergency medical response agencies that provide advanced life support;

(10) Quality improvement committees; and

(11) Response time, patient care and transportation standards.

7. Application for a ground ambulance service license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The application form shall contain such information as the department deems necessary to make a determination as to whether the ground ambulance service meets all the requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

190.120. 1. No ambulance service license shall be issued pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**, nor shall such license be valid after issuance, nor shall any ambulance be operated in Missouri unless there is at all times in force and effect insurance coverage or proof of financial responsibility with adequate reserves maintained for each and every ambulance owned or operated by or for the applicant or licensee to provide for the payment of damages in an amount as prescribed in regulation:

(1) For injury to or death of individuals in accidents resulting from any cause for which the owner of such vehicle would be liable on account of liability imposed on him or her by law, regardless of whether the ambulance was being driven by the owner or the owner's agent; and

(2) For the loss of or damage to the property of another, including personal property, under like circumstances.

2. The insurance policy or proof of financial responsibility shall be submitted by all licensees required to provide such insurance pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The insurance policy, or proof of the existence of financial responsibility, shall be submitted to the director, in such form as the director may specify, for the director's approval prior to the issuance of each ambulance service license.

3. Every insurance policy or proof of financial responsibility document required by the provisions of this section shall contain proof of a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon; that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured; and that until the policy is revoked the insurance company or self-insured licensee or entity will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance or self-insurance shall be further conditioned for the payment of any judgments up to the limits of such policy, recovered against any person other than the owner, the owner's agent or employee, who may operate the same with the consent of the owner.

4. Every insurance policy or self-insured licensee or entity as required by the provisions of this section shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than thirty days' written notice to the director and to the insured before any cancellation or termination thereof earlier than its expiration date, and the cancellation or other termination of any such policy shall automatically revoke and terminate the licenses issued for the ambulance service covered by such policy unless covered by another insurance policy in compliance with sections 190.001 to **[**~~190.245~~**] 190.243**.

190.131. 1. The department shall accredit or certify training entities for emergency medical responders, emergency medical dispatchers, and emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

2. Such rules promulgated by the department shall set forth the minimum requirements for entrance criteria, training program curricula, instructors, facilities, equipment, medical oversight, record keeping, and reporting.

3. Application for training entity accreditation or certification shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The application form shall contain such information as the department deems reasonably necessary to make a determination as to whether the training entity meets all requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

4. Upon receipt of such application for training entity accreditation or certification, the department shall determine whether the training entity, its instructors, facilities, equipment, curricula and medical oversight meet the requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

5. Upon finding these requirements satisfied, the department shall issue a training entity accreditation or certification in accordance with rules promulgated by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

6. Subsequent to the issuance of a training entity accreditation or certification, the department shall cause a periodic review of the training entity to assure continued compliance with the requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and all rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

7. No person or entity shall hold itself out or provide training required by this section without accreditation or certification by the department.

190.133. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the applicant for an emergency medical response agency license.

2. The department shall issue a license to any emergency medical response agency which provides advanced life support if the applicant meets the requirements established pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**, and the rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The department may promulgate rules relating to the requirements for an emergency medical response agency including, but not limited to:

(1) A licensure period of five years;

(2) Medical direction;

(3) Records and forms; and

(4) Memorandum of understanding with local ambulance services.

3. Application for an emergency medical response agency license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical response agency meets all the requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

4. No person or entity shall hold itself out as an emergency medical response agency that provides advanced life support or provide the services of an emergency medical response agency that provides advanced life support unless such person or entity is licensed by the department.

190.142. 1. (1) For applications submitted before the recognition of EMS personnel licensure interstate compact under sections 190.900 to 190.939 takes effect, the department shall, within a reasonable time after receipt of an application, cause such investigation as it deems necessary to be made of the applicant for an emergency medical technician's license.

(2) For applications submitted after the recognition of EMS personnel licensure interstate compact under sections 190.900 to 190.939 takes effect, an applicant for initial licensure as an emergency medical technician in this state shall submit to a background check by the Missouri state highway patrol and the Federal Bureau of Investigation through a process approved by the department of health and senior services. Such processes may include the use of vendors or systems administered by the Missouri state highway patrol. The department may share the results of such a criminal background check with any emergency services licensing agency in any member state, as that term is defined under section 190.900, in recognition of the EMS personnel licensure interstate compact. The department shall not issue a license until the department receives the results of an applicant's criminal background check from the Missouri state highway patrol and the Federal Bureau of Investigation, but, notwithstanding this subsection, the department may issue a temporary license as provided under section 190.143. Any fees due for a criminal background check shall be paid by the applicant.

(3) The director may authorize investigations into criminal records in other states for any applicant.

2. The department shall issue a license to all levels of emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to **[**~~190.245~~**] 190.243** and the rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The department may promulgate rules relating to the requirements for an emergency medical technician including but not limited to:

(1) Age requirements;

(2) Emergency medical technician and paramedic education and training requirements based on respective National Emergency Medical Services Education Standards and any modification to such curricula specified by the department through rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(3) Paramedic accreditation requirements. Paramedic training programs shall be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or hold a CAAHEP letter of review;

(4) Initial licensure testing requirements. Initial EMT-P licensure testing shall be through the national registry of EMTs;

(5) Continuing education and relicensure requirements; and

(6) Ability to speak, read and write the English language.

3. Application for all levels of emergency medical technician license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical technician meets all the requirements of sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

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

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

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

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

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

190.143. 1. Notwithstanding any other provisions of law, the department may grant a ninety-day temporary emergency medical technician license to all levels of emergency medical technicians who meet the following:

(1) Can demonstrate that they have, or will have, employment requiring an emergency medical technician license;

(2) Are not currently licensed as an emergency medical technician in Missouri or have been licensed as an emergency medical technician in Missouri and fingerprints need to be submitted to the Federal Bureau of Investigation to verify the existence or absence of a criminal history, or they are currently licensed and the license will expire before a verification can be completed of the existence or absence of a criminal history;

(3) Have submitted a complete application upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(4) Have not been disciplined pursuant to sections 190.001 to **[**~~190.245~~**] 190.243** and rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**;

(5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**.

2. A temporary emergency medical technician license shall only authorize the **[**~~license~~**] licensee** to practice while under the immediate supervision of a licensed emergency medical technician, registered nurse, physician assistant, or physician who is currently licensed, without restrictions, to practice in Missouri.

3. A temporary emergency medical technician license shall automatically expire either ninety days from the date of issuance or upon the issuance of a five-year emergency medical technician license.

190.146. Any licensee allowing a license to lapse may within two years of the lapse request that their license be returned to active status by notifying the department in advance of such intention, and submit a complete application upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. If the licensee meets all the requirements for relicensure, the department shall issue a new emergency medical technician license to the licensee.

190.160. The renewal of any license shall require conformance with sections 190.001 to **[**~~190.245~~**] 190.243** and sections 190.525 to 190.537, and rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243** and sections 190.525 to 190.537.

190.165. 1. The department may refuse to issue or deny renewal of any certificate, permit or license required pursuant to sections 190.100 to **[**~~190.245~~**] 190.243** for failure to comply with the provisions of sections 190.100 to **[**~~190.245~~**] 190.243** or any lawful regulations promulgated by the department to implement its provisions as described in subsection 2 of this section. The department shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The department may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate, permit or license required by sections 190.100 to **[**~~190.245~~**] 190.243** or any person who has failed to renew or has surrendered his or her certificate, permit or license for failure to comply with the provisions of sections 190.100 to **[**~~190.245~~**] 190.243** or any lawful regulations promulgated by the department to implement such sections. Those regulations shall be limited to the following:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any activity licensed or regulated by sections 190.100 to **[**~~190.245~~**] 190.243**;

(2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any activity licensed or regulated pursuant to sections 190.100 to **[**~~190.245~~**] 190.243**, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate, permit or license issued pursuant to sections 190.100 to **[**~~190.245~~**] 190.243** or in obtaining permission to take any examination given or required pursuant to sections 190.100 to **[**~~190.245~~**] 190.243**;

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

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to **[**~~190.245~~**] 190.243**;

(6) Violation of, or assisting or enabling any person to violate, any provision of sections 190.100 to **[**~~190.245~~**] 190.243**, or of any lawful rule or regulation adopted by the department pursuant to sections 190.100 to **[**~~190.245~~**] 190.243**;

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

(8) Disciplinary action against the holder of a license or other right to practice any activity regulated by sections 190.100 to **[**~~190.245~~**] 190.243** granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

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

(10) Assisting or enabling any person to practice or offer to practice any activity licensed or regulated by sections 190.100 to **[**~~190.245~~**] 190.243** who is not licensed and currently eligible to practice pursuant to sections 190.100 to **[**~~190.245~~**] 190.243**;

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

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

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

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

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

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

(17) Repeated acts of negligence or recklessness in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to **[**~~190.245~~**] 190.243**.

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

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

(2) Have anyone present whom he or she deems to be necessary or desirable; and

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

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

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

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the department after compliance with all the requirements of sections 190.100 to **[**~~190.245~~**]** **190.243** relative to the licensing of an applicant for the first time. Any individual whose license has been revoked twice within a ten-year period shall not be eligible for relicensure.

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

7. Any person, organization, association or corporation who reports or provides information to the department pursuant to the provisions of sections 190.100 to **[**~~190.245~~**]** **190.243** and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. The department of health and senior services may suspend any certificate, permit or license required pursuant to sections 190.100 to **[**~~190.245~~**]** **190.243** simultaneously with the filing of the complaint with the administrative hearing commission as set forth in subsection 2 of this section, if the department finds that there is an imminent threat to the public health. The notice of suspension shall include the basis of the suspension and notice of the right to appeal such suspension. The licensee may appeal the decision to suspend the license, certificate or permit to the department. The appeal shall be filed within ten days from the date of the filing of the complaint. A hearing shall be conducted by the department within ten days from the date the appeal is filed. The suspension shall continue in effect until the conclusion of the proceedings, including review thereof, unless sooner withdrawn by the department, dissolved by a court of competent jurisdiction or stayed by the administrative hearing commission.

190.171. Any person aggrieved by an official action of the department of health and senior services affecting the licensed status of a person pursuant to the provisions of sections 190.001 to **[**~~190.245~~**]** **190.243** and sections 190.525 to 190.537, including the refusal to grant, the grant, the revocation, the suspension, or the failure to renew a license, may seek a determination thereon by the administrative hearing commission pursuant to the provisions of section 621.045, and it shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department of health and senior services or the department of social services.

190.173. 1. All complaints, investigatory reports, and information pertaining to any applicant, holder of any certificate, permit, or license, or other individual are confidential and shall only be disclosed upon written consent of the person whose records are involved or to other administrative or law enforcement agencies acting within the scope of their statutory authority. However, no applicant, holder of any certificate, permit, or license, or other individual shall have access to any complaints, investigatory reports, or information concerning an investigation in progress until such time as the investigation has been completed as required by subsection 1 of section 190.248.

2. Any information regarding the identity, name, address, license, final disciplinary action taken, currency of the license, permit, or certificate of an applicant for or a person possessing a license, permit, or certificate in accordance with sections 190.100 to **[**~~190.245~~**]** **190.243** shall not be confidential.

3. Any information regarding the physical address, mailing address, phone number, fax number, or email address of a licensed ambulance service or a certified training entity, including the name of the medical director and organizational contact information, shall not be confidential.

4. This section shall not be construed to authorize the release of records, reports, or other information which may be held in department files for any holder of or applicant for any certificate, permit, or license that is subject to other specific state or federal laws concerning their disclosure.

5. Nothing in this section shall prohibit the department from releasing aggregate information in accordance with section 192.067.

190.176. 1. The department shall develop and administer a uniform data collection system on all ambulance runs and injured patients, pursuant to rules promulgated by the department for the purpose of injury etiology, patient care outcome, injury and disease prevention and research purposes. The department shall not require disclosure by hospitals of data elements pursuant to this section unless those data elements are required by a federal agency or were submitted to the department as of January 1, 1998, pursuant to:

(1) Departmental regulation of trauma centers; or

(2) **[**~~The Missouri brain and spinal cord injury registry established by sections 192.735 to 192.745; or~~

~~(3)~~**]** Abstracts of inpatient hospital data; or

[~~(4)~~**] (3)** If such data elements are requested by a lawful subpoena or subpoena duces tecum.

2. All information and documents in any civil action, otherwise discoverable, may be obtained from any person or entity providing information pursuant to the provisions of sections 190.001 to **[**~~190.245~~**] 190.243**.

190.180. 1. Any person violating, or failing to comply with, the provisions of sections 190.001 to **[**~~190.245~~**] 190.243** is guilty of a class B misdemeanor.

2. Each day that any violation of, or failure to comply with, sections 190.001 to **[**~~190.245~~**] 190.243** is committed or permitted to continue shall constitute a separate and distinct offense and shall be punishable as such hereunder; but the court may, in appropriate cases, stay the cumulation of penalties.

3. The attorney general of Missouri shall have concurrent jurisdiction with any and all prosecuting attorneys to prosecute persons in violation of sections 190.001 to **[**~~190.245~~**] 190.243**, and the attorney general or prosecuting attorney may institute injunctive proceedings against any person operating in violation of sections 190.001 to **[**~~190.245~~**] 190.243**.

4. The prosecuting attorney for the county in which the violation of a political subdivision's law, ordinance or regulation relating to the provision of ambulance services occurs may prosecute such violations in the circuit court of that county. The legal officer or attorney for the political subdivision may be appointed by the prosecuting attorney as special assistant prosecuting attorney for the prosecution of any such violation.

5. A person, acting as owner, agent or otherwise, who holds a valid license for an ambulance service, shall not, incident to such person's business or service of transporting patients, violate any applicable law, ordinance or regulation of any political subdivision by providing ambulance services or operating any ambulances without a franchise, contract or mutual-aid agreement in such political subdivision, or by violating any such franchise, contract or mutual-aid agreement by any political subdivision which has enacted ordinances making it unlawful to do so. If the department receives official written notification by a political subdivision that an ambulance service has been adjudicated and found to be in violation of any applicable law or ordinance, such ambulance service shall be subject to licensure action by the department.

6. No provision of this section is intended to limit or supersede a political subdivision's right to enforce any law, ordinance, regulation, franchise, contract or mutual-aid agreement.

7. The provisions of subsections 4, 5 and 6 of this section shall not apply to a city not within a county and any county with a population of over nine hundred thousand inhabitants and any licensed ambulance service when operating in a city not within a county.

190.185. The department shall adopt, amend, promulgate, and enforce such rules, regulations and standards with respect to the provisions of this chapter as may be designed to further the accomplishment of the purpose of this law in promoting state-of-the-art emergency medical services in the interest of public health, safety and welfare. When promulgating such rules and regulations, the department shall consider the recommendations of the state advisory council on emergency medical services. Any rule or portion of a rule promulgated pursuant to the authority of sections 190.001 to **[**~~190.245~~**] 190.243** or sections 190.525 to 190.537 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

190.190. 1. All ambulance vehicles or aircraft that have or are qualified to have a valid license issued by the department on the day that sections 190.001 to **[**~~190.245~~**] 190.243** take effect will have their ambulance vehicle or aircraft license expiration date extended to a date that is one year after the effective date of sections 190.001 to **[**~~190.245~~**] 190.243**.

2. All ambulance services shall have until August 28, 1999, to comply with the provisions of sections 190.001 to **[**~~190.245~~**] 190.243** and rules developed pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**. Pursuant to sections 190.001 to **[**~~190.245~~**] 190.243** the department may adjust the initial period of licensure, from one year to five years, of any ambulance service licensed pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**, to equalize the number of licenses that may be renewed during each year of any five-year licensure period.

190.196. 1. No employer shall knowingly employ or permit any employee to perform any services for which a license, certificate or other authorization is required by sections 190.001 to **[**~~190.245~~**] 190.243**, or by rules adopted pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**, unless and until the person so employed possesses all licenses, certificates or authorizations that are required.

2. Any person or entity that employs or supervises a person's activities as an emergency medical responder, emergency medical dispatcher, emergency medical technician, registered nurse, physician assistant, or physician shall cooperate with the department's efforts to monitor and enforce compliance by those individuals subject to the requirements of sections 190.001 to **[**~~190.245~~**] 190.243**.

3. Any person or entity who employs individuals licensed by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243** shall report to the department within seventy-two hours of their having knowledge of any charges filed against a licensee in their employ for possible criminal action involving the following felony offenses:

(1) Child abuse or sexual abuse of a child;

(2) Crimes of violence; or

(3) Rape or sexual abuse.

4. Any licensee who has charges filed against him or her for the felony offenses in subsection 3 of this section shall report such an occurrence to the department within seventy-two hours of the charges being filed.

5. The department will monitor these reports for possible licensure action authorized pursuant to section 190.165.

190.200. 1. The department of health and senior services in cooperation with **hospitals and** local and regional EMS systems and agencies may provide public and professional information and education programs related to emergency medical services systems including trauma, STEMI, and stroke systems and emergency medical care and treatment. The department of health and senior services may also provide public information and education programs for informing residents of and visitors to the state of the availability and proper use of emergency medical services, **of the designation a hospital may receive as a trauma center, STEMI center, or stroke center,** of the value and nature of programs to involve citizens in the administering of prehospital emergency care, including cardiopulmonary resuscitation, and of the availability of training programs in emergency care for members of the general public.

2. The department shall, for **trauma care,** STEMI care**,** and stroke care**,** respectively:

(1) Compile **[**~~and~~**],** assess**, and make publicly available** peer-reviewed and evidence-based clinical research and guidelines that provide or support recommended treatment standards **and that have been recommended by the time-critical diagnosis advisory committee**;

(2) Assess the capacity of the emergency medical services system and hospitals to deliver recommended treatments in a timely fashion;

(3) Use the research, guidelines, and assessment to promulgate rules establishing protocols for transporting **trauma patients to a trauma center,** STEMI patients to a STEMI center**,** or stroke patients to a stroke center. Such transport protocols shall direct patients to **trauma centers,** STEMI centers**,** and stroke centers under section 190.243 based on the centers' capacities to deliver recommended acute care treatments within time limits suggested by clinical research;

(4) Define regions within the state for purposes of coordinating the delivery of **trauma care,** STEMI care**,** and stroke care, respectively;

(5) Promote the development of regional or community-based plans for transporting **trauma,** STEMI**,** or stroke patients via ground or air ambulance to **trauma centers,** STEMI centers**,** or stroke centers, respectively, in accordance with section 190.243; and

(6) Establish procedures for the submission of community-based or regional plans for department approval.

3. A community-based or regional plan **for the transport of trauma, STEMI, and stroke patients** shall be submitted to the department for approval. Such plan shall be based on the clinical research and guidelines and assessment of capacity described in subsection **[**~~1~~**] 2** of this section and shall include a mechanism for evaluating its

effect on medical outcomes. Upon approval of a plan, the department shall waive the requirements of rules promulgated under sections 190.100 to **[**~~190.245~~**] 190.243** that are inconsistent with the community-based or regional plan. A community-based or regional plan shall be developed by **[**~~or in consultation with~~**]** the representatives of hospitals, physicians, and emergency medical services providers in the community or region.

190.241. 1. **Except as provided for in subsection 4 of this section,** the department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. **Site review may occur on-site or by any reasonable means of communication, or by any combination thereof.** Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule. **In developing trauma center designation criteria, the department shall use, as it deems practicable, peer-reviewed and evidence-based clinical research and guidelines including, but not limited to, the most recent guidelines of the American College of Surgeons.**

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

3. The department of health and senior services shall, not less than once every **[**~~five~~**] three** years, conduct **[**~~an on-site~~**] a site** review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of **trauma centers, STEMI centers, and** stroke centers designated pursuant to subsection **[**~~5~~**] 4** of this section; however, this provision is not intended to limit the department's ability to conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. **[**~~On-site~~**] Site** reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has **[**~~reasonable cause to believe that~~**] determined** there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. **Centers that are placed on probationary status shall be required to demonstrate compliance with the provisions of this chapter and any rules or regulations promulgated under this chapter within twelve months of the date of the receipt of the notice of probationary status, unless otherwise provided by a settlement agreement with a duration of a maximum of eighteen months between the department and the designated center.** If the department of health and senior services has **[**~~reasonable cause to believe~~**] determined** that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive **[**~~on-site~~**] site** reviews because of substantial noncompliance with standards prescribed by sections 190.001 to **[**~~190.245~~**] 190.243** or rules adopted by the department pursuant to sections 190.001 to **[**~~190.245~~**] 190.243**, its center designation shall be revoked.

4. **(1)** Instead of applying for **trauma,** STEMI**, or stroke** center designation under subsection **1 or** 2 of this section, a hospital may apply for **trauma,** STEMI**, or stroke** center designation under this subsection. Upon receipt of an application **[**~~from a hospital~~**]** on a form prescribed by the department, the department shall designate such hospital**[**~~:~~

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

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

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

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

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

~~(3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines~~**] at a state level that corresponds to a similar national designation as set forth in rules promulgated by the department. The rules shall be based on standards of nationally recognized organizations and the recommendations of the time-critical diagnosis advisory committee**.

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

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

(1) **[**~~Annually and~~**]** Within thirty days of any changes **or receipt of a certificate or verification,** submit to the department proof of **[**~~stroke~~**]** certification **or verification** and the names and contact information of the **center's** medical director and the program manager **[**~~of the stroke center~~**]**; **and**

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

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

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

~~(5)~~**]** Participate in local and regional emergency medical services systems **[**~~by reviewing and sharing outcome data and~~**] for purposes of** providing training **[**~~and~~**], sharing** clinical educational resources**, and collaborating on improving patient outcomes**.

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

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

(1) Entering hospital data **[**~~directly~~**]** into a state registry **[**~~by direct data entry~~**]**; **or**

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

~~(3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the~~**] Entering hospital data into a national** registry or data bank. A hospital submitting data pursuant to **this** subdivision **[**~~(2) or (3) of this subsection~~**]** shall not be required to collect and submit any additional **trauma,** STEMI**,** or stroke center data elements. **No hospital submitting data to a national data registry or data bank under this subdivision shall withhold authorization for the department to access such data through such national data registry or data bank. Nothing in this subdivision shall be construed as requiring duplicative data entry by a hospital that is otherwise complying with the provisions of this subsection. Failure of the department to obtain access to data submitted to a national data registry or data bank shall not be construed as hospital noncompliance under this subsection.**

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

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

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

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

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

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

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

~~10.~~**] 8. The department shall not have authority to establish additional education requirements for emergency medicine board-certified or board-eligible physicians who are participating in the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) maintenance of certification process and are practicing in the emergency department of a facility designated as a trauma center, STEMI center, or stroke center by the department under this section. The department shall deem the education requirements promulgated by ABEM or AOBEM to meet the standards for designations under this section. Education requirements for non-ABEM or non-AOBEM certified physicians, nurses, and other providers who provide care at a facility designated as a trauma center, STEMI center, or stroke center by the department under this section shall mirror but not exceed those established by national designating or verifying bodies of trauma centers, STEMI centers, or stroke centers.**

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

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

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

12. Failure of a hospital to provide all medical records and quality improvement documentation necessary for the department to implement the provisions of sections 190.241 to 190.243 shall result in the revocation of the hospital's designation as a trauma center, STEMI center, or stroke center. Any medical records obtained by the department shall be used only for purposes of implementing the provisions of sections 190.241 to 190.243, and the names of hospitals, physicians, and patients shall not be released by the department or members of review teams.

190.243. 1. Severely injured patients shall be transported to a trauma center. Patients who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center. Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke center.

2. A physician**, physician assistant,** or registered nurse authorized by a physician who has established verbal communication with ambulance personnel shall instruct the ambulance personnel to transport a severely ill or injured patient to the closest hospital or designated trauma, STEMI, or stroke center, as determined according to estimated transport time whether by ground ambulance or air ambulance, in accordance with transport protocol approved by the medical director and the department of health and senior services, even when the hospital is located outside of the ambulance service's primary service area. When initial transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be prolonged, the STEMI, stroke, or severely injured patient may be transported to the nearest appropriate facility for stabilization prior to transport to a trauma, STEMI, or stroke center.

3. Transport of the STEMI, stroke, or severely injured patient shall be governed by principles of timely and medically appropriate care; consideration of reimbursement mechanisms shall not supersede those principles.

4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or stroke center shall be transported to and cared for at the hospital of their choice so long as such ambulance service is not in violation of local protocols.

190.248. 1. All investigations conducted in response to allegations of violations of sections 190.001 to **[**~~190.245~~**]** **190.243** shall be completed within six months of receipt of the allegation.

2. In the course of an investigation the department shall have access to all records directly related to the alleged violations from persons or entities licensed pursuant to this chapter or chapter 197 or 198.

3. Any department investigations that involve other administrative or law enforcement agencies shall be completed within six months of notification and final determination by such administrative or law enforcement agencies.

190.257. 1. There is hereby established the "Time-Critical Diagnosis Advisory Committee", to be designated by the director for the purpose of advising and making recommendations to the department on:

(1) Improvement of public and professional education related to time-critical diagnosis;

(2) Engagement in cooperative research endeavors;

(3) Development of standards, protocols, and policies related to time-critical diagnosis, including recommendations for state regulations; and

(4) Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes.

2. The members of the committee shall serve without compensation, except that the department shall budget for reasonable travel expenses and meeting expenses related to the functions of the committee.

3. The director shall appoint sixteen members to the committee from applications submitted for appointment, with the membership to be composed of the following:

(1) Six members, one from each EMS region, who are active participants providing emergency medical services, with at least:

(a) One member who is a physician serving as a regional EMS medical director;

(b) One member who serves on an air ambulance service;

(c) One member who resides in an urban area; and

(d) One member who resides in a rural area; and

(2) Ten members who represent hospitals, with at least:

(a) One member who is employed by a level I or level II trauma center;

(b) One member who is employed by a level I or level II STEMI center;

(c) One member who is employed by a level I or level II stroke center;

(d) One member who is employed by a rural or critical access hospital; and

(e) Three physicians, with one physician certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I or level II trauma center, STEMI center, or stroke center.

4. In addition to the sixteen appointees, the state EMS medical director shall serve as an ex officio member of the committee.

5. The director shall make a reasonable effort to ensure that the members representing hospitals have geographical representation from each district of the state designated by a statewide nonprofit membership association of hospitals.

6. Members appointed by the director shall be appointed for three-year terms. Initial appointments shall include extended terms in order to establish a rotation to ensure that only approximately one-third of the appointees will have their term expire in any given year. An appointee wishing to continue in his or her role on the committee shall resubmit an application as required by this section.

7. The committee shall consult with the state advisory council on emergency medical services, as described in section 190.101, regarding issues involving emergency medical services."; and"

Further amend said bill,"; and

Further amend said amendment, Page 3, Line 39, by inserting after said line the following:

"Further amend said bill, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"287.243. 1. This section shall be known and may be cited as the "Line of Duty Compensation Act".

2. As used in this section, unless otherwise provided, the following words shall mean:

(1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with sections 190.001 to **[**~~190.245~~**]** **190.243** and corresponding regulations applicable to air ambulances adopted by the department of health and senior services;

(2) "Air ambulance registered professional nurse", a person licensed as a registered professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional nursing services as a flight nurse in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to **[**~~190.245~~**]** **190.243** and the corresponding regulations applicable to such programs;

(3) "Air ambulance registered respiratory therapist", a person licensed as a registered respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations adopted by the state board for respiratory care, who provides respiratory therapy services in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to **[**~~190.245~~**]** **190.243** and corresponding regulations applicable to such programs;

(4) "Child", any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the public safety officer's fatality is:

(a) Eighteen years of age or under;

(b) Over eighteen years of age and a student, as defined in 5 U.S.C. Section 8101; or

(c) Over eighteen years of age and incapable of self-support because of physical or mental disability;

(5) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to **[**~~190.245~~**]** **190.243** and by rules adopted by the department of health and senior services under sections 190.001 to **[**~~190.245~~**]** **190.243**;

(6) "Firefighter", any person, including a volunteer firefighter, employed by the state or a local governmental entity as an employer defined under subsection 1 of section 287.030, or otherwise serving as a member or officer of a fire department either for the purpose of the prevention or control of fire or the underwater recovery of drowning victims;

(7) "Flight crew member", an individual engaged in flight responsibilities with an air ambulance licensed in accordance with sections 190.001 to **[**~~190.245~~**]** **190.243** and corresponding regulations applicable to such programs;

(8) "Killed in the line of duty", when any person defined in this section loses his or her life when:

(a) Death is caused by an accident or the willful act of violence of another;

(b) The public safety officer is in the active performance of his or her duties in his or her respective profession and there is a relationship between the accident or commission of the act of violence and the performance of the duty, even if the individual is off duty; the public safety officer is traveling to or from employment; or the public safety officer is taking any meal break or other break which takes place while that individual is on duty;

(c) Death is the natural and probable consequence of the injury; and

(d) Death occurs within three hundred weeks from the date the injury was received.

The term excludes death resulting from the willful misconduct or intoxication of the public safety officer. The division of workers' compensation shall have the burden of proving such willful misconduct or intoxication;

(9) "Law enforcement officer", any person employed by the state or a local governmental entity as a police officer, peace officer certified under chapter 590, or serving as an auxiliary police officer or in some like position involving the enforcement of the law and protection of the public interest at the risk of that person's life;

(10) "Local governmental entity", includes counties, municipalities, townships, board or other political subdivision, cities under special charter, or under the commission form of government, fire protection districts, ambulance districts, and municipal corporations;

(11) "Public safety officer", any law enforcement officer, firefighter, uniformed employee of the office of the state fire marshal, emergency medical technician, police officer, capitol police officer, parole officer, probation officer, state correctional employee, water safety officer, park ranger, conservation officer, or highway patrolman employed by the state of Missouri or a political subdivision thereof who is killed in the line of duty or any emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory therapist, or flight crew member who is killed in the line of duty;

(12) "State", the state of Missouri and its departments, divisions, boards, bureaus, commissions, authorities, and colleges and universities;

(13) "Volunteer firefighter", a person having principal employment other than as a firefighter, but who is carried on the rolls of a regularly constituted fire department either for the purpose of the prevention or control of fire or the underwater recovery of drowning victims, the members of which are under the jurisdiction of the corporate authorities of a city, village, incorporated town, or fire protection district. Volunteer firefighter shall not mean an individual who volunteers assistance without being regularly enrolled as a firefighter.

3. (1) A claim for compensation under this section shall be filed by survivors of the deceased with the division of workers' compensation not later than one year from the date of death of a public safety officer. If a claim is made within one year of the date of death of a public safety officer killed in the line of duty, compensation shall be paid, if the division finds that the claimant is entitled to compensation under this section.

(2) The amount of compensation paid to the claimant shall be twenty-five thousand dollars, subject to appropriation, for death occurring on or after June 19, 2009.

4. Any compensation awarded under the provisions of this section shall be distributed as follows:

(1) To the surviving spouse of the public safety officer if there is no child who survived the public safety officer;

(2) Fifty percent to the surviving child, or children, in equal shares, and fifty percent to the surviving spouse if there is at least one child who survived the public safety officer, and a surviving spouse of the public safety officer;

(3) To the surviving child, or children, in equal shares, if there is no surviving spouse of the public safety officer;

(4) If there is no surviving spouse of the public safety officer and no surviving child:

(a) To the surviving individual, or individuals, in shares per the designation or, otherwise, in equal shares, designated by the public safety officer to receive benefits under this subsection in the most recently executed designation of beneficiary of the public safety officer on file at the time of death with the public safety agency, organization, or unit; or

(b) To the surviving individual, or individuals, in equal shares, designated by the public safety officer to receive benefits under the most recently executed life insurance policy of the public safety officer on file at the time of death with the public safety agency, organization, or unit if there is no individual qualifying under paragraph (a) **of this subdivision**;

(5) To the surviving parent, or parents, in equal shares, of the public safety officer if there is no individual qualifying under subdivision (1), (2), (3), or (4) of this subsection; or

(6) To the surviving individual, or individuals, in equal shares, who would qualify under the definition of the term "child" but for age if there is no individual qualifying under subdivision (1), (2), (3), (4), or (5) of this subsection.

5. Notwithstanding subsection 3 of this section, no compensation is payable under this section unless a claim is filed within the time specified under this section setting forth:

(1) The name, address, and title or designation of the position in which the public safety officer was serving at the time of his or her death;

(2) The name and address of the claimant;

(3) A full, factual account of the circumstances resulting in or the course of events causing the death at issue; and

(4) Such other information that is reasonably required by the division.

When a claim is filed, the division of workers' compensation shall make an investigation for substantiation of matters set forth in the application.

6. The compensation provided for under this section is in addition to, and not exclusive of, any pension rights, death benefits, or other compensation the claimant may otherwise be entitled to by law.

7. Neither employers nor workers' compensation insurers shall have subrogation rights against any compensation awarded for claims under this section. Such compensation shall not be assignable, shall be exempt from attachment, garnishment, and execution, and shall not be subject to setoff or counterclaim, or be in any way liable for any debt, except that the division or commission may allow as lien on the compensation, reasonable attorney's fees for services in connection with the proceedings for compensation if the services are found to be necessary. Such fees are subject to regulation as set forth in section 287.260.

8. Any person seeking compensation under this section who is aggrieved by the decision of the division of workers' compensation regarding his or her compensation claim, may make application for a hearing as provided in section 287.450. The procedures applicable to the processing of such hearings and determinations shall be those established by this chapter. Decisions of the administrative law judge under this section shall be binding, subject to review by either party under the provisions of section 287.480.

9. Pursuant to section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset six years after June 19, 2019, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset twelve years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

10. The provisions of this section, unless specified, shall not be subject to other provisions of this chapter.

11. There is hereby created in the state treasury the "Line of Duty Compensation Fund", which shall consist of moneys appropriated to the fund and any voluntary contributions, gifts, or bequests to the fund. The state treasurer shall be custodian of the fund and shall approve disbursements from the fund in accordance with sections 30.170 and 30.180. Upon appropriation, money in the fund shall be used solely for paying claims under this section. 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. 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.

12. The division shall promulgate rules to administer this section, including but not limited to the appointment of claims to multiple claimants, record retention, and procedures for information requests. 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 June 19, 2009, shall be invalid and void."; and

Further amend said amend bill, Page 11, Section 574.204, Line 9, by inserting after all of said section and line the following:

"**[**~~190.245. The department shall require hospitals, as defined by chapter 197, designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department, for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For purposes of sections 190.241 to 190.245, the department of health and senior services shall have the same powers and authority of a health care licensing board pursuant to subsection 6 of section 537.035. Failure of a hospital to provide all medical records necessary for the department to implement provisions of sections 190.241 to 190.245 shall result in the revocation of the hospital's designation as a trauma, STEMI, or stroke center. Any medical records obtained by the department or peer review committees shall be used only for purposes of implementing the provisions of sections 190.241 to 190.245 and the names of hospitals, physicians and patients shall not be released by the department or members of review committees.~~**]**"; and"; and

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

Representative Taylor (139) assumed the Chair.

On motion of Representative Andrews, **House Amendment No. 2 to House Amendment No. 14** was adopted.

Representative Aune offered **House Amendment No. 3 to House Amendment No. 14**.

House Amendment No. 3
to
House Amendment No. 14

AMEND House Amendment No. 14 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 3, Line 39, by inserting after said section and line the following:

"Further amend said bill, Page 10, Section 574.203, Line 2, by inserting after the word "**disability**" the words "**, mental disorder, or mental illness**"; and"; and

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

On motion of Representative Aune, **House Amendment No. 3 to House Amendment No. 14** was adopted.

On motion of Representative Gregory (96), **House Amendment No. 14, as amended**, was adopted.

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

House Amendment No. 15

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 2, Section 9.309, Line 3, by inserting after all of said section and line the following:

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

(1) "Pharmacy", the same meaning given to the term in section 338.210;

(2) "Plan", the Missouri consolidated health care plan as described in section 103.005;

(3) "Rebate", any discount, negotiated concession, or other payment provided by a pharmaceutical manufacturer, pharmacy, or health benefit plan to an entity to sell, provide, pay, or reimburse a pharmacy or other entity in the state for the dispensation or administration of a prescription drug on behalf of itself or another entity.

2. Before March 1, 2023, and annually thereafter, the pharmacy benefits manager utilized by the Missouri consolidated health care plan shall file a report with the plan for the immediately preceding calendar year. The report shall contain the following information regarding the plan:

(1) The aggregate dollar amount of all rebates that the pharmacy benefits manager collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that:

(a) Were covered by the plan during such calendar year; and

(b) Were attributable to patient utilization of such drugs during such calendar year; and

(2) The aggregate dollar amount of all rebates, excluding any portion of the rebates received by the plan, concerning drug formularies that the pharmacy benefits manager collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that:

(a) Were covered by the plan during such calendar year; and

(b) Were attributable to patient utilization of such drugs by covered persons under the plan during such calendar year.

3. In consultation with its pharmacy benefits manager, the plan shall establish a form for reporting the information required under subsection 2 of this section. The form shall be designed to minimize the administrative burden and cost of reporting on the plan and its pharmacy benefits manager.

4. No documents, materials, or other information submitted to the plan under subsection 2 of this section shall be subject to disclosure under chapter 610, except to the extent they are included on an aggregated basis in the reports required under subsection 5 of this section. The plan shall not disclose information submitted under subsection 2 of this section in a manner that:

(1) Is likely to compromise the financial, competitive, or proprietary nature of such information; or

(2) Would enable a third party to identify the value of a rebate provided for a particular outpatient prescription drug or therapeutic class of outpatient prescription drugs.

5. (1) Before July 1, 2023, and annually thereafter, the plan shall submit a report to the standing committees of the general assembly having jurisdiction over health insurance matters. The report shall contain an aggregation of the information submitted to the plan under subdivision (1) of subsection 2 of this section for the immediately preceding calendar year and such other information as the plan in its discretion deems relevant for the purposes of this section. The plan shall provide its pharmacy benefits manager and any third party affected by submission of a report required by this subsection with a written notice describing the content of the report.

(2) Before July 1, 2023, and annually thereafter, the plan shall prepare a report for the immediately preceding calendar year describing the rebate practices of the plan and its pharmacy benefits manager. The plan shall provide the report to the standing committees of the general assembly having jurisdiction over health insurance matters and the director of the department of commerce and insurance. The report shall contain:

(a) An explanation of the manner in which the plan accounted for rebates in calculating premiums for such year;

(b) A statement disclosing whether, and describing the manner in which, the plan made rebates available to enrollees at the point of purchase during such year;

(c) A statement describing any other manner in which the plan applied rebates during such year; and

(d) Such other information as the plan in its discretion deems relevant for the purposes of this section.

6. The plan may impose a penalty of no more than seven thousand five hundred dollars on its pharmacy benefits manager for each violation of this section."; and

Further amend said bill, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"338.015. 1. The provisions of sections 338.010 to 338.015 shall not be construed to inhibit the patient's freedom of choice to obtain prescription services from any licensed pharmacist **or pharmacy**. **[**~~However, nothing in sections 338.010 to 338.315 abrogates the patient's ability to waive freedom of choice under any contract with regard to payment or coverage of prescription expense.~~**]**

2. All pharmacists may provide pharmaceutical consultation and advice to persons concerning the safe and therapeutic use of their prescription drugs.

3. All patients shall have the right to receive a written prescription from their prescriber to take to the facility of their choice or to have an electronic prescription transmitted to the facility of their choice.

4. No pharmacy benefits manager, as defined in section 376.388, shall prohibit or redirect by contract, or otherwise penalize or restrict, a covered person, as defined in section 376.387, from obtaining prescription services, consultation, or advice from a contracted pharmacy, as defined in section 376.388.

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~~**] a policyholder, subscriber, enrollee, or other individual who receives prescription drug coverage through a pharmacy benefits manager**;

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

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

(4) "Pharmacy", the same meaning as such term is defined in chapter 338;

(5) "Pharmacy benefits manager", the same meaning as such term is defined in section 376.388.

2. No pharmacy benefits manager shall include a provision in a contract entered into or modified on or after August 28, 2018, with a pharmacy or pharmacist that requires a covered person to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of:

(1) The copayment amount as required under the health benefit plan; or

(2) The amount an individual would pay for a prescription if that individual paid with cash.

3. A pharmacy or pharmacist shall have the right to provide to a covered person information regarding the amount of the covered person's cost share for a prescription drug, the covered person's cost of an alternative drug, and the covered person's cost of the drug without adjudicating the claim through the pharmacy benefits manager. Neither a pharmacy nor a pharmacist shall be proscribed by a pharmacy benefits manager from discussing any such information or from selling a more affordable alternative to the covered person.

4. No pharmacy benefits manager shall, directly or indirectly, charge or hold a pharmacist or pharmacy responsible for any fee amount related to a claim that is not known at the time of the claim's adjudication, unless the amount is a result of improperly paid claims **[**~~or charges for administering a health benefit plan~~**]**.

5. **[**~~This section shall not apply with respect to claims under Medicare Part D, or any other plan administered or regulated solely under federal law, and to the extent this section may be preempted under the Employee Retirement Income Security Act of 1974 for self-funded employer-sponsored health benefit plans.~~

~~6.~~**]** A pharmacy benefits manager shall notify in writing any health carrier with which it contracts if the pharmacy benefits manager has a conflict of interest, any commonality of ownership, or any other relationship, financial or otherwise, between the pharmacy benefits manager and any other health carrier with which the pharmacy benefits manager contracts.

[~~7.~~**] 6. Any entity that enters into a contract to sell, provide, pay, or reimburse a pharmacy in the state for prescription drugs on behalf of itself or another entity shall define and apply the term "generic", with respect to prescription drugs, to mean any "authorized generic drug", as defined in 21 CFR 314.3, approved under section 505(c) of the Federal Food, Drug, and Cosmetic Act, as amended.**

7. Any entity that enters into a contract to sell, provide, pay, or reimburse a pharmacy in the state for prescription drugs on behalf of itself or another entity shall define and apply the term "rebate" as having the same meaning given to the term in section 103.200.

8. A pharmacy benefits manager that has contracted with an entity to provide pharmacy benefit management services for such an entity shall owe a fiduciary duty to that entity, and shall discharge that duty in accordance with federal and state law.

9. The department of commerce and insurance shall enforce this section.

376.388. 1. As used in this section, unless the context requires otherwise, the following terms shall mean:

(1) "Contracted pharmacy" **[**~~or "pharmacy"~~**]**, a pharmacy located in Missouri participating in the network of a pharmacy benefits manager through a direct or indirect contract;

(2) **[**~~"Health carrier", an entity subject to the insurance laws and regulations of this state that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services, except that such plan shall not include any coverage pursuant to a liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;~~

~~(3)~~**]** "Maximum allowable cost", the per-unit amount that a pharmacy benefits manager reimburses a pharmacist for a prescription drug, excluding a dispensing or professional fee;

[~~(4)~~**] (3)** "Maximum allowable cost list" or "MAC list", a listing of drug products that meet the standard described in this section;

[~~(5)~~**] (4)** "Pharmacy", as such term is defined in chapter 338;

[~~(6)~~**] (5)** "Pharmacy benefits manager", an entity that **[**~~contracts with pharmacies on behalf of health carriers or any health plan sponsored by the state or a political subdivision of the state~~**] administers or manages a pharmacy benefits plan or program;**

(6) "Pharmacy benefits manager affiliate", a pharmacy or pharmacist that directly or indirectly, through one or more intermediaries, owns or controls, is owned or controlled by, or is under common ownership or control with a pharmacy benefits manager;

(7) "Pharmacy benefits plan or program", a plan or program that pays for, reimburses, covers the cost of, or otherwise provides for pharmacist services to individuals who reside in or are employed in this state.

2. Upon each contract execution or renewal between a pharmacy benefits manager and a pharmacy or between a pharmacy benefits manager and a pharmacy's contracting representative or agent, such as a pharmacy services administrative organization, a pharmacy benefits manager shall, with respect to such contract or renewal:

(1) Include in such contract or renewal the sources utilized to determine maximum allowable cost and update such pricing information at least every seven days; and

(2) Maintain a procedure to eliminate products from the maximum allowable cost list of drugs subject to such pricing or modify maximum allowable cost pricing at least every seven days, if such drugs do not meet the standards and requirements of this section, in order to remain consistent with pricing changes in the marketplace.

3. A pharmacy benefits manager shall reimburse pharmacies for drugs subject to maximum allowable cost pricing that has been updated to reflect market pricing at least every seven days as set forth under subdivision (1) of subsection 2 of this section.

4. A pharmacy benefits manager shall not place a drug on a maximum allowable cost list unless there are at least two therapeutically equivalent multisource generic drugs, or at least one generic drug available from at least one manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.

5. **(1)** All contracts between a pharmacy benefits manager and a contracted pharmacy or between a pharmacy benefits manager and a pharmacy's contracting representative or agent, such as a pharmacy services administrative organization, shall include a process to internally appeal, investigate, and resolve disputes regarding maximum allowable cost pricing. The process shall include the following:

[~~(1)~~**] (a)** The right to appeal shall be limited to fourteen calendar days following the reimbursement of the initial claim; and

[~~(2)~~**] (b)** A requirement that the pharmacy benefits manager shall respond to an appeal described in this subsection no later than fourteen calendar days after the date the appeal was received by such pharmacy benefits manager.

(2) If a reimbursement to a contracted pharmacy is below the pharmacy's cost to purchase the drug, the pharmacy benefits manager shall sustain an appeal and increase reimbursement to the pharmacy and other contracted pharmacies to cover the cost of purchasing the drug.

(3) A pharmacy benefits manager shall not reimburse a pharmacy or pharmacist in the state an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services.

6. For appeals that are denied, the pharmacy benefits manager shall provide the reason for the denial and identify the national drug code of a drug product that may be purchased by contracted pharmacies at a price at or below the maximum allowable cost and, when applicable, may be substituted lawfully.

7. If the appeal is successful, the pharmacy benefits manager shall:

(1) Adjust the maximum allowable cost price that is the subject of the appeal effective on the day after the date the appeal is decided;

(2) Apply the adjusted maximum allowable cost price to all similarly situated pharmacies as determined by the pharmacy benefits manager; and

(3) Allow the pharmacy that succeeded in the appeal to reverse and rebill the pharmacy benefits claim giving rise to the appeal.

8. Appeals shall be upheld if:

(1) The pharmacy being reimbursed for the drug subject to the maximum allowable cost pricing in question was not reimbursed as required under subsection 3 of this section; or

(2) The drug subject to the maximum allowable cost pricing in question does not meet the requirements set forth under subsection 4 of this section."; 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. 15**.

House Amendment No. 1
to
House Amendment No. 15

AMEND House Amendment No. 15 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 3, Lines 32-35, by deleting said lines and inserting in lieu thereof the following:

"**8.** The department of commerce and insurance shall enforce this section."; and

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

HCS SCS SB 403, as amended, with House Amendment No. 1 to House Amendment No. 15 and House Amendment No. 15, pending, was laid over.

HCS SS SB 64, relating to health care, was taken up by Representative Christofanelli.

On motion of Representative Christofanelli, the title of **HCS SS SB 64** was agreed to.

Representative Smith (163) offered **House Amendment No. 1**.

House Amendment No. 1

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 64, Page 42, Section 190.257, Line 43, by inserting after all of said section and line the following:

"190.800. 1. Each ground ambulance service, except for any ambulance service owned and operated by an entity owned and operated by the state of Missouri, including but not limited to any hospital owned or operated by the board of curators, as defined in chapter 172, or any department of the state, shall, in addition to all other fees and taxes now required or paid, pay an ambulance service reimbursement allowance tax for the privilege of engaging in the business of providing ambulance services in this state.

2. For the purpose of this section, the following terms shall mean:

(1) "Ambulance", the same meaning as such term is defined in section 190.100;

(2) "Ambulance service", the same meaning as such term is defined in section 190.100;

(3) "Engaging in the business of providing ambulance services in this state", accepting payment for such services;

(4) "Gross receipts", all amounts received by an ambulance service licensed under section 190.109 for its own account from the provision of all emergency services, as defined in section 190.100, to the public in the state of Missouri, but shall not include revenue from taxes collected under law, grants, subsidies received from governmental agencies, **[**~~or~~**]** the value of charity care**, or revenues received from supplemental reimbursement for ground emergency medical transportation under section 208.1030**.

190.839. Sections 190.800 to 190.839 shall expire on September 30, **[**~~2021~~**] 2022**"; and

Further amend said bill, Page 51, Section 192.2520, Line 99, by inserting after all of said section and line the following:

"**196.1170. 1. This section shall be known and may be cited as the "Kratom Consumer Protection Act".**

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

(1) "Dealer", a person who sells, prepares, or maintains kratom products or advertises, represents, or holds oneself out as selling, preparing, or maintaining kratom products. Such person may include, but not be limited to, a manufacturer, wholesaler, store, restaurant, hotel, catering facility, camp, bakery, delicatessen, supermarket, grocery store, convenience store, nursing home, or food or drink company;

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

(3) "Director", the director of the department or the director's designee;

(4) "Food", a food, food product, food ingredient, dietary ingredient, dietary supplement, or beverage for human consumption;

(5) "Kratom product", a food product or dietary ingredient containing any part of the leaf of the plant Mitragyna speciosa.

3. The general assembly hereby occupies and preempts the entire field of regulating kratom products to the complete exclusion of any order, ordinance, or regulation of any political subdivision of this state. Any political subdivision's existing or future orders, ordinances, or regulations relating to kratom products are hereby void.

4. (1) A dealer who prepares, distributes, sells, or exposes for sale a food that is represented to be a kratom product shall disclose on the product label the factual basis upon which that representation is made.

(2) A dealer shall not prepare, distribute, sell, or expose for sale a food represented to be a kratom product that does not conform to the disclosure requirement under subdivision (1) of this subsection.

5. A dealer shall not prepare, distribute, sell, or expose for sale any of the following:

(1) A kratom product that is adulterated with a dangerous non-kratom substance. A kratom product shall be considered to be adulterated with a dangerous non-kratom substance if the kratom product is mixed or packed with a non-kratom substance and that substance affects the quality or strength of the kratom product to such a degree as to render the kratom product injurious to a consumer;

(2) A kratom product that is contaminated with a dangerous non-kratom substance. A kratom product shall be considered to be contaminated with a dangerous non-kratom substance if the kratom product contains a poisonous or otherwise deleterious non-kratom ingredient including, but not limited to, any substance listed in section 195.017;

(3) A kratom product containing a level of 7-hydroxymitragynine in the alkaloid fraction that is greater than two percent of the alkaloid composition of the product;

(4) A kratom product containing any synthetic alkaloids, including synthetic mitragynine, synthetic 7-hydroxymitragynine, or any other synthetically derived compounds of the plant Mitragyna speciosa; or

(5) A kratom product that does not include on its package or label the amount of mitragynine and 7-hydroxymitragynine contained in the product.

6. A dealer shall not distribute, sell, or expose for sale a kratom product to an individual under eighteen years of age.

7. (1) If a dealer violates subdivision (1) of subsection 4 of this section, the director may, after notice and hearing, impose a fine on the dealer of no more than five hundred dollars for the first offense and no more than one thousand dollars for the second or subsequent offense.

(2) A dealer who violates subdivision (2) of subsection 4 of this section, subsection 5 of this section, or subsection 6 of this section is guilty of a class D misdemeanor.

(3) A person aggrieved by a violation of subdivision (2) of subsection 4 of this section or subsection 5 of this section may, in addition to and distinct from any other remedy at law or in equity, bring a private cause of action in a court of competent jurisdiction for damages resulting from that violation including, but not limited to, economic, noneconomic, and consequential damages.

(4) A dealer does not violate subdivision (2) of subsection 4 of this section or subsection 5 of this section if a preponderance of the evidence shows that the dealer relied in good faith upon the representations of a manufacturer, processor, packer, or distributor of food represented to be a kratom product.

8. The department shall promulgate rules to implement the provisions of this section including, but not limited to, the requirements for the format, size, and placement of the disclosure label required under subdivision (1) of subsection 4 of this section and for the information to be included in the disclosure label. 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, 2021, shall be invalid and void."; and

Further amend said bill and page, Section 197.135, Line 7, by deleting all of said line and inserting in lieu thereof the following:

"age shall be referred**, and victims fourteen years of age or older but less than eighteen years of age may be**"; and

Further amend said bill and section, Page 52, Line 47, by inserting after all of said section the following:

"198.439. Sections 198.401 to 198.436 shall expire on September 30, **[**~~2021~~**] 2022**.

208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as described in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six consecutive months, during which the participant is on a temporary leave of absence from the hospital or nursing home, provided that no such participant shall be allowed a temporary leave of absence unless it is specifically provided for in his plan of care. As used in this subdivision, the term "temporary leave of absence" shall include all periods of time during which a participant is away from the hospital or nursing home overnight because he is visiting a friend or relative;

(6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or elsewhere;

(7) Subject to appropriation, up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand MO HealthNet services;

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

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

(10) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal regulations promulgated thereunder;

(11) Home health care services;

(12) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include**:**

(a) Abortions unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term; **and**

(b) Subject to the receipt of any necessary federal waivers, any drug or device approved by the federal Food and Drug Administration intended to cause the destruction of an unborn child, as defined in section 188.015;

(13) Inpatient psychiatric hospital services for individuals under age twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

(14) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(15) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

(16) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

(a) Outpatient mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(b) Clinic mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

(17) Such additional services as defined by the MO HealthNet division to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

(18) The services of an advanced practice registered nurse with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder;

(19) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection to reserve a bed for the participant in the nursing home during the time that the participant is absent due to admission to a hospital for services which cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

(a) The provisions of this subdivision shall apply only if:

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health and senior services which was taken prior to when the participant is admitted to the hospital; and

b. The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

(b) The payment to be made under this subdivision shall be provided for a maximum of three days per hospital stay;

(c) For each day that nursing home costs are paid on behalf of a participant under this subdivision during any period of six consecutive months such participant shall, during the same period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise available temporary leave of absence days provided under subdivision (5) of this subsection; and

(d) The provisions of this subdivision shall not apply unless the nursing home receives notice from the participant or the participant's responsible party that the participant intends to return to the nursing home following the hospital stay. If the nursing home receives such notification and all other provisions of this subsection have been satisfied, the nursing home shall provide notice to the participant or the participant's responsible party prior to release of the reserved bed;

(20) Prescribed medically necessary durable medical equipment. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(21) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(22) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(23) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(24) Blood clotting products-related services. For persons diagnosed with a bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section 338.400, such services include:

(a) Home delivery of blood clotting products and ancillary infusion equipment and supplies, including the emergency deliveries of the product when medically necessary;

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and

(c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant's treating physician;

(25) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision.

2. Additional benefit payments for medical assistance shall be made on behalf of those eligible needy children, pregnant women and blind persons with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Dental services;

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

(3) Optometric services as described in section 336.010;

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

(5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (15) and (16) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a

generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated thereunder.

6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated thereunder.

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

10. The MO HealthNet division may enroll qualified residential care facilities and assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

11. Any income earned by individuals eligible for certified extended employment at a sheltered workshop under chapter 178 shall not be considered as income for purposes of determining eligibility under this section.

12. If the Missouri Medicaid audit and compliance unit changes any interpretation or application of the requirements for reimbursement for MO HealthNet services from the interpretation or application that has been applied previously by the state in any audit of a MO HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO HealthNet providers five business days before such change shall take effect. Failure of the Missouri Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to continue to receive and retain reimbursement until such notification is provided and shall waive any liability of such provider for recoupment or other loss of any payments previously made prior to the five business days after such notice has been sent. Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall agree to receive communications electronically. The notification required under this section shall be delivered in writing by the United States Postal Service or electronic mail to each provider.

13. Nothing in this section shall be construed to abrogate or limit the department's statutory requirement to promulgate rules under chapter 536.

14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists."; and

Further amend said bill, Page 56, Section 208.227, Line 100, by inserting after all of said section the following:

"208.437. 1. A Medicaid managed care organization reimbursement allowance period as provided in sections 208.431 to 208.437 shall be from the first day of July to the thirtieth day of June. The department shall notify each Medicaid managed care organization with a balance due on the thirtieth day of June of each year the amount of such balance due. If any managed care organization fails to pay its managed care organization reimbursement allowance within thirty days of such notice, the reimbursement allowance shall be delinquent. The reimbursement allowance may remain unpaid during an appeal.

2. Except as otherwise provided in this section, if any reimbursement allowance imposed under the provisions of sections 208.431 to 208.437 is unpaid and delinquent, the department of social services may compel the payment of such reimbursement allowance in the circuit court having jurisdiction in the county where the main offices of the Medicaid managed care organization are located. In addition, the director of the department of social services or the director's designee may cancel or refuse to issue, extend or reinstate a Medicaid contract agreement to any Medicaid managed care organization which fails to pay such delinquent reimbursement allowance required by sections 208.431 to 208.437 unless under appeal.

3. Except as otherwise provided in this section, failure to pay a delinquent reimbursement allowance imposed under sections 208.431 to 208.437 shall be grounds for denial, suspension or revocation of a license granted by the department of commerce and insurance. The director of the department of commerce and insurance may deny, suspend or revoke the license of a Medicaid managed care organization with a contract under 42 U.S.C. Section 1396b(m) which fails to pay a managed care organization's delinquent reimbursement allowance unless under appeal.

4. Nothing in sections 208.431 to 208.437 shall be deemed to effect or in any way limit the tax-exempt or nonprofit status of any Medicaid managed care organization with a contract under 42 U.S.C. Section 1396b(m) granted by state law.

5. Sections 208.431 to 208.437 shall expire on September 30, **[**~~2021~~**]** **2022**.

208.480. Notwithstanding the provisions of section 208.471 to the contrary, sections 208.453 to 208.480 shall expire on September 30, **[**~~2021~~**]** **2022**."; and

Further amend said bill, Pages 61-63, Section 334.036, Lines 1-75, by deleting all of said section and lines from the bill; and

Further amend said bill, Page 63, Section 338.010, Line 13, by inserting after the word "**vaccines**" the words "**by physician protocol**"; and

Further amend said bill and section, Page 66, Line 110, by inserting after all of said section the following:

"338.550. 1. The pharmacy tax required by sections 338.500 to 338.550 shall expire ninety days after any one or more of the following conditions are met:

(1) The aggregate dispensing fee as appropriated by the general assembly paid to pharmacists per prescription is less than the fiscal year 2003 dispensing fees reimbursement amount; or

(2) The formula used to calculate the reimbursement as appropriated by the general assembly for products dispensed by pharmacies is changed resulting in lower reimbursement to the pharmacist in the aggregate than provided in fiscal year 2003; or

(3) September 30, **[**~~2021~~**]** **2022**.

The director of the department of social services shall notify the revisor of statutes of the expiration date as provided in this subsection. The provisions of sections 338.500 to 338.550 shall not apply to pharmacies domiciled or headquartered outside this state which are engaged in prescription drug sales that are delivered directly to patients within this state via common carrier, mail or a carrier service.

2. Sections 338.500 to 338.550 shall expire on September 30, **[**~~2021~~**] 2022**."; and

Further amend said bill, Page 69, Section 574.203, Line 2, by inserting after the word "**disability**" the words "**, mental disorder, or mental illness**"; and

Further amend said bill, Page 72, Section 579.076, Line 12, by inserting after all of said section the following:

"633.401. 1. For purposes of this section, the following terms mean:

(1) "Engaging in the business of providing health benefit services", accepting payment for health benefit services;

(2) "Intermediate care facility for the intellectually disabled", a private or department of mental health facility which admits persons who are intellectually disabled or developmentally disabled for residential habilitation and other services pursuant to chapter 630. Such term shall include habilitation centers and private or public intermediate care facilities for the intellectually disabled that have been certified to meet the conditions of participation under 42 CFR, Section 483, Subpart I;

(3) "Net operating revenues from providing services of intermediate care facilities for the intellectually disabled" shall include, without limitation, all moneys received on account of such services pursuant to rates of reimbursement established and paid by the department of social services, but shall not include charitable contributions, grants, donations, bequests and income from nonservice related fund-raising activities and government deficit financing, contractual allowance, discounts or bad debt;

(4) "Services of intermediate care facilities for the intellectually disabled" has the same meaning as the term services of intermediate care facilities for the mentally retarded, as used in Title 42 United States Code, Section 1396b(w)(7)(A)(iv), as amended, and as such qualifies as a class of health care services recognized in federal Public Law 102-234, the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991.

2. Beginning July 1, 2008, each provider of services of intermediate care facilities for the intellectually disabled shall, in addition to all other fees and taxes now required or paid, pay assessments on their net operating revenues for the privilege of engaging in the business of providing services of the intermediate care facilities for the intellectually disabled or developmentally disabled in this state.

3. Each facility's assessment shall be based on a formula set forth in rules and regulations promulgated by the department of mental health.

4. For purposes of determining rates of payment under the medical assistance program for providers of services of intermediate care facilities for the intellectually disabled, the assessment imposed pursuant to this section on net operating revenues shall be a reimbursable cost to be reflected as timely as practicable in rates of payment applicable within the assessment period, contingent, for payments by governmental agencies, on all federal approvals necessary by federal law and regulation for federal financial participation in payments made for beneficiaries eligible for medical assistance under Title XIX of the federal Social Security Act, 42 U.S.C. Section 1396, et seq., as amended.

5. Assessments shall be submitted by or on behalf of each provider of services of intermediate care facilities for the intellectually disabled on a monthly basis to the director of the department of mental health or his or her designee and shall be made payable to the director of the department of revenue.

6. In the alternative, a provider may direct that the director of the department of social services offset, from the amount of any payment to be made by the state to the provider, the amount of the assessment payment owed for any month.

7. Assessment payments shall be deposited in the state treasury to the credit of the "Intermediate Care Facility Intellectually Disabled Reimbursement Allowance Fund", which is hereby created in the state treasury. All investment earnings of this fund shall be credited to the fund. Notwithstanding the provisions of section 33.080 to the contrary, any unexpended balance in the intermediate care facility intellectually disabled reimbursement allowance fund at the end of the biennium shall not revert to the general revenue fund but shall accumulate from year to year. The state treasurer shall maintain records that show the amount of money in the fund at any time and the amount of any investment earnings on that amount.

8. Each provider of services of intermediate care facilities for the intellectually disabled shall keep such records as may be necessary to determine the amount of the assessment for which it is liable under this section. On or before the forty-fifth day after the end of each month commencing July 1, 2008, each provider of services of intermediate care facilities for the intellectually disabled shall submit to the department of social services a report on a cash basis that reflects such information as is necessary to determine the amount of the assessment payable for that month.

9. Every provider of services of intermediate care facilities for the intellectually disabled shall submit a certified annual report of net operating revenues from the furnishing of services of intermediate care facilities for the intellectually disabled. The reports shall be in such form as may be prescribed by rule by the director of the department of mental health. Final payments of the assessment for each year shall be due for all providers of services of intermediate care facilities for the intellectually disabled upon the due date for submission of the certified annual report.

10. The director of the department of mental health shall prescribe by rule the form and content of any document required to be filed pursuant to the provisions of this section.

11. Upon receipt of notification from the director of the department of mental health of a provider's delinquency in paying assessments required under this section, the director of the department of social services shall withhold, and shall remit to the director of the department of revenue, an assessment amount estimated by the director of the department of mental health from any payment to be made by the state to the provider.

12. In the event a provider objects to the estimate described in subsection 11 of this section, or any other decision of the department of mental health related to this section, the provider of services may request a hearing. If a hearing is requested, the director of the department of mental health shall provide the provider of services an opportunity to be heard and to present evidence bearing on the amount due for an assessment or other issue related to this section within thirty days after collection of an amount due or receipt of a request for a hearing, whichever is later. The director shall issue a final decision within forty-five days of the completion of the hearing. After reconsideration of the assessment determination and a final decision by the director of the department of mental health, an intermediate care facility for the intellectually disabled provider's appeal of the director's final decision shall be to the administrative hearing commission in accordance with sections 208.156 and 621.055.

13. Notwithstanding any other provision of law to the contrary, appeals regarding this assessment shall be to the circuit court of Cole County or the circuit court in the county in which the facility is located. The circuit court shall hear the matter as the court of original jurisdiction.

14. Nothing in this section shall be deemed to affect or in any way limit the tax-exempt or nonprofit status of any intermediate care facility for the intellectually disabled granted by state law.

15. The director of the department of mental health shall promulgate rules and regulations to implement 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, 2008, shall be invalid and void.

16. The provisions of this section shall expire on September 30, **[**~~2021~~**]** **2022**."; and

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

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 099

Andrews	Atchison	Baker	Basye	Black 137
Black 7	Boggs	Bromley	Brown 16	Buchheit-Courtway
Burger	Busick	Chipman	Christofanelli	Coleman 97
Cook	Copeland	Cupps	Davis	Deaton
DeGroot	Derges	Dinkins	Dogan	Eggleston
Falkner	Fitzwater	Francis	Gregory 51	Gregory 96
Grier	Griesheimer	Griffith	Haden	Haffner
Haley	Hannegan	Hardwick	Henderson	Hicks
Hill	Houx	Hudson	Hurlbert	Kalberloh
Kelley 127	Kelly 141	Knight	Lewis 6	Lovasco
Mayhew	McDaniel	McGirl	Morse	Murphy

Owen	Patterson	Perkins	Pike	Plocher
Pollitt 52	Pollock 123	Porter	Pouche	Railsback
Reedy	Richey	Riggs	Riley	Roberts
Rone	Ruth	Sander	Sassmann	Schwadron
Seitz	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Smith 163	Stacy	Stephens 128	Tate
Taylor 139	Taylor 48	Thomas	Thompson	Toalson Reisch
Trent	Van Schoiack	Veit	Wallingford	Walsh 50
West	Wiemann	Wright	Mr. Speaker	

NOES: 046

Adams	Anderson	Appelbaum	Aune	Bangert
Baringer	Bosley	Brown 27	Brown 70	Burnett
Burton	Butz	Clemens	Collins	Doll
Ellebracht	Fogle	Gray	Gunby	Ingle
Johnson	Lewis 25	McCreery	Merideth	Mosley
Nurrenbern	Person	Phifer	Price IV	Proudie
Quade	Roden	Rogers	Rowland	Sauls
Sharp 36	Smith 45	Smith 67	Stevens 46	Terry
Turnbaugh	Unsicker	Walsh Moore 93	Weber	Windham
Young				

PRESENT: 000

ABSENT WITH LEAVE: 017

Aldridge	Bailey	Barnes	Billington	Bland Manlove
Coleman 32	Davidson	Evans	Fishel	Hovis
Kidd	Mackey	McGaugh	O'Donnell	Pietzman
Schnelting	Schroer			

VACANCIES: 001

On motion of Representative Smith (163), **House Amendment No. 1** was adopted.

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 106

Andrews	Atchison	Baker	Basye	Black 137
Black 7	Boggs	Bromley	Brown 16	Buchheit-Courtway
Burger	Busick	Chipman	Christofanelli	Coleman 32
Coleman 97	Cook	Copeland	Cupps	Davidson
Davis	Deaton	DeGroot	Derges	Dinkins
Dogan	Eggleston	Falkner	Fishel	Fitzwater
Francis	Gregory 51	Gregory 96	Grier	Griesheimer
Griffith	Haden	Haffner	Haley	Hannegan
Hardwick	Henderson	Hicks	Hill	Houx
Hovis	Hudson	Hurlbert	Kalberloh	Kelley 127
Kelly 141	Kidd	Knight	Lewis 6	Lovasco
Mayhew	McDaniel	McGaugh	McGirl	Morse
Murphy	Owen	Patterson	Perkins	Pike
Plocher	Pollitt 52	Pollock 123	Porter	Pouche

Price IV	Railsback	Reedy	Richey	Riggs
Riley	Roberts	Rone	Ruth	Sander
Sassmann	Schwadron	Seitz	Sharpe 4	Shaul
Shields	Simmons	Smith 155	Smith 163	Stacy
Stephens 128	Tate	Taylor 139	Taylor 48	Thomas
Thompson	Toalson Reisch	Trent	Van Schoiack	Veit
Wallingford	Walsh 50	West	Wiemann	Wright
Mr. Speaker				

NOES: 047

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Baringer	Barnes	Bland Manlove	Bosley
Brown 27	Brown 70	Burnett	Burton	Butz
Clemens	Collins	Doll	Ellebracht	Fogle
Gray	Gunby	Ingle	Johnson	Lewis 25
McCreery	Merideth	Mosley	Nurrenbern	Person
Phifer	Quade	Roden	Rogers	Rowland
Sauls	Sharp 36	Smith 45	Smith 67	Stevens 46
Terry	Turnbaugh	Unsicker	Walsh Moore 93	Weber
Windham	Young			

PRESENT: 000

ABSENT WITH LEAVE: 009

Bailey	Billington	Evans	Mackey	O'Donnell
Pietzman	Proudie	Schnelting	Schroer	

VACANCIES: 001

On motion of Representative Christofanelli, **HCS SS SB 64, as amended**, was adopted.

On motion of Representative Christofanelli, **HCS SS SB 64, as amended**, was read the third time and passed by the following vote:

AYES: 101

Adams	Aldridge	Anderson	Andrews	Appelbaum
Atchison	Aune	Bangert	Baringer	Barnes
Basye	Black 137	Black 7	Bland Manlove	Bosley
Brown 16	Brown 27	Brown 70	Buchheit-Courtway	Burger
Burnett	Burton	Butz	Chipman	Christofanelli
Clemens	Coleman 32	Collins	Cupps	DeGroot
Derges	Dinkins	Dogan	Doll	Ellebracht
Fishel	Fitzwater	Fogle	Francis	Gray
Gregory 51	Gregory 96	Griesheimer	Griffith	Gunby
Haden	Haley	Henderson	Hicks	Houx
Ingle	Johnson	Kalberloh	Knight	Lewis 25
Lewis 6	Mackey	McCreery	McGaugh	McGirl
Morse	Mosley	Murphy	Nurrenbern	Perkins
Person	Phifer	Price IV	Proudie	Quade
Railsback	Reedy	Riggs	Roberts	Rogers
Rowland	Ruth	Sassmann	Sauls	Schwadron
Sharp 36	Sharpe 4	Shields	Simmons	Smith 155
Smith 45	Smith 67	Stephens 128	Stevens 46	Tate

Taylor 48	Terry	Turnbaugh	Unsicker	Van Schoiack
Veit	Walsh Moore 93	Weber	Windham	Wright
Young				

NOES: 055

Bailey	Baker	Billington	Boggs	Bromley
Busick	Coleman 97	Cook	Copeland	Davidson
Davis	Deaton	Eggleston	Evans	Falkner
Grier	Haffner	Hannegan	Hardwick	Hill
Hovis	Hudson	Hurlbert	Kelley 127	Kelly 141
Kidd	Lovasco	Mayhew	McDaniel	Owen
Patterson	Pike	Plocher	Pollitt 52	Pollock 123
Porter	Pouche	Richey	Riley	Roden
Rone	Sander	Seitz	Smith 163	Stacy
Taylor 139	Thomas	Thompson	Toalson Reisch	Trent
Wallingford	Walsh 50	West	Wiemann	Mr. Speaker

PRESENT: 001

Merideth

ABSENT WITH LEAVE: 005

O'Donnell	Pietzman	Schnelting	Schroer	Shaul

VACANCIES: 001

Representative Taylor (139) declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 118

Adams	Aldridge	Anderson	Appelbaum	Atchison
Aune	Baker	Bangert	Baringer	Barnes
Black 137	Bland Manlove	Bosley	Brown 16	Brown 27
Brown 70	Buchheit-Courtway	Burger	Burnett	Burton
Butz	Christofanelli	Clemens	Coleman 32	Coleman 97
Collins	Cook	Copeland	Cupps	Davidson
Davis	DeGroot	Dinkins	Dogan	Doll
Ellebracht	Evans	Falkner	Fitzwater	Fogle
Gray	Gregory 51	Gregory 96	Grier	Griesheimer
Griffith	Gunby	Haley	Hannegan	Hardwick
Henderson	Hicks	Hill	Houx	Hovis
Hurlbert	Ingle	Johnson	Kalberloh	Kidd
Lewis 25	Lewis 6	Lovasco	Mackey	McCreery
McDaniel	McGaugh	McGirl	Merideth	Morse
Mosley	Murphy	Nurrenbern	Owen	Perkins
Person	Phifer	Pike	Plocher	Pollock 123
Pouche	Price IV	Proudie	Quade	Reedy
Riggs	Riley	Roden	Rogers	Rone
Rowland	Ruth	Sauls	Schwadron	Sharp 36
Sharpe 4	Shaul	Shields	Simmons	Smith 155
Smith 45	Smith 67	Stevens 46	Tate	Taylor 48
Terry	Toalson Reisch	Trent	Turnbaugh	Unsicker
Van Schoiack	Walsh Moore 93	Weber	Wiemann	Windham
Wright	Young	Mr. Speaker		

NOES: 039

Andrews	Bailey	Basye	Billington	Black 7
Boggs	Bromley	Busick	Chipman	Deaton
Derges	Eggleston	Fishel	Francis	Haden
Haffner	Hudson	Kelley 127	Kelly 141	Knight
Mayhew	Patterson	Pollitt 52	Porter	Railsback
Richey	Roberts	Sander	Seitz	Smith 163
Stacy	Stephens 128	Taylor 139	Thomas	Thompson
Veit	Wallingford	Walsh 50	West	

PRESENT: 000

ABSENT WITH LEAVE: 005

O'Donnell	Pietzman	Sassmann	Schnelting	Schroer

VACANCIES: 001

BILLS IN CONFERENCE

SS#2 SCS HCS HB 271, as amended, relating to local government, was taken up by Representative Wiemann.

SS#2 SCS HCS HB 271, as amended, was laid over.

Speaker Vescovo resumed the Chair.

APPOINTMENT OF CONFERENCE COMMITTEES

The Speaker appointed the following Conference Committees to act with like committees from the Senate on the following bills:

HCS SB 226, as amended: Representatives Christofanelli, Smith (163), Grier, Butz, and Bland Manlove
HCS SS#2 SB 26, as amended: Representatives Schroer, Hill, Taylor (139), Aldridge, and Windham
HCS SS SB 141, as amended: Representatives Black (137), Haffner, Rone, McCreery, and Ellebracht

Representative Taylor (139) resumed the Chair.

MESSAGES FROM THE SENATE

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 SS SB 141, as amended**.

Senators: Bean, Bernskoetter, Burlison, Beck, Schupp

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HB 604** entitled:

An act to repeal sections 303.220, 319.131, 375.246, 379.120, and 507.184, RSMo, and to enact in lieu thereof seventeen new sections relating to insurance.

With Senate Amendment No. 1, Senate Amendment No. 2, Senate Amendment No. 3, and Senate Substitute Amendment No. 1 for Senate Amendment No. 4.

Senate Amendment No. 1

AMEND Senate Committee Substitute for House Bill No. 604, Page 41, Section 379.120, Line 24, by inserting after all of said line the following:

"379.140. **[**~~In all suits brought upon policies of insurance against loss or damage by fire hereafter issued or renewed, the defendant shall not be permitted to deny that the property insured thereby was worth at the time of the issuing of the policy the full amount insured therein on said property; and in case of total loss of the property insured, the measure of damage shall be the amount for which the same was insured, less whatever depreciation in value, below the amount for which the property is insured, the property may have sustained between the time of issuing the policy and the time of the loss, and the burden of proving such depreciation shall be upon the defendant; and in case of partial loss, the measure of damage shall be that portion of the value of the whole property insured, ascertained in the manner prescribed in this chapter, which the part injured or destroyed bears to the whole property insured.~~**] 1. When real property incurs a total loss caused by a peril covered under an insurance policy and such total loss is a covered loss under the insurance policy, then the liability of the insurance company writing the policy shall be the amount of money for which the real property was insured, less any deductible, as specified in the policy.**

2. This section shall not apply to:

(1) Any partial loss;

(2) Any personal property that is not scheduled;

(3) Any detached or appurtenant structure;

(4) Any builder's risk policy;

(5) Any policy of mortgage insurance;

(6) Two or more buildings insured under a blanket basis or limit of insurance;

(7) Any loss in which the insured or one acting on the insured's behalf engaged in any fraudulent or criminal activity that contributed to the loss;

(8) Any loss to property if the insured increased the risk of loss insured against within sixty days of the date of the loss without the consent of the insurer and the increase in the risk of loss was a cause of the loss;

(9) Any replacement cost coverage provided for in a policy or by endorsement, except that this section shall not be construed to prohibit an insured from recovering any replacement cost coverage pursuant to the terms and conditions of a policy or endorsement; or

(10) Any loss that is covered by two or more policies.

3. If two or more policies provide coverage for a total loss of real property caused by a peril, then the insureds may recover the face amount of the policy with the highest limit of coverage, and each policy shall contribute to the payment of the loss in proportion to the amount of insurance mentioned in each policy.

4. For a total loss to a commercial building that is insured on a blanket basis for a stated amount that covers two or more commercial buildings, the settlement of the claim shall be based on the initial value assigned to each affected commercial building before the loss, with any balance remaining being settled according to the terms and conditions of the policy.

379.150. **[**~~Whenever there is a partial destruction or damage to property covered by insurance, it shall be the duty of the party writing the policies to pay the assured a sum of money equal to the damage done to the property, or repair the same to the extent of such damage, not exceeding the amount written in the policy, so that said property shall be in as good condition as before the fire, at the option of the insured.~~**] Any fire insurance policy issued or renewed on or after August 28, 2021, shall be construed to require that a partial loss caused by fire be adjusted in accordance with the following language which shall be considered part of the standard fire insurance policy for Missouri under the provisions of section 379.160: "It shall be optional with the company to settle the loss at the actual cash value or to repair, rebuild or replace the property destroyed or damaged with other of like kind

or quality within a reasonable time, on giving notice of its intention within thirty days or after the receipt of the proof of loss herein required." However, if any fire policy provides coverage for a partial loss caused by fire, in a policy form determined and approved by the director to be at least as favorable to the insured as the standard fire insurance policy for Missouri, then the insurer issuing the policy shall adjust the loss in accordance with the policy form. Notwithstanding any administrative rule to the contrary, inenothing in this section shall be construed to create a general contractor relationship by the company to the insured.

379.160. 1. Each fire insurance company doing business in the state of Missouri is hereby required to file the form of policy for use by it in the state of Missouri, covering the responsibilities of the companies as well as the duties of the assured, to be classed and known as the standard fire insurance policy. Said policy form may be approved by the director of the department of commerce and insurance of the state, and no policy shall be issued in this state carrying risks by fire or lightning by any company which does not embrace the form filed and approved of, as herein provided. There may be printed upon such policy the words "Standard Fire Insurance Policy for Missouri" and there may be inserted before and after the word "Missouri" a designation of any state or states or territory in which such form is standard.

2. All such policies shall have an address of the company in the United States fully printed thereon, to which, in case of loss, the assured may send notice of such loss, and to which notice shall be given within sixty days after the loss.

3. The appearance of an adjuster of any company at the place of fire and loss in which said company is interested by reason of an insurance on such property, shall be considered evidence of notice and to be held as a waiver of the same on the part of the company; provided, that on any policies issued upon property, real or personal, or real and personal, there may be attached a coinsurance clause; and provided further, that when a coinsurance clause is attached to any policy a reduction in rate shall be given therefor, in accordance with coinsurance credits that are now or may hereafter be filed as a part of the public rating record in the office of the director of the department of commerce and insurance in this state, by fire insurance companies, that have been or shall hereafter be approved by the director of the department of commerce and insurance; provided further, that in all suits brought upon policies of insurance against loss or damage by fire hereafter issued or renewed, the defendant shall not be permitted to deny that the **real** property insured thereby was worth at the time of the issuing of the policy the full amount insured therein on said **real** property **[**~~covering both real and personal property~~**]**; and provided further, that nothing in this section shall be construed to repeal or change the provisions of section 379.140."; and

Further amend said bill, Page 59, Section 507.184, Line 34, by inserting after all of said line the following:

"**[**~~379.145. 1. When fire insurance policies shall be hereafter issued or renewed by more than one company upon the same property, and suit shall be brought upon any of said policies, the defendant shall not be permitted to deny that the property insured was worth the aggregate of the several amounts for which it was insured at the time the policy was issued or renewed thereon, unless willful fraud or misrepresentation is shown on part of the insured in obtaining such additional insurance; and in such suit the measure of damage shall be as provided in section 379.140; provided, that whatever depreciation in value below the amount for which the property is insured may be shown, as provided in section 379.140, shall be deducted from the amount insured in each policy, in the proportion which the amount in each such policy bears to the aggregate of all the amounts so insured on such property.~~

~~2. This and section 379.140 shall apply only to real property insured.~~

~~3. Any condition in any policy of insurance contrary to the provisions of this chapter shall be illegal and void.~~**]**"; and

Further amend the title and enacting clause accordingly.

Senate Amendment No. 2

AMEND Senate Committee Substitute for House Bill No. 604, Page 1, Section A, Line 6, by inserting after all of said line the following:

"287.170. 1. For temporary total disability the employer shall pay compensation for not more than four hundred weeks during the continuance of such disability at the weekly rate of compensation in effect under this section on the date of the injury for which compensation is being made. The amount of such compensation shall be computed as follows:

(1) For all injuries occurring on or after September 28, 1983, but before September 28, 1986, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to seventy percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury;

(2) For all injuries occurring on or after September 28, 1986, but before August 28, 1990, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to seventy-five percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury;

(3) For all injuries occurring on or after August 28, 1990, but before August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to one hundred percent of the state average weekly wage;

(4) For all injuries occurring on or after August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to one hundred five percent of the state average weekly wage;

(5) For all injuries occurring on or after September 28, 1981, the weekly compensation shall in no event be less than forty dollars per week.

2. Temporary total disability payments shall be made to the claimant by check or other negotiable **[**~~instruments approved by the director which will not result in delay in payment~~**] instrument, or by electronic transfer or other manner authorized by the claimant,** and shall be forwarded directly to the claimant without intervention, or, when requested, to claimant's attorney if represented, except as provided in section 454.517, by any other party except by order of the division of workers' compensation.

3. An employee is disqualified from receiving temporary total disability during any period of time in which the claimant applies and receives unemployment compensation.

4. If the employee is terminated from post-injury employment based upon the employee's post-injury misconduct, neither temporary total disability nor temporary partial disability benefits under this section or section 287.180 are payable. As used in this section, the phrase "post-injury misconduct" shall not include absence from the workplace due to an injury unless the employee is capable of working with restrictions, as certified by a physician.

5. If an employee voluntarily separates from employment with an employer at a time when the employer had work available for the employee that was in compliance with any medical restriction imposed upon the employee within a reasonable degree of medical certainty as a result of the injury that is the subject of a claim for benefits under this chapter, neither temporary total disability nor temporary partial disability benefits available under this section or section 287.180 shall be payable.

287.180. 1. For temporary partial disability, compensation shall be paid during such disability but not for more than one hundred weeks, and shall be sixty-six and two-thirds percent of the difference between the average earnings prior to the accident and the amount which the employee, in the exercise of reasonable diligence, will be able to earn during the disability, to be determined in view of the nature and extent of the injury and the ability of the employee to compete in an open labor market. The amount of such compensation shall be computed as follows:

(1) For all injuries occurring on or after September 28, 1983, but before September 28, 1986, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to seventy percent of the state average weekly wage, as such wages are determined by the division of employment security, as of the July first immediately preceding the date of injury;

(2) For all injuries occurring on or after September 28, 1986, but before August 28, 1990, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to seventy-five percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury;

(3) For all injuries occurring on or after August 28, 1990, but before August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to one hundred percent of the state average weekly wage;

(4) For all injuries occurring on or after August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to one hundred five percent of the state average weekly wage.

2. Temporary partial disability payments shall be made to the claimant by check, or other negotiable instrument **[**~~approved by the director which will not result in delay in payment~~**], or by electronic transfer or other manner authorized by the claimant**.

287.715. 1. For the purpose of providing for revenue for the second injury fund, every authorized self-insurer, and every workers' compensation policyholder insured pursuant to the provisions of this chapter, shall be liable for payment of an annual surcharge in accordance with the provisions of this section. The annual surcharge imposed under this section shall apply to all workers' compensation insurance policies and self-insurance coverages which are written or renewed on or after April 26, 1988, including the state of Missouri, including any of its departments, divisions, agencies, commissions, and boards or any political subdivisions of the state who self-insure or hold themselves out to be any part self-insured. Notwithstanding any law to the contrary, the surcharge imposed pursuant to this section shall not apply to any reinsurance or retrocessional transaction.

2. Beginning October 31, 2005, and each year thereafter, the director of the division of workers' compensation shall estimate the amount of benefits payable from the second injury fund during the following calendar year and shall calculate the total amount of the annual surcharge to be imposed during the following calendar year upon all workers' compensation policyholders and authorized self-insurers. The amount of the annual surcharge percentage to be imposed upon each policyholder and self-insured for the following calendar year commencing with the calendar year beginning on January 1, 2006, shall be set at and calculated against a percentage, not to exceed three percent, of the policyholder's or self-insured's workers' compensation net deposits, net premiums, or net assessments for the previous policy year, rounded up to the nearest one-half of a percentage point, that shall generate, as nearly as possible, one hundred ten percent of the moneys to be paid from the second injury fund in the following calendar year, less any moneys contained in the fund at the end of the previous calendar year. All policyholders and self-insurers shall be notified by the division of workers' compensation within ten calendar days of the determination of the surcharge percent to be imposed for, and paid in, the following calendar year. The net premium equivalent for individual self-insured employers shall be based on average rate classifications calculated by the department of commerce and insurance as taken from premium rates filed by the twenty insurance companies providing the greatest volume of workers' compensation insurance coverage in this state. For employers qualified to self-insure their liability pursuant to this chapter, the rates filed by such group of employers in accordance with subsection 4 of section 287.280 shall be the net premium equivalent. Any group of political subdivisions of this state qualified to self-insure their liability pursuant to this chapter as authorized by section 537.620 may choose either the average rate classification method or the filed rate method, provided that the method used may only be changed once without receiving the consent of the director of the division of workers' compensation. The director may advance funds from the workers' compensation fund to the second injury fund if surcharge collections prove to be insufficient. Any funds advanced from the workers' compensation fund to the second injury fund must be reimbursed by the second injury fund no later than December thirty-first of the year following the advance. The surcharge shall be collected from policyholders by each insurer at the same time and in the same manner that the premium is collected, but no insurer or its agent shall be entitled to any portion of the surcharge as a fee or commission for its collection. The surcharge is not subject to any taxes, licenses or fees.

3. All surcharge amounts imposed by this section shall be deposited to the credit of the second injury fund.

4. Such surcharge amounts shall be paid quarterly by insurers and self-insurers, and insurers shall pay the amounts not later than the thirtieth day of the month following the end of the quarter in which the amount is received from policyholders. If the director of the division of workers' compensation fails to calculate the surcharge by the thirty-first day of October of any year for the following year, any increase in the surcharge ultimately set by the director shall not be effective for any calendar quarter beginning less than sixty days from the date the director makes such determination.

5. If a policyholder or self-insured fails to make payment of the surcharge or an insurer fails to make timely transfer to the division of surcharges actually collected from policyholders, as required by this section, a penalty of one-half of one percent of the surcharge unpaid, or untransferred, shall be assessed against the liable policyholder, self-insured or insurer. Penalties assessed under this subsection shall be collected in a civil action by a summary proceeding brought by the director of the division of workers' compensation.

6. Notwithstanding subsection 2 of this section to the contrary, the director of the division of workers' compensation shall collect a supplemental surcharge not to exceed three percent for calendar years 2014 to **[**~~2021~~**] 2022** of the policyholder's or self-insured's workers' compensation net deposits, net premiums, or net assessments for the previous policy year, rounded up to the nearest one-half of a percentage point. **For calendar year 2023, the director of the division of workers' compensation shall collect a supplemental surcharge not to exceed two and one-half percent of the policyholder's or self-insured's workers' compensation net deposits, net premiums, or net assessments for the previous policy year, rounded up to the nearest one-half of a percentage point.** All policyholders and self-insurers shall be notified by the division of the supplemental surcharge percentage to be imposed for such period of time as part of the notice provided in subsection 2 of this section. The provisions of this subsection shall expire on December 31, **[**~~2021~~**] 2023**.

7. Funds collected under the provisions of this chapter shall be the sole funding source of the second injury fund."; and

Further amend the title and enacting clause accordingly.

Senate Amendment No. 3

AMEND Senate Committee Substitute for House Bill No. 604, Page 1, Section A, Line 6, by inserting after all of said line the following:

"135.096. 1. In order to promote personal financial responsibility for long-term health care in this state, **[**~~for all taxable years beginning after December 31, 1999, a resident individual may deduct from such individual's Missouri taxable income an amount equal to fifty percent of all nonreimbursed amounts paid by such individual for qualified long-term care insurance premiums to the extent such amounts are not included the individual's itemized deductions.~~**]** for all taxable years beginning after December 31, **[**~~2006~~**] 2020**, a resident individual may deduct from each individual's Missouri taxable income an amount equal to one hundred percent of all nonreimbursed amounts paid by such individuals for qualified long-term care insurance premiums to the extent such amounts are not included in the individual's itemized deductions. A married individual filing a Missouri income tax return separately from his or her spouse shall be allowed to make a deduction pursuant to this section in an amount equal to the proportion of such individual's payment of all qualified long-term care insurance premiums. The director of the department of revenue shall place a line on all Missouri individual income tax returns for the deduction created by this section.

2. For purposes of this section, "qualified long-term care insurance" means any **insurance** policy which meets or exceeds the provisions of sections 376.1100 to 376.1118 and the rules and regulations promulgated pursuant to such sections for long-term care insurance**, or any insurance policy considered an asset or resource for purposes of eligibility for long-term care benefits under MO HealthNet**.

3. Notwithstanding any other provision of law to the contrary, two or more insurers issuing a qualified long-term care insurance policy shall not act in concert with each other and with others with respect to any matters pertaining to the making of rates or rating systems."; and

Further amend said bill, Page 39, Section 375.246, Line 915, by inserting after all of said line the following:

"376.1109. 1. The director may adopt regulations that include standards for full and fair disclosure setting forth the manner, content and required disclosures for the sale of long-term care insurance policies, terms of renewability, initial and subsequent conditions of eligibility, nonduplication of coverage provisions, coverage of dependents, preexisting conditions, termination of insurance, continuation or conversion, probationary periods, limitations, exceptions, reductions, elimination periods, requirements for replacement, recurrent conditions and definitions of terms. Regulations adopted pursuant to sections 376.1100 to 376.1130 shall be in accordance with the provisions of chapter 536.

2. No long-term care insurance policy may:

(1) Be cancelled, nonrenewed or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder; or

(2) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same company, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder; or

(3) Provide coverage for skilled nursing care only or provide significantly more coverage for skilled care in a facility than for lower levels of care.

3. No long-term care insurance policy or certificate other than a policy or certificate thereunder issued to a group as defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100:

(1) Shall use a definition of preexisting condition which is more restrictive than the following: "Preexisting condition" means a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services, within six months preceding the effective date of coverage of an insured person;

(2) May exclude coverage for a loss or confinement which is the result of a preexisting condition unless such loss or confinement begins within six months following the effective date of coverage of an insured person.

4. The director may extend the limitation periods set forth in subdivisions (1) and (2) of subsection 3 of this section as to specific age group categories in specific policy forms upon findings that the extension is in the best interest of the public.

5. The definition of preexisting condition provided in subsection 3 of this section does not prohibit an insurer from using an application form designed to elicit the complete health history of an applicant, and, on the basis of the answers on that application, from underwriting in accordance with that insurer's established underwriting standards. Unless otherwise provided in the policy or certificate, a preexisting condition, regardless of whether it is disclosed on the application, need not be covered until the waiting period described in subdivision (2) of subsection 3 of this section expires. No long-term care insurance policy or certificate may exclude or use waivers or riders of any kind to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions beyond the waiting period described in subdivision (2) of subsection 3 of this section.

6. No long-term care insurance policy may be delivered or issued for delivery in this state if such policy:

(1) Conditions eligibility for any benefits on a prior hospitalization requirement; or

(2) Conditions eligibility for benefits provided in an institutional care setting on the receipt of a higher level of institutional care; or

(3) Conditions eligibility for any benefits other than waiver of premium, post-confinement, post-acute care or recuperative benefits on a prior institutionalization requirement.

7. A long-term care insurance policy containing post-confinement, post-acute care or recuperative benefits shall clearly label in a separate paragraph of the policy or certificate entitled "Limitations or Conditions on Eligibility for Benefits" such limitations or conditions, including any required number of days of confinement.

8. A long-term care insurance policy or rider which conditions eligibility of noninstitutional benefits on the prior receipt of institutional care shall not require a prior institutional stay of more than thirty days.

9. No long-term care insurance policy or rider which provides benefits only following institutionalization shall condition such benefits upon admission to a facility for the same or related conditions within a period of less than thirty days after discharge from the institution.

10. The director may adopt regulations establishing loss ratio standards for long-term care insurance policies provided that a specific reference to long-term care insurance policies is contained in the regulation.

11. Long-term care insurance applicants shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the applicant is not satisfied for any reason. Long-term care insurance policies and certificates shall have a notice prominently printed on the first page or attached thereto stating in substance that the applicant shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded if, after examination of the policy or certificate, other than a certificate issued pursuant to a policy issued to a group defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100, the applicant is not satisfied for any reason. This subsection shall also apply to denials of applications and any refund must be made within thirty days of the return or denial.

12. (1) If a long-term care insurance policy issued, delivered, or renewed in this state on or after January 1, 2011, is cancelled for any reason, the insurer shall refund the unearned portion of any premium paid beyond the month in which the cancellation is effective. Any refund shall be returned to the policyholder within twenty days from the date the insurer receives notice of the cancellation. Long-term care insurance policies and certificates shall have a notice prominently printed on the first page or attached thereto stating in substance that the applicant shall be entitled to a refund of the unearned premium if the policy is cancelled for any reason.

(2) The policyholder may notify the insurer of cancellation of such long-term care insurance policy at any time by sending written or electronic notification.

13. No long-term care insurance policy shall increase premium rates, measured annually, in excess of the amount that is actuarially justified based on credible experience, and on the rate basis in effect in this state without recognition of rates that may be in effect in other states."; and

Further amend the title and enacting clause accordingly.

Senate Substitute Amendment No. 1
for
Senate Amendment No. 4

AMEND Senate Committee Substitute for House Bill No. 604, Page 39, Section 375.246, Line 915, by inserting after all of said line the following:

"**376.1551. 1. As used in this section, the following terms mean:**

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

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

(3) "Mental health condition", the same meaning given to the term in section 376.1550.

2. Notwithstanding any other provision of law to the contrary, each health carrier that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2022, and that provide coverage for a mental health condition shall meet the requirements of the Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. Section 300gg-26, as amended, and the regulations promulgated thereunder. The director may enforce such requirements subject to the provisions of this section.

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, hospitalization-surgical care policy, short-term major medical policy of twelve months' or less duration, a health benefit plan in the small group market that was issued before January 1, 2014, or a health benefit plan in the individual market that was purchased before January 1, 2014, or any other supplemental policy as determined by the director of the department of commerce and insurance.

4. The director may promulgate rules to effectuate 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, 2021, shall be invalid and void."; and

Further amend the title and enacting clause accordingly.

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 refuses to concur in **HCS SB 330, as amended**, and requests the House to recede from its position and failing to do so grant the Senate a conference thereon.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **HCS SB 72, as amended**, and requests the House to recede from its position and failing to do so grant the Senate a conference thereon.

BILLS IN CONFERENCE

SS#2 SCS HCS HB 271, as amended, relating to local government, was again taken up by Representative Wiemann.

Representative Wiemann moved that the House conferees be allowed to exceed the differences on **SS#2 SCS HCS HB 271, as amended**, in Section 67.1847.

Which motion was adopted.

THIRD READING OF SENATE BILLS - INFORMAL

HCS SCS SB 403, as amended, with House Amendment No. 1 to House Amendment No. 15 and House Amendment No. 15, pending, relating to health care, was again taken up by Representative Patterson.

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

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

Representative Kelley (127) offered **House Amendment No. 16**.

House Amendment No. 16

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 42, Section 135.690, Line 97, by inserting after all of said section and line the following:

"191.1165. 1. Medication-assisted treatment (MAT) shall include pharmacologic therapies. A formulary used by a health insurer or managed by a pharmacy benefits manager, or medical benefit coverage in the case of medications dispensed through an opioid treatment program, shall include:

(1) Buprenorphine **[**~~tablets~~**]**;

(2) Methadone;

(3) Naloxone;

(4) **[**~~Extended-release injectable~~**]** Naltrexone; and

(5) Buprenorphine/naloxone combination.

2. All MAT medications required for compliance in this section shall be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.

3. MAT medications provided for in this section shall not be subject to any of the following:

(1) Any annual or lifetime dollar limitations;

(2) Financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), specifically 45 CFR 146.136(c)(3);

(3) Step therapy or other similar drug utilization strategy or policy when it conflicts or interferes with a prescribed or recommended course of treatment from a licensed health care professional; and

(4) Prior authorization for MAT medications as specified in this section.

4. MAT medications outlined in this section shall apply to all health insurance plans delivered in the state of Missouri.

5. Any entity that holds itself out as a treatment program or that applies for licensure by the state to provide clinical treatment services for substance use disorders shall be required to disclose the MAT services it provides, as well as which of its levels of care have been certified by an independent, national, or other organization that has competencies in the use of the applicable placement guidelines and level of care standards.

6. The MO HealthNet program shall cover the MAT medications and services provided for in this section and include those MAT medications in its preferred drug lists for the treatment of substance use disorders and prevention of overdose and death. The preferred drug list shall include all current and new formulations and medications that are approved by the U.S. Food and Drug Administration for the treatment of substance use disorders.

7. **Subject to appropriations, the department of corrections and all other state entities responsible for the care of persons detained or incarcerated in jails and prisons shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a social worker; professional counselor; licensed psychologist; psychiatrist; or qualified addiction professional as defined by the department of mental health within the scope of practice for which he or she is credentialed. The department of corrections or entity shall make available the MAT services covered in this section, consistent with a treatment plan developed by the physician, and shall not impose any arbitrary limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician.**

8. Drug courts or other diversion programs that provide for alternatives to jail or prison for persons with a substance use disorder shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a licensed physician who actively treats patients with substance use disorders. The court or other diversion program shall make available the MAT services covered under this section, consistent with a treatment plan developed by the physician, and shall not impose any limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician.

[~~8.~~**] 9.** Requirements under this section shall not be subject to a covered person's prior success or failure of the services provided."; and

Further amend said bill, Page 11, Section 574.204, Line 9, by inserting after all of said section and line the following:

"**Section 1. The Missouri Dental Board may collaborate with the Department of Health and Senior Services and the Office of Dental Health and may approve pilot projects to examine new methods to extend care to underserved populations. These pilot projects may employ techniques or approaches to care that are outside existing statutes and rules provided:**

(1) The project plan has a clearly stated objective of serving a specific underserved population that warrants, in the opinion of a majority of the Board, granting approval for a pilot project;

(2) The project has a finite start date and termination date;

(3) The project clearly defines the new techniques or approaches it intends to examine to determine if it results in an improvement in access or quality of care;

(4) The project plan identifies specific and limited locations and populations to participate in the pilot project;

(5) The project plan clearly establishes minimum guidelines and standards for the pilot project including provisions for protecting safety of participating patients;

(6) The project plan clearly defines the measurement criteria it will use to evaluate the outcomes of the pilot project on access and quality of care; and

(7) The project plan identifies reporting intervals to communicate interim and final outcomes to the board."; and

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

Representative Collins offered **House Amendment No. 1 to House Amendment No. 16**.

House Amendment No. 1
to
House Amendment No. 16

AMEND House Amendment No. 16 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 2, Line 18, by inserting after all of said line the following:

"Further amend said bill, Page 9, Section 197.135, Line 47, by inserting after all of said section and line the following:

"**197.175. 1. Before January 1, 2022, each hospital licensed under this chapter shall adopt a written policy on discharge planning for homeless patients and provide a copy of the policy to all hospital employees.**

2. Each hospital's policy shall require the hospital to perform the following actions:

(1) Discharge homeless patients to safe and appropriate locations;

(2) Make appropriate arrangements for the care to be received by homeless patients following discharge;

(3) Coordinate referrals for homeless patients with social service providers in the region in which the hospital is located;

(4) Coordinate services and referrals for homeless patients with any appropriate city and county agencies that provide services for homeless persons;

(5) Offer to every homeless patient, before discharge, a meal and weather-appropriate clothing; and

(6) Transport every homeless patient to his or her discharge destination as long as the destination is located no more than thirty miles from the hospital.

208.226. 1. For purposes of this section, the term "division" means the MO HealthNet"; and"; and

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

Representative Collins moved that **House Amendment No. 1 to House Amendment No. 16** be adopted.

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

AYES: 059

Adams	Anderson	Appelbaum	Aune	Bangert
Baringer	Barnes	Bland Manlove	Bosley	Brown 16
Brown 27	Brown 70	Burnett	Burton	Butz
Coleman 97	Collins	Dogan	Doll	Ellebracht
Fitzwater	Fogle	Gunby	Hicks	Hill
Johnson	Kidd	Lewis 25	Mackey	McCreery
Merideth	Morse	Mosley	Nurrenbern	Patterson
Person	Phifer	Price IV	Reedy	Roberts
Rogers	Rone	Rowland	Sander	Sauls
Schwadron	Seitz	Sharp 36	Smith 155	Smith 45
Stevens 46	Terry	Thompson	Turnbaugh	Unsicker
Walsh Moore 93	Weber	Windham	Young	

NOES: 084

Andrews	Atchison	Baker	Basye	Billington
Black 137	Black 7	Boggs	Bromley	Buchheit-Courtway
Burger	Busick	Chipman	Christofanelli	Coleman 32
Cook	Copeland	Davidson	Davis	Deaton
DeGroot	Derges	Dinkins	Eggleston	Evans
Falkner	Fishel	Francis	Gregory 51	Gregory 96
Grier	Griesheimer	Griffith	Haden	Haffner
Haley	Hannegan	Hardwick	Henderson	Houx
Hovis	Hudson	Hurlbert	Kalberloh	Kelley 127
Kelly 141	Knight	Lewis 6	Lovasco	Mayhew
McGirl	Murphy	Owen	Perkins	Pike
Plocher	Pollitt 52	Pollock 123	Porter	Pouche
Proudie	Railsback	Richey	Riggs	Riley
Ruth	Sassmann	Sharpe 4	Shaul	Simmons
Smith 163	Stacy	Stephens 128	Taylor 139	Taylor 48
Thomas	Toalson Reisch	Van Schoiack	Wallingford	Walsh 50
West	Wiemann	Wright	Mr. Speaker	

PRESENT: 003

McGaugh	Roden	Shields

ABSENT WITH LEAVE: 016

Aldridge	Bailey	Clemens	Cupps	Gray
Ingle	McDaniel	O'Donnell	Pietzman	Quade
Schnelting	Schroer	Smith 67	Tate	Trent
Veit				

VACANCIES: 001

On motion of Representative Kelley (127), **House Amendment No. 16** was adopted.

Representative Stephens (128) offered **House Amendment No. 17**.

House Amendment No. 17

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 4, Section 192.028, Line 8, by inserting after the word "**information.**" the phrase "**Nothing in this subsection shall be construed to restrict the exchange of protected health information between covered entities to enable treatment, payment and health care operations as permitted by Health Insurance Probability and Accountability Act of 1996 (P.L. 104-191, as amended) and regulations promulgates thereunder.**"; and

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

Representative Hovis offered **House Amendment No. 1 to House Amendment No. 17**.

House Amendment No. 1
to
House Amendment No. 17

AMEND House Amendment No. 17 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Line 6, by deleting the word "**promulgates**" on said line and inserting in lieu thereof the word "**promulgated**"; and

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

On motion of Representative Hovis, **House Amendment No. 1 to House Amendment No. 17** was adopted.

Representative Thomas offered **House Amendment No. 2 to House Amendment No. 17**.

House Amendment No. 2
to
House Amendment No. 17

AMEND House Amendment No. 17 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Line 5, by deleting the word "**Probability**" and inserting in lieu thereof the word "**Portability**"; and

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

On motion of Representative Thomas, **House Amendment No. 2 to House Amendment No. 17** was adopted.

Representative Collins offered **House Amendment No. 3 to House Amendment No. 17**.

House Amendment No. 3
to
House Amendment No. 17

AMEND House Amendment No. 17 to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Line 6, by inserting after all of said line the following:

"Further amend said bill, Page 9, Section 197.135, Line 47, by inserting after all of said section and line the following:

"**197.175. 1. Before January 1, 2022, each hospital licensed under this chapter shall adopt a written policy on discharge planning for homeless patients and provide a copy of the policy to all hospital employees.**

2. Each hospital's policy shall require the hospital to perform the following actions:

(1) Discharge homeless patients to safe and appropriate locations;

(2) Make appropriate arrangements for the care to be received by homeless patients following discharge;

(3) Coordinate referrals for homeless patients with social service providers in the region in which the hospital is located;

(4) Coordinate services and referrals for homeless patients with any appropriate city and county agencies that provide services for homeless persons;

(5) Offer to every homeless patient, before discharge, a meal and weather-appropriate clothing; and

(6) Transport every homeless patient to his or her discharge destination as long as the destination is located no more than thirty miles from the hospital.

208.226. 1. For purposes of this section, the term "division" means the MO HealthNet"; and"; and

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

Representative Basye raised a point of order that **House Amendment No. 3 to House Amendment No. 17** is dilatory.

Speaker Vescovo resumed the Chair.

The Chair ruled the point of order well taken.

Representative Taylor (139) resumed the Chair.

Representative Stephens (128) moved that **House Amendment No. 17, as amended**, be adopted.

Which motion was defeated by the following vote, the ayes and noes having been demanded pursuant to Rule 16:

AYES: 048

Adams	Anderson	Appelbaum	Aune	Bangert
Baringer	Barnes	Black 137	Bosley	Brown 27
Brown 70	Burnett	Burton	Butz	Clemens
Collins	Derges	Doll	Ellebracht	Fitzwater

Fogle	Gray	Gunby	Johnson	Lewis 25
Mackey	McCreery	McGaugh	Mosley	Nurrenbern
Person	Phifer	Price IV	Quade	Rogers
Rowland	Sauls	Sharp 36	Shields	Smith 67
Stephens 128	Thomas	Turnbaugh	Unsicker	Walsh Moore 93
Weber	Wright	Young		

NOES: 093

Andrews	Atchison	Bailey	Baker	Basye
Billington	Black 7	Boggs	Bromley	Buchheit-Courtway
Burger	Busick	Chipman	Christofanelli	Coleman 32
Coleman 97	Cook	Copeland	Cupps	Davidson
Davis	Deaton	DeGroot	Dogan	Eggleston
Evans	Falkner	Fishel	Gregory 51	Gregory 96
Grier	Griesheimer	Griffith	Haden	Haley
Hannegan	Hardwick	Henderson	Hicks	Hill
Houx	Hovis	Hudson	Hurlbert	Kalberloh
Kelley 127	Kelly 141	Knight	Lewis 6	Lovasco
Mayhew	McDaniel	McGirl	Morse	Murphy
O'Donnell	Owen	Patterson	Perkins	Pike
Plocher	Pollock 123	Pouche	Railsback	Reedy
Richey	Riggs	Riley	Roberts	Ruth
Sander	Sassmann	Schwadron	Seitz	Sharpe 4
Shaul	Simmons	Smith 155	Smith 163	Smith 45
Stacy	Tate	Taylor 139	Taylor 48	Thompson
Toalson Reisch	Trent	Van Schoiack	Wallingford	Walsh 50
West	Wiemann	Mr. Speaker		

PRESENT: 004

Merideth	Proudie	Terry	Windham

ABSENT WITH LEAVE: 017

Aldridge	Bland Manlove	Brown 16	Dinkins	Francis
Haffner	Ingle	Kidd	Pietzman	Pollitt 52
Porter	Roden	Rone	Schnelting	Schroer
Stevens 46	Veit			

VACANCIES: 001

On motion of Representative Patterson, **HCS SCS SB 403, as amended**, was adopted.

On motion of Representative Patterson, **HCS SCS SB 403, as amended**, was read the third time and passed by the following vote:

AYES: 141

Adams	Anderson	Andrews	Appelbaum	Atchison
Aune	Bailey	Baker	Bangert	Baringer
Barnes	Basye	Billington	Black 137	Black 7
Bland Manlove	Boggs	Bosley	Bromley	Brown 27
Brown 70	Buchheit-Courtway	Burger	Burnett	Burton
Busick	Butz	Chipman	Christofanelli	Clemens
Coleman 32	Coleman 97	Collins	Cook	Copeland
Cupps	Davidson	Deaton	DeGroot	Derges

Dinkins	Dogan	Doll	Eggleston	Ellebracht
Evans	Falkner	Fishel	Fitzwater	Fogle
Gray	Gregory 51	Gregory 96	Grier	Griesheimer
Griffith	Gunby	Haden	Haley	Hannegan
Hardwick	Henderson	Hicks	Houx	Hovis
Hudson	Hurlbert	Johnson	Kalberloh	Kelley 127
Kelly 141	Knight	Lewis 25	Lewis 6	Lovasco
Mackey	Mayhew	McCreery	McGaugh	McGirl
Morse	Mosley	Murphy	Nurrenbern	O'Donnell
Owen	Patterson	Perkins	Person	Phifer
Pike	Plocher	Pollock 123	Porter	Pouche
Price IV	Proudie	Quade	Railsback	Reedy
Richey	Riggs	Riley	Roberts	Rogers
Rowland	Ruth	Sander	Sassmann	Sauls
Schwadron	Seitz	Sharp 36	Sharpe 4	Shaul
Shields	Simmons	Smith 155	Smith 163	Smith 45
Smith 67	Stacy	Stephens 128	Stevens 46	Tate
Taylor 48	Terry	Thomas	Thompson	Turnbaugh
Unsicker	Van Schoiack	Wallingford	Walsh Moore 93	Weber
West	Wiemann	Windham	Wright	Young
Mr. Speaker				

NOES: 008

Davis	Hill	McDaniel	Roden	Taylor 139
Toalson Reisch	Trent	Walsh 50		

PRESENT: 000

ABSENT WITH LEAVE: 013

Aldridge	Brown 16	Francis	Haffner	Ingle
Kidd	Merideth	Pietzman	Pollitt 52	Rone
Schnelting	Schroer	Veit		

VACANCIES: 001

Representative Taylor (139) declared the bill passed.

The emergency clause was defeated by the following vote:

AYES: 085

Adams	Anderson	Appelbaum	Atchison	Aune
Bailey	Bangert	Baringer	Barnes	Black 137
Bland Manlove	Bosley	Brown 27	Brown 70	Burnett
Burton	Butz	Christofanelli	Clemens	Coleman 97
Collins	Copeland	Davis	DeGroot	Dinkins
Dogan	Doll	Ellebracht	Evans	Falkner
Fishel	Fitzwater	Fogle	Gray	Griffith
Gunby	Haley	Hardwick	Johnson	Kalberloh
Lewis 25	Lovasco	Mackey	McCreery	McGaugh
McGirl	Merideth	Morse	Mosley	Nurrenbern
O'Donnell	Owen	Patterson	Person	Phifer
Price IV	Proudie	Quade	Reedy	Riley
Roberts	Rogers	Rowland	Ruth	Sassmann

Sauls	Schwadron	Sharp 36	Sharpe 4	Shields
Smith 155	Smith 45	Smith 67	Stephens 128	Stevens 46
Terry	Thomas	Trent	Turnbaugh	Unsicker
Walsh Moore 93	Weber	Windham	Wright	Young

NOES: 066

Andrews	Baker	Basye	Billington	Black 7
Boggs	Bromley	Buchheit-Courtway	Burger	Busick
Chipman	Coleman 32	Cook	Cupps	Davidson
Deaton	Derges	Eggleston	Gregory 51	Gregory 96
Grier	Griesheimer	Haden	Hannegan	Henderson
Hicks	Hill	Houx	Hovis	Hudson
Hurlbert	Kelley 127	Kelly 141	Kidd	Knight
Lewis 6	Mayhew	McDaniel	Murphy	Perkins
Pike	Plocher	Pollock 123	Porter	Pouche
Railsback	Richey	Riggs	Roden	Sander
Seitz	Shaul	Simmons	Smith 163	Stacy
Tate	Taylor 139	Taylor 48	Thompson	Toalson Reisch
Van Schoiack	Wallingford	Walsh 50	West	Wiemann
Mr. Speaker				

PRESENT: 000

ABSENT WITH LEAVE: 011

Aldridge	Brown 16	Francis	Haffner	Ingle
Pietzman	Pollitt 52	Rone	Schnelting	Schroer
Veit				

VACANCIES: 001

COMMITTEE REPORTS

Committee on Legislative Review, Chairman Houx reporting:

Mr. Speaker: Your Committee on Legislative Review, to which was committed **HCS SS SCS SB 289**, begs leave to report it has examined the same and recommends that it **Do Pass with House Substitute** by the following vote:

Ayes (8): Burnett, Houx, Kelly (141), McCreery, Shaul, Taylor (139), Veit and Wiemann

Noes (0)

Absent (1): Hicks

Committee on Rules - Administrative Oversight, Chairman Eggleston reporting:

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **SCR 6**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Cupps, Dogan, Eggleston, Gregory (96), Hudson and McGaugh

Noes (4): Bosley, Mackey, McDaniel and Phifer

Absent (4): Fitzwater, Ingle, Patterson and Ruth

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCS#2 SCS SB 91**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bosley, Cupps, Dogan, Eggleston, Gregory (96), Hudson, Mackey, McDaniel, McGaugh and Phifer

Noes (0)

Absent (4): Fitzwater, Ingle, Patterson and Ruth

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCS#2 SS SB 327**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (10): Bosley, Cupps, Dogan, Eggleston, Gregory (96), Hudson, Mackey, McDaniel, McGaugh and Phifer

Noes (0)

Absent (4): Fitzwater, Ingle, Patterson and Ruth

Committee on Rules - Legislative Oversight, Chairman Christofanelli reporting:

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS SCR 4**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Bailey, Basye, Christofanelli, Haffner, Hill and Kelly (141)

Noes (2): Aune and Rogers

Present (1): Proudie

Absent (2): Griesheimer and Richey

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS SB 128**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (9): Aune, Bailey, Basye, Christofanelli, Haffner, Hill, Kelly (141), Proudie and Rogers

Noes (0)

Absent (2): Griesheimer and Richey

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **SB 231**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Bailey, Basye, Christofanelli, Haffner, Hill and Kelly (141)

Noes (3): Aune, Proudie and Rogers

Absent (2): Griesheimer and Richey

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 **SCS HCS#2 HB 69** entitled:

An act to repeal sections 407.292, 407.300, and 570.030, RSMo, and to enact in lieu thereof four new sections relating to certain metals, with penalty provisions.

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 **SS SCS HCS HB 734** entitled:

An act to repeal sections 386.370, 393.106, 393.355, 394.120, and 400.9-109, RSMo, and to enact in lieu thereof eleven new sections relating to utilities.

With Senate Amendment No. 1, Senate Amendment No. 2, and Senate Amendment No. 3.

Senate Amendment No. 1

AMEND Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 734, Page 1, Section 67.309, Line 12, by inserting after all of said line the following:

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

(1) "Municipally owned or operated electric power system", a system for the distribution of electrical power and energy to the inhabitants of a municipality which is owned and operated by the municipality itself, whether operated under authority pursuant to this chapter or under a charter form of government;

(2) "Permanent service", electrical service provided through facilities which have been permanently installed on a structure and which are designed to provide electric service for the structure's anticipated needs for the indefinite future, as contrasted with facilities installed temporarily to provide electrical service during construction. Service provided temporarily shall be at the risk of the electrical supplier and shall not be determinative of the rights of the provider or recipient of permanent service;

(3) "Structure" or "structures", an agricultural, residential, commercial, industrial or other building or a mechanical installation, machinery or apparatus at which retail electric energy is being delivered through a metering device which is located on or adjacent to the structure and connected to the lines of an electrical corporation, rural electric cooperative, municipally owned or operated electric power system, or joint municipal utility commission. Such terms shall include any contiguous or adjacent additions to or expansions of a particular structure. Nothing in this section shall be construed to confer any right on an electric supplier to serve new structures on a particular tract of land because it was serving an existing structure on that tract.

2. Once a municipally owned or operated electrical system, or its predecessor in interest, lawfully commences supplying retail electric energy to a structure through permanent service facilities, it shall have the right to continue serving such structure, and other suppliers of electrical energy shall not have the right to provide service to the structure except as might be otherwise permitted in the context of municipal annexation, pursuant to section 386.800 or pursuant to a territorial agreement approved under section 394.312. The public service commission, upon application made by a customer, may order a change of suppliers on the basis that it is in the public interest for a reason other than a rate differential, and the commission is hereby given jurisdiction over municipally owned or operated electric systems to accomplish the purpose of this section. The commission's jurisdiction under this section is limited to public interest determinations and excludes questions as to the lawfulness of the provision of service, such questions being reserved to courts of competent jurisdiction. Except as provided in this section, nothing in this section shall be construed as otherwise conferring upon the commission jurisdiction over the service, rates, financing, accounting or management of any such municipally owned or operated electrical system, and nothing in this section, section 393.106, and section 394.315 shall affect the rights, privileges or duties of any municipality to

form or operate municipally owned or operated electrical systems. Nothing in this section shall be construed to make lawful any provision of service which was unlawful prior to July 11, 1991. Nothing in this section shall be construed to make unlawful the continued lawful provision of service to any structure which may have had a different supplier in the past, if such a change in supplier was lawful at the time it occurred.

3. Notwithstanding the provisions of this section, section 393.106, section 394.080, and section 394.315 to the contrary, in the event that a retail electric supplier is providing service to a structure located within a city, town, or village that has ceased to be a rural area, and such structure is demolished and replaced by a new structure, such retail electric supplier may provide permanent service to the new structure upon the request of the owner of the new structure."; and

Further amend said bill, Page 4, Section 386.370, Line 77, by inserting after all of said line the following:

"386.800. 1. No municipally owned electric utility may provide electric energy at retail to any structure located outside the municipality's corporate boundaries after July 11, 1991, unless:

(1) The structure was lawfully receiving permanent service from the municipally owned electric utility prior to July 11, 1991; or

(2) The service is provided pursuant to an approved territorial agreement under section 394.312; **or**

(3) The service is provided pursuant to lawful municipal annexation and subject to the provisions of this section; or

(4) The structure is located in an area which was previously served by an electrical corporation regulated under chapter 386, and chapter 393, and the electrical corporation's authorized service territory was contiguous to or inclusive of the municipality's previous corporate boundaries, and the electrical corporation's ownership or operating rights within the area were acquired in total by the municipally owned electrical system prior to July 11, 1991. In the event that a municipally owned electric utility in a city with a population of more than one hundred twenty-five thousand located in a county of the first class not having a charter form of government and not adjacent to any other county of the first class desires to serve customers beyond the authorized service territory in an area which was previously served by an electrical corporation regulated under the provisions of chapter 386, and chapter 393, as provided in this subdivision, **in the absence of an approved territorial agreement under section 394.312,** the municipally owned utility shall apply to the public service commission for an order assigning nonexclusive service territories **and concurrently shall provide written notice of the application to other electric service suppliers with electric facilities located in or within one mile outside of the boundaries of the proposed expanded service territory**. The proposed service area shall be contiguous to the authorized service territory which was previously served by an electrical corporation regulated under the provisions of chapter 386, and chapter 393, as a condition precedent to the granting of the application. The commission shall have one hundred twenty days from the date of application to grant or deny the requested order. The commission **after a hearing** may grant the order upon a finding that granting of the applicant's request is not detrimental to the public interest. In granting the applicant's request the commission shall give due regard to territories previously granted to **or served by** other electric **service** suppliers **and the wasteful duplication of electric service facilities**.

2. Any municipally owned electric utility may extend, pursuant to lawful annexation, its **electric** service territory to include **[**~~any structure located within a newly annexed area which has not received permanent service from another supplier within ninety days prior to the effective date of the annexation~~**] areas where another electric supplier currently is not providing permanent service to a structure. If a rural electric cooperative has existing electric service facilities with adequate and necessary service capability located in or within one mile outside the boundaries of the area proposed to be annexed, a majority of the existing developers, landowners, or prospective electric customers in the area proposed to be annexed may, anytime within forty-five days prior to the effective date of the annexation, submit a written request to the governing body of the annexing municipality to invoke mandatory good faith negotiations under section 394.312 to determine which electric service supplier is best suited to serve all or portions of the newly annexed area. In such negotiations the following factors shall be considered, at a minimum:**

(1) The preference of landowners and prospective electric customers;

(2) The rates, terms, and conditions of service of the electric service suppliers;

(3) The economic impact on the electric service suppliers;

(4) Each electric service supplier's operational ability to serve all or portions of the annexed area within three years of the date the annexation becomes effective;

(5) Avoiding the wasteful duplication of electric facilities;

(6) Minimizing unnecessary encumbrances on the property and landscape within the area to be annexed; and

(7) Preventing the waste of materials and natural resources.

If the municipally owned electric utility and rural electric cooperative are unable to negotiate a territorial agreement pursuant to section 394.312 within forty-five days, then they may submit proposals to those submitting the original written request, whose preference shall control, section 394.080 to the contrary notwithstanding, and the governing body of the annexing municipality shall not reject the petition requesting annexation based on such preference. This subsection shall not apply to municipally-owned property in any newly annexed area.

3. In the event an electrical corporation rather than a municipally owned electric utility lawfully is providing electric service in the municipality, all the provisions of subsection 2 of this section shall apply equally as if the electrical corporation were a municipally owned electric utility, except that if the electrical corporation and the rural electric cooperative are unable to negotiate a territorial agreement pursuant to section 394.312 within forty-five days, then either electric service supplier may file an application with the commission for an order determining which electric service supplier should serve, in whole or in part, the area to be annexed. The application shall be made pursuant to the rules and regulations of the commission governing applications for certificates of public convenience and necessity. The commission after the opportunity for hearing shall make its determination after consideration of the factors set forth in subdivisions (1) through (7) of subsection 2 of this section, and section 394.080 to the contrary notwithstanding, may grant its order upon a finding that granting of the applicant's request is not detrimental to the public interest. The commission shall issue its decision by report and order no later than one hundred twenty days from the date of the application unless otherwise ordered by the commission for good cause shown. Review of such commission decisions shall be governed by sections 386.500 to 386.550. If the applicant is a rural electric cooperative, the commission shall charge to the rural electric cooperative the appropriate fees as set forth in subsection 9 of this section.

[~~3.~~**] 4.** When a municipally owned electric utility desires to extend its service territory to include any structure located within a newly annexed area which has received permanent service from another **electric service** supplier within ninety days prior to the effective date of the annexation, it shall:

(1) Notify by publication in a newspaper of general circulation the record owner of said structure, and notify in writing any affected electric **service** supplier and the public service commission, within sixty days after the effective date of the annexation its desire to extend its service territory to include said structure; and

(2) Within six months after the effective date of the annexation receive the approval of the municipality's governing body to begin negotiations pursuant to section 394.312 with **[**~~any~~**] the** affected electric **service** supplier.

[~~4.~~**] 5.** Upon receiving approval from the municipality's governing body pursuant to subsection **[**~~3~~**] 4** of this section, the municipally owned electric utility and the affected electric **service** supplier shall meet and negotiate in good faith the terms of the territorial agreement and any transfers or acquisitions, including, as an alternative, granting the affected electric **service** supplier a franchise or authority to continue providing service in the annexed area. In the event that the affected electric **service** supplier does not provide wholesale electric power to the municipality, if the affected electric **service** supplier so desires, the parties **[**~~shall~~**] may** also negotiate, consistent with applicable law, regulations and existing power supply agreements, for power contracts which would provide for the purchase of power by the municipality from the affected electric **service** supplier for an amount of power equivalent to the loss of any sales to customers receiving permanent service at structures within the annexed areas which are being sought by the municipally owned electric utility. The parties shall have no more than one hundred eighty days from the date of receiving approval from the municipality's governing body within which to conclude their negotiations and file their territorial agreement with the commission for approval under the provisions of section 394.312. The time period for negotiations allowed under this subsection may be extended for a period not to exceed one hundred eighty days by a mutual agreement of the parties and a written request with the public service commission.

[~~5.~~**] 6.** For purposes of this section, the term "fair and reasonable compensation" shall mean the following:

(1) The present-day reproduction cost, new, of the properties and facilities serving the annexed areas, less depreciation computed on a straight-line basis; and

(2) An amount equal to the reasonable and prudent cost of detaching the facilities in the annexed areas and the reasonable and prudent cost of constructing any necessary facilities to reintegrate the system of the affected electric **service** supplier outside the annexed area after detaching the portion to be transferred to the municipally owned electric utility; and

(3) **[**~~Four~~**] Two** hundred percent of gross revenues less gross receipts taxes received by the affected electric **service** supplier from the twelve-month period preceding the approval of the municipality's governing body under the provisions of subdivision (2) of subsection **[**~~3~~**] 4** of this section, normalized to produce a representative usage from customers at the subject structures in the annexed area; and

(4) Any federal, state and local taxes which may be incurred as a result of the transaction, including the recapture of any deduction or credit; and

(5) Any other costs reasonably incurred by the affected electric supplier in connection with the transaction.

[~~6.~~**] 7.** In the event the parties are unable to reach an agreement under subsection **[**~~4~~**] 5** of this section, within sixty days after the expiration of the time specified for negotiations, the municipally owned electric utility **or the affected electric service supplier** may apply to the commission for an order assigning exclusive service territories within the annexed area and a determination of the fair and reasonable compensation amount to be paid to the affected electric **service** supplier under subsection **[**~~5~~**] 6** of this section. Applications shall be made and notice of such filing shall be given to all affected parties pursuant to the rules and regulations of the commission governing applications for certificates of public convenience and necessity. Unless otherwise ordered by the commission for good cause shown, the commission shall rule on such applications not later than one hundred twenty days after the application is properly filed with the secretary of the commission. The commission shall hold evidentiary hearings to assign service territory between **the** affected electric **service** suppliers inside the annexed area and to determine the amount of compensation due any affected electric **service** supplier for the transfer of plant, facilities or associated lost revenues between electric **service** suppliers in the annexed area. The commission shall make such determinations based on findings of what best serves the public interest and shall issue its decision by report and order. Review of such commission decisions shall be governed by sections 386.500 to 386.550. The payment of compensation and transfer of title and operation of the facilities shall occur within ninety days after the order and any appeal therefrom becomes final unless the order provides otherwise.

[~~7.~~**] 8.** In reaching its decision under subsection **[**~~6~~**] 7** of this section, the commission shall consider the following factors:

(1) Whether the acquisition or transfers sought by the municipally owned electric utility within the annexed area from the affected electric **service** supplier are, in total, in the public interest, including **the preference of the owner of any affected structure,** consideration of rate disparities between the competing electric **service** suppliers**,** and issues of unjust rate discrimination among customers of a single electric **service** supplier if the rates to be charged in the annexed areas are lower than those charged to other system customers; and

(2) The fair and reasonable compensation to be paid by the municipally owned electric utility, to the affected electric **service** supplier with existing system operations within the annexed area, for any proposed acquisitions or transfers; and

(3) Any effect on system operation, including, but not limited to, loss of load and loss of revenue; and

(4) Any other issues upon which the municipally owned electric utility and the affected electric **service** supplier might otherwise agree, including, but not limited to, the valuation formulas and factors contained in subsections **[**~~4, 5 and 6~~**] 5, 6, and 7**, of this section, even if the parties could not voluntarily reach an agreement thereon under those subsections.

[~~8.~~**] 9.** The commission is hereby given all necessary jurisdiction over municipally owned electric utilities and rural electric cooperatives to carry out the purposes of this section consistent with other applicable law; provided, however, the commission shall not have jurisdiction to compel the transfer of customers or structures with a connected load greater than one thousand kilowatts. The commission shall by rule set appropriate fees to be charged on a case-by-case basis to municipally owned electric utilities and rural electric cooperatives to cover all necessary costs incurred by the commission in carrying out its duties under this section. **Nothing in this section shall be construed as otherwise conferring upon the public service commission jurisdiction over the service, rates, financing, accounting, or management of any rural electric cooperative or municipally owned electric utility, except as provided in this section.**

10. Notwithstanding sections 394.020 and 394.080 to the contrary, a rural electric cooperative may provide electric service within the corporate boundaries of a municipality if such service is provided:

(1) Pursuant to subsections 2 through 9 of this section; and

(2) Such service is conditioned upon the execution of the appropriate territorial and municipal franchise agreements, which may include a nondiscriminatory requirement, consistent with other applicable law, that the rural electric cooperative collect and remit a sales tax based on the amount of electricity sold by the rural electric cooperative within the municipality."; and

Further amend said bill, Page 10, Section 393.106, Line 85, by inserting after all of said line the following:

"**4. Notwithstanding the provisions of this section, section 91.025, section 394.080, and section 394.315 to the contrary, in the event that a retail electric supplier is providing service to a structure located within a city, town, or village that ceased to be a rural area, and such structure is demolished and replaced by a new structure, such retail electric service supplier may provide permanent service to the new structure upon the request of the owner of the new structure.**"; and

Further amend said bill, Page 62, Section 393.1715, Line 150, by inserting after all of said line the following:

"394.020. In this chapter, unless the context otherwise requires,

(1) "Member" means each incorporator of a cooperative and each person admitted to and retaining membership therein, and shall include a husband and wife admitted to joint membership;

(2) "Person" includes any natural person, firm, association, corporation, business trust, partnership, federal agency, state or political subdivision or agency thereof, or any body politic; and

(3) "Rural area" shall be deemed to mean any area of the United States not included within the boundaries of any city, town or village having a population in excess of **[**~~fifteen~~**] sixteen** hundred inhabitants, and such term shall be deemed to include both the farm and nonfarm population thereof. **The number of inhabitants specified in this subsection shall be increased by six percent every ten years after each decennial census beginning in 2030.**"; and

Further amend said bill, Page 63, Section 394.120, Line 57, by inserting after all of said line the following:

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

(1) "Permanent service", electrical service provided through facilities which have been permanently installed on a structure and which are designed to provide electric service for the structure's anticipated needs for the indefinite future, as contrasted with facilities installed temporarily to provide electrical service during construction. Service provided temporarily shall be at the risk of the electrical supplier and shall not be determinative of the rights of the provider or recipient of permanent service;

(2) "Structure" or "structures", an agricultural, residential, commercial, industrial or other building or a mechanical installation, machinery or apparatus at which retail electric energy is being delivered through a metering device which is located on or adjacent to the structure and connected to the lines of an electrical supplier. Such terms shall include any contiguous or adjacent additions to or expansions of a particular structure. Nothing in this section shall be construed to confer any right on **[**~~a rural electric cooperative~~**] an electric supplier** to serve new structures on a particular tract of land because it was serving an existing structure on that tract.

2. Once a rural electric cooperative, or its predecessor in interest, lawfully commences supplying retail electric energy to a structure through permanent service facilities, it shall have the right to continue serving such structure, and other suppliers of electrical energy shall not have the right to provide service to the structure except as might be otherwise permitted in the context of municipal annexation, pursuant to section 386.800 and section 394.080, or pursuant to a territorial agreement approved under section 394.312. The public service commission, upon application made by an affected party, may order a change of suppliers on the basis that it is in the public interest for a reason other than a rate differential, and the commission is hereby given jurisdiction over rural electric cooperatives to accomplish the purpose of this section. The commission's jurisdiction under this section is limited to public interest determinations and excludes questions as to the lawfulness of the provision of service, such questions being reserved to courts of competent jurisdiction. Except as provided herein, nothing in this section shall be construed as otherwise conferring upon the commission jurisdiction over the service, rates, financing, accounting or management of any such cooperative, and except as provided in this section, nothing contained herein shall affect the rights, privileges or duties of existing cooperatives pursuant to this chapter. Nothing in this section shall be construed to make lawful any provision of service which was unlawful prior to July 11, 1991. Nothing in this section shall be construed to make unlawful the continued lawful provision of service to any structure which may have had a different supplier in the past, if such a change in supplier was lawful at the time it occurred. However, those customers who had cancelled service with their previous supplier or had requested cancellation by May 1, 1991, shall be eligible to change suppliers as per previous procedures. No customer shall be allowed to change electric suppliers by disconnecting service between May 1, 1991, and July 11, 1991.

3. Notwithstanding the provisions of this section, section 91.025, section 393.106, and section 394.080 to the contrary, in the event that a retail electric supplier is providing service to a structure located within a

city, town, or village that has ceased to be a rural area, and such structure is demolished and replaced by a new structure, such retail electric service supplier may provide permanent service to the new structure upon the request of the owner of the new structure."; and

Further amend the title and enacting clause accordingly.

Senate Amendment No. 2

AMEND Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 734, Page 1, Section 67.309, Line 12, by inserting after all of said line the following:

"204.569. When an unincorporated sewer subdistrict of a common sewer district has been formed pursuant to sections 204.565 to 204.573, the board of trustees of the common sewer district shall have the same powers with regard to the subdistrict as for the common sewer district as a whole, plus the following additional powers:

(1) To enter into agreements to accept, take title to, or otherwise acquire, and to operate such sewers, sewer systems, treatment and disposal facilities, and other property, both real and personal, of the political subdivisions included in the subdistrict as the board determines to be in the interest of the common sewer district to acquire or operate, according to such terms and conditions as the board finds reasonable, provided that such authority shall be in addition to the powers of the board of trustees pursuant to section 204.340;

(2) To provide for the construction, extension, improvement, and operation of such sewers, sewer systems, and treatment and disposal facilities, as the board determines necessary for the preservation of public health and maintenance of sanitary conditions in the subdistrict;

(3) For the purpose of meeting the costs of activities undertaken pursuant to the authority granted in this section, to issue bonds in anticipation of revenues of the subdistrict in the same manner as set out in sections 204.360 to 204.450, for other bonds of the common sewer district. Issuance of such bonds for the subdistrict shall require the assent only of four-sevenths of the voters of the subdistrict voting on the question**[**~~**, and**~~**]** **except that, as an alternative to such a vote, if the subdistrict is a part of a common sewer district located in whole or in part in any county of the first classification without a charter form of government adjacent to a county of the first classification with a charter form of government and a population of at least six hundred thousand and not more than seven hundred fifty thousand, bonds may be issued for such subdistrict if the question receives the written assent of three-quarters of the customers of the subdistrict in a manner consistent with section 204.370, where "customer", as used in this subdivision, means any political subdivision within the subdistrict that has a service or user agreement with the common sewer district.** The principal and interest of such bonds shall be payable only from the revenues of the subdistrict and not from any revenues of the common sewer district as a whole;

(4) To charge the costs of the common sewer district for operation and maintenance attributable to the subdistrict, plus a proportionate share of the common sewer district's costs of administration to revenues of the subdistrict and to consider such costs in determining reasonable charges to impose within the subdistrict under section 204.440;

(5) With prior concurrence of the subdistrict's advisory board, to provide for the treatment and disposal of sewage from the subdistrict in or by means of facilities of the common sewer district not located within the subdistrict, in which case the board of trustees shall also have authority to charge a proportionate share of the costs of the common sewer district for operation and maintenance to revenues of the subdistrict and to consider such costs in determining reasonable charges to impose within the
subdistrict under section 204.440."; and

Further amend the title and enacting clause accordingly.

Senate Amendment No. 3

AMEND Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 734, Page 1, Section 67.309, Line 12, by inserting after all of said line the following:

"**137.123. 1. Beginning January 1, 2022, for purposes of assessing all real property, excluding land, or tangible personal property associated with a project that uses wind energy directly to generate electricity, the**

following depreciation tables shall be used to determine the true value in money of such property. The first year shown in the table shall be the year immediately following the year of construction of the property. The original costs shall reflect either:

(1) The actual and documented original property cost to the taxpayer, as shall be provided by the taxpayer to the assessor; or

(2) In the absence of actual and documented original property cost to the taxpayer, the estimated cost of the property by the assessor, using an authoritative cost guide.

For purposes of this section, and to estimate the value of all real property, excluding land, or tangible personal property associated with a project that uses wind energy directly to generate electricity, each assessor shall apply the percentage shown to the original cost for the first year following the year of construction of the property, and the percentage shown for each succeeding year shall be the percentage of the original cost used for January first of the respective succeeding year as follows:

Year	**Percentage**
1	**40%**
2	**40%**
3	**37%**
4	**37%**
5	**35%**

Any real property, excluding land, or tangible personal property associated with a project that uses wind energy directly to generate electricity shall continue in subsequent years to have the depreciation percentage last listed in the appropriate column in the table.

2. Nothing in this section shall be construed to prohibit a project from engaging in enhanced enterprise zone agreements under sections 135.950 to 135.973 or similar tax abatement agreements with state or local officials or to affect any existing enhanced enterprise zone agreements.

153.030. 1. All bridges over streams dividing this state from any other state owned, used, leased or otherwise controlled by any person, corporation, railroad company or joint stock company, and all bridges across or over navigable streams within this state, where the charge is made for crossing the same, which are now constructed, which are in the course of construction, or which shall hereafter be constructed, and all property, real and tangible personal, owned, used, leased or otherwise controlled by telegraph, telephone, electric power and light companies, electric transmission lines, pipeline companies and express companies shall be subject to taxation for state, county, municipal and other local purposes to the same extent as the property of private persons.

2. And taxes levied thereon shall be levied and collected in the manner as is now or may hereafter be provided by law for the taxation of railroad property in this state, and county commissions, county boards of equalization and the state tax commission are hereby required to perform the same duties and are given the same powers, including punitive powers, in assessing, equalizing and adjusting the taxes on the property set forth in this section as the county commissions and boards of equalization and state tax commission have or may hereafter be empowered with, in assessing, equalizing, and adjusting the taxes on railroad property; and an authorized officer of any such bridge, telegraph, telephone, electric power and light companies, electric transmission lines, pipeline companies, or express company or the owner of any such toll bridge, is hereby required to render reports of the property of such bridge, telegraph, telephone, electric power and light companies, electric transmission lines, pipeline companies, or express companies in like manner as the authorized officer of the railroad company is now or may hereafter be required to render for the taxation of railroad property.

3. On or before the fifteenth day of April in the year 1946 and each year thereafter an authorized officer of each such company shall furnish the state tax commission and county clerks a report, duly subscribed and sworn to by such authorized officer, which is like in nature and purpose to the reports required of railroads under chapter 151 showing the full amount of all real and tangible personal property owned, used, leased or otherwise controlled by each such company on January first of the year in which the report is due.

4. If any telephone company assessed pursuant to chapter 153 has a microwave relay station or stations in a county in which it has no wire mileage but has wire mileage in another county, then, for purposes of apportioning the assessed value of the distributable property of such companies, the straight line distance between such microwave relay stations shall constitute miles of wire. In the event that any public utility company assessed pursuant to this chapter has no distributable property which physically traverses the counties in which it operates, then the assessed value of the distributable property of such company shall be apportioned to the physical location of the distributable property.

5. (1) Notwithstanding any provision of law to the contrary, beginning January 1, 2019, a telephone company shall make a one-time election within the tax year to be assessed:

(a) Using the methodology for property tax purposes as provided under this section; or

(b) Using the methodology for property tax purposes as provided under this section for property consisting of land and buildings and be assessed for all other property exclusively using the methodology utilized under section 137.122.

If a telephone company begins operations, including a merger of multiple telephone companies, after August 28, 2018, it shall make its one-time election to be assessed using the methodology for property tax purposes as described under paragraph (b) of subdivision (1) of this subsection within the year in which the telephone company begins its operations. A telephone company that fails to make a timely election shall be deemed to have elected to be assessed using the methodology for property tax purposes as provided under subsections 1 to 4 of this section.

(2) The provisions of this subsection shall not be construed to change the original assessment jurisdiction of the state tax commission.

(3) Nothing in subdivision (1) of this subsection shall be construed as applying to any other utility.

(4) (a) The provisions of this subdivision shall ensure that school districts may avoid any fiscal impact as a result of a telephone company being assessed under the provisions of paragraph (b) of subdivision (1) of this subsection. If a school district's current operating levy is below the greater of its most recent voter-approved tax rate or the most recent voter-approved tax rate as adjusted under subdivision (2) of subsection 5 of section 137.073, it shall comply with section 137.073.

(b) Beginning January 1, 2019, any school district currently operating at a tax rate equal to the greater of the most recent voter-approved tax rate or the most recent voter-approved tax rate as adjusted under subdivision (2) of subsection 5 of section 137.073 that receives less tax revenue from a specific telephone company under this subsection, on or before January thirty-first of the year following the tax year in which the school district received less revenue from a specific telephone company, may by resolution of the school board impose a fee, as determined under this subsection, in order to obtain such revenue. The resolution shall include all facts that support the imposition of the fee. If the school district receives voter approval to raise its tax rate, the district shall no longer impose the fee authorized in this paragraph.

(c) Any fee imposed under paragraph (b) of this subdivision shall be determined by taking the difference between the tax revenue the telephone company paid in the tax year in question and the tax revenue the telephone company would have paid in such year had it not made an election under subdivision (1) of this subsection, which shall be calculated by taking the telephone company valuations in the tax year in question, as determined by the state tax commission under paragraph (d) of this subdivision, and applying such valuations to the apportionment process in subsection 2 of section 151.150. The school district shall issue a billing, as provided in this subdivision, to any such telephone company. A telephone company shall have forty-five days after receipt of a billing to remit its payment of its portion of the fees to the school district. Notwithstanding any other provision of law, the issuance or receipt of such fee shall not be used:

a. In determining the amount of state aid that a school district receives under section 163.031;

b. In determining the amount that may be collected under a property tax levy by such district; or

c. For any other purpose.

For the purposes of accounting, a telephone company that issues a payment to a school district under this subsection shall treat such payment as a tax.

(d) When establishing the valuation of a telephone company assessed under paragraph (b) of subdivision (1) of this subsection, the state tax commission shall also determine the difference between the assessed value of a telephone company if:

a. Assessed under paragraph (b) of subdivision (1) of this subsection; and

b. Assessed exclusively under subsections 1 to 4 of this section.

The state tax commission shall then apportion such amount to each county and provide such information to any school district making a request for such information.

(e) This subsection shall expire when no school district is eligible for a fee.

6. (1) If any public utility company assessed pursuant to this chapter has ownership of any real or personal property associated with a project which uses wind energy directly to generate electricity, such wind energy project

property shall be valued and taxed by any local authorities having jurisdiction under the provisions of chapter 137 and other relevant provisions of the law.

(2) Notwithstanding any provision of law to the contrary, beginning January 1, 2020, for any public utility company assessed pursuant to this chapter which has a wind energy project, such wind energy project shall be assessed using the methodology for real and personal property as provided in this subsection:

(a) Any wind energy property of such company shall be assessed upon the county assessor's local tax rolls;

(b) **[**~~Any property consisting of land and buildings related to the wind energy project shall be assessed under chapter 137; and~~

~~(c)~~**]** All other **[**~~business~~**] real property, excluding land,** or personal property related to the wind energy project shall be assessed using the methodology provided under section **[**~~137.122~~**] 137.123**.

7. (1) If any public utility company assessed pursuant to this chapter has ownership of any real or personal property associated with a generation project which was originally constructed utilizing financing authorized pursuant to chapter 100 for construction, upon the transfer of ownership of such property to the public utility company such property shall be valued and taxed by any local authorities having jurisdiction under the provisions of chapter 137 and other relevant provisions of law.

(2) Notwithstanding any provision of law to the contrary, beginning January 1, 2022, for any public utility company assessed pursuant to this chapter which has ownership of any real or personal property associated with a generation project which was originally constructed utilizing financing authorized pursuant to chapter 100 for construction, upon the transfer of ownership of such property to the public utility company such property shall be assessed as follows:

(a) Any property associated with a generation project which was originally constructed utilizing financing authorized pursuant to chapter 100 for construction shall be assessed upon the county assessor's local tax rolls. The assessor shall rely on the public utility company for cost information of the generation portion of the property as found in the public utility company's Federal Energy Regulatory Commission Financial Report Form Number One at the time of transfer of ownership, and depreciate the costs provided in a manner similar to other commercial and industrial property.

(b) Any property consisting of land and buildings related to the generation property associated with a generation project which was originally constructed utilizing financing pursuant to chapter 100 for construction shall be assessed under chapter 137; and

(c) All other business or personal property related to a generation project which was originally constructed utilizing financing pursuant to chapter 100 for construction shall be assessed using the methodology provided under section 137.122.

153.034. 1. The term "distributable property" of an electric company shall include all the real or tangible personal property which is used directly in the generation and distribution of electric power, but not property used as a collateral facility nor property held for purposes other than generation and distribution of electricity. Such distributable property includes, but is not limited to:

(1) Boiler plant equipment, turbogenerator units and generators;

(2) Station equipment;

(3) Towers, fixtures, poles, conductors, conduit transformers, services and meters;

(4) Substation equipment and fences;

(5) Rights-of-way;

(6) Reactor, reactor plant equipment, and cooling towers;

(7) Communication equipment used for control of generation and distribution of power;

(8) Land associated with such distributable property.

2. The term "local property" of an electric company shall include all real and tangible personal property owned, used, leased or otherwise controlled by the electric company not used directly in the generation and distribution of power and not defined in subsection 1 of this section as distributable property. Such local property includes, but is not limited to:

(1) Motor vehicles;

(2) Construction work in progress;

(3) Materials and supplies;

(4) Office furniture, office equipment, and office fixtures;

(5) Coal piles and nuclear fuel;

(6) Land held for future use;

(7) Workshops, warehouses, office buildings and generating plant structures;

(8) Communication equipment not used for control of generation and distribution of power;

(9) Roads, railroads, and bridges;

(10) Reservoirs, dams, and waterways;

(11) Land associated with other locally assessed property and all generating plant land.

3. (1) Any real or tangible personal property associated with a project which uses wind energy directly to generate electricity shall be valued and taxed by local authorities having jurisdiction under the provisions of chapter 137 and any other relevant provisions of law. The method of taxation prescribed in subsection 2 of section 153.030 and subsection 1 of this section shall not apply to such property.

(2) The real or tangible personal property referenced in subdivision (1) of this subsection shall include all equipment whose sole purpose is to support the integration of a wind generation asset into an existing system. Examples of such property may include, but are not limited to, wind chargers, windmills, wind turbines, wind towers, and associated electrical equipment such as inverters, pad mount transformers, power lines, storage equipment directly associated with wind generation assets, and substations.

4. For any real or tangible personal property associated with a generation project which was originally constructed utilizing financing authorized under chapter 100 for construction, upon the transfer of ownership of such property to a public utility, such property shall be valued and taxed by local authorities having jurisdiction under the provisions of chapter 137 and any other relevant provisions of law. The method of taxation prescribed in subsection 2 of section 153.030 and subsection 1 of this section shall not apply to such property."; and

Further amend said bill, Page 67, Section 400.9-109, Line 102, by inserting after all of said line the following:

"**[**~~393.1073. 1. There is hereby established the "Task Force on Wind Energy", which shall be composed of the following members:~~

~~(1) Three members of the house of representatives, with two appointed by the speaker of the house of representatives and one appointed by the minority floor leader of the house of representatives;~~

~~(2) Three members of the senate, with two appointed by the president pro tempore of the senate and one appointed by the minority floor leader of the senate; and~~

~~(3) Two representatives from Missouri county governments with experience in wind energy valuations, with one being a currently elected county assessor to be appointed by the speaker of the house of representatives, and one being a currently elected county clerk to be appointed by the president pro tempore of the senate.~~

~~2. The task force shall conduct public hearings and research, and shall compile a report for delivery to the general assembly by no later than December 31, 2019. Such report shall include information on the following:~~

~~(1) The economic benefits and drawbacks of wind turbines to local communities and the state;~~

~~(2) The fair, uniform, and standardized assessment and taxation of wind turbines and their connected equipment owned by a public utility company at the county level in all counties;~~

~~(3) Compliance with existing federal and state programs and regulations; and~~

~~(4) Potential legislation that will provide a uniform assessment and taxation methodology for wind turbines and their connected equipment owned by a public utility company that will be used in every county of Missouri.~~

~~3. The task force shall meet within thirty days after its creation and shall organize by selecting a chairperson and vice chairperson, one of whom shall be a member of the senate and the other a member of the house of representatives. Thereafter, the task force may meet as often as necessary in order to accomplish the tasks assigned to it. A majority of the task force shall constitute a quorum, and a majority vote of such quorum shall be required for any action.~~

~~4. The staff of house research and senate research shall provide necessary clerical, research, fiscal, and legal services to the task force, as the task force may request.~~

~~5. The members of the task force shall serve without compensation, but any actual~~

~~and necessary expenses incurred in the performance of the task force's official duties by the task force, its members, and any staff assigned to the task force shall be paid from the joint contingent fund.~~

~~6. This section shall expire on December 31, 2019.~~**]**"; and

Further amend the title and enacting clause accordingly.

In which the concurrence of the House is respectfully requested.

CONFERENCE COMMITTEE REPORT
ON
SENATE SUBSTITUTE NO. 2
FOR
SENATE COMMITTEE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 271

The Conference Committee appointed on Senate Substitute No. 2 for Senate Committee Substitute for House Committee Substitute for House Bill No. 271, with Senate Amendment No. 1, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the Senate recede from its position on Senate Substitute No. 2 for Senate Committee Substitute for House Committee Substitute for House Bill No. 271, as amended;

2. That the House recede from its position on House Committee Substitute for House Bill No. 271;

3. That the attached Conference Committee Substitute for Senate Substitute No. 2 for Senate Committee Substitute for House Committee Substitute for House Bill No. 271, be Third Read and Finally Passed.

FOR THE HOUSE:

/s/ Representative John Wiemann
/s/ Representative Jason Chipman
/s/ Representative Jered Taylor
/s/ Representative Donna Baringer
/s/ Representative Tracy McCreery

FOR THE SENATE:

/s/ Senator Sandy Crawford
/s/ Senator Mike Bernskoetter
/s/ Senator Caleb Rowden
/s/ Senator Greg Razer
Senator Jill Schupp

REFERRAL OF HOUSE BILLS

The following House Bills were referred to the Committee indicated:

SCS HCS#2 HB 69 - Fiscal Review
SCS HB 604, as amended - Fiscal Review
SS SCS HCS HB 734, as amended - Fiscal Review

REFERRAL OF SENATE BILLS

The following Senate Bills were referred to the Committee indicated:

SS SCS SB 57 - Fiscal Review
HCS#2 SCS SB 91 - Fiscal Review
HS HCS SS SCS SB 289 - Fiscal Review
HCS#2 SS SB 327 - Fiscal Review

REFERRAL OF CONFERENCE COMMITTEE REPORTS

The following Conference Committee Report was referred to the Committee indicated:

CCR SS#2 SCS HCS HB 271, as amended - Fiscal Review

ADJOURNMENT

On motion of Representative Plocher, the House adjourned until 10:00 a.m., Tuesday, May 11, 2021.

COMMITTEE HEARINGS

ADMINISTRATION AND ACCOUNTS
Tuesday, May 11, 2021, 12:00 PM or upon morning recess (whichever is later), House Hearing Room 7.
Executive session may be held on any matter referred to the committee.
Policy changes.

FISCAL REVIEW
Tuesday, May 11, 2021, 9:45 AM, House Hearing Room 4.
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW
Wednesday, May 12, 2021, 9:45 AM, House Hearing Room 4.
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW
Thursday, May 13, 2021, 9:45 AM, House Hearing Room 4.
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW
Friday, May 14, 2021, 8:45 AM, House Hearing Room 4.
Executive session may be held on any matter referred to the committee.

JUDICIARY
Tuesday, May 11, 2021, 9:15 AM, House Hearing Room 6.
Executive session will be held: SS SB 317
Executive session may be held on any matter referred to the committee.

RULES - ADMINISTRATIVE OVERSIGHT
Tuesday, May 11, 2021, 9:00 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - ADMINISTRATIVE OVERSIGHT
Wednesday, May 12, 2021, 9:00 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - ADMINISTRATIVE OVERSIGHT
Thursday, May 13, 2021, 9:00 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - ADMINISTRATIVE OVERSIGHT
Friday, May 14, 2021, 8:30 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - LEGISLATIVE OVERSIGHT
Tuesday, May 11, 2021, 9:30 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - LEGISLATIVE OVERSIGHT
Wednesday, May 12, 2021, 9:30 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - LEGISLATIVE OVERSIGHT
Thursday, May 13, 2021, 9:30 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

RULES - LEGISLATIVE OVERSIGHT
Friday, May 14, 2021, 8:00 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.

Please note additional procedures will be in place due to the COVID-19 pandemic. All entrants to the capitol building may be required to submit to screening questions and physical screening. Members of the public must enter the building using the south entrance. Public seating in committees will be socially distanced and therefore limited. Committee hearings will be streamed. Links may be found at https://www.house.mo.gov.

HOUSE CALENDAR

SIXTY-NINTH DAY, TUESDAY, MAY 11, 2021

HOUSE JOINT RESOLUTIONS FOR PERFECTION

HJR 26 - Falkner
HJR 47 - Bailey
HJR 13 - Coleman (32)
HCS HJR 24 - Hardwick
HJR 43 - Hill
HJR 60 - Hill
HCS HJR 22 - Eggleston
HJR 49 - Simmons
HCS HJR 53 - Basye

HOUSE BILLS FOR PERFECTION

HCS HBs 1141 & 1067, as amended, HA 1 HA 3 and HA 3, pending - Shaul
HCS HBs 1222 & 1342 - Van Schoiack
HB 1349 - Porter
HB 1363 - Dogan
HCS HB 1139 - Eggleston
HB 36 - Pollock (123)
HB 61 - Schnelting
HCS HB 86 - Taylor (139)
HCS HB 245 - Porter
HB 308 - Kelley (127)
HCS HB 323 - Hill
HCS HBs 359 & 634 - Baker
HB 390 - Griffith
HB 396 - Richey
HCS HB 673 - Coleman (97)
HCS HB 754 - Christofanelli
HCS HB 755 - Christofanelli
HCS HB 760 - Roden
HB 769 - Grier
HB 851 - Walsh (50)
HCS HB 925 - Hudson
HB 931 - Schroer
HB 996 - Taylor (139)
HB 1156 - Hill
HB 1162 - Trent
HB 1178 - Riggs
HB 1345 - Cupps
HB 920 - Baker

HCS HB 1095 - Deaton
HB 143 - DeGroot
HB 161 - Hudson
HCS HB 214 - Hill
HCS HB 229 - Basye
HB 318 - DeGroot
HB 469 - Dinkins
HCS HB 555 - Eggleston
HCS HB 1016 - Griesheimer
HB 1200 - Billington
HCS HB 577 - Riley
HB 92 - Taylor (139)
HB 491 - Grier

HOUSE BILLS FOR PERFECTION - INFORMAL

HCS HB 688 - Murphy
HCS HB 782 - Trent
HB 316 - Toalson Reisch
HB 894 - Riggs
HS HB 513 - Smith (155)
HS HB 152 - Rone
HB 474 - Trent
HCS HB 785 - Hicks
HB 212 - Hill
HB 64 - Pike
HCS HB 108 - Bangert
HCS HB 156 - Veit
HCS HB 157 - Veit
HB 213 - Hill
HCS HB 218 - Burnett
HCS HB 301 - Haffner
HCS HB 339 - Mayhew
HB 347 - Veit
HCS HB 355 - Baker
HCS HB 385 - DeGroot
HB 511 - Lovasco
HCS HB 852 - Walsh (50)
HB 893 - Riggs
HCS HB 900 - Lovasco
HB 908 - Andrews
HCS HB 1046 - Dinkins
HCS HB 1166 - Van Schoiack
HB 708 - Trent
HB 1088 - Hovis
HCS HB 472 - Griesheimer

HB 478 - Christofanelli
HCS HB 303 - Wiemann
HCS HB 602 - Grier
HCS HB 1408 - Plocher
HB 1416 - Black (137)
HCS HB 1295 - Andrews
HCS HB 601 - Rone
HB 1032 - Busick
HB 37 - Pollock (123)
HCS HB 217 - Perkins
HB 451 - Bailey
HB 461 - Dogan
HCS HB 499 - Schroer
HCS HB 541 - Lewis (6)
HCS HB 549 - Christofanelli
HB 750 - Lovasco
HCS HB 842 - Hill
HB 771 - Andrews

HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING

HCS HCR 6 - Stevens (46)
HCR 9 - Eggleston
HCR 17 - Trent
HCR 36 - Basye

HOUSE JOINT RESOLUTIONS FOR THIRD READING

HJR 17 - Kidd

HOUSE BILLS FOR THIRD READING

HCS HB 922, (Fiscal Review 4/13/21) - Houx
HS HCS HB 441, (Fiscal Review 4/15/21) - Falkner
HCS HB 439 - Davidson
HCS HB 494 - Hurlbert
HCS HB 946 - Hill
HS HCS HB 876 - Dogan
HB 1010 - Boggs

HOUSE BILLS FOR THIRD READING - INFORMAL

HB 652 - Stevens (46)
HCS HBs 647 & 841 - Pollitt (52)
HCS HB 32, E.C. - Walsh (50)
HB 259 - Evans

SENATE BILLS FOR THIRD READING

SS SCS SB 57, (Fiscal Review 5/10/21) - Hicks
HCS#2 SCS SB 91, (Fiscal Review 5/10/21), E.C. - Fitzwater
HCS#2 SS SB 327, (Fiscal Review 5/10/21), E.C. - Kelly (141)
HCS SB 377 - Haden

SENATE BILLS FOR THIRD READING - INFORMAL

SS SB 22 - Grier
HCS SS SCS SBs 153 & 97 - Eggleston
HCS SB 365, E.C. - Murphy
HS HCS SCS SB 520 - Ruth
HCS SS SCS SB 43, E.C. - Kelley (127)
HCS SS SCS SB 152, E.C. - Christofanelli
HS HCS SS SCS SB 289, (Fiscal Review 5/10/21) - Copeland
HCS SS SB 333 - Baker
HCS SS SCS SB 27, E.C. - Baker
SS SB 63 - Smith (155)
HCS SB 9 - Fitzwater
HCS SS SB 44 - Wallingford
SS SB 45 - Wiemann
SB 86, with HA 1, pending - Baker
SCS SB 272, (Fiscal Review 5/6/21) - Mosley
HCS SS SCS SB 4, (Fiscal Review 5/7/21), E.C. - Francis
HCS SB 5, (Fiscal Review 5/7/21), E.C. - Ruth
HCS SB 38, (Fiscal Review 5/7/21) - Griesheimer
SS#2 SCS SB 262, E.C. - Ruth
HCS SB 323, (Fiscal Review 5/7/21) - Wallingford

SENATE CONCURRENT RESOLUTIONS FOR THIRD READING

SCR 2, with HA 1, pending - Murphy
SCR 7 - Black (7)

HOUSE BILLS WITH SENATE AMENDMENTS

SS HB 345, (Fiscal Review 4/14/21) - DeGroot
SS SCS HCS HB 697, as amended, (Fiscal Review 5/4/21) - DeGroot
SCS HB 604, as amended, (Fiscal Review 5/10/21) - Gregory (51)
SCS HCS#2 HB 69, (Fiscal Review 5/10/21) - Billington
SS SCS HCS HB 734, as amended, (Fiscal Review 5/10/21) - O'Donnell

BILLS CARRYING REQUEST MESSAGES

HCS SB 330, as amended, (request House recede/grant conference), E.C. - Shields
HCS SB 72, as amended, (request House recede/grant conference) - Smith (155)

BILLS IN CONFERENCE

SB 37, with HA 1, HA 2, HA 3, HA 4, HA 5, and HA 6 - Knight
CCR SS#2 SCS HCS HB 271, as amended (exceeded differences), (Fiscal Review 5/10/21), E.C. - Wiemann
CCR SS#2 SCS HB 273, as amended (Senate exceeded differences) - Hannegan
HCS SB 226, as amended, E.C. - Christofanelli
HCS SS#2 SB 26, as amended, E.C. - Schroer
HCS SS SB 141, as amended - Black (137)
HCS SS SCS SBs 53 & 60, as amended, E.C. - Roberts

HOUSE BILLS TAKEN FROM COMMITTEE PER CONSTITUTION

HB 275 - Hannegan

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

HCS HB 2001 - Smith (163)
CCS SCS HS HCS HB 2002 - Smith (163)
CCS SCS HS HCS HB 2003 - Smith (163)
CCS SCS HS HCS HB 2004 - Smith (163)
CCS SCS HS HCS HB 2005 - Smith (163)
CCS SS SCS HS HCS HB 2006 - Smith (163)
CCS SCS HS HCS HB 2007 - Smith (163)
CCS SCS HS HCS HB 2008 - Smith (163)
CCS SCS HS HCS HB 2009 - Smith (163)
CCS SCS HS HCS HB 2010 - Smith (163)
CCS SCS HS HCS HB 2011 - Smith (163)
CCS SCS HS HCS HB 2012 - Smith (163)
SCS HCS HB 2013 - Smith (163)
HCS HB 2017 - Smith (163)
HCS HB 2018 - Smith (163)
HCS HB 2019 - Smith (163)
HCS HB 14, (2020, 2nd Extra) - Smith (163)
HCS HB 16 - Smith (163)

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