

JOURNAL OF THE HOUSE

Second Regular Session, 95th GENERAL ASSEMBLY

SIXTY-FIFTH DAY, WEDNESDAY, MAY 5, 2010

The House met pursuant to adjournment.

Speaker Richard in the Chair.

Prayer by Msgr. Sal E. Polizzi, St. Roch Catholic Church, St. Louis, Missouri.

BLESSED IS THE NATION WHOSE GOD IS THE LORD!

LET US BOW OUR HEAD IN PRAYER.

Heavenly Father, giver of all good gifts, You have given us this wonderful country in which we live. We seek Your grace and wisdom for our leaders that they may serve Your people with truth and justice. At this time of our lives there is such a desperate need for the elected men and women of this state to provide the leadership that is so necessary, but often times, lacking.

Businesses big and small are closing their doors; unemployment is at an all-time high; many people have lost their homes and continue to lose them; education at all levels has been affected. Heavenly Father, bless America, this country of goodness and greatness. Renew the values of our American heritage so that America will remain the country of Truth, Freedom, Justice and Peace. We stand before You and ask this in Your Name, FOR IN GOD WE TRUST!

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: Emily Fox, Logan Salva, Ian Hopper, Olivia Hopper, Megan Fox, Keylon Patterson and Rebecca Holmes.

The Journal of the sixty-fourth day was approved as printed.

SPECIAL RECOGNITION

Msgr. Sal E. Polizzi was introduced by Representative Storch and recognized as an Outstanding Missourian.

HOUSE COURTESY RESOLUTIONS OFFERED AND ISSUED

House Resolution No. 3018 through House Resolution No. 3075

HOUSE CONCURRENT RESOLUTIONS

Representative Munzlinger offered House Concurrent Resolution No. 82.
Representative Roorda, et al., offered House Concurrent Resolution No. 83.

SECOND READING OF SENATE BILL

SS SCS SB 884 was read the second time.

HOUSE BILLS WITH SENATE AMENDMENTS

SS HB 1713, relating to insurance for adopted children, was taken up by Representative Sander.

Representative Sander moved that the House refuse to adopt **SS HB 1713** and request the Senate to recede from its position and, failing to do so, grant the House a conference.

Representative Faith made a substitute motion that **SS HB 1713** be referred to the Committee on Fiscal Review pursuant to Rule 25(19).

Which motion was adopted.

SCS HCS HB 2297, as amended, relating to the Kansas City Zoological District, was taken up by Representative Molendorp.

Representative Molendorp moved that the House refuse to adopt **SCS HCS HB 2297, as amended**, and request the Senate to recede from its position and, failing to do so, grant the House a conference.

Which motion was adopted.

REFERRAL OF HOUSE BILL

The following House Bill was referred to the Committee indicated:

SS HB 1713 - Fiscal Review (Fiscal Note)

THIRD READING OF SENATE BILLS

HCS SB 795, as amended, relating to animals and agriculture, was taken up by Representative Loehner.

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

House Amendment No. 4

AMEND House Committee Substitute for Senate Bill No. 795, Page 3, Section 261.200, Line 11, by deleting all of said line and inserting in lieu thereof the following:

“administration of the program from which the fee was collected; except that, the provisions of this section shall not apply to any moneys credited to the fund under subdivision (2) of subsection 1 of section 311.550.”; and

Further amend said bill, Page 24, Section 281.260, Lines 34 thru 36, by deleting all of said lines and inserting in lieu thereof the following:

“set forth herein, the department of agriculture shall reduce fees for all registrants if the fees derived exceed the reasonable cost of administering the pest and pesticide programs of the department of agriculture.”; and

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

Representative Loehner offered **House Amendment No. 1 to House Amendment No. 4.**

House Amendment No. 1

to

House Amendment No. 4

AMEND House Amendment No. 4 to House Committee Substitute for Senate Bill No. 795, Page 1, Line 5 of said page, by inserting after all of said line the following:

‘Further amend said bill, Page 23, Section 281.260, Line 15, by inserting after the number “261.200” the following:

“to be used solely to administer the pest and pesticide programs of the department of agriculture. If the funding exceeds the reasonable costs to administer the programs as set forth herein, the department of agriculture shall reduce fees for all registrants if the fees derived exceed the reasonable cost of administering the pest and pesticide programs of the department of agriculture” ‘; and

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

On motion of Representative Loehner, **House Amendment No. 1 to House Amendment No. 4** was adopted.

On motion of Representative Witte, **House Amendment No. 4, as amended**, was adopted.

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

House Amendment No. 5

AMEND House Committee Substitute for Senate Bill No. 795, Pages 10 and 11, Section 265.300, Lines 1 to 37, by removing all of said section from the bill; and

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

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

Representative Smith (150) offered **House Amendment No. 6.**

House Amendment No. 6

AMEND House Committee Substitute for Senate Bill No. 795, Page 3, Section 226.1120, Line 22, by inserting after all of said line the following:

“246.310. The provisions of section 262.802 shall not apply to any drainage district or levee district formed under the laws of this state.”; and

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

On motion of Representative Smith (150), **House Amendment No. 6** was adopted.

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

House Amendment No. 7

AMEND House Committee Substitute for Senate Bill No. 795, Page 23, Section 273.329, Line 19, by inserting immediately after said line the following:

“274.180. Each association organized hereunder shall pay an annual fee of ten dollars only, in lieu of all franchise or license or corporation or other taxes, or sales taxes, or taxes or charges upon reserves held by it for members.”; and

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

Representative Hobbs offered **House Substitute Amendment No. 1 for House Amendment No. 7.**

*House Substitute Amendment No. 1
for
House Amendment No. 7*

AMEND House Committee Substitute for Senate Bill No.795, Page 1, In the Title, Line 4, by inserting before the period at the end of said line the following:

", and an emergency clause for a certain section"; and

Further amend said bill, Page 23, Section 273.329, Line 19, by inserting after all of said line the following:

"274.180. Each association organized hereunder shall pay an annual fee of ten dollars only, in lieu of all franchise or license or corporation or other taxes, or taxes, or sales taxes, or charges upon reserves held by it for members."; and

Further amend said bill, Page 42, Section 1, Line 2, by inserting after all of said line the following:

"Section B. Because immediate action is necessary to ensure compliance with the Missouri administrative hearing commission decision, the repeal and reenactment of section 274.180 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of section 274.180 of section A of this act shall be in full force and effect upon its passage and approval."; and

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

On motion of Representative Hobbs, **House Substitute Amendment No. 1 for House Amendment No. 7** was adopted.

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

House Amendment No. 8

AMEND House Committee Substitute for Senate Bill No. 795, Section 1, Page 42, Line 2, by inserting the following after all of said line:

“Section 2. 1. Damages allowable for a private nuisance on property used for farming purposes as defined in sections 262.801 and 262.805 shall be as follows:

(1) If the nuisance is a permanent nuisance, compensatory damages shall be measured by the reduction in the fair market value of the claimant’s property caused by the nuisance, but not to exceed the fair market value of the property;

(2) If the nuisance is a temporary nuisance, compensatory damages shall be measured by the diminution in the fair rental value of the property which resulted from the nuisance;

(3) No damages shall be awarded for annoyance, discomfort, sickness, emotional distress, or similar claims for a private nuisance.

2. In the event a claim for injury or damages to a person is asserted in the same proceeding as a claim for damage to the claimant’s property cause by a private nuisance, liability for such personal injury or damage shall be determined on the basis of applicable principles of tort law independent of whether the defendant’s use of property is found to constitute a nuisance.

3. In any action for private nuisance where the amount in controversy exceeds one million dollars, if any party requests the court or jury to visit the property alleged to be affected by the nuisance, the court or jury shall visit the property.

[537.296. In any action for private nuisance where the amount in controversy exceeds one million dollars, if any party requests the court or jury to visit the property alleged to be affected by the nuisance, the court or jury shall visit the property.]”; and

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

Representative Silvey moved the previous question.

Which motion was adopted by the following vote:

AYES: 083

Allen	Ayres	Bivins	Brandom	Brown 30
Brown 149	Bruns	Burlison	Cooper	Cox
Cunningham	Davis	Deeken	Denison	Dethrow
Dieckhaus	Diehl	Dixon	Dugger	Dusenberg
Emery	Ervin	Faith	Fisher 125	Flanigan
Flook	Franz	Funderburk	Gatschenberger	Grisamore
Guernsey	Guest	Hobbs	Hoskins 121	Icet
Jones 89	Jones 117	Keeney	Kingery	Koenig
Kraus	Lair	Leara	Lipke	Loehner
McGhee	McNary	Molendorp	Munzlinger	Nance
Nieves	Nolte	Parkinson	Parson	Pollock
Pratt	Riddle	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Schlottach	Schoeller
Self	Silvey	Smith 14	Smith 150	Stevenson

1295 *Journal of the House*

Stream	Sutherland	Thomson	Tracy	Viebrock
Wallace	Wells	Weter	Wilson 119	Wilson 130
Wright	Zerr	Mr Speaker		

NOES: 068

Atkins	Aull	Biermann	Bringer	Brown 50
Burnett	Calloway	Carter	Casey	Chappelle-Nadal
Colona	Conway	Corcoran	Curls	Dougherty
Englund	Fallert	Fischer 107	Frame	Grill
Harris	Hodges	Holsman	Hoskins 80	Hummel
Jones 63	Kander	Kelly	Kirkton	Komo
Kratky	Kuessner	Lampe	LeBlanc	LeVota
McClanahan	McDonald	McNeil	Meadows	Meiners
Nasheed	Newman	Norr	Oxford	Pace
Quinn	Roorda	Rucker	Salva	Scavuzzo
Schieffer	Schoemehl	Schupp	Shively	Skaggs
Still	Storch	Swinger	Talboy	Todd
Walsh	Walton Gray	Webb	Webber	Whitehead
Witte	Yaeger	Zimmerman		

PRESENT: 000

ABSENT WITH LEAVE: 011

Day	Hughes	Largent	Liese	Low
Morris	Scharnhorst	Spreng	Tilley	Vogt
Wasson				

VACANCIES: 001

Representative Guernsey moved that **House Amendment No. 8** be adopted.

Which motion was defeated by the following vote:

AYES: 064

Allen	Ayres	Bivins	Brandom	Brown 149
Burlison	Cooper	Cox	Cunningham	Davis
Deeken	Denison	Dethrow	Dieckhaus	Diehl
Dugger	Dusenberg	Emery	Ervin	Faith
Fisher 125	Flanigan	Flook	Franz	Funderburk
Gatschenberger	Grisamore	Guernsey	Guest	Hobbs
Hoskins 121	Icet	Keeney	Koenig	Lair
Leara	McGhee	McNary	Molendorp	Munzlinger
Nance	Nolte	Parkinson	Parson	Pollock
Riddle	Ruestman	Ruzicka	Sander	Sater
Schaaf	Schad	Schoeller	Smith 14	Smith 150
Stevenson	Stream	Sutherland	Thomson	Tracy
Wells	Wilson 119	Zerr	Mr Speaker	

NOES: 086

Atkins	Aull	Biermann	Bringer	Brown 30
Brown 50	Burnett	Calloway	Carter	Casey
Chappelle-Nadal	Colona	Conway	Corcoran	Curls
Dixon	Dougherty	Englund	Fallert	Fischer 107

Frame	Grill	Harris	Hodges	Holsman
Hoskins 80	Hummel	Jones 63	Jones 89	Jones 117
Kander	Kelly	Kingery	Kirkton	Komo
Kratky	Kraus	Kuessner	Lampe	LeBlanc
LeVota	Lipke	Loehner	McClanahan	McDonald
McNeil	Meadows	Meiners	Morris	Nasheed
Newman	Nieves	Norr	Oxford	Pace
Pratt	Quinn	Roorda	Rucker	Salva
Scavuzzo	Schieffer	Schlottach	Schoemehl	Schupp
Self	Shively	Silvey	Skaggs	Still
Storch	Swinger	Talboy	Todd	Vogt
Wallace	Walton Gray	Webb	Webber	Weter
Whitehead	Wilson 130	Witte	Wright	Yaeger
Zimmerman				

PRESENT: 000

ABSENT WITH LEAVE: 012

Bruns	Day	Hughes	Largent	Liese
Low	Scharnhorst	Spreng	Tilley	Viebrock
Walsh	Wasson			

VACANCIES: 001

Representative Jones (89) moved the previous question.

Which motion was adopted by the following vote:

AYES: 082

Allen	Ayres	Bivins	Brandom	Brown 30
Brown 149	Bruns	Burlison	Cooper	Cox
Cunningham	Davis	Deeken	Denison	Dethrow
Dieckhaus	Diehl	Dixon	Dugger	Dusenberg
Emery	Ervin	Faith	Fisher 125	Flanigan
Flook	Franz	Gatschenberger	Grisamore	Guernsey
Guest	Hobbs	Hoskins 121	Icet	Jones 89
Jones 117	Keeney	Kingery	Koenig	Kraus
Lair	Leara	Lipke	Loehner	McGhee
McNary	Molendorp	Munzlinger	Nance	Nasheed
Nieves	Nolte	Parkinson	Parson	Pollock
Pratt	Riddle	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Schlottach	Schoeller
Self	Silvey	Smith 14	Smith 150	Stevenson
Stream	Sutherland	Thomson	Tracy	Viebrock
Wallace	Wells	Wilson 119	Wilson 130	Wright
Zerr	Mr Speaker			

NOES: 069

Atkins	Aull	Biermann	Bringer	Brown 50
Burnett	Calloway	Carter	Casey	Chappelle-Nadal
Colona	Conway	Corcoran	Curls	Dougherty
Englund	Fallert	Fischer 107	Frame	Grill
Harris	Hodges	Holsman	Hoskins 80	Hummel
Jones 63	Kander	Kelly	Kirkton	Komo

1297 *Journal of the House*

Kratky	Kuessner	Lampe	LeBlanc	LeVota
Liese	McClanahan	McDonald	McNeil	Meadows
Meiners	Morris	Newman	Norr	Oxford
Pace	Quinn	Roorda	Rucker	Salva
Scavuzzo	Schieffer	Schoemehl	Schupp	Shively
Skaggs	Still	Storch	Swinger	Todd
Vogt	Walsh	Walton Gray	Webb	Webber
Whitehead	Witte	Yaeger	Zimmerman	

PRESENT: 000

ABSENT WITH LEAVE: 011

Day	Funderburk	Hughes	Largent	Low
Scharnhorst	Spreng	Talboy	Tilley	Wasson
Weter				

VACANCIES: 001

On motion of Representative Loehner, **HCS SB 795, as amended**, was adopted.

On motion of Representative Loehner, **HCS SB 795, as amended**, was read the third time and passed by the following vote:

AYES: 104

Allen	Aull	Ayres	Biermann	Bivins
Brandom	Bringer	Brown 30	Brown 50	Brown 149
Bruns	Burlison	Colona	Cooper	Cox
Cunningham	Davis	Day	Deeken	Denison
Dethrow	Dieckhaus	Diehl	Dixon	Dougherty
Dugger	Dusenberg	Emery	Ervin	Faith
Fallert	Fischer 107	Fisher 125	Flanigan	Flook
Franz	Funderburk	Gatschenberger	Grisamore	Guernsey
Guest	Hobbs	Hodges	Hoskins 121	Hummel
Icet	Jones 89	Keeney	Kelly	Kingery
Koenig	Kratky	Kraus	Kuessner	Lair
Lampe	Leara	Lipke	Loehner	McClanahan
McGhee	Meiners	Munzlinger	Nance	Nasheed
Nieves	Nolte	Parkinson	Parson	Pollock
Pratt	Quinn	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Schieffer	Schlottach
Schoeller	Self	Shively	Silvey	Smith 14
Smith 150	Stevenson	Stream	Sutherland	Swinger
Thomson	Todd	Tracy	Viebrock	Wallace
Wasson	Wells	Weter	Wilson 119	Wilson 130
Witte	Wright	Zerr	Mr Speaker	

NOES: 049

Atkins	Burnett	Calloway	Carter	Casey
Chappelle-Nadal	Conway	Corcoran	Curls	Englund
Frame	Grill	Harris	Holsman	Hoskins 80
Jones 63	Kander	Kirkton	Komo	LeBlanc
LeVota	McDonald	McNary	McNeil	Meadows
Molendorp	Morris	Newman	Norr	Oxford

Pace	Roorda	Rucker	Salva	Scavuzzo
Schoemehl	Schupp	Skaggs	Still	Storch
Talboy	Vogt	Walsh	Walton Gray	Webb
Webber	Whitehead	Yaeger	Zimmerman	

PRESENT: 000

ABSENT WITH LEAVE: 009

Hughes	Jones 117	Largent	Liese	Low
Riddle	Scharnhorst	Spreng	Tilley	

VACANCIES: 001

Speaker Richard declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 126

Allen	Aull	Ayres	Biermann	Bivins
Brandom	Bringer	Brown 30	Brown 50	Brown 149
Burlison	Calloway	Colona	Conway	Corcoran
Cox	Cunningham	Curls	Davis	Day
Deeken	Denison	Dethrow	Dieckhaus	Diehl
Dixon	Dougherty	Dugger	Dusenberg	Emery
Englund	Ervin	Faith	Fallert	Fischer 107
Fisher 125	Flanigan	Flook	Frame	Franz
Funderburk	Grisamore	Guernsey	Guest	Harris
Hobbs	Hodges	Holsman	Hoskins 80	Hoskins 121
Hummel	Icet	Jones 89	Jones 117	Kander
Kelly	Kingery	Kirkton	Koenig	Komo
Kratky	Kraus	Kuessner	Lair	Lampe
Leara	LeBlanc	LeVota	Liese	Lipke
Loehner	McClanahan	Meadows	Meiners	Munzlinger
Nance	Nieves	Nolte	Norr	Oxford
Parkinson	Parson	Pollock	Pratt	Quinn
Riddle	Roorda	Rucker	Ruestman	Ruzicka
Sander	Sater	Scavuzzo	Schaaf	Schad
Schieffer	Schlottach	Schoeller	Schoemehl	Self
Shively	Silvey	Smith 14	Smith 150	Stevenson
Still	Storch	Stream	Sutherland	Swinger
Thomson	Todd	Viebrock	Wallace	Walsh
Wasson	Webber	Wells	Weter	Wilson 119
Wilson 130	Witte	Wright	Zerr	Zimmerman
Mr Speaker				

NOES: 025

Atkins	Burnett	Carter	Casey	Chappelle-Nadal
Grill	Jones 63	McDonald	McNary	McNeil
Molendorp	Morris	Nasheed	Newman	Pace
Salva	Schupp	Skaggs	Spreng	Talboy
Vogt	Walton Gray	Webb	Whitehead	Yaeger

PRESENT: 000

1299 *Journal of the House*

ABSENT WITH LEAVE: 011

Bruns	Cooper	Gatschenberger	Hughes	Keeney
Largent	Low	McGhee	Scharnhorst	Tilley
Tracy				

VACANCIES: 001

HCS SB 739, relating to fire department employee residency, was taken up by Representative Pratt.

On motion of Representative Pratt, **HCS SB 739** was adopted.

On motion of Representative Pratt, **HCS SB 739** was read the third time and passed by the following vote:

AYES: 136

Allen	Atkins	Aull	Biermann	Bivins
Brandom	Brown 30	Brown 50	Brown 149	Bruns
Burlison	Calloway	Carter	Casey	Chappelle-Nadal
Colona	Conway	Corcoran	Cox	Cunningham
Curls	Davis	Day	Deeken	Denison
Dethrow	Dieckhaus	Diehl	Dixon	Dougherty
Dugger	Dusenberg	Emery	Englund	Ervin
Faith	Fallert	Fischer 107	Fisher 125	Flanigan
Flook	Frame	Franz	Funderburk	Gatschenberger
Grill	Grisamore	Guernsey	Guest	Harris
Hodges	Holsman	Hoskins 121	Icet	Jones 63
Jones 89	Jones 117	Kander	Keeney	Kelly
Kingery	Kirkton	Koenig	Komo	Kratky
Kraus	Lair	Lampe	Leara	LeBlanc
Liese	Lipke	Loehner	McClanahan	McNary
McNeil	Meadows	Meiners	Molendorp	Munzlinger
Newman	Nieves	Nolte	Norr	Pace
Parkinson	Parson	Pollock	Pratt	Quinn
Riddle	Roorda	Rucker	Ruestman	Ruzicka
Sander	Sater	Scavuzzo	Schaaf	Schad
Schieffer	Schlottach	Schoeller	Schoemehl	Schupp
Self	Shively	Silvey	Smith 14	Smith 150
Stevenson	Storch	Stream	Sutherland	Swinger
Talboy	Thomson	Todd	Tracy	Vogt
Wallace	Walsh	Wasson	Webb	Webber
Wells	Weter	Whitehead	Wilson 119	Wilson 130
Witte	Wright	Yaeger	Zerr	Zimmerman
Mr Speaker				

NOES: 012

Bringer	Burnett	Hoskins 80	Hummel	Kuessner
LeVota	McDonald	Oxford	Skaggs	Spreng
Still	Walton Gray			

PRESENT: 000

ABSENT WITH LEAVE: 014

Ayres	Cooper	Hobbs	Hughes	Largent
Low	McGhee	Morris	Nance	Nasheed
Salva	Scharnhorst	Tilley	Viebrock	

VACANCIES: 001

Speaker Richard declared the bill passed.

HCS SCS SBs 842, 799 & 809, relating to the MO HealthNet Program, was taken up by Representative Stream.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Section 208.215, Page 8, Line 258, by inserting after all of said section, page, and line the following:

“660.425. 1. In addition to all other fees and taxes required or paid, a tax is hereby imposed upon in-home services providers for the privilege of providing in-home services [under chapter 208, RSMo]. The tax is imposed upon payments received by an in-home services provider for the provision of in-home services [under chapter 208, RSMo].

2. For purposes of sections 660.425 to 660.465, the following terms shall mean:

(1) "Engaging in the business of providing in-home services", all payments received by an in-home services provider for the provision of in-home services [under chapter 208, RSMo];

(2) "In-home services", homemaker services, personal care services, chore services, respite services, consumer-directed services, and services, when provided in the individual's home and under a plan of care created by a physician, necessary to keep children out of hospitals. "In-home services" shall not include home health services as defined by federal and state law;

(3) "In-home services provider", any provider or vendor, as defined in section 208.900, RSMo, of compensated in-home services [under chapter 208, RSMo], and under a provider agreement or contracted with the department of social services or the department of health and senior services.

660.430. 1. Each in-home services provider in this state providing in-home services [under chapter 208, RSMo,] shall, in addition to all other fees and taxes now required or paid, pay an in-home services gross receipts tax, not to exceed six and one-half percent of gross receipts, for the privilege of engaging in the business of providing in-home services in this state.

2. Each in-home services provider's tax shall be based on a formula set forth in rules promulgated by the department of social services. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo.

This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2009, shall be invalid and void.

3. The director of the department of social services or the director's designee may prescribe the form and contents of any forms or other documents required by sections 660.425 to 660.465.

4. Notwithstanding any other provision of law to the contrary, appeals regarding the promulgation of rules under this section shall be made to the circuit court of Cole County. The circuit court of Cole County shall hear the matter as the court of original jurisdiction.

660.435. 1. For purposes of assessing the tax under sections 660.425 to 660.465, the department of health and senior services shall make available to the department of social services a list of all providers and vendors under this section.

2. Each in-home services provider subject to sections 660.425 to 660.465 shall keep such records as may be necessary to determine the total payments received for the provision of in-home services [under chapter 208, RSMo,] by the in-home services provider. Every in-home services provider shall submit to the department of social services a statement that accurately reflects such information as is necessary to determine such in-home services provider's tax due.

3. The director of the department of social services may prescribe the form and contents of any forms or other documents required by this section.

4. Each in-home services provider shall report the total payments received for the provision of in-home services [under chapter 208, RSMo,] to the department of social services.

660.445. 1. The determination of the amount of tax due shall be the total amount of payments reported to the department multiplied by the tax rate established by rule by the department of social services.

2. The department of social services shall notify each in-home services provider of the amount of tax due. Such amount may be paid in increments over the balance of the assessment period.

3. The department of social services may adjust the tax due quarterly on a prospective basis. The department of social services may adjust the tax due more frequently for individual providers if there is a substantial and statistically significant change in the in-home services provided or in the payments received for such services provided [under chapter 208, RSMo]. The department of social services may define such adjustment criteria by rule.

660.455. 1. The in-home services tax owed or, if an offset has been made, the balance after such offset, if any, shall be remitted by the in-home services provider to the department of social services. The remittance shall be made payable to the director of the department of social services and shall be deposited in the state treasury to the credit of the "In-home Services Gross Receipts Tax Fund" which is hereby created to provide payments for in-home services provided [under chapter 208, RSMo]. All investment earnings of the fund shall be credited to the fund.

2. An offset authorized by section 660.450 or a payment to the in-home services gross receipts tax fund shall be accepted as payment of the obligation set forth in section 660.425.

3. The state treasurer shall maintain records showing the amount of money in the in-home services gross receipts tax fund at any time and the amount of investment earnings on such amount.

4. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, any unexpended balance in the in-home services gross receipts tax fund at the end of the biennium shall not revert to the credit of the general revenue fund.

660.460. 1. The department of social services shall notify each in-home services provider with a tax due of more than ninety days of the amount of such balance. If any in-home services provider fails to pay its in-home services tax within thirty days of such notice, the in-home services tax shall be delinquent.

2. If any tax imposed under sections 660.425 to 660.465 is unpaid and delinquent, the department of social services may proceed to enforce the state's lien against the property of the in-home services provider and compel the payment of such assessment in the circuit court having jurisdiction in the county where the in-home services provider is located. In addition, the department of social services may cancel or refuse to issue, extend, or reinstate a Medicaid provider agreement to any in-home services provider that fails to pay the tax imposed by section 660.425.

3. Failure to pay the tax imposed under section 660.425 shall be grounds for failure to renew a provider agreement for services [under chapter 208, RSMo,] or failure to renew a provider contract. The department of social services may revoke the provider agreement of any in-home services provider that fails to pay such tax, or notify the department of health and senior services to revoke the provider contract.

660.465. 1. The in-home services tax required by sections 660.425 to 660.465 shall expire:

(1) Ninety days after any one or more of the following conditions are met:

(a) The aggregate in-home services fee as appropriated by the general assembly paid to in-home services providers for in-home services provided [under chapter 208, RSMo,] is less than the fiscal year 2010 in-home services fees reimbursement amount; or

(b) The formula used to calculate the reimbursement as appropriated by the general assembly for in-home services provided is changed resulting in lower reimbursement to in-home services providers in the aggregate than provided in fiscal year 2010; or

(2) September 1, [2011] **2012**.

The director of the department of social services shall notify the revisor of statutes of the expiration date as provided in this subsection.

2. Sections 660.425 to 660.465 shall expire on September 1, [2011] **2012**.”; and

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

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

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

House Amendment No. 2

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Section A, Page 1, Line 2, by inserting after all of said section and line the following:

“148.340. 1. Every insurance company or association not organized under the laws of this state, shall, as provided in section 148.350, quarterly pay tax upon the direct premiums received, whether in cash or in notes, in this state or on account of business done in this state, for insurance of life, property or interest in this state at the rate of two percent per annum in lieu of all other taxes, except as in sections 148.310 to 148.461 otherwise provided, which amount of taxes shall be assessed and collected as herein provided; provided, that fire and casualty insurance companies or associations shall be credited with canceled or return premiums actually paid during the year in this state, and that life insurance companies shall be credited with dividends actually declared to policyholders in this state, but held by the company and applied to the reduction of premiums payable by the policyholder.

2. Every health maintenance organization under contract with the State of Missouri to provide services to recipients of medical assistance, not organized under the laws of this state, shall quarterly pay tax upon the direct premiums received, with such payment to be on the same terms as the insurance companies and associations described in subsection 1. Such tax shall be in addition to any other tax levied by the State. This subsection shall apply only as long as the revenues generated under this subsection are eligible for federal financial participation and payments. For the purposes of this subsection, "federal financial participation" is the federal government's share of Missouri's expenditures under the Medicaid program. This subsection shall expire June 30, 2012.

148.350. 1. Every such company or association shall, on or before the first day of March in each year, make a return, verified by the affidavit of its president and secretary or other authorized officers, to the director of the department of insurance, financial institutions and professional registration stating the amount of all premiums received on account of policies issued in this state by such company, whether in cash or in notes, during the year ending on the thirty-first day of December, next preceding. Upon receipt of such returns, the director of the department of insurance, financial institutions and professional registration shall verify the same and certify the amount of tax due from the various companies on the basis and at the rate provided in section 148.340, and shall certify the same to the director of revenue together with the amount of the quarterly installments to be made as provided in subsection 2 of this section, on or before the thirtieth day of April of each year.

2. Beginning January 1, 1983, the amount of the tax due for that calendar year and each succeeding calendar year thereafter shall be paid in four approximately equal estimated quarterly installments and a fifth reconciling installment. The first four installments shall be based upon the tax assessed for the immediately preceding taxable year ending on the thirty-first day of December, next preceding. The quarterly installment shall be made on the first day of March, the first day of June, the first day of September, and the first day of December. Immediately after receiving from the director of the department of insurance, financial institutions and professional registration, certification of the amount of tax due from the various companies, the director of revenue shall notify and assess each company the amount of taxes on its premiums for the calendar year ending on the thirty-first day of December, next preceding. The director of revenue shall also notify and assess each company the amount of the estimated quarterly installments to be made for the calendar year. If the amount of the actual tax due for any year exceeds the total of the installments made for such year, the balance of the tax due shall be paid on the first day of June of the following year, together with the regular quarterly installment due at that time. If the total amount of the tax actually due is less than the total amount of the installments actually paid, the amount by which the amount paid exceeds the amount due shall be credited against the tax for the following year and deducted from the quarterly installment otherwise due on the first day of June. If the March first quarterly installment made by a company is less than the amount assessed by the director of revenue, the difference will be due on June first, but no interest will accrue to the state on the difference unless the amount paid by the company is less than eighty percent of one-fourth of the total amount of tax assessed by the director of revenue for the immediately preceding taxable year. If the estimated quarterly tax installments are not so paid, the director of revenue shall certify such fact to the director

of the department of insurance, financial institutions and professional registration who shall thereafter suspend such delinquent company or companies from the further transaction of business in this state until such taxes shall be paid, and such companies shall be subject to the provisions of sections 148.410 to 148.461.

3. Except as provided in subsection 4, upon receiving such money from the director of revenue, the state treasurer shall receipt one-half thereof into the general revenue fund of the state, and he shall place the remainder of such tax to the credit of a fund to be known as "The County Foreign Insurance Tax Fund", which is hereby created and established. All premium tax credits described in sections 135.500 to 135.529, RSMo, shall only reduce the amount of moneys received by the general revenue fund of this state and shall not reduce any moneys received by the county foreign insurance tax fund.

4. Taxes collected from health maintenance organizations pursuant to 148.340.2 shall be deposited to the credit of the Managed Care Fund, which is hereby created and established in the state treasury.

5. The state treasurer shall be custodian of the fund and may approve disbursements from the fund in accordance with sections 30.170 and 30.180, RSMo. The unexpended balance in the Managed Care Fund at the end of the biennium is exempt from the provisions of section 33.080, RSMo. 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.

148.370. **1.** Every insurance company or association organized under the laws of the state of Missouri and doing business under the provisions of sections 376.010 to 376.670, 379.205 to 379.310, 379.650 to 379.790 and chapter 381, RSMo, and every mutual fire insurance company organized under the provisions of sections 379.010 to 379.190, RSMo, shall, as hereinafter provided, quarterly pay, beginning with the year 1983, a tax upon the direct premiums received by it from policyholders in this state, whether in cash or in notes, or on account of business done in this state, in lieu of the taxes imposed under the provisions of chapters 143 and 147, RSMo, for insurance of life, property or interest in this state, at the rate of two percent per annum, which amount of taxes shall be assessed and collected as hereinafter provided; provided, that fire and casualty insurance companies or associations shall be credited with canceled or returned premiums actually paid during the year in this state, and that life insurance companies shall be credited with dividends actually declared to policyholders in this state but held by the company and applied to the reduction of premiums payable by the policyholder.

2. Every health maintenance organization organized under the laws of this State, that is under contract with the State of Missouri to provide services to recipients of medical assistance shall quarterly pay tax upon the direct premiums received, with such payment to be on the same terms as the insurance companies and associations described in subsection 1. Such tax shall be in addition to any other tax levied by the State. This subsection shall apply only as long as the revenues generated under this subsection are eligible for federal financial participation and payments. For the purposes of this subsection, "federal financial participation" is the federal government's share of Missouri's expenditures under the Medicaid program. This subsection shall expire June 30, 2012.

148.380. **1.** Every such company, on or before the first day of March in each year, shall make a return verified by the affidavit of its president and secretary, or other chief officers, to the director of the department of insurance, financial institutions and professional registration, stating the amount of all direct premiums received by it from policyholders in this state, whether in cash or in notes, during the year ending on the thirty-first day of December, next preceding. Upon receipt of such returns the director of the department of insurance, financial institutions and professional registration shall verify the same and certify the amount of the tax due from the various companies on the basis and* at the rate provided in section 148.370, taking into consideration deductions and credits allowed by law, and shall certify the same to the director of revenue together with the amount of the quarterly installments to be made as provided in subsection 2 of this section, on or before the thirtieth day of April of each year.

2. Beginning January 1, 1983, the amount of the tax due for that calendar year and each succeeding calendar year thereafter shall be paid in four approximately equal estimated quarterly installments, and a fifth reconciling installment. The first four installments shall be based upon the tax for the immediately** preceding taxable year ending on the thirty-first day of December, next preceding. The quarterly installments shall be made on the first day of March, the first day of June, the first day of September and the first day of December. Immediately after receiving certification from the director of the department of insurance, financial institutions and professional registration of the amount of tax due from the various companies, the director of revenue shall notify and assess each company the amount of taxes on its premiums for the calendar year ending on the thirty-first day of December, next preceding. The director of revenue shall also notify and assess each company the amount of the estimated quarterly installments to be made for the calendar year. If the amount of the actual tax due for any year exceeds the total of the installments made for such year, the balance

of the tax due shall be paid on the first day of June of the year following, together with the regular quarterly payment due at that time. If the total amount of the tax actually due is less than the total amount of the installments actually paid, the amount by which the amount paid exceeds the amount due shall be credited against the tax for the following year and deducted from the quarterly installment otherwise due on the first day of June. If the March first quarterly installment made by a company is less than the amount assessed by the director of revenue, the difference will be due on June first, but no interest will accrue to the state on the difference unless the amount paid by the company is less than eighty percent of one-fourth of the total amount of tax assessed by the director of revenue for the immediately preceding taxable year.

3. If the estimated quarterly tax installments are not so paid, the director of revenue shall notify the director of the department of insurance, financial institutions and professional registration who shall thereupon suspend such delinquent company from the further transaction of business in this state until such taxes shall be paid, and such companies shall be subject to the provisions of sections 148.410 to 148.461.

4. **Except as provided in subsection 5**, upon receipt of the money the state treasurer shall receipt one-half thereof into the general revenue fund of the state, and one-half thereof to the credit of the county foreign insurance fund for the purposes set forth in section 148.360.

5. Taxes collected from health maintenance organizations pursuant to 148.370.2 shall be to the credit of the Managed Care Fund, established under 148.350 RSMo.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) A claimant or person for whom benefits are claimed; or

(2) The spouse of a claimant or person for whom benefits are claimed with whom he or she is living. If the value of such policies exceeds one thousand five hundred dollars, then the total value of such policies may be considered in determining resources; except that, in the case of temporary assistance for needy families, there shall be disregarded any

prearranged funeral or burial contract, or any two or more contracts, which provides for the payment of one thousand five hundred dollars or less per family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

Further amend said bill, Section 208.215, Page 8, Line 258, by inserting after all of said section and line the following:

"208.453. Every hospital as defined by section 197.020, RSMo, except [public hospitals which are operated primarily for the care and treatment of mental disorders and] any hospital operated by the department of health and senior services, shall, in addition to all other fees and taxes now required or paid, pay a federal reimbursement allowance for the privilege of engaging in the business of providing inpatient health care in this state. For the purpose of this section, the phrase "engaging in the business of providing inpatient health care in this state" shall mean accepting payment for inpatient services rendered. The federal reimbursement allowance to be paid by a hospital which has an unsponsored care ratio that exceeds sixty-five percent or hospitals owned or operated by the board of curators, as defined in chapter

172, RSMo, may be eliminated by the director of the department of social services. The unsponsored care ratio shall be calculated by the department of social services.

208.895. 1. Upon receipt of a properly completed referral for MO HealthNet-funded home- and community-based care containing a nurse assessment or physician's order, the department of health and senior services [shall] **may**:

(1) Review the recommendations regarding services and process the referral within fifteen business days;
(2) Issue a prior-authorization for home and community-based services when information contained in the referral is sufficient to establish eligibility for MO HealthNet-funded long-term care and determine the level of service need as required under state and federal regulations;

(3) Arrange for the provision of services by an in-home provider;
(4) Reimburse the in-home provider for one nurse visit to conduct an assessment and recommendation for a care plan and, where necessary based on case circumstances, a second nurse visit may be authorized to gather additional information or documentation necessary to constitute a completed referral;

(5) Notify the referring entity upon the authorization of MO HealthNet eligibility and provide MO HealthNet reimbursement for personal care benefits effective the date of the assessment or physician's order, and MO HealthNet reimbursement for waiver services effective the date the state reviews and approves the care plan;

(6) Notify the referring entity within five business days of receiving the referral if additional information is required to process the referral; and

(7) Inform the provider and contact the individual when information is insufficient or the proposed care plan requires additional evaluation by state staff that is not obtained from the referring entity to schedule an in-home assessment to be conducted by the state staff within thirty days.

2. **The department of health and senior services may contract for initial home and community based assessments, including a care plan, through an independent third-party assessor. The contract shall include a requirement that:**

(1) **Within fifteen days of receipt of a referral for service, the contractor shall have made an assessment of care need and developed a plan of care; and**

(2) **The contractor notify the referring entity within five days of receipt of referral if additional information is needed to process the referral.**

The contract shall also include the same requirements for such assessments as of January 1, 2010, related to timeliness of assessments and the beginning of service. The contract shall be bid under chapter 34 and shall not be a risk-based contract.

3. **The two nurse visits authorized by section 660.300.16, RSMo shall continue to be performed by home and community based providers for including, but not limited to, reassessment and level of care recommendations. These reassessments and care plan changes shall be reviewed and approved by the independent third party assessor. In the event of dispute over the level of care required, the third party assessor will conduct a face to face review with the client in question.**

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

(1) Supervising their personal care attendant;
(2) Verifying wages to be paid to the personal care attendant;
(3) Preparing and submitting time sheets, signed by both the consumer and personal care attendant, to the vendor on a biweekly basis;

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

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

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

2. Participating vendors shall be responsible for:

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

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

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

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

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

4. No state or federal financial assistance shall be authorized or expended to pay for personal care assistance services provided by a personal care attendant who is listed on any of the background check lists in the family care safety registry under sections 210.900 to 210.937, RSMo, unless a good cause waiver is first obtained from the department in accordance with section 660.317, RSMo.

5. (1) All vendors shall, by July 1, 2012, have, maintain, and use a telephone tracking system for the purpose of reporting and verifying the delivery of consumer-directed services as authorized by the department of health and senior services or its designee. Use of such a system prior to July 1, 2012, shall be voluntary. The telephone tracking system shall be used to process payroll for employees and for submitting claims for reimbursement to the MO HealthNet division. At a minimum, the telephone tracking system shall:

- (a) Record the exact date services are delivered;**
- (b) Record the exact time the services begin and exact time the services end;**
- (c) Verify the telephone number from which the services are registered;**
- (d) Verify that the number from which the call is placed is a telephone number unique to the client;**
- (e) Require a personal identification number unique to each personal care attendant; and**
- (f) Be capable of producing reports of services delivered, tasks performed, client identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service;**
- (g) Be capable of producing reimbursement requests for consumer approval that assures accuracy and compliance with program expectations for both the consumer and vendor.**

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

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

208.918. 1. In order to qualify for an agreement with the department, the vendor shall have a philosophy that promotes the consumer's ability to live independently in the most integrated setting or the maximum community inclusion of persons with physical disabilities, and shall demonstrate the ability to provide, directly or through contract, the following services:

- (1) Orientation of consumers concerning the responsibilities of being an employer, supervision of personal care attendants including the preparation and verification of time sheets;
- (2) Training for consumers about the recruitment and training of personal care attendants;
- (3) Maintenance of a list of persons eligible to be a personal care attendant;
- (4) Processing of inquiries and problems received from consumers and personal care attendants;
- (5) Ensuring the personal care attendants are registered with the family care safety registry as provided in sections 210.900 to 210.937, RSMo; and
- (6) The capacity to provide fiscal conduit services through a telephone tracking system by the date required under section 208.909.**

2. In order to maintain its agreement with the department, a vendor shall comply with the provisions of subsection 1 of this section and shall:

- (1) Demonstrate sound fiscal management as evidenced on accurate quarterly financial reports and annual audit submitted to the department; and
- (2) Demonstrate a positive impact on consumer outcomes regarding the provision of personal care assistance services as evidenced on accurate quarterly and annual service reports submitted to the department;
- (3) Implement a quality assurance and supervision process that ensures program compliance and accuracy of records; and
- (4) Comply with all provisions of sections 208.900 to 208.927, and the regulations promulgated thereunder.

660.023. 1. All in-home services provider agencies shall, by July 1, 2012, have, maintain, and use a telephone tracking system for the purpose of reporting and verifying the delivery of home and community based services as authorized by the department of health and senior services or its designee. Use of such system prior to July 1, 2012, shall be voluntary. At a minimum, the telephone tracking system shall:

- (1) Record the exact date services are delivered;**
- (2) Record the exact time the services begin and exact time the services end;**
- (3) Verify the telephone number from which the services were registered;**
- (4) Verify that the number from which the call is placed is a telephone number unique to the client;**
- (5) Require a personal identification number unique to each personal care attendant; and**
- (6) Be capable of producing reports of services delivered, tasks performed, client identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service.**

2. The telephone tracking system shall be used to process payroll for employees and for submitting claims for reimbursement to the MO HealthNet division.

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

4. As new technology becomes available, the department may allow use of a more advance tracking system, provided that such system is at least as capable of meeting the requirements listed in subsection 1 of this section.

660.300. 1. When any adult day care worker; chiropractor; Christian Science practitioner; coroner; dentist; embalmer; employee of the departments of social services, mental health, or health and senior services; employee of a local area agency on aging or an organized area agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; minister; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; or social worker has reasonable cause to believe that an in-home services client has been abused or neglected, as a result of in-home services, he or she shall immediately report or cause a report to be made to the department. If the report is made by a physician of the in-home services client, the department shall maintain contact with the physician regarding the progress of the investigation.

2. When a report of deteriorating physical condition resulting in possible abuse or neglect of an in-home services client is received by the department, the client's case manager and the department nurse shall be notified. The client's case manager shall investigate and immediately report the results of the investigation to the department nurse. The department may authorize the in-home services provider nurse to assist the case manager with the investigation.

3. If requested, local area agencies on aging shall provide volunteer training to those persons listed in subsection 1 of this section regarding the detection and report of abuse and neglect pursuant to this section.

4. Any person required in subsection 1 of this section to report or cause a report to be made to the department who fails to do so within a reasonable time after the act of abuse or neglect is guilty of a class A misdemeanor.

5. The report shall contain the names and addresses of the in-home services provider agency, the in-home services employee, the in-home services client, the home health agency, the home health agency employee, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.

6. In addition to those persons required to report under subsection 1 of this section, any other person having reasonable cause to believe that an in-home services client or home health patient has been abused or neglected by an in-home services employee or home health agency employee may report such information to the department.

7. If the investigation indicates possible abuse or neglect of an in-home services client or home health patient, the investigator shall refer the complaint together with his or her report to the department director or his or her designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate action is necessary to protect the in-home services client or home health patient from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon request of the department shall, file

a petition for temporary care and protection of the in-home services client or home health patient in a circuit court of competent jurisdiction. The circuit court in which the petition is filed shall have equitable jurisdiction to issue an ex parte order granting the department authority for the temporary care and protection of the in-home services client or home health patient, for a period not to exceed thirty days.

8. Reports shall be confidential, as provided under section 660.320.

9. Anyone, except any person who has abused or neglected an in-home services client or home health patient, who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted negligently, recklessly, in bad faith, or with malicious purpose.

10. Within five working days after a report required to be made under this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.

11. No person who directs or exercises any authority in an in-home services provider agency or home health agency shall harass, dismiss or retaliate against an in-home services client or home health patient, or an in-home services employee or a home health agency employee because he or any member of his or her family has made a report of any violation or suspected violation of laws, standards or regulations applying to the in-home services provider agency or home health agency or any in-home services employee or home health agency employee which he has reasonable cause to believe has been committed or has occurred.

12. Any person who abuses or neglects an in-home services client or home health patient is subject to criminal prosecution under section 565.180, 565.182, or 565.184, RSMo. If such person is an in-home services employee and has been found guilty by a court, and if the supervising in-home services provider willfully and knowingly failed to report known abuse by such employee to the department, the supervising in-home services provider may be subject to administrative penalties of one thousand dollars per violation to be collected by the department and the money received therefor shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund. Any in-home services provider which has had administrative penalties imposed by the department or which has had its contract terminated may seek an administrative review of the department's action pursuant to chapter 621, RSMo. Any decision of the administrative hearing commission may be appealed to the circuit court in the county where the violation occurred for a trial de novo. For purposes of this subsection, the term "violation" means a determination of guilt by a court.

13. The department shall establish a quality assurance and supervision process for clients that requires an in-home services provider agency to conduct random visits to verify compliance with program standards and verify the accuracy of records kept by an in-home services employee.

14. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who have been finally determined by the department, pursuant to section 660.315, to have recklessly, knowingly or purposely abused or neglected an in-home services client or home health patient while employed by an in-home services provider agency or home health agency. For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.

15. At the time a client has been assessed to determine the level of care as required by rule and is eligible for in-home services, the department shall conduct a "Safe at Home Evaluation" to determine the client's physical, mental, and environmental capacity. The department shall develop the safe at home evaluation tool by rule in accordance with chapter 536, RSMo. The purpose of the safe at home evaluation is to assure that each client has the appropriate level of services and professionals involved in the client's care. The plan of service or care for each in-home services client shall be authorized by a nurse. The department may authorize the licensed in-home services nurse, in lieu of the department nurse, to conduct the assessment of the client's condition and to establish a plan of services or care. The department may use the expertise, services, or programs of other departments and agencies on a case-by-case basis to establish the plan of service or care.

The department may, as indicated by the safe at home evaluation, refer any client to a mental health professional, as defined in 9 CSR 30-4.030, for evaluation and treatment as necessary.

16. Authorized nurse visits shall occur at least twice annually to assess the client and the client's plan of services. The provider nurse shall report the results of his or her visits to the client's case manager. If the provider nurse believes that the plan of service requires alteration, the department shall be notified and the department shall make a client evaluation. All authorized nurse visits shall be reimbursed to the in-home services provider. All authorized nurse visits shall be reimbursed outside of the nursing home cap for in-home services clients whose services have reached one

hundred percent of the average statewide charge for care and treatment in an intermediate care facility, provided that the services have been preauthorized by the department.

17. All in-home services clients shall be advised of their rights by the department **or the department's designee** at the initial evaluation. The rights shall include, but not be limited to, the right to call the department for any reason, including dissatisfaction with the provider or services. **The department may contract for services relating to receiving such complaints.** The department shall establish a process to receive such nonabuse and neglect calls other than the elder abuse and neglect hotline.

18. Subject to appropriations, all nurse visits authorized in sections 660.250 to 660.300 shall be reimbursed to the in-home services provider agency.

Section B. Because immediate action is necessary to preserve state services, the repeal and reenactment of sections 148.340, 148.350, 148.370, 148.380, 208.010, and 208.453 of this act are deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of sections 148.340, 148.350, 148.370, and 148.380 of this act shall be in full force and effect upon its passage and approval.”; and

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

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

House Amendment No. 1

to

House Amendment No. 2

AMEND House Amendment No. 2 to House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Page 8, Line 14, by inserting after all of said line the following:

“208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as defined in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the 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. 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. 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) Diabetic education and initial diabetic management training services. Such services shall be limited to two visits for diabetic training that shall include an initial consultation and one follow-up visit;

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

~~[(8)]~~ **(9) Emergency ambulance services and, effective January 1, 1990, medically necessary transportation to scheduled, physician-prescribed nonelective treatments;**

~~[(9)]~~ **(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;**

~~[(10)]~~ **(11) Home health care services;**

~~[(11)]~~ **(12) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in his professional judgment, the life of the mother would be endangered if the fetus were carried to term;**

~~[(12)]~~ **(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. 1396d, et seq.);**

~~[(13)]~~ **(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;**

~~[(14)]~~ **(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 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, RSMo, 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 her 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;**

~~[(15)]~~ **(16) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. 301, as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097, RSMo. The department of mental health shall establish by administrative rule the definition and criteria for designation**

as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

(a) Outpatient mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(b) Clinic mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, 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;

[(16)] (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. 301, et seq.) subject to appropriation by the general assembly;

[(17)] (18) Beginning July 1, 1990, the services of a certified pediatric or family nursing practitioner with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, RSMo, and regulations promulgated thereunder;

[(18)] (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;

[(19)] (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;

[(20)] (21) Hospice care. As used in this [subsection] **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);

~~[(21)]~~ **(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;

~~[(22)]~~ **(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;

~~[(23)]~~ **(24)** 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 division of medical services, unless otherwise hereinafter provided, for the following:

- (1) Dental services;
- (2) Services of podiatrists as defined in section 330.010, RSMo;
- (3) Optometric services as defined in section 336.010, RSMo;
- (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;
- (5) Hospice care. As used in this subsection, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the 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, RSMo, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. 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 (14) and (15) 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. 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, RSMo, and a generic drug is substituted for a name-brand drug, the 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 Missouri 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. 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. 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. 1396a (a)(13)(c).

10. The MO HealthNet division, may enroll qualified residential care facilities and assisted living facilities, as defined in chapter 198, RSMo, as MO HealthNet personal care providers.

11. Any income earned by individuals eligible for certified extended employment at a sheltered workshop under chapter 178, RSMo, shall not be considered as income for purposes of determining eligibility under this section.”; and

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

Representative McClanahan raised a point of order that **House Amendment No. 1 to House Amendment No. 2** was not timely distributed.

The Chair ruled the point of order not well taken.

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

Representative Jones (63) offered **House Amendment No. 2 to House Amendment No. 2**.

House Amendment No. 2
to
House Amendment No. 2

AMEND House Amendment No. 2 to House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Page 10, Line 19, by deleting the year “2012” and inserting in lieu thereof the year “2015”; and

Further amend said amendment, Page 10, Line 35, by inserting after the number “(2)” the following:

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

Further amend said amendment, Page 11, Line 6, by inserting after all of said line the following:

“6. The telephony report issued to the General Assembly and governor, in the event where consensus between centers for independent living and representatives from the executive branch cannot be convened, shall include a minority report which will detail those elements of substantial descent from the main report.

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

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

Speaker Pro Tem Pratt assumed the Chair.

On motion of Representative Jones (63), **House Amendment No. 2 to House Amendment No. 2** was adopted.

Representative Atkins offered **House Amendment No. 3 to House Amendment No. 2.**

Representative Funderburk raised a point of order that **House Amendment No. 3 to House Amendment No. 2** goes beyond the scope and is not germane to the bill.

The Chair ruled the point of order well taken.

Representative Storch offered **House Amendment No. 4 to House Amendment No. 2.**

House Amendment No. 4
to
House Amendment No. 2

AMEND House Amendment No. 2 to House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Page 9, Line 26, by inserting after all of said line the following:

“4. The provisions of this section shall expire three years after the effective date of this section.”; and

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

On motion of Representative Storch, **House Amendment No. 4 to House Amendment No. 2** was adopted.

Representative Schupp offered **House Amendment No. 5 to House Amendment No. 2.**

*House Amendment No. 5
to
House Amendment No. 2*

AMEND House Amendment No. 2 to House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Page 9, Line 13, by deleting all of said line and inserting in lieu thereof the following:

“based assessments, including a care plan, for each geographic region identified by the department, through an independent third-party assessor that resides in the same geographic region. The contract shall”; and

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

Representative Schupp moved that **House Amendment No. 5 to House Amendment No. 2** be adopted.

Which motion was defeated.

Representative Jones (89) moved the previous question.

Which motion was adopted by the following vote:

AYES: 083

Allen	Ayres	Bivins	Brandom	Brown 30
Brown 149	Bruns	Burlison	Cooper	Cox
Cunningham	Davis	Day	Deeken	Denison
Dethrow	Dieckhaus	Diehl	Dixon	Dugger
Dusenberg	Emery	Ervin	Faith	Fisher 125
Flook	Franz	Funderburk	Grisamore	Guernsey
Guest	Hobbs	Hoskins 121	Icet	Jones 89
Jones 117	Keeney	Koenig	Kraus	Lair
Largent	Leara	Lipke	Loehner	McGhee
McNary	Molendorp	Munzlinger	Nance	Nasheed
Nieves	Nolte	Parkinson	Parson	Pollock
Pratt	Riddle	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Schlottach	Schoeller
Self	Silvey	Smith 14	Smith 150	Stevenson
Stream	Sutherland	Tracy	Viebrock	Wallace
Wasson	Wells	Weter	Wilson 119	Wilson 130
Wright	Zerr	Mr Speaker		

NOES: 069

Atkins	Aull	Biermann	Bringer	Brown 50
Burnett	Calloway	Carter	Casey	Chappelle-Nadal
Colona	Conway	Corcoran	Curls	Dougherty
Englund	Fallert	Fischer 107	Frame	Grill
Harris	Hodges	Holsman	Hoskins 80	Hummel
Jones 63	Kander	Kelly	Kirkton	Komo

Kratky	Kuessner	Lampe	LeBlanc	LeVota
Liese	McClanahan	McDonald	McNeil	Meadows
Meiners	Morris	Newman	Norr	Oxford
Pace	Quinn	Roorda	Rucker	Scavuzzo
Schieffer	Schoemehl	Schupp	Shively	Skaggs
Spreng	Still	Storch	Swinger	Talboy
Todd	Vogt	Walsh	Walton Gray	Webber
Whitehead	Witte	Yaeger	Zimmerman	

PRESENT: 000

ABSENT WITH LEAVE: 010

Flanigan	Gatschenberger	Hughes	Kingery	Low
Salva	Scharnhorst	Thomson	Tilley	Webb

VACANCIES: 001

On motion of Representative Sater, **House Amendment No. 2, as amended**, was adopted by the following vote:

AYES: 072

Allen	Aull	Ayres	Bivins	Brandom
Brown 30	Burlison	Colona	Cooper	Cox
Curls	Davis	Day	Dethrow	Dieckhaus
Diehl	Dusenberg	Emery	Ervin	Faith
Flanigan	Flook	Franz	Funderburk	Gatschenberger
Guest	Hoskins 121	Icet	Jones 63	Jones 89
Jones 117	Kander	Kelly	Kingery	Koenig
Kraus	Kuessner	Largent	Leara	Loehner
McNary	McNeil	Molendorp	Nieves	Parkinson
Parson	Pollock	Pratt	Riddle	Ruestman
Ruzicka	Sander	Sater	Schaaf	Schad
Schlottach	Schoeller	Schoemehl	Self	Skaggs
Smith 14	Stevenson	Stream	Thomson	Viebrock
Wallace	Weter	Whitehead	Wilson 130	Zerr
Zimmerman	Mr Speaker			

NOES: 070

Atkins	Biermann	Bringer	Brown 50	Burnett
Carter	Casey	Chappelle-Nadal	Conway	Deeken
Denison	Dixon	Dugger	Englund	Fallert
Fischer 107	Fisher 125	Frame	Grill	Harris
Hodges	Holsman	Hoskins 80	Hummel	Keeney
Kirkton	Komo	Kratky	Lair	Lampe
LeBlanc	LeVota	Liese	Lipke	McClanahan
McDonald	Meadows	Meiners	Morris	Munzlinger
Nance	Newman	Nolte	Norr	Oxford
Pace	Quinn	Roorda	Rucker	Scavuzzo
Schieffer	Schupp	Shively	Silvey	Smith 150
Spreng	Still	Sutherland	Swinger	Todd
Vogt	Walsh	Walton Gray	Wasson	Webber
Wells	Wilson 119	Witte	Wright	Yaeger

PRESENT: 000

ABSENT WITH LEAVE: 020

Brown 149	Bruns	Calloway	Corcoran	Cunningham
Dougherty	Grisamore	Guernsey	Hobbs	Hughes
Low	McGhee	Nasheed	Salva	Scharnhorst
Storch	Talboy	Tilley	Tracy	Webb

VACANCIES: 001

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

House Amendment No. 3

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Page 8, Section 208.215, Line 258, by inserting after all of said the following:

“Section 1. No contract between a health carrier or health benefit plan, and a dentist for the provision of dental services under a dental plan shall require that the dentist provide dental services to an insured in the dental plan at a fee established by the health carrier or health benefit plan if such dental services are not covered services under the dental plan.

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

(1) “Covered services”, services reimbursable under an applicable dental plan, subject to such contractual limitations on benefits as may apply, including but not limited to deductibles, waiter periods, or frequency limitations;

(2) “Dental Plan”, any policy or contract of insurance which provides for coverage of dental services;

(3) “Health benefit plan”, the same meaning as such term is defined in section 376.1350;

(4) “Health carrier”, the same meaning as such term is defined in section 376.1350.”; and

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

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

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

House Amendment No. 4

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 842, 799 & 809, Page 8, Section 208.215, Line 258, by inserting after all of said line:

“Section 1. 1. For each school year beginning July 1, 2010, the department of social services shall provide all state licensed child-care providers who receive state or federal funds under section 210.027 and all public school districts in this state with written information regarding eligibility criteria and application procedures for the state children's health insurance program (SCHIP) authorized in sections 208.631 to 208.657, to be distributed by the child-care providers or school districts to parents and guardians at the time of enrollment of their children in child-care or school, as applicable.

2. The department of elementary and secondary education shall add an attachment to the application for the free and reduced lunch program for a parent or guardian to check a box indicating yes or no whether each child in the family has health care insurance. If any such child does not have health care insurance, and the parent or guardian's household income does not exceed the highest income level under 42 U.S.C. Section 1397CC, as amended, the school district shall provide a notice to such parent or guardian that the uninsured child may qualify for health insurance under SCHIP.

3. The notice described in subsection 2 shall be developed by the department of social services and shall include information on enrolling the child in the program. No notices relating to the state children's health

insurance program shall be provided to a parent or guardian under this section other than the notices developed by the department of social services under this section.

4. Notwithstanding any other provision of law to the contrary, no penalty shall be assessed upon any parent or guardian who fails to provide or provides any inaccurate information required under this section.

5. The department of elementary and secondary education and the department of social services may adopt 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, 2010, shall be invalid and void.

6. The department of elementary and secondary education, in collaboration with the department of social services, shall report annually to the governor and the house budget committee chair and the senate appropriations committee chair on the following:

- (1) The number of families in each district receiving free lunch and reduced lunches;
- (2) The number of families who indicate the absence of health care insurance on the application for free and reduced lunches;
- (3) The number of families who received information on the state children's health insurance program under this section; and
- (4) The number of families who received the information in subdivision (3) of this subsection and applied to the state children's health insurance program.

Section B. Because immediate action is necessary to ensure the health of a vulnerable population and to synchronize the issuance of information with the beginning of the school year, the enactment of Section 1 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of Section 1 of section A of this act shall be in full force and effect upon its passage and approval.”; and

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

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

Representative Jones (89) moved the previous question.

Which motion was adopted by the following vote:

AYES: 086

Allen	Ayes	Bivins	Brandom	Brown 30
Brown 149	Bruns	Burlison	Cooper	Cox
Cunningham	Davis	Day	Deeken	Denison
Dethrow	Dieckhaus	Diehl	Dixon	Dugger
Dusenberg	Emery	Ervin	Faith	Fisher 125
Flanigan	Flook	Franz	Funderburk	Gatschenberger
Grisamore	Guernsey	Guest	Hobbs	Hoskins 121
Icet	Jones 89	Jones 117	Keeney	Kingery
Koenig	Kraus	Lair	Largent	Leara
Lipke	Loehner	McGhee	McNary	Molendorp
Munzlinger	Nance	Nieves	Nolte	Parkinson
Parson	Pollock	Pratt	Riddle	Ruestman
Ruzicka	Sander	Sater	Schaaf	Schad
Schlottach	Schoeller	Self	Silvey	Smith 14
Smith 150	Stevenson	Stream	Sutherland	Thomson

1321 *Journal of the House*

Tracy	Viebrock	Wallace	Wasson	Wells
Weter	Wilson 119	Wilson 130	Wright	Zerr
Mr Speaker				

NOES: 071

Atkins	Aull	Biermann	Bringer	Brown 50
Burnett	Calloway	Carter	Casey	Chappelle-Nadal
Colona	Conway	Corcoran	Curls	Dougherty
Englund	Fallert	Fischer 107	Frame	Grill
Harris	Hodges	Holsman	Hoskins 80	Hummel
Jones 63	Kander	Kelly	Kirkton	Komo
Kratky	Kuessner	Lampe	LeBlanc	LeVota
Liese	McClanahan	McDonald	McNeil	Meadows
Meiners	Morris	Nasheed	Newman	Norr
Oxford	Pace	Quinn	Roorda	Rucker
Scavuzzo	Schieffer	Schoemehl	Schupp	Shively
Skaggs	Spreng	Still	Storch	Swinger
Talboy	Todd	Vogt	Walsh	Walton Gray
Webb	Webber	Whitehead	Witte	Yaeger
Zimmerman				

PRESENT: 000

ABSENT WITH LEAVE: 005

Hughes	Low	Salva	Scharnhorst	Tilley
--------	-----	-------	-------------	--------

VACANCIES: 001

On motion of Representative Stream, **HCS SCS SBs 842, 799 & 809, as amended**, was adopted.

On motion of Representative Stream, **HCS SCS SBs 842, 799 & 809, as amended**, was read the third time and passed by the following vote:

AYES: 087

Allen	Aull	Ayres	Bivins	Brandom
Brown 30	Brown 149	Bruns	Burlison	Conway
Cooper	Cox	Cunningham	Davis	Day
Deeken	Denison	Dethrow	Dieckhaus	Diehl
Dixon	Dugger	Dusenberg	Emery	Ervin
Faith	Flanigan	Flook	Franz	Funderburk
Gatschenberger	Guernsey	Guest	Hobbs	Hoskins 121
Icet	Jones 63	Jones 89	Jones 117	Keeney
Kelly	Kingery	Koenig	Kraus	Kuessner
Lair	Largent	Leara	Lipke	Loehner
McGhee	McNary	Molendorp	Munzlinger	Nance
Nieves	Nolte	Parkinson	Parson	Pollock
Pratt	Riddle	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Schlottach	Schoeller
Self	Silvey	Smith 14	Stevenson	Stream

Thomson	Tracy	Viebrock	Wallace	Wasson
Wells	Weter	Whitehead	Wilson 119	Wilson 130
Zerr	Mr Speaker			

NOES: 067

Atkins	Biermann	Bringer	Brown 50	Burnett
Calloway	Carter	Casey	Chappelle-Nadal	Colona
Corcoran	Curls	Dougherty	Englund	Fallert
Fischer 107	Fisher 125	Frame	Grill	Harris
Hodges	Holsman	Hoskins 80	Hummel	Kander
Kirkton	Komo	Kratky	Lampe	LeBlanc
LeVota	Liese	McClanahan	McDonald	Meadows
Meiners	Morris	Nasheed	Newman	Norr
Oxford	Pace	Quinn	Roorda	Rucker
Scavuzzo	Schieffer	Schoemehl	Schupp	Shively
Skaggs	Smith 150	Spreng	Still	Storch
Sutherland	Talboy	Todd	Vogt	Walsh
Walton Gray	Webb	Webber	Witte	Wright
Yaeger	Zimmerman			

PRESENT: 002

McNeil	Swinger
--------	---------

ABSENT WITH LEAVE: 006

Grisamore	Hughes	Low	Salva	Scharnhorst
Tilley				

VACANCIES: 001

Speaker Pro Tem Pratt declared the bill passed.

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted **HCR 38**.

With Senate Committee Amendment No. 1.

Senate Committee Amendment No. 1

AMEND House Concurrent Resolution No. 38, Senate Journal 2-15-10, Page 325, Line 21, by inserting immediately after "Senate," the following:

"the Minority Leader of the United States House of Representatives, the Minority Leader of the United States Senate,".

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 **HCS#2 HB 1472**, entitled:

An act to repeal section 195.017, RSMo, and to enact in lieu thereof one new section relating to the designation of controlled substances, with penalty provisions and an emergency clause.

With Senate Amendment No. 1.

Senate Amendment No. 1

AMEND House Committee Substitute No. 2 for House Bill No. 1472, Page 19, Section 195.017, Line 645, by inserting after all of said line the following:

"195.202. 1. Except as authorized by sections 195.005 to 195.425, it is unlawful for any person to possess or have under his control a controlled substance.

2. Any person who violates this section with respect to any controlled substance except thirty-five grams or less of marijuana, **Dexanabinol, (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol, Indole, or 1-butyl-3(1-naphthoyl)indole, Indole, or 1-pentyl-3(1-naphthoyl)indole, and Phenol, CP 47,497 & homologues, or 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol, where side chain n=5, and homologues where side chain n-4,6, or 7** is guilty of a class C felony.

3. Any person who violates this section with respect to not more than thirty-five grams of marijuana, **Dexanabinol, (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol, Indole, or 1-butyl-3(1-naphthoyl)indole, Indole, or 1-pentyl-3(1-naphthoyl)indole, and Phenol, CP 47,497 & homologues, or 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol, where side chain n=5, and homologues where side chain n-4,6, or 7** is guilty of a class A misdemeanor."; and

Further amend the title and enacting clause accordingly.

Emergency clause adopted.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HCS HB 1516**, entitled:

An act to repeal sections 21.840, 57.080, 57.130, 71.970, 99.799, 143.171, 165.016, 165.018, 174.020, 192.632, 197.305, 197.318, 197.366, 208.344, 208.978, 211.013, 217.860, 307.367, 329.028, 374.208, 376.990, and 620.515, RSMo, and to enact in lieu thereof eight new sections for the sole purpose of repealing expired, sunset, terminated, or ineffective provisions of law.

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 1750**, entitled:

An act to amend chapter 392, RSMo, by adding thereto one new section relating to exchange access rates.

With Senate Amendment No. 1.

Senate Amendment No. 1

AMEND Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 1750, Page 2, Section 392.605, Line 4, by striking the words "December 31, 2010" and inserting in lieu thereof the following: "**March 1, 2011**"; and

Further amend Lines 5-6 of said page, by striking the words "December thirty-first" and inserting in lieu thereof the following:

"**March first**"; and

Further amend said line by inserting at the end of said line the following:

"Between January fifteenth and January thirtieth of each year following a rate reduction required under this section, any company whose intrastate rates have been impacted by the requirements of this section shall submit a report to the chairperson of the house standing committee selected by the speaker of the house of representatives and the chairperson of the senate standing committee selected by the president pro tem of the senate which report shall describe the company's activities with regard to quality of consumer service, build-out of telecommunications infrastructure, and any other non-proprietary matters requested by the chairpersons of the committees as well as the financial impact of the provisions of this section on the company."

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HCS HB 1858**, entitled:

An act to repeal sections 161.415 and 640.240, RSMo, and to enact in lieu thereof two new sections relating to scholarships to be administered by the department of higher education.

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 **HCS HBs 2262 & 2264**, entitled:

An act to amend chapter 41, RSMo, by adding thereto two new sections relating to the Missouri youth challenge academy, with an emergency clause.

With Senate Amendment No. 1.

Senate Amendment No. 1

AMEND House Committee Substitute for House Bill Nos. 2262 & 2264, Page 1, Section 41.206, Line 1, by striking the word "shall" and inserting in lieu thereof the following: "**may**".

Emergency clause adopted.

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 recede from its position on **SCS HCS HB 2297, as amended**, and grants the House a conference thereon.

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 **SCS HCS HB 2297, as amended**: Senators Wilson, Keaveny, Shields, Pearce and Vogel.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **HCS SS SCS SB 605, as amended**, and requests the House 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 SCS SB 733, as amended**, and requests the House 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 has taken up and adopted **HCS SB 739** and has taken up and passed **HCS SB 739**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **HCS SCS SB 754, as amended**, and requests the House 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 has taken up and adopted **HCS SB 851** and has taken up and passed **HCS SB 851**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **HCS SB 987, as amended**, and requests the House recede from its position and failing to do so grant the Senate a conference thereon.

HOUSE BILL WITH SENATE AMENDMENTS

SS SCS HCS HB 1750, as amended, relating to telecommunications access rates, was taken up by Representative Jones (89).

On motion of Representative Jones (89), **SS SCS HCS HB 1750, as amended**, was adopted by the following vote:

AYES: 145

Allen	Aull	Ayres	Biermann	Bivins
Brandom	Bringer	Brown 30	Brown 50	Brown 149
Bruns	Burlison	Burnett	Calloway	Carter
Casey	Chappelle-Nadal	Colona	Conway	Cooper
Corcoran	Cox	Cunningham	Curls	Davis
Day	Deeken	Denison	Dieckhaus	Diehl
Dixon	Dougherty	Dugger	Dusenberg	Emery
Englund	Ervin	Faith	Fallert	Fischer 107
Fisher 125	Flanigan	Flook	Frame	Franz
Funderburk	Gatschenberger	Grill	Grisamore	Guernsey
Guest	Hobbs	Hodges	Holsman	Hoskins 121
Hummel	Icet	Jones 63	Jones 89	Jones 117
Kander	Keeney	Kelly	Kingery	Kirkton

Koenig	Komo	Kratky	Kraus	Kuessner
Lair	Lampe	Largent	Leara	LeBlanc
LeVota	Liese	Lipke	Loehner	McClanahan
McDonald	McGhee	McNary	Meadows	Meiners
Molendorp	Morris	Munzlinger	Nance	Nasheed
Newman	Nieves	Nolte	Norr	Parkinson
Parson	Pollock	Pratt	Quinn	Riddle
Roorda	Rucker	Ruestman	Ruzicka	Sander
Sater	Schaaf	Schad	Schieffer	Schlottach
Schoeller	Schoemehl	Schupp	Self	Silvey
Skaggs	Smith 14	Smith 150	Spreng	Still
Storch	Stream	Sutherland	Swinger	Talboy
Thomson	Todd	Tracy	Viebrock	Wallace
Walsh	Walton Gray	Wasson	Webb	Webber
Wells	Weter	Whitehead	Wilson 119	Wilson 130
Wright	Yaeger	Zerr	Zimmerman	Mr Speaker

NOES: 009

Atkins	Dethrow	Harris	McNeil	Oxford
Pace	Scavuzzo	Shively	Witte	

PRESENT: 000

ABSENT WITH LEAVE: 008

Hoskins 80	Hughes	Low	Salva	Scharnhorst
Stevenson	Tilley	Vogt		

VACANCIES: 001

On motion of Representative Jones (89), **SS SCS HCS HB 1750, as amended**, was truly agreed to and finally passed by the following vote:

AYES: 148

Allen	Atkins	Aull	Ayres	Biermann
Bivins	Brandom	Bringer	Brown 30	Brown 50
Brown 149	Bruns	Burlison	Burnett	Calloway
Carter	Casey	Chappelle-Nadal	Colona	Conway
Cooper	Corcoran	Cox	Cunningham	Curls
Davis	Day	Deeken	Denison	Dieckhaus
Diehl	Dixon	Dougherty	Dugger	Dusenberg
Emery	Englund	Ervin	Faith	Fallert
Fischer 107	Fisher 125	Flanigan	Flook	Frame
Franz	Funderburk	Grill	Grisamore	Guernsey
Guest	Hobbs	Hodges	Holsman	Hoskins 80
Hoskins 121	Hummel	Ice	Jones 63	Jones 89
Jones 117	Kander	Keeney	Kelly	Kingery
Kirkton	Koenig	Komo	Kratky	Kraus
Kuessner	Lair	Lampe	Largent	Leara
LeBlanc	LeVota	Liese	Lipke	Loehner
McClanahan	McDonald	McGhee	McNary	McNeil
Meadows	Meiners	Molendorp	Morris	Munzlinger
Nance	Nasheed	Newman	Nieves	Nolte
Norr	Pace	Parkinson	Parson	Pollock
Pratt	Quinn	Riddle	Roorda	Rucker

1327 *Journal of the House*

Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Schieffer	Schlottach	Schoeller	Schoemehl
Schupp	Self	Shively	Silvey	Skaggs
Smith 14	Smith 150	Spreng	Still	Storch
Stream	Sutherland	Swinger	Talboy	Thomson
Todd	Tracy	Viebrock	Vogt	Walsh
Walton Gray	Wasson	Webb	Webber	Wells
Weter	Whitehead	Wilson 130	Wright	Yaeger
Zerr	Zimmerman	Mr Speaker		

NOES: 007

Dethrow	Harris	Oxford	Scavuzzo	Wallace
Wilson 119	Witte			

PRESENT: 000

ABSENT WITH LEAVE: 007

Gatschenberger	Hughes	Low	Salva	Scharnhorst
Stevenson	Tilley			

VACANCIES: 001

Speaker Pro Tem Pratt declared the bill passed.

BILLS CARRYING REQUEST MESSAGES

HCS SCS SB 754, as amended, relating to professional registration, was taken up by Representative Wasson.

Representative Wasson moved that the House refuse to recede from its position on **HCS SCS SB 754, as amended**, and grant the Senate a conference.

Which motion was adopted.

HCS SS SCS SB 605, as amended, relating to county classifications and sales tax, was taken up by Representative Stevenson.

Representative Stevenson moved that the House refuse to recede from its position on **HCS SS SCS SB 605, as amended**, and grant the Senate a conference.

Which motion was adopted.

HCS SCS SB 733, as amended, relating to higher education student assistance, was taken up by Representative Kingery.

Representative Kingery moved that the House refuse to recede from its position on **HCS SCS SB 733, as amended**, and grant the Senate a conference.

Which motion was adopted.

THIRD READING OF SENATE BILL

HCS SCS SBs 842, 799 & 809, as amended, relating to the MO HealthNet Program, was again taken up by Representative Stream.

Representative Stream moved for the adoption of the emergency clause on **HCS SCS SBs 842, 799 & 809, as amended**.

Which motion was adopted by the following vote:

AYES: 139

Allen	Atkins	Aull	Ayres	Biermann
Bivins	Brandom	Bringer	Brown 30	Brown 50
Brown 149	Bruns	Burlison	Calloway	Carter
Casey	Chappelle-Nadal	Colona	Conway	Cooper
Cox	Cunningham	Curls	Day	Deeken
Denison	Dieckhaus	Diehl	Dixon	Dugger
Dusenberg	Emery	Englund	Faith	Fallert
Fischer 107	Fisher 125	Flanigan	Flook	Frame
Franz	Funderburk	Grill	Guernsey	Guest
Hobbs	Hodges	Holsman	Hoskins 80	Hoskins 121
Hummel	Iceet	Jones 63	Jones 89	Jones 117
Kander	Keeney	Kelly	Kingery	Kirkton
Koenig	Komo	Kratky	Kraus	Kuessner
Lair	Lampe	Largent	Leara	LeBlanc
LeVota	Liese	Lipke	McClanahan	McDonald
McGhee	McNary	McNeil	Molendorp	Morris
Munzlinger	Nance	Nasheed	Newman	Nieves
Nolte	Norr	Pace	Parkinson	Parson
Pollock	Pratt	Quinn	Riddle	Roorda
Rucker	Ruestman	Ruzicka	Sander	Sater
Scavuzzo	Schaaf	Schieffer	Schlottach	Schoeller
Schoemehl	Schupp	Self	Shively	Silvey
Skaggs	Smith 14	Smith 150	Stevenson	Still
Storch	Stream	Sutherland	Swinger	Talboy
Thomson	Todd	Tracy	Viebrock	Wallace
Walsh	Walton Gray	Wasson	Webb	Weter
Whitehead	Wilson 119	Wilson 130	Witte	Wright
Yaeger	Zerr	Zimmerman	Mr Speaker	

NOES: 010

Burnett	Davis	Dethrow	Ervin	Harris
Meadows	Oxford	Schad	Spreng	Webber

PRESENT: 000

ABSENT WITH LEAVE: 013

Corcoran	Dougherty	Gatschenberger	Grisamore	Hughes
Loehner	Low	Meiners	Salva	Scharnhorst
Tilley	Vogt	Wells		

VACANCIES: 001

REFERRAL OF SENATE BILLS

The following Senate Bills were referred to the Committee indicated:

HCS SB 686 - Fiscal Review (Fiscal Note)

HCS SB 981 - Fiscal Review (Fiscal Note)

SS SCS SB 884 - Special Standing Committee on General Laws

COMMITTEE REPORTS

Special Standing Committee on Children and Families, Chairman Davis reporting:

Mr. Speaker: Your Special Standing Committee on Children and Families, to which was referred **SB 693**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 25(32)(f) be referred to the Committee on Rules.

Special Standing Committee on Health Insurance, Chairman Wilson (130) reporting:

Mr. Speaker: Your Special Standing Committee on Health Insurance, to which was referred **SB 894**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 25(32)(f) be referred to the Committee on Rules.

The following members' presence was noted: Low and Scharnhorst.

ADJOURNMENT

On motion of Representative Jones (89), the House adjourned until 10:00 a.m., Thursday, May 6, 2010.

COMMITTEE MEETINGS

ELEMENTARY AND SECONDARY EDUCATION

Thursday, May 6, 2010, Hearing Room 7 upon morning adjournment.
Executive session will be held.

FISCAL REVIEW

Thursday, May 6, 2010, 9:00 a.m. House Chamber south gallery.
All bills referred to committee.
Executive session may follow.

HIGHER EDUCATION

Thursday, May 6, 2010, 8:00 a.m. Hearing Room 5.
Executive session.
Public hearing to be held on: SS SJR 44, SS#3 SCS SJR 45

INTERNATIONAL TRADE AND IMMIGRATION

Thursday, May 6, 2010, House Chamber south gallery upon morning adjournment.
This will be an Executive session.

RULES - PURSUANT TO RULE 25(32)(f)

Thursday, May 6, 2010, 9:00 a.m. Hearing Room 4.
Any bills referred to committee.
Possible Executive session.

SPECIAL STANDING COMMITTEE ON GENERAL LAWS

Thursday, May 6, 2010, 8:00 a.m. Hearing Room 7.
Executive session.

SPECIAL STANDING COMMITTEE ON GOVERNMENTAL ACCOUNTABILITY AND ETHICS REFORM

Thursday, May 6, 2010, 8:00 a.m. Hearing Room 1.
Executive session may follow.
Public hearing to be held on: SB 845

SPECIAL STANDING COMMITTEE ON WORKFORCE DEVELOPMENT AND WORKPLACE SAFETY

Thursday, May 6, 2010, Hearing Room 6 upon morning adjournment.
Executive session may follow.
Public hearing to be held on: SB 1026

TAX REFORM

Thursday, May 6, 2010, 9:00 a.m. Hearing Room 6.
Executive session may be held.
Public hearing to be held on: SB 945

HOUSE CALENDAR

SIXTY-SIXTH DAY, THURSDAY, MAY 6, 2010

HOUSE JOINT RESOLUTIONS FOR PERFECTION

HCS HJR 45, 69 & 70 - Kingery

HOUSE BILLS FOR PERFECTION

- 1 HCS HB 1684, as amended, HA 2, pending - Zerr
- 2 HCS HB 2026 - Hobbs
- 3 HB 1254 - Wilson (119)
- 4 HCS HB 2053 - Wallace
- 5 HB 1960 - Ruestman
- 6 HCS#2 HB 1812 - Kingery
- 7 HCS HB 1905 - Wilson (130)

1331 *Journal of the House*

- 8 HB 1945 - Brown (149)
- 9 HB 2250 - Curls
- 10 HCS HB 1238 - Davis
- 11 HCS HB 1383 - Nolte
- 12 HCS HB 1451 - Lipke
- 13 HCS HB 1833 - Munzlinger
- 14 HCS HB 2388 - Wasson
- 15 HB 1647 - Cooper
- 16 HB 1911 - Schad
- 17 HCS HB 2042 - Brown (30)
- 18 HCS HB 2102 - Munzlinger
- 19 HCS HB 2152 - Hobbs
- 20 HCS#2 HB 2225 - Loehner
- 21 HCS HB 1583 - Jones (117)
- 22 HCS HB 1725 - Davis
- 23 HB 2255 - Jones (89)

HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING

HCR 77, (4-21-10, Pages 1036-1037) - Franz

HOUSE JOINT RESOLUTIONS FOR THIRD READING

HCS HJR 63 - Parson

HOUSE BILLS FOR THIRD READING

HCS HB 2156 - Molendorp

HOUSE BILLS FOR THIRD READING - INFORMAL

HCS HB 1994 - Zerr

HOUSE CONCURRENT RESOLUTIONS

- 1 HCR 67, (4-29-10, Pages 1179-1182) - Sutherland
- 2 HCR 79, (4-27-10, Pages 1097-1098) - Webb

SENATE BILLS FOR THIRD READING

- 1 HCS SS SCS SBs 586 & 617 - Emery
- 2 SB 771 - Wilson (119)
- 3 HCS SCS SB 774 - Riddle
- 4 HCS SCS SB 777 - Jones (89)
- 5 HCS SB 791, E.C. - Emery
- 6 HCS SB 686, (Fiscal Review 5-5-10), E.C. - Sutherland
- 7 HCS#2 SCS SB 778, E.C. - McGhee

- 8 HCS SCS SB 808, E.C. - Sutherland
- 9 HCS#2 SB 848, E.C. - Loehner
- 10 HCS SS SCS SB 920 - Stevenson
- 11 HCS SB 981, (Fiscal Review 5-5-10), E.C. - Sutherland

HOUSE BILLS WITH SENATE AMENDMENTS

- 1 SCS HB 1677, E.C. - Hoskins (80)
- 2 HB 1336, SA 1 - Brandom
- 3 HB 1691, SA 1, SA 2 - Kraus
- 4 SCS HB 1941, as amended - Parson
- 5 HB 1942, SA 1 - Parson
- 6 HB 1643, SA1, SA2 - Brown (50)
- 7 SS HCS HB 1806, as amended, E.C. - Franz
- 8 SCS HB 1612 - Molendorp
- 9 HCS HB 1977, SA1, SA2 - Wasson
- 10 SS SCS HB 2317, as amended, E.C. - Tracy
- 11 SCS HB 1392 - Kirkton
- 12 SCS HB 1892 - Nasheed
- 13 SS HCS HB 1848 - Holsman
- 14 SCS HCS HB 1903, E.C. - Icet
- 15 SS#2 HB 1268, as amended, E.C. - Meiners
- 16 SS HB 1713, (Fiscal Review 5-5-10) - Sander
- 17 SCS HCS HB 1831 - Jones (117)
- 18 SS SCS HCS HB 1764 - Diehl
- 19 HCS#2 HB 1472, SA 1, E.C. - Franz
- 20 HCS HBs 2262 & 2264, SA 1, E.C. - Day
- 21 SCS HCS HB 1516 - Smith (150)
- 22 SCS HCS HB 1858 - Zimmerman
- 23 HCR 38, SCA 1 - Icet

BILLS CARRYING REQUEST MESSAGES

HCS SB 987, as amended, (request House recede/grant conference), E.C. - Hobbs

BILLS IN CONFERENCE

- 1 SS SCS HB 1442, as amended, E.C. - Jones (89)
- 2 SCS HCS HB 2297, as amended - Molendorp
- 3 HCS SCS SB 754, as amended - Wasson
- 4 HCS SS SCS SB 605, as amended, E.C. - Stevenson
- 5 HCS SCS SB 733, as amended, E.C. - Kingery

SENATE CONCURRENT RESOLUTIONS

- 1 HCS SCR 36, (4-13-10, Page 943) - Icet
- 2 SCR 33, (3-24-10, Pages 676-677) - Cunningham
- 3 HCS SCR 54, (4-20-10, Pages 1019-1020) - Allen
- 4 SCR 51, (3-31-10, Pages 815-817) - Munzlinger
- 5 SCR 56, (4-27-10, Pages 1111-1112) - Bivins

HOUSE BILLS TAKEN FROM COMMITTEE PER CONSTITUTION - INFORMAL

HCS HB 2300 - Wilson (130)

SENATE BILLS TAKEN FROM COMMITTEE PER CONSTITUTION - INFORMAL

SS#2 SCS SB 577 - Wilson (130)