

JOURNAL OF THE HOUSE

First Regular Session, 100th GENERAL ASSEMBLY

FORTY-NINTH DAY, TUESDAY, APRIL 9, 2019

The House met pursuant to adjournment.

Representative Plocher in the Chair.

Prayer by Reverend Monsignor Robert A. Kurwicki, Chaplain.

God who made the world and all things therein, seeing that He is Lord of heaven and earth, dwelled not in temples made with hands; neither is worshipped with men's hands, as though He needed anything, seeing He gives to all life, and breath and all things. (Acts 17:24-25)

Your presence, O Loving God, is meant to enrich and beautify all life on earth. We praise You, that the light of Your providence shines on us in its sure embrace. Your power is all about us. We breathe Your air, we are warmed by Your sun, we are awed by Your glory, and we are kept by Your daily care. We recall memories which we cannot define and satisfactions which we cannot analyze, yet we bless You.

Clothed with the insignia of a great responsibility, heaven forbid that we should be untrue to our best selves. If greed and injustice exist, may it be said that they exist in defiance of our cherished principles. By fortitude, by patience, by a conscientious devotion to our state's welfare, help us to discharge the supreme claims which are upon us on this long day. Make our understanding a safe and secure fortress of truth. May we give ourselves up to Your wise and gentle guidance in the people's house.

And the House says, "Amen!"

The Pledge of Allegiance to the flag was recited.

The Journal of the forty-eighth day was approved as printed by the following vote:

AYES: 133

Anderson	Andrews	Appelbaum	Bailey	Baker
Bangert	Baringer	Barnes	Basye	Beck
Billington	Black 7	Bromley	Brown 27	Brown 70
Burnett	Burns	Busick	Butz	Carter
Chipman	Christofanelli	Clemens	Coleman 32	Coleman 97
Deaton	DeGroot	Dinkins	Dohrman	Eggleston
Ellebracht	Eslinger	Evans	Falkner III	Fishel
Fitzwater	Francis	Gannon	Gray	Green
Gregory	Grier	Griesheimer	Griffith	Haden
Haffner	Hannegan	Hansen	Henderson	Hill
Houx	Hovis	Hudson	Hurst	Ingle
Justus	Kelley 127	Kelly 141	Kendrick	Knight
Kolkmeier	Lavender	Lovasco	Love	Lynch
Mayhew	McCreery	McDaniel	McGaugh	McGee
McGill	Merideth	Messenger	Miller	Mitten
Morgan	Morris 140	Morse 151	Mosley	Muntzel

Murphy	Neely	O'Donnell	Patterson	Pfautsch
Pierson Jr.	Pietzman	Pike	Plocher	Pogue
Pollitt 52	Pollock 123	Porter	Quade	Reedy
Rehder	Toalson Reisch	Remole	Richey	Riggs
Roberts 161	Roberts 77	Rogers	Rone	Runions
Ruth	Sauls	Schnelting	Schroer	Sharpe
Shaul 113	Shawan	Shields	Simmons	Smith
Solon	Sommer	Spencer	Stacy	Stevens 46
Swan	Tate	Taylor	Trent	Unsicker
Veit	Vescovo	Walsh	Wiemann	Wilson
Wood	Wright	Mr. Speaker		

NOES: 003

Moon Rowland Sain

PRESENT: 000

ABSENT WITH LEAVE: 025

Allred	Black 137	Bland Manlove	Bondon	Bosley
Carpenter	Chappelle-Nadal	Dogan	Ellington	Franks Jr.
Helms	Hicks	Kidd	Mackey	Price
Proudie	Razer	Roden	Roeber	Ross
Shull 16	Stephens 128	Walker	Washington	Windham

VACANCIES: 002

Speaker Haahr assumed the Chair.

PERFECTION OF HOUSE BILLS - INFORMAL

HCS HB 844, relating to lodging establishments, was taken up by Representative Hudson.

On motion of Representative Hudson, the title of **HCS HB 844** was agreed to.

On motion of Representative Hudson, **HCS HB 844** was adopted.

On motion of Representative Hudson, **HCS HB 844** was ordered perfected and printed.

HCS HB 301, relating to advanced practice registered nurses, was taken up by Representative Schroer.

On motion of Representative Schroer, the title of **HCS HB 301** was agreed to.

MOTION

Representative Schroer, having voted on the prevailing side, moved that the vote by which the title of **HCS HB 301** was agreed to be reconsidered.

Which motion was adopted by the following vote:

AYES: 131

Allred	Anderson	Andrews	Appelbaum	Bailey
Baker	Bangert	Baringer	Barnes	Basye
Beck	Billington	Black 137	Black 7	Bromley
Brown 27	Brown 70	Burnett	Burns	Busick
Butz	Chipman	Christofanelli	Clemens	Coleman 32
Deaton	DeGroot	Dinkins	Dohrman	Eggleston
Ellebracht	Evans	Falkner III	Fishel	Fitzwater
Francis	Franks Jr.	Gannon	Green	Gregory
Grier	Griesheimer	Griffith	Haden	Haffner
Hannegan	Hansen	Helms	Henderson	Hill
Houx	Hovis	Hudson	Justus	Kelley 127
Kelly 141	Kidd	Knight	Kolkmeier	Lavender
Lovasco	Love	Lynch	Mackey	Mayhew
McCreery	McGaugh	McGee	McGill	Messenger
Miller	Mitten	Morgan	Morris 140	Morse 151
Mosley	Muntzel	Murphy	Neely	O'Donnell
Patterson	Pfautsch	Pierson Jr.	Pietzman	Pike
Pollitt 52	Pollock 123	Porter	Quade	Reedy
Rehder	Toalson Reisch	Remole	Richey	Riggs
Roberts 161	Roberts 77	Roden	Rogers	Rone
Rowland	Runions	Ruth	Sauls	Schnelting
Schroer	Sharpe	Shaul 113	Shawan	Shields
Simmons	Smith	Solon	Sommer	Spencer
Stacy	Stephens 128	Stevens 46	Swan	Tate
Taylor	Trent	Unsicker	Veit	Vescovo
Walsh	Wiemann	Wilson	Wood	Wright
Mr. Speaker				

NOES: 006

Hurst	Ingle	McDaniel	Merideth	Pogue
Sain				

PRESENT: 000

ABSENT WITH LEAVE: 024

Bland Manlove	Bondon	Bosley	Carpenter	Carter
Chappelle-Nadal	Coleman 97	Dogan	Ellington	Eslinger
Gray	Hicks	Kendrick	Moon	Plocher
Price	Proudie	Razer	Roeber	Ross
Shull 16	Walker	Washington	Windham	

VACANCIES: 002

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 301, Page 1, In the Title, Line 3, by deleting the words "advanced practice registered"; and

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

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

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

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 301, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"198.082. 1. Each **certified** nursing assistant hired to work in a skilled nursing or intermediate care facility after January 1, 1980, shall have successfully completed a nursing assistant training program approved by the department or shall enroll in and begin the first available approved training program which is scheduled to commence within ninety days of the date of the **certified** nursing assistant's employment and which shall be completed within four months of employment. Training programs shall be offered at any facility licensed ~~or approved~~ by the department of health and senior services; **any skilled nursing or intermediate care unit in a Missouri veterans home, as defined in section 42.002; or any hospital, as defined in section 197.020. Training programs shall be** ~~which is most~~ reasonably accessible to the enrollees in each class. The program may be established by ~~the~~ a skilled nursing or intermediate care facility, **unit, or hospital**; by a professional organization~~[-];~~ or by the department, and training shall be given by the personnel of the facility, **unit, or hospital**; by a professional organization~~[-];~~ by the department~~[-];~~ by any community college; or by the vocational education department of any high school.

2. As used in this section the term "**certified** nursing assistant" means an employee~~[-]~~ **who has completed the training required under subsection 1 of this section, who has passed the certification exam, and** ~~[including a nurse's aide or an orderly,]~~ who is assigned by a skilled nursing or intermediate care facility, **unit, or hospital** to provide or assist in the provision of direct resident health care services under the supervision of a nurse licensed under the nursing practice law, chapter 335.

3. This section shall not apply to any person otherwise **regulated or** licensed to perform health care services under the laws of this state. It shall not apply to volunteers or to members of religious or fraternal orders which operate and administer the facility, if such volunteers or members work without compensation.

~~[3-]~~ 4. The training program ~~[after January 1, 1989, shall consist of at least the following:~~
~~———— (1) A training program consisting]~~ **requirements shall be defined in regulation by the department and shall require** ~~[of]~~ at least seventy-five classroom hours of training ~~[on basic nursing skills, clinical practice, resident safety and rights, the social and psychological problems of residents, and the methods of handling and caring for mentally confused residents such as those with Alzheimer's disease and related disorders,]~~ and one hundred hours supervised and on-the-job training. **On-the-job training sites shall include supervised practical training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse.** The ~~[one hundred hours]~~ **training** shall be completed within four months of employment and may consist of normal employment as nurse assistants **or hospital nursing support staff** under the supervision of a licensed nurse~~[-]; and~~

~~———— (2) Continuing in service training to assure continuing competency in existing and new nursing skills. All nursing assistants trained prior to January 1, 1989, shall attend, by August 31, 1989, an entire special retraining program established by rule or regulation of the department which shall contain information on methods of handling mentally confused residents and which may be offered on premises by the employing facility].~~

~~[4-]~~ 5. **Certified nursing** ~~[Nursing]~~ assistants who have not successfully completed the nursing assistant training program prior to employment may begin duties as a **certified** nursing assistant ~~[only after completing an initial twelve hours of basic orientation approved by the department]~~ and may provide direct resident care only if under the ~~[general]~~ **direct** supervision of a licensed nurse prior to completion of the seventy-five classroom hours of the training program.

6. **The competency evaluation shall be performed in a facility, as defined in 42 CFR Sec. 483.5, or laboratory setting comparable to the setting in which the individual shall function as a certified nursing assistant.**

7. Persons completing the training requirements of unlicensed assistive personnel under 19 CSR 30-20.125 or its successor regulation, and who have completed the competency evaluation, shall be allowed to sit for the certified nursing assistant examination and be deemed to have fulfilled the classroom and clinical standards for designation as a certified nursing assistant.

8. The department of health and senior services may offer additional training programs and certifications to students who are already certified as nursing assistants according to regulations promulgated by the department and curriculum approved by the board."; and

Further amend said bill, Page 7, Section 335.086, Line 18, by inserting after all of said section and line the following:

"335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

2. As used in this section, "telehealth" shall have the same meaning as such term is defined in section 191.1145.

3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.

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

4. For purposes of this section, "rural area of need" means any rural area of this state which is located in a health professional shortage area as defined in section 354.650.

~~[5. Under section 23.253 of the Missouri sunset act:~~

~~— (1) The provisions of the new program authorized under this section shall automatically sunset six years after August 28, 2013, unless reauthorized by an act of the general assembly; and~~

~~— (2) If such program is reauthorized, the program authorized under this section shall automatically sunset twelve years after the effective date of the reauthorization of this section; and~~

~~— (3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.]; and~~

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

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

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

House Amendment No. 3

AMEND House Committee Substitute for House Bill No. 301, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"334.037. 1. A physician may enter into collaborative practice arrangements with assistant physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to an assistant physician the authority to administer or dispense drugs and provide treatment

as long as the delivery of such health care services is within the scope of practice of the assistant physician and is consistent with that assistant physician's skill, training, and competence and the skill and training of the collaborating physician.

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

- (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the assistant physician;
- (2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the assistant physician to prescribe;
- (3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an assistant physician and have the right to see the collaborating physician;
- (4) All specialty or board certifications of the collaborating physician and all certifications of the assistant physician;
- (5) The manner of collaboration between the collaborating physician and the assistant physician, including how the collaborating physician and the assistant physician shall:
 - (a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;
 - (b) Maintain geographic proximity; except, the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain documentation related to such requirement and present it to the state board of registration for the healing arts when requested; and
 - (c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;
- (6) A description of the assistant physician's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the assistant physician to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;
- (7) A list of all other written practice agreements of the collaborating physician and the assistant physician;
- (8) The duration of the written practice agreement between the collaborating physician and the assistant physician;
- (9) A description of the time and manner of the collaborating physician's review of the assistant physician's delivery of health care services. The description shall include provisions that the assistant physician shall submit a minimum of ten percent of the charts documenting the assistant physician's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and
- (10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the assistant physician prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

3. The state board of registration for the healing arts under section 334.125 shall promulgate rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules shall specify:

- (1) Geographic areas to be covered;
- (2) The methods of treatment that may be covered by collaborative practice arrangements;
- (3) In conjunction with deans of medical schools and primary care residency program directors in the state, the development and implementation of educational methods and programs undertaken during the collaborative practice service which shall facilitate the advancement of the assistant physician's medical knowledge and capabilities, and which may lead to credit toward a future residency program for programs that deem such documented educational achievements acceptable; and
- (4) The requirements for review of services provided under collaborative practice arrangements, including delegating authority to prescribe controlled substances.

Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or

distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. The state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008.

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician provided the provisions of this section and the rules promulgated thereunder are satisfied.

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

6. A collaborating physician or supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than ~~six~~ **nine** full-time equivalent assistant physicians, full-time equivalent physician assistants, **full-time equivalent paramedic practitioners**, or full-time equivalent advance practice registered nurses, or any combination thereof. Such limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. No rule or regulation shall require the collaborating physician to review more than ten percent of the assistant physician's patient charts or records during such one-month period. Such limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

10. No contract or other agreement shall require any assistant physician to serve as a collaborating assistant physician for any collaborating physician against the assistant physician's will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a particular physician.

11. All collaborating physicians and assistant physicians in collaborative practice arrangements shall wear identification badges while acting within the scope of their collaborative practice arrangement. The identification badges shall prominently display the licensure status of such collaborating physicians and assistant physicians.

12. (1) An assistant physician with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant

physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

(2) The collaborating physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the assistant physician during which the assistant physician shall practice with the collaborating physician on-site prior to prescribing controlled substances when the collaborating physician is not on-site. Such limitation shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

(3) An assistant physician shall receive a certificate of controlled substance prescriptive authority from the state board of registration for the healing arts upon verification of licensure under section 334.036.

13. Nothing in this section or section 334.036 shall be construed to limit the authority of hospitals or hospital medical staff to make employment or medical staff credentialing or privileging decisions.

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

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

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

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

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

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

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

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

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

(b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural

health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

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

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

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

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician

assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

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

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

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

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

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

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

334.270 Beginning August 28, 2019, all regulation and oversight of advanced practice registered nurses shall be transferred from the board of nursing to the board of registration for the healing arts.

334.300. 1. As used in sections 334.300 to 334.312, the following terms mean:

- (1) "Applicant", any individual who seeks to become licensed as a paramedic practitioner;**
- (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;**
- (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;**
- (4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;**
- (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a paramedic practitioner;**
- (6) "Paramedic practitioner", a person who has graduated from a paramedic practitioner program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation, or by its successor agency, who provides health care services delegated by a licensed physician;**

(7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.300 to 334.312;

(8) "Supervision", control exercised over a paramedic practitioner working with a supervising physician and oversight of the activities of and accepting responsibility for the paramedic practitioner's delivery of care. The supervising physician must be immediately available in person or via telecommunication during the time the paramedic practitioner is providing patient care. Prior to commencing practice, the supervising physician and paramedic practitioner shall attest, on a form provided by the board, that the physician shall provide supervision appropriate to the paramedic practitioner's training and that the paramedic practitioner shall not practice beyond the paramedic practitioner's training and experience. Appropriate supervision shall require the supervising physician to be working within the same location as the paramedic practitioner for at least four hours within one calendar day for every fourteen days on which the paramedic practitioner provides patient care as described in subsection 3 of this section. Only days on which the paramedic practitioner provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a paramedic practitioner provides patient care shall pass between the physician's four hours' working within the same location. The board shall promulgate rules under chapter 536 for documentation of the joint review of the paramedic practitioner's activity by the supervising physician and the paramedic practitioner.

2. An applicant for a paramedic practitioner's license under sections 334.300 to 334.312 shall be licensed and in good standing as an emergency medical technician-paramedic under chapter 190.

3. A supervision agreement shall limit the paramedic practitioner to practice only at locations described in subdivision (8) of subsection 1 of this section, within a geographic proximity to be determined by the board of registration for the healing arts.

4. The scope of practice of a paramedic practitioner shall consist only of the following services and procedures:

- (1) Taking patient histories;
- (2) Performing physical examinations of a patient;
- (3) Performing or assisting in the performance of routine laboratory and patient screening procedures;
- (4) Performing routine therapeutic procedures;
- (5) Recording diagnostic impressions and evaluating situations calling for the attention of a physician to institute treatment procedures;
- (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- (7) Assisting the supervising physician in institutional settings, including reviewing treatment plans, ordering tests and diagnostic laboratory and radiological services, and ordering therapies, using procedures reviewed and approved by a licensed physician;
- (8) Assisting in surgery;
- (9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the paramedic practitioner has been trained and is proficient to perform; and
- (10) Paramedic practitioners shall not perform or prescribe abortions.

5. Paramedic practitioners shall not prescribe any drug, medicine, device, or therapy unless pursuant to a physician supervision agreement in accordance with the law; prescribe lenses, prisms, or contact lenses for the aid, relief, or correction of vision or the measurement of visual power or visual efficiency of the human eye; or administer or monitor general or regional block anesthesia during diagnostic tests, surgery, or obstetric procedures. Prescribing of drugs, medications, devices, or therapies by a paramedic practitioner shall be pursuant to a paramedic practitioner supervision agreement which is specific to the clinical conditions treated by the supervising physician, and the paramedic practitioner shall be subject to the following:

(1) A paramedic practitioner shall only prescribe controlled substances in accordance with section 334.310;

(2) The types of drugs, medications, devices, or therapies prescribed by a paramedic practitioner shall be consistent with the scope of practice of the paramedic practitioner and the supervising physician;

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

(4) A paramedic practitioner may request, receive, and sign for noncontrolled professional samples and may distribute professional samples to patients; and

(5) A paramedic practitioner shall not prescribe any drugs, medicines, devices, or therapies the supervising physician is not qualified or authorized to prescribe.

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

7. For purposes of this section, the licensing of paramedic practitioners shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules under chapter 536 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a paramedic practitioner may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed under chapter 190 shall not be required to be licensed as paramedic practitioners.

8. "Paramedic practitioner supervision agreement" means a written agreement, jointly agreed upon protocol, or standing order between a supervising physician and a paramedic practitioner that provides for the delegation of health care services from a supervising physician to a paramedic practitioner and the review of such services. The agreement shall contain at least the following provisions:

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

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

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

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

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

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

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

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

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

10. At all times the physician shall be responsible for the oversight of the activities of, and accept responsibility for, health care services rendered by the paramedic practitioner.

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

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

13. Paramedic practitioners shall file with the board a copy of their supervising physician form.

14. No physician shall be designated to serve as supervising physician or collaborating physician for more than nine full-time equivalent assistant physicians, full-time equivalent physician assistants, full-time equivalent paramedic practitioners, or full-time equivalent advance practice registered nurses, or any combination thereof.

334.301. Notwithstanding any other provision of sections 334.300 to 334.312, the board may issue without examination a temporary license to practice as a paramedic practitioner. Upon the applicant paying a temporary-license fee and the submitting of all necessary documents as determined by the board, the board may grant a temporary license to any person who meets the qualifications provided in section 334.300, which shall be valid until the results of the next examination are announced. The temporary license may be renewed at the discretion of the board and upon payment of the temporary-license fee.

334.302. 1. Any certifying entity desiring recognition shall register with the department the following information:

(1) The standards governing such certification or registration, which shall include requirements for a baccalaureate or postbaccalaureate degree, with a major course of study recognized by the certifying entity, from a recognized educational institution accredited by the Council on Post-Secondary Accreditation and the United States Department of Education or a program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) The nature and duration of any education including, but not limited to, whether the education included a substantial amount of supervised field experience; whether education programs exist in this state; if there is an experience requirement and what the requirement entails; whether the experience shall be acquired under the direction or supervision of another certified or registered person; whether there is an alternative method of receiving certification or registration; whether all applicants will be required to pass an examination for certification or registration; and, if an examination is required, by whom the examination was developed;

(3) The term of certification or registration;

(4) The manner in which certified or registered personnel shall demonstrate continuing maintenance of competence;

(5) Procedures for renewal of certification or registration including fees, reexamination, and all other requirements;

(6) The code of ethics for certified or registered personnel, if any;

(7) Grounds for suspension or revocation of certification or registration, whether temporary or permanent, and justification for reinstatement, if any;

(8) A description of the certifying entity, the service or practice being evaluated, and a list of associations, organizations, or other groups representing the service or practice; and

(9) Other information which may be required by the department.

2. The department shall determine a fee to be charged to certifying entities that register their certification or registration procedures. The fee shall cover the cost of filing such applications for recognition.

3. The certifying entity, as a condition for recognition under sections 334.300 to 334.312, shall certify compliance with its standards to the department for all applicants seeking a certificate of registration under sections 334.300 to 334.312 and may be required to recertify compliance to the department upon request by the department.

4. The department shall approve or disapprove certifying entities for any of the professions included in the scope of sections 334.300 to 334.312 following review of the application submitted and following a public hearing on the application for recognition of such certifying entity.

5. The department may terminate its recognition of any certifying entity for any of the professions included in the scope of sections 334.300 to 334.312 following a subsequent review of the certification or registration procedures of the certifying entity and following a public hearing.

334.303. 1. Each person desiring a license under sections 334.300 to 334.312 shall make an application to the department upon such forms and in such manner as may be prescribed by the department and shall pay the required application fee as set by the department. The application fee shall cover the cost of issuing the license and shall not be refundable. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the same, subject to the penalties of making a false declaration or affidavit. Such application shall include proof of certification or registration by a certifying entity, the date the certification or registration process was completed with the certifying entity, the name of the certifying entity, any identification numbers, and any other information necessary for the department to verify the certification or registration.

2. The department, upon approval of the application from an applicant, shall issue a license to such applicant.

3. A license is valid for two years from the date it is issued and may be renewed annually by filing an application for renewal with the department and paying the required renewal fee as set by the department. The department shall notify each licensee in writing of the expiration date of the person's license at least thirty days before that date, and shall issue a license to any registrant who returns a completed application form and pays a renewal fee before the person's license expires.

4. A new license to replace any license lost, destroyed, or mutilated may be issued to any applicant, subject to rules and regulations issued by the department and upon the payment of a reasonable fee.

334.304. 1. No person shall hold himself or herself out to the public by any title or description including the words "licensed paramedic practitioner" or "paramedic practitioner", as defined in section 334.300, unless the person is duly licensed under the provisions of sections 334.300 to 334.312, if a certifying entity has been recognized by the department.

2. Nothing in sections 334.300 to 334.312 shall be construed as prohibiting any individual, whether licensed under sections 334.300 to 334.312 or not, from providing the services of paramedic practitioner.

3. Any person found guilty of violating any provision of subsections 1 and 2 of this section is guilty of an infraction and upon conviction thereof shall be punished as provided by law. For purposes of this subsection, the maximum fine for a violation of this section shall be one thousand dollars.

334.305. 1. Certifying entities shall notify the department of any temporary or permanent revocation or suspension imposed by them.

2. The department, upon receipt of notification by a certifying entity of any temporary or permanent revocation or suspension imposed by that entity, shall notify the licensee within thirty days that such license is revoked. The licensee shall immediately surrender his or her license to the department.

3. The department shall maintain a list of individuals who hold a valid license for the provision of a given service or practice for public inspection and shall respond to public inquiries concerning licensees who have received a license.

334.306. Any nonresident of Missouri who enters the state and intends to provide a service or practice for which a license is required under sections 334.300 to 334.312 may apply for a license, provided that the applicant meets the requirements imposed by the certifying entity.

334.307. Any rule or portion of a rule, as that term is defined in section 536.010, that is promulgated to administer and enforce sections 334.300 to 334.312, shall become effective only if the agency has fully complied with all of the requirements of chapter 536 including, but not limited to, section 536.028, if applicable, after August 28, 2019. All rulemaking authority delegated prior to August 28, 2019, is of no force and effect and repealed as of August 28, 2019; however, nothing in this section shall be interpreted to repeal or affect the validity of any rule adopted and promulgated prior to August 28, 2019. If the provisions of section 536.028 apply, the provisions of this section are nonseverable and if any of the powers vested with the general assembly pursuant to section 536.028 to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in this act shall affect the validity of any rule adopted and promulgated prior to August 28, 2019.

334.308. 1. All fees payable under the provisions of sections 334.300 to 334.312 shall be collected by the division of professional registration, which shall transmit the moneys to the department of revenue for deposit in the state treasury to the credit of the board of registration for the healing arts fund.

2. Upon appropriation by the general assembly, the moneys in the fund shall be used to administer the provisions of sections 334.300 to 334.312.

334.310. 1. A paramedic practitioner with a certificate of controlled substance prescriptive authority, as provided in this section, may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II when delegated the authority to prescribe controlled substances in a supervision agreement. Such authority shall be listed on the supervision verification form on file with the state board of healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the paramedic practitioner is permitted to prescribe. Any limitations shall be listed on the supervision agreement. Prescriptions for Schedule II medications prescribed by a paramedic practitioner with authority to prescribe delegated in a supervision agreement are restricted to only those medications containing hydrocodone. Paramedic practitioners shall not prescribe controlled substances for themselves or members of their family. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the supervising physician. Paramedic practitioners who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The supervising physician shall be responsible for determining and documenting the completion of at least one hundred twenty hours in a four-month period by the paramedic practitioner during which the paramedic practitioner shall practice with the supervising physician on-site prior to prescribing controlled substances when the supervising physician is not on-site.

3. A paramedic practitioner shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices;

(2) Completion of a minimum of three hundred clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices; and

(4) A paramedic practitioner previously licensed in a jurisdiction where paramedic practitioners are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a supervising physician attests that the paramedic practitioner has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

334.311. 1. No paramedic practitioner shall be used in any location unless a notice stating that a paramedic practitioner is utilized is posted in a prominent place in such location.

2. Notwithstanding the provisions of sections 334.300 to 334.312 or the rules of the Missouri state board of registration for the healing arts, the governing body of each hospital shall have full authority to limit the functions and activities of any paramedic practitioner that are performed in such hospital.

334.312. 1. There is hereby established an "Advisory Commission for Paramedic Practitioners" which shall guide, advise, and make recommendations to the board of registration for the healing arts. The commission shall also be responsible for the ongoing examination of the scope of practice and promoting the continuing role of paramedic practitioners in the delivery of health care services. The commission shall assist the board in carrying out the provisions of sections 334.300 to 334.312.

2. The commission shall be appointed no later than October 1, 2019, and shall consist of five members: one member of the board, two licensed paramedic practitioners, one physician, and one lay member. The two licensed paramedic practitioner members, the physician member, and the lay member shall be appointed by the director of the division of professional registration. Each licensed paramedic

practitioner member shall be a United States citizen, a resident of this state, and shall be licensed as a paramedic practitioner in this state. The physician member shall be a United States citizen, a resident of this state, have an active Missouri license to practice medicine in this state, and shall be a supervising physician, at the time of appointment, to a licensed paramedic practitioner. The lay member shall be a United States citizen and a resident of this state. The licensed paramedic practitioner members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year and one member whose term shall be for two years. The physician member and lay member shall each be appointed to serve a three-year term. No paramedic practitioner member or the physician member shall be appointed for more than two consecutive three-year terms.

3. Notwithstanding any other provision of law to the contrary, any appointed member of the commission shall receive as compensation an amount established by the director of the division of professional registration, not to exceed seventy dollars per day for commission business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment. All staff for the commission shall be provided by the board.

4. The commission shall hold an open annual meeting, at which time it shall elect from its membership a chair and secretary. The commission may hold such additional meetings as may be required in the performance of its duties, provided that notice of every meeting shall be given to each member at least ten days prior to the date of the meeting. A quorum of the commission shall consist of a majority of its members.

5. On August 28, 2020, all members of the advisory commission for registered paramedic practitioners shall become members of the advisory commission for paramedic practitioners, and their successors shall be appointed in the same manner and at the time their terms would have expired as members of the advisory commission for registered paramedic practitioners.

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

- (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
- (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
- (4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;
- (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
- (6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;
- (7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;
- (8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in

which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, within a geographic proximity to be determined by the board of registration for the healing arts.

(2) For a physician-physician assistant team working in a certified community behavioral health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision requirements in addition to the minimum federal law shall be required.

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

- (1) Taking patient histories;
- (2) Performing physical examinations of a patient;
- (3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;
- (4) Performing routine therapeutic procedures;
- (5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
- (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- (7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
- (8) Assisting in surgery;
- (9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform; and
- (10) Physician assistants shall not perform or prescribe abortions.

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

- (1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;
- (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;
- (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;
- (4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and
- (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the supervising physician is not qualified or authorized to prescribe.

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

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

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

- (1) Complete names, home and business addresses, zip codes, telephone numbers, and state license numbers of the supervising physician and the physician assistant;
- (2) A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;
- (3) All specialty or board certifications of the supervising physician;
- (4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:
 - (a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and
 - (b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;
- (5) The duration of the supervision agreement between the supervising physician and physician assistant; and
- (6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.

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

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

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

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

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

13. No physician shall be designated to serve as supervising physician or collaborating physician for more than ~~six~~ **nine** full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, **full-time equivalent paramedic practitioners**, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician assistant agreements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104."; and

Further amend said bill, Page 2, Section 335.046, Lines 39, 42, and 47, by inserting after all instances of the word "**board**" the words "**of registration for the healing arts**"; and

Further amend said bill and section, Page 3, Line 61, by deleting the words "**of nursing**" and inserting in lieu thereof the words "**of registration for the healing arts**"; and

Further amend said bill, page, and section, Lines 68, 71, and 72, by inserting after all instances of the word "**board**" the words "**of registration for the healing arts**"; and

Further amend said bill, page, and section, Line 76, by deleting said line and inserting in lieu thereof the following:

[be,] or upon refusal of the board of registration for the healing arts to issue an advanced practice registered nurse license, the board of nursing and the board of registration for the healing arts shall"; and

Further amend said bill, page, and section, Line 80, by inserting after the word "board" the words "**of nursing and the board of registration for the healing arts**"; and

Further amend said bill and page, Section 335.047, Line 2 and Lines 2 to 3, by deleting each instance of the words "**of nursing**" and inserting in lieu thereof the words "**of registration for the healing arts**"; and

Further amend said bill and section, Page 4, Lines 8 and 9, by inserting after all instances of the word "**board**" the words "**of registration for the healing arts**"; and

Further amend said bill, page, and section, Line 22, by deleting the words "**of nursing**" and inserting in lieu thereof the words "**of registration for the healing arts**"; and

Further amend said bill, Page 5, Section 335.051, Lines 20 and 21, by inserting after all instances of the word "**board**" the words "**of registration for the healing arts**"; and

Further amend said bill and page, Section 335.056, Lines 4 and 5, by inserting after all instances of the word "board" the words "**of nursing or of registration for the healing arts**"; and

Further amend said bill, page, and section, Line 18, by inserting after the word "**board**" the words "**of registration for the healing arts**"; and

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

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

The Chair took the point of order under advisement.

House Amendment No. 3 was withdrawn.

On motion of Representative Schroer, **HCS HB 301, as amended**, was adopted.

On motion of Representative Schroer, **HCS HB 301, as amended**, was ordered perfected and printed.

SIGNING OF HOUSE BILL

All other business of the House was suspended while **HB 77** was read at length and, there being no objection, was signed by the Speaker to the end that the same may become law.

Having been duly signed in open session of the Senate, **HB 77** was delivered to the Governor by the Chief Clerk of the House.

HB 873, relating to the designation of a memorial highway, was taken up by Representative Riggs.

On motion of Representative Riggs, the title of **HB 873** was agreed to.

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

House Amendment No. 1

AMEND House Bill No. 873, Page 1, Section 227.453, Line 5, by inserting after all of said section and line the following:

"227.549. The portion of State Highway P from Dove Nest Lane continuing east to State Highway M in St. Charles County shall be designated as "Waylon Jennings Memorial Highway". Costs for such designation shall be paid by private donations."; and

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

Representative Taylor assumed the Chair.

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

On motion of Representative Riggs, **HB 873, as amended**, was ordered perfected and printed.

HCS HB 1127, relating to Missouri bourbon whiskey, was taken up by Representative Porter.

On motion of Representative Porter, the title of **HCS HB 1127** was agreed to.

Representative Roden raised a point of order that a member was in violation of Rule 89.

The Chair advised members to refrain from naming other members in debate.

On motion of Representative Porter, **HCS HB 1127** was adopted.

On motion of Representative Porter, **HCS HB 1127** was ordered perfected and printed.

HB 942, relating to solicitation and marketing practices of a multiple employer welfare association, was taken up by Representative Wiemann.

On motion of Representative Wiemann, the title of **HB 942** was agreed to.

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

House Amendment No. 1

AMEND House Bill No. 942, Page 1, Section 376.1040, Line 1, by inserting after the number, "376.1040." the number, "**1.**"; and

Further amend said page and section, Line 5, by inserting after all of said line the following:

"2. A health carrier acting as an administrator for a multiple employer self insured health plan shall permit any willing licensed broker to quote, sell, solicit, or market such plan to the extent permitted by this section; provided that such broker is appointed and in good standing with the health carrier and completes all required training."; and

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

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

On motion of Representative Wiemann, **HB 942, as amended**, was ordered perfected and printed.

HB 83, relating to short-term major medical policies, was taken up by Representative Hill.

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

House Amendment No. 1

AMEND House Bill No. 83, Page 1, In the Title, Lines 6 and 7, by deleting the words, "short-term major medical policies" and inserting in lieu thereof the words, "health insurance"; and

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

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

Representative Price raised a point of order that a member was in violation of Rule 85.

The Chair advised members to direct their remarks to the Speaker's dais.

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

House Amendment No. 2

AMEND House Bill No. 83, Page 10, Section 376.454, Line 59, by inserting after all of said line the following:

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

- (1) "Emergency medical condition", the same meaning given to such term in section 376.1350;
- (2) "Facility", the same meaning given to such term in section 376.1350;
- (3) "Health care professional", the same meaning given to such term in section 376.1350;

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

(5) "Unanticipated out-of-network care", health care services received by a patient in an in-network facility from an out-of-network health care professional from the time the patient presents with an emergency medical condition until the time the patient is discharged.

2. (1) Health care professionals ~~may~~ **shall** send any claim for charges incurred for unanticipated out-of-network care to the patient's health carrier within one hundred eighty days of the delivery of the unanticipated out-of-network care on a U.S. Centers of Medicare and Medicaid Services Form 1500, or its successor form, or electronically using the 837 HIPAA format, or its successor.

(2) Within forty-five processing days, as defined in section 376.383, of receiving the health care professional's claim, the health carrier shall offer to pay the health care professional a reasonable reimbursement for unanticipated out-of-network care based on the health care professional's services. If the health care professional participates in one or more of the carrier's commercial networks, the offer of reimbursement for unanticipated out-of-network care shall be the amount from the network which has the highest reimbursement.

(3) If the health care professional declines the health carrier's initial offer of reimbursement, the health carrier and health care professional shall have sixty days from the date of the initial offer of reimbursement to negotiate in good faith to attempt to determine the reimbursement for the unanticipated out-of-network care.

(4) If the health carrier and health care professional do not agree to a reimbursement amount by the end of the sixty-day negotiation period, the dispute shall be resolved through an arbitration process as specified in subsection 4 of this section.

(5) To initiate arbitration proceedings, either the health carrier or health care professional must provide written notification to the director and the other party within one hundred twenty days of the end of the negotiation period, indicating their intent to arbitrate the matter and notifying the director of the billed amount and the date and amount of the final offer by each party. A claim for unanticipated out-of-network care may be resolved between the parties at any point prior to the commencement of the arbitration proceedings. Claims may be combined for purposes of arbitration, but only to the extent the claims represent similar circumstances and services provided by the same health care professional, and the parties attempted to resolve the dispute in accordance with subdivisions (3) to (5) of this subsection.

(6) No health care professional who sends a claim to a health carrier under subsection 2 of this section shall send a bill to the patient for any difference between the reimbursement rate as determined under this subsection and the health care professional's billed charge.

3. (1) When unanticipated out-of-network care is provided, the health care professional who sends a claim to a health carrier under subsection 2 of this section may bill a patient for no more than the cost-sharing requirements described under this section.

(2) Cost-sharing requirements shall be based on the reimbursement amount as determined under subsection 2 of this section.

(3) The patient's health carrier shall inform the health care professional of its enrollee's cost-sharing requirements within forty-five processing days of receiving a claim from the health care professional for services provided.

(4) The in-network deductible and out-of-pocket maximum cost-sharing requirements shall apply to the claim for the unanticipated out-of-network care.

4. The director shall ensure access to an external arbitration process when a health care professional and health carrier cannot agree to a reimbursement under subdivision (3) of subsection 2 of this section. In order to ensure access, when notified of a parties' intent to arbitrate, the director shall randomly select an arbitrator for each case from the department's approved list of arbitrators or entities that provide binding arbitration. The director shall specify the criteria for an approved arbitrator or entity by rule. The costs of arbitration shall be shared equally between and will be directly billed to the health care professional and health carrier. These costs will include, but are not limited to, reasonable time necessary for the arbitrator to review materials in preparation for the arbitration, travel expenses and reasonable time following the arbitration for drafting of the final decision.

5. At the conclusion of such arbitration process, the arbitrator shall issue a final decision, which shall be binding on all parties. The arbitrator shall provide a copy of the final decision to the director. The initial request for arbitration, all correspondence and documents received by the department and the final arbitration decision shall be considered a closed record under section 374.071. However, the director may release aggregated summary data regarding the arbitration process. The decision of the arbitrator shall not be considered an agency decision nor shall it be considered a contested case within the meaning of section 536.010.

6. The arbitrator shall determine a dollar amount due under subsection 2 of this section between one hundred twenty percent of the Medicare-allowed amount and the seventieth percentile of the usual and customary rate for the unanticipated out-of-network care, as determined by benchmarks from independent nonprofit organizations that are not affiliated with insurance carriers or provider organizations.

7. When determining a reasonable reimbursement rate, the arbitrator shall consider the following factors if the health care professional believes the payment offered for the unanticipated out-of-network care does not properly recognize:

- (1) The health care professional's training, education, or experience;
- (2) The nature of the service provided;
- (3) The health care professional's usual charge for comparable services provided;
- (4) The circumstances and complexity of the particular case, including the time and place the services were provided; and
- (5) The average contracted rate for comparable services provided in the same geographic area.

8. The enrollee shall not be required to participate in the arbitration process. The health care professional and health carrier shall execute a nondisclosure agreement prior to engaging in an arbitration under this section.

9. ~~[This section shall take effect on January 1, 2019.~~

~~10.]~~ The department of insurance, financial institutions and professional registration may promulgate rules and fees as necessary to implement the provisions of this section, including but not limited to procedural requirements for arbitration. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void."; and

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

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

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

House Amendment No. 3

AMEND House Bill No. 83, Page 43, Section 376.1900, Line 52, by inserting after all of said line the following:

"Section 1. No health carrier, as defined in section 376.1350, can deny a low contrast computed tomographic (CT) for any firefighter who has been referred after a blood test for cancer that has been found to show markers that may indicate cancer."; and

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

House Amendment No. 3 was withdrawn.

Speaker Haahr resumed the Chair.

On motion of Representative Hill, **HB 83, as amended**, was ordered perfected and printed by the following vote, the ayes and noes having been demanded by Representative Hill:

AYES: 101

Allred	Anderson	Andrews	Baker	Bangert
Baringer	Basye	Billington	Black 137	Black 7
Bromley	Burns	Busick	Butz	Christofanelli
Coleman 32	Coleman 97	Deaton	DeGroot	Dinkins

Dogan	Dohrman	Eggleston	Ellebracht	Eslinger
Evans	Falkner III	Fitzwater	Francis	Gannon
Green	Gregory	Griesheimer	Griffith	Haden
Haffner	Hannegan	Hansen	Helms	Henderson
Hill	Houx	Hovis	Hudson	Justus
Kelley 127	Kelly 141	Knight	Kolkmeyer	Lovasco
Love	Lynch	Mayhew	McGaugh	McGirl
Messenger	Miller	Morris 140	Morse 151	Murphy
Neely	O'Donnell	Pfautsch	Pietzman	Pike
Pollitt 52	Pollock 123	Porter	Reedy	Rehder
Toalson Reisch	Remole	Richey	Riggs	Roberts 161
Roden	Rone	Rowland	Ruth	Schnelting
Sharpe	Shaul 113	Shawan	Shields	Simmons
Solon	Sommer	Spencer	Stacy	Stephens 128
Swan	Tate	Taylor	Trent	Veit
Walsh	Wiemann	Wilson	Wood	Wright

NOES: 038

Appelbaum	Barnes	Beck	Bosley	Brown 27
Brown 70	Burnett	Carpenter	Clemens	Ellington
Franks Jr.	Hurst	Ingle	Kendrick	Lavender
Mackey	McCreery	McDaniel	McGee	Merideth
Mitten	Morgan	Mosley	Pierson Jr.	Pogue
Price	Proudie	Quade	Razer	Roberts 77
Rogers	Runions	Sain	Sauls	Stevens 46
Unsicker	Washington	Windham		

PRESENT: 000

ABSENT WITH LEAVE: 022

Bailey	Bland Manlove	Bondon	Carter	Chappelle-Nadal
Chipman	Fishel	Gray	Grier	Hicks
Kidd	Moon	Muntzel	Patterson	Plocher
Roeber	Ross	Schroer	Shull 16	Smith
Vescovo	Walker			

VACANCIES: 002

HB 705, relating to prohibited uses of occupational fees, was taken up by Representative Helms.

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

House Amendment No. 1

AMEND House Bill No. 705, Page 1, In the Title, Lines 2 and 3, by deleting the words "prohibited uses of occupational fees" and inserting in lieu thereof the words "professional registration"; and

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

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

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

House Amendment No. 2

AMEND House Bill No. 705, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates otherwise, the following terms shall mean:

(1) "Advanced practice registered nurse", a person licensed to practice as an advanced practice registered nurse under chapter 335, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(2) "Assistant physician", as such term is defined in section 334.036, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(3) "Dead body", a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred;

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

(5) "Final disposition", the burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or fetus;

(6) "Institution", any establishment, public or private, which provides inpatient or outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary care, or to which persons are committed by law;

(7) "Live birth", the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached;

(8) "Physician", a person authorized or licensed to practice medicine or osteopathy pursuant to chapter 334;

(9) "Physician assistant", a person licensed to practice as a physician assistant pursuant to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a ~~supervision agreement~~ **collaborative practice arrangement** under chapter 334;

(10) "Spontaneous fetal death", a noninduced death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles;

(11) "State registrar", state registrar of vital statistics of the state of Missouri;

(12) "System of vital statistics", the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by sections 193.005 to 193.325 and section 194.060; and activities related thereto including the tabulation, analysis and publication of vital statistics;

(13) "Vital records", certificates or reports of birth, death, marriage, dissolution of marriage and data related thereto;

(14) "Vital statistics", the data derived from certificates and reports of birth, death, spontaneous fetal death, marriage, dissolution of marriage and related reports.

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial container unless such container bears a label containing an identifying symbol for such substance in accordance with federal laws.

2. It shall be unlawful for any manufacturer of any controlled substance to distribute such substance unless the labeling thereof conforms to the requirements of federal law and contains the identifying symbol required in subsection 1 of this section.

3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such narcotic or dangerous drug to any person other than the patient.

4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the manufacturer or wholesaler shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind, and form of controlled substance contained therein. No person except a pharmacist for the purpose of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in which such drug is sold or dispensed a label showing his or her own name and address of the pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or veterinarian by whom the prescription was written; the name of the collaborating physician if the prescription is written by an advanced practice registered nurse or ~~the supervising physician if the prescription is written by~~ a physician assistant, and such directions as may be stated on the prescription. No person shall alter, deface, or remove any label so affixed."; and

Further amend said bill and page, Section 324.035, Line 4, by inserting after all of said section and line the following:

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

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

- (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the assistant physician;
- (2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the assistant physician to prescribe;
- (3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an assistant physician and have the right to see the collaborating physician;
- (4) All specialty or board certifications of the collaborating physician and all certifications of the assistant physician;
- (5) The manner of collaboration between the collaborating physician and the assistant physician, including how the collaborating physician and the assistant physician shall:
 - (a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;
 - (b) Maintain geographic proximity; except, the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain documentation related to such requirement and present it to the state board of registration for the healing arts when requested; and
 - (c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;
- (6) A description of the assistant physician's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the assistant physician to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;
- (7) A list of all other written practice agreements of the collaborating physician and the assistant physician;
- (8) The duration of the written practice agreement between the collaborating physician and the assistant physician;
- (9) A description of the time and manner of the collaborating physician's review of the assistant physician's delivery of health care services. The description shall include provisions that the assistant physician shall submit a minimum of ten percent of the charts documenting the assistant physician's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

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

3. The state board of registration for the healing arts under section 334.125 shall promulgate rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules shall specify:

(1) Geographic areas to be covered;

(2) The methods of treatment that may be covered by collaborative practice arrangements;

(3) In conjunction with deans of medical schools and primary care residency program directors in the state, the development and implementation of educational methods and programs undertaken during the collaborative practice service which shall facilitate the advancement of the assistant physician's medical knowledge and capabilities, and which may lead to credit toward a future residency program for programs that deem such documented educational achievements acceptable; and

(4) The requirements for review of services provided under collaborative practice arrangements, including delegating authority to prescribe controlled substances.

Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. The state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008.

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician provided the provisions of this section and the rules promulgated thereunder are satisfied.

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

6. A collaborating physician ~~[or supervising physician]~~ shall not enter into a collaborative practice arrangement ~~[or supervision agreement]~~ with more than six full-time equivalent assistant physicians, full-time equivalent physician assistants, or full-time equivalent advance practice registered nurses, or any combination thereof. Such limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. No rule or regulation shall require the collaborating physician to review more than ten percent of the assistant physician's patient charts or records during such one-month period. Such limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

9. No contract or other agreement shall require a physician to act as a collaborating physician for an assistant physician against the physician's will. A physician shall have the right to refuse to act as a collaborating

physician, without penalty, for a particular assistant physician. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any assistant physician, but such requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by a hospital's medical staff.

10. No contract or other agreement shall require any assistant physician to serve as a collaborating assistant physician for any collaborating physician against the assistant physician's will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a particular physician.

11. All collaborating physicians and assistant physicians in collaborative practice arrangements shall wear identification badges while acting within the scope of their collaborative practice arrangement. The identification badges shall prominently display the licensure status of such collaborating physicians and assistant physicians.

12. (1) An assistant physician with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

(2) The collaborating physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the assistant physician during which the assistant physician shall practice with the collaborating physician on-site prior to prescribing controlled substances when the collaborating physician is not on-site. Such limitation shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

(3) An assistant physician shall receive a certificate of controlled substance prescriptive authority from the state board of registration for the healing arts upon verification of licensure under section 334.036.

13. Nothing in this section or section 334.036 shall be construed to limit the authority of hospitals or hospital medical staff to make employment or medical staff credentialing or privileging decisions.

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

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

3. The written collaborative practice arrangement shall contain at least the following provisions:
 - (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;
 - (2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;
 - (3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;
 - (4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;
 - (5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:
 - (a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;
 - (b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and
 - (c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;
 - (6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;
 - (7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;
 - (8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;
 - (9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and
 - (10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics.

The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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

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

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

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

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

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment through telemedicine, as defined in section 191.1145, or the internet, a physician shall establish a valid physician-patient relationship as described in section 191.1146. This relationship shall include:

(1) Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;

(2) Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;

(3) If appropriate, following up with the patient to assess the therapeutic outcome;

(4) Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and

(5) Maintaining the electronic prescription information as part of the patient's medical record.

2. The requirements of subsection 1 of this section may be satisfied by the prescribing physician's designee when treatment is provided in:

(1) A hospital as defined in section 197.020;

(2) A hospice program as defined in section 197.250;

(3) Home health services provided by a home health agency as defined in section 197.400;

(4) Accordance with a collaborative practice agreement as defined in section 334.104;

(5) Conjunction with a physician assistant licensed pursuant to section 334.738;

(6) Conjunction with an assistant physician licensed under section 334.036;

(7) Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or

(8) On-call or cross-coverage situations.

3. No health care provider, as defined in section 376.1350, shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician~~[-]~~ **or** such physician's on-call designee, **or** an advanced practice registered nurse, **a physician assistant, or an assistant physician** in a collaborative practice arrangement with such physician, ~~[a physician assistant in a supervision agreement with such physician, or an assistant physician in a supervision agreement with such physician]~~ may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

4. No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

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

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

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

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

(4) **"Collaborative practice arrangement", written agreements, jointly agreed upon protocols, or Standing orders, all of which shall be in writing, for the delivery of health care services;**

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

~~(5)~~ (6) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;

~~(6)~~ (7) "Physician assistant", a person who has graduated from a physician assistant program accredited by the ~~[American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency]~~ **Accreditation Review Commission on Education for the Physician Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs**, who has passed the certifying examination administered by

the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

~~[(7)]~~ (8) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;

~~[(8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.~~

~~2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, within a geographic proximity to be determined by the board of registration for the healing arts.~~

~~(2) For a physician-physician assistant team working in a certified community behavioral health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision requirements in addition to the minimum federal law shall be required.~~

~~3.]~~ 2. The scope of practice of a physician assistant shall consist only of the following services and procedures:

- (1) Taking patient histories;
- (2) Performing physical examinations of a patient;
- (3) Performing or assisting in the performance of routine office laboratory and patient screening

procedures;

- (4) Performing routine therapeutic procedures;
- (5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to

institute treatment procedures;

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

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

- (8) Assisting in surgery; **and**

(9) Performing such other tasks not prohibited by law under the ~~supervision of~~ **collaborative practice arrangement with** a licensed physician as the physician~~s~~ assistant has been trained and is proficient to perform~~];~~ **and**

~~(10)]~~ .

3. Physician assistants shall not perform or prescribe abortions.

4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a ~~physician supervision agreement~~ **collaborative practice arrangement** in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician

assistant shall be pursuant to a ~~[physician assistant supervision agreement]~~ **collaborative practice arrangement** which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

- (1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;
- (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the ~~[supervising]~~ **collaborating** physician;
- (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;
- (4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and
- (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the ~~[supervising]~~ **collaborating** physician is not qualified or authorized to prescribe.

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

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

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

- ~~_____ (1) Complete names, home and business addresses, zip codes, telephone numbers, and state license numbers of the supervising physician and the physician assistant;~~
- ~~_____ (2) A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;~~
- ~~_____ (3) All specialty or board certifications of the supervising physician;~~
- ~~_____ (4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:~~
 - ~~_____ (a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and~~
 - ~~_____ (b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;~~
- ~~_____ (5) The duration of the supervision agreement between the supervising physician and physician assistant; and~~
- ~~_____ (6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.~~

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

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

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

~~11.]~~ **8. A physician may enter into collaborative practice arrangements with physician assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a physician assistant the authority to prescribe, administer, or dispense drugs and provide treatment which is within the skill, training, and competence of the physician assistant. Collaborative practice arrangements may delegate to a physician assistant, as defined in section 334.735, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of health care services.**

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

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

(2) A list of all other offices or locations, other than those listed in subdivision (1) of this subsection, where the collaborating physician has authorized the physician assistant to prescribe;

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

(4) All specialty or board certifications of the collaborating physician and all certifications of the physician assistant;

(5) The manner of collaboration between the collaborating physician and the physician assistant, including how the collaborating physician and the physician assistant will:

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

(b) Maintain geographic proximity, as determined by the board of registration for the healing arts; and

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

(6) A list of all other written collaborative practice arrangements of the collaborating physician and the physician assistant;

(7) The duration of the written practice arrangement between the collaborating physician and the physician assistant;

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

(9) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the physician assistant prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (8) of this subsection; and

(10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined

by Pub.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended.

10. The state board of registration for the healing arts under section 334.125 may promulgate rules regulating the use of collaborative practice arrangements.

11. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to a physician assistant, provided that the provisions of this section and the rules promulgated thereunder are satisfied.

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

13. The collaborating physician shall determine and document the completion of a period of time during which the physician assistant shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2009.

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

~~12-]~~ 15. Physician assistants shall file with the ~~board~~ a copy of their ~~supervising~~ collaborating physician form.

~~13-]~~ 16. No physician shall be designated to serve as ~~supervising physician or~~ a collaborating physician for more than six full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician assistant ~~agreements~~ collaborative practice arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

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

334.736. Notwithstanding any other provision of sections 334.735 to 334.749, the board may issue without examination a temporary license to practice as a physician assistant. Upon the applicant paying a temporary license fee and the submission of all necessary documents as determined by the board, the board may grant a temporary license to any person who meets the qualifications provided in ~~section~~ sections 334.735 to 334.749 which shall be valid until the results of the next examination are announced. The temporary license may be renewed at the discretion of the board and upon payment of the temporary license fee.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a ~~supervision agreement~~ collaborative practice arrangement. Such authority shall be listed on the ~~supervision-verification~~ collaborating physician form on file with the state board of healing arts. The ~~supervising~~ collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that

the physician assistant is permitted to prescribe. Any limitations shall be listed on the **[supervision] collaborating physician** form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a **[supervision agreement] collaborative practice arrangement** are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the **[supervising] collaborating** physician. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The **[supervising] collaborating** physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the **[supervising] collaborating** physician on-site prior to prescribing controlled substances when the **[supervising] collaborating** physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such requirement;

(2) Completion of a minimum of three hundred clock hours of clinical training by the **[supervising] collaborating** physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;

(4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a **[supervising] collaborating** physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

334.749. 1. There is hereby established an "Advisory Commission for Physician Assistants" which shall guide, advise and make recommendations to the board. The commission shall also be responsible for the ongoing examination of the scope of practice and promoting the continuing role of physician assistants in the delivery of health care services. The commission shall assist the board in carrying out the provisions of sections 334.735 to 334.749.

2. The commission shall be appointed no later than October 1, 1996, and shall consist of five members, one member of the board, two licensed physician assistants, one physician and one lay member. The two licensed physician assistant members, the physician member and the lay member shall be appointed by the director of the division of professional registration. Each licensed physician assistant member shall be a citizen of the United States and a resident of this state, and shall be licensed as a physician assistant by this state. The physician member shall be a United States citizen, a resident of this state, have an active Missouri license to practice medicine in this state and shall be a **[supervising] collaborating** physician, at the time of appointment, to a licensed physician assistant. The lay member shall be a United States citizen and a resident of this state. The licensed physician assistant members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year and one member whose term shall be for two years. The physician member and lay member shall each be appointed to serve a three-year term. No physician assistant member nor the physician member shall be appointed for more than two consecutive three-year terms. The president of the Missouri Academy of Physicians Assistants in office at the time shall, at least ninety days prior to the expiration of a term of a physician assistant member of a commission member or as soon as feasible after such a vacancy on the commission otherwise occurs, submit to the director of the division of professional registration a list

of five physician assistants qualified and willing to fill the vacancy in question, with the request and recommendation that the director appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri Academy of Physicians Assistants shall include in his or her letter of transmittal a description of the method by which the names were chosen by that association.

3. Notwithstanding any other provision of law to the contrary, any appointed member of the commission shall receive as compensation an amount established by the director of the division of professional registration not to exceed seventy dollars per day for commission business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment. All staff for the commission shall be provided by the state board of registration for the healing arts.

4. The commission shall hold an open annual meeting at which time it shall elect from its membership a chairman and secretary. The commission may hold such additional meetings as may be required in the performance of its duties, provided that notice of every meeting shall be given to each member at least ten days prior to the date of the meeting. A quorum of the commission shall consist of a majority of its members.

5. On August 28, 1998, all members of the advisory commission for registered physician assistants shall become members of the advisory commission for physician assistants and their successor shall be appointed in the same manner and at the time their terms would have expired as members of the advisory commission for registered physician assistants.

337.050. 1. There is hereby created and established a "State Committee of Psychologists", which shall consist of seven licensed psychologists and one public member. The state committee of psychologists existing on August 28, 1989, is abolished. Nothing in this section shall be construed to prevent the appointment of any current member of the state committee of psychologists to the new state committee of psychologists created on August 28, 1989.

2. Appointments to the committee shall be made by the governor upon the recommendations of the director of the division, upon the advice and consent of the senate. The division, prior to submitting nominations, shall solicit nominees from professional psychological associations and licensed psychologists in the state. The term of office for committee members shall be five years, and committee members shall not serve more than ten years. No person who has previously served on the committee for ten years shall be eligible for appointment. In making initial appointments to the committee, the governor shall stagger the terms of the appointees so that two members serve initial terms of two years, two members serve initial terms of three years, and two members serve initial terms of four years.

3. Each committee member shall be a resident of the state of Missouri for one year, shall be a United States citizen, and shall, other than the public member, have been licensed as a psychologist in this state for at least three years. Committee members shall reflect a diversity of practice specialties. To ensure adequate representation of the diverse fields of psychology, the committee shall consist of at least two psychologists who are engaged full time in the doctoral teaching and training of psychologists, and at least two psychologists who are engaged full time in the professional practice of psychology. In addition, the first appointment to the committee shall include at least one psychologist who shall be licensed on the basis of a master's degree who shall serve a full term of five years. Nothing in sections 337.010 to 337.090 shall be construed to prohibit full membership rights on the committee for psychologists licensed on the basis of a master's degree. If a member of the committee shall, during the member's term as a committee member, remove the member's domicile from the state of Missouri, then the committee shall immediately notify the director of the division, and the seat of that committee member shall be declared vacant. All such vacancies shall be filled by appointment of the governor with the advice and consent of the senate, and the member so appointed shall serve for the unexpired term of the member whose seat has been declared vacant.

4. The public member shall be at the time of the public member's appointment a citizen of the United States; a resident of this state for a period of one year and a registered voter; a person who is not and never was a member of any profession licensed or regulated pursuant to sections 337.010 to 337.093 or the spouse of such person; and a person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by sections 337.010 to 337.093, or an activity or organization directly related to any profession licensed or regulated pursuant to sections 337.010 to 337.093. The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or a candidate for licensure.

5. The committee shall hold a regular annual meeting at which it shall select from among its members a chairperson and a secretary. A quorum of the committee shall consist of a majority of its members. In the absence of the chairperson, the secretary shall conduct the office of the chairperson.

6. Each member of the committee shall receive, as compensation, an amount set by the division not to exceed fifty dollars for each day devoted to the affairs of the committee and shall be entitled to reimbursement for necessary and actual expenses incurred in the performance of the member's official duties.

7. Staff for the committee shall be provided by the director of the division of professional registration.

8. The governor may remove any member of the committee for misconduct, inefficiency, incompetency, or neglect of office.

9. In addition to the powers set forth elsewhere in sections 337.010 to 337.090, the division may adopt rules and regulations, not otherwise inconsistent with sections 337.010 to 337.090, to carry out the provisions of sections 337.010 to 337.090. The committee may promulgate, by rule, "Ethical Rules of Conduct" governing the practices of psychology which rules shall be based upon the ethical principles promulgated and published by the American Psychological Association.

10. Any rule or portion of a rule, as that term is defined in section 536.010, that is promulgated to administer and enforce sections 337.010 to 337.090, shall become effective only if the agency has fully complied with all of the requirements of chapter 536 including but not limited to section 536.028 if applicable, after August 28, 1998. All rulemaking authority delegated prior to August 28, 1998, is of no force and effect and repealed as of August 28, 1998, however nothing in this act shall be interpreted to repeal or affect the validity of any rule adopted and promulgated prior to August 28, 1998. If the provisions of section 536.028 apply, the provisions of this section are nonseverable and if any of the powers vested with the general assembly pursuant to section 536.028 to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in this act shall affect the validity of any rule adopted and promulgated prior to August 28, 1998.

11. The committee may sue and be sued in its official name, and shall have a seal which shall be affixed to all certified copies or records and papers on file, and to such other instruments as the committee may direct. All courts shall take judicial notice of such seal. Copies of records and proceedings of the committee, and of all papers on file with the division on behalf of the committee certified under the seal shall be received as evidence in all courts of record.

12. When applying for a renewal of a license pursuant to section 337.030, each licensed psychologist shall submit proof of the completion of at least forty hours of continuing education credit within the two-year period immediately preceding the date of the application for renewal of the license, **with a minimum of three of the forty hours of continuing education dedicated to professional ethics**. The type of continuing education to be considered shall include, but not be limited to:

(1) Attending recognized educational seminars, the content of which are primarily psychological, as defined by rule;

(2) Attending a graduate level course at a recognized educational institution where the contents of which are primarily psychological, as defined by rule;

(3) Presenting a recognized educational seminar, the contents of which are primarily psychological, as defined by rule;

(4) Presenting a graduate level course at a recognized educational institution where the contents of which are primarily psychological, as defined by rule; and

(5) Independent course of studies, the contents of which are primarily psychological, which have been approved by the committee and defined by rule.

The committee shall determine by administrative rule the amount of training, instruction, self-instruction or teaching that shall be counted as an hour of continuing education credit.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher, or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol authorized by a physician for a specific patient as authorized by rule; the participation in drug selection according to state law and participation in

drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records thereof; consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices; and the offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy. No person shall engage in the practice of pharmacy unless he is licensed under the provisions of this chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the auxiliary personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the practice of optometry in accordance with and as provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or her own prescriptions.

2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services. The written protocol and the prescription order for a medication therapeutic plan shall come from the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a ~~[supervision agreement]~~ **collaborative practice arrangement** under section 334.735.

3. Nothing in this section shall be construed as to prevent any person, firm or corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed pharmacist is in charge of such pharmacy.

4. Nothing in this section shall be construed to apply to or interfere with the sale of nonprescription drugs and the ordinary household remedies and such drugs or medicines as are normally sold by those engaged in the sale of general merchandise.

5. No health carrier as defined in chapter 376 shall require any physician with which they contract to enter into a written protocol with a pharmacist for medication therapeutic services.

6. This section shall not be construed to allow a pharmacist to diagnose or independently prescribe pharmaceuticals.

7. The state board of registration for the healing arts, under section 334.125, and the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. Such rules shall require protocols to include provisions allowing for timely communication between the pharmacist and the referring physician, and any other patient protection provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither board shall separately promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. 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, 2007, shall be invalid and void.

8. The state board of pharmacy may grant a certificate of medication therapeutic plan authority to a licensed pharmacist who submits proof of successful completion of a board-approved course of academic clinical study beyond a bachelor of science in pharmacy, including but not limited to clinical assessment skills, from a nationally accredited college or university, or a certification of equivalence issued by a nationally recognized professional organization and approved by the board of pharmacy.

9. Any pharmacist who has received a certificate of medication therapeutic plan authority may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by a prescription order from a physician that is specific to each patient for care by a pharmacist.

10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol or the physician's prescription order.

11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent title means a person who has received a doctor's degree in veterinary medicine from an accredited school of veterinary medicine or holds an

Educational Commission for Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

12. In addition to other requirements established by the joint promulgation of rules by the board of pharmacy and the state board of registration for the healing arts:

(1) A pharmacist shall administer vaccines by protocol in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC);

(2) A pharmacist who is administering a vaccine shall request a patient to remain in the pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions. Such pharmacist shall have adopted emergency treatment protocols;

(3) In addition to other requirements by the board, a pharmacist shall receive additional training as required by the board and evidenced by receiving a certificate from the board upon completion, and shall display the certification in his or her pharmacy where vaccines are delivered.

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

- (1) The identity of the patient;
- (2) The identity of the vaccine or vaccines administered;
- (3) The route of administration;
- (4) The anatomic site of the administration;
- (5) The dose administered; and
- (6) The date of administration.

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people are civilly detained pursuant to chapter 632 and no patient, resident or client of a residential facility or day program operated, funded or licensed by the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility, the attending licensed physician, or in the circumstances specifically set forth in this section, by an advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a ~~[supervision agreement]~~ **collaborative practice arrangement**, with the attending licensed physician that the chosen intervention is imminently necessary to protect the health and safety of the patient, resident, client or others and that it provides the least restrictive environment. An advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a ~~[supervision agreement]~~ **collaborative practice arrangement**, with the attending licensed physician may make a determination that the chosen intervention is necessary for patients, residents, or clients of facilities or programs operated by the department, in hospitals as defined in section 197.020 that only provide psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are defined in section 197.020. Any determination made by the advanced practice registered nurse, physician assistant, or assistant physician shall be documented as required in subsection 2 of this section and reviewed in person by the attending licensed physician if the episode of restraint is to extend beyond:

- (1) Four hours duration in the case of a person under eighteen years of age;
- (2) Eight hours duration in the case of a person eighteen years of age or older; or
- (3) For any total length of restraint lasting more than four hours duration in a twenty-four-hour period in the case of a person under eighteen years of age or beyond eight hours duration in the case of a person eighteen years of age or older in a twenty-four-hour period.

The review shall occur prior to the time limit specified under subsection 6 of this section and shall be documented by the licensed physician under subsection 2 of this section.

2. Every use of physical or chemical restraint, isolation or seclusion and the reasons therefor shall be made a part of the clinical record of the patient, resident or client under the signature of the head of the facility, or the attending licensed physician, or the advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a ~~[supervision agreement]~~ **collaborative practice arrangement**, with the attending licensed physician.

3. Physical or chemical restraint, isolation or seclusion shall not be considered standard treatment or habilitation and shall cease as soon as the circumstances causing the need for such action have ended.

4. The use of security escort devices, including devices designed to restrict physical movement, which are used to maintain safety and security and to prevent escape during transport outside of a facility shall not be considered physical restraint within the meaning of this section. Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in security escort devices when transported outside of the facility if it is determined by the head of the facility, or the attending licensed physician, or the advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a ~~supervision agreement~~ **collaborative practice arrangement**, with the attending licensed physician that the use of security escort devices is necessary to protect the health and safety of the patient, resident, client, or other persons or is necessary to prevent escape. Individuals who have been civilly detained under sections 632.480 to 632.513 or committed under chapter 552 shall be placed in security escort devices when transported outside of the facility unless it is determined by the head of the facility, or the attending licensed physician, or the advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a ~~supervision agreement~~ **collaborative practice arrangement**, with the attending licensed physician that security escort devices are not necessary to protect the health and safety of the patient, resident, client, or other persons or is not necessary to prevent escape.

5. Extraordinary measures employed by the head of the facility to ensure the safety and security of patients, residents, clients, and other persons during times of natural or man-made disasters shall not be considered restraint, isolation, or seclusion within the meaning of this section.

6. Orders issued under this section by the advanced practice registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician with a ~~supervision agreement~~ **collaborative practice arrangement**, with the attending licensed physician shall be reviewed in person by the attending licensed physician of the facility within twenty-four hours or the next regular working day of the order being issued, and such review shall be documented in the clinical record of the patient, resident, or client.

7. For purposes of this subsection, “division” shall mean the division of developmental disabilities. Restraint or seclusion shall not be used in habilitation centers or community programs that serve persons with developmental disabilities that are operated or funded by the division unless such procedure is part of an emergency intervention system approved by the division and is identified in such person’s individual support plan. Direct-care staff that serve persons with developmental disabilities in habilitation centers or community programs operated or funded by the division shall be trained in an emergency intervention system approved by the division when such emergency intervention system is identified in a consumer’s individual support plan.

630.875. 1. This section shall be known and may be cited as the "Improved Access to Treatment for Opioid Addictions Act" or "IATOA Act".

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

- (1) "Department", the department of mental health;
- (2) "IATOA program", the improved access to treatment for opioid addictions program created under subsection 3 of this section.

3. Subject to appropriations, the department shall create and oversee an "Improved Access to Treatment for Opioid Addictions Program", which is hereby created and whose purpose is to disseminate information and best practices regarding opioid addiction and to facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate partnerships between assistant physicians, physician assistants, and advanced practice registered nurses practicing in federally qualified health centers, rural health clinics, and other health care facilities and physicians practicing at remote facilities located in this state. The IATOA program shall provide resources that grant patients and their treating assistant physicians, physician assistants, advanced practice registered nurses, or physicians access to knowledge and expertise through means such as telemedicine and Extension for Community Healthcare Outcomes (ECHO) programs established under section 191.1140.

4. Assistant physicians, physician assistants, and advanced practice registered nurses who participate in the IATOA program shall complete the necessary requirements to prescribe buprenorphine within at least thirty days of joining the IATOA program.

5. For the purposes of the IATOA program, a remote collaborating ~~or supervising~~ physician working with an on-site assistant physician, physician assistant, or advanced practice registered nurse shall be considered to be on-site. An assistant physician, physician assistant, or advanced practice registered nurse collaborating with a remote physician shall comply with all laws and requirements applicable to assistant physicians, physician assistants, or advanced practice registered nurses with on-site supervision before providing treatment to a patient.

6. An assistant physician, physician assistant, or advanced practice registered nurse collaborating with a physician who is waiver-certified for the use of buprenorphine may participate in the IATOA program in any area of the state and provide all services and functions of an assistant physician, physician assistant, or advanced practice registered nurse.

7. The department may develop curriculum and benchmark examinations on the subject of opioid addiction and treatment. The department may collaborate with specialists, institutions of higher education, and medical schools for such development. Completion of such a curriculum and passing of such an examination by an assistant physician, physician assistant, advanced practice registered nurse, or physician shall result in a certificate awarded by the department or sponsoring institution, if any.

8. An assistant physician, physician assistant, or advanced practice registered nurse participating in the IATOA program may also:

- (1) Engage in community education;
- (2) Engage in professional education outreach programs with local treatment providers;
- (3) Serve as a liaison to courts;
- (4) Serve as a liaison to addiction support organizations;
- (5) Provide educational outreach to schools;
- (6) Treat physical ailments of patients in an addiction treatment program or considering entering such a program;
- (7) Refer patients to treatment centers;
- (8) Assist patients with court and social service obligations;
- (9) Perform other functions as authorized by the department; and
- (10) Provide mental health services in collaboration with a qualified licensed physician.

The list of authorizations in this subsection is a nonexclusive list, and assistant physicians, physician assistants, or advanced practice registered nurses participating in the IATOA program may perform other actions.

9. When an overdose survivor arrives in the emergency department, the assistant physician, physician assistant, or advanced practice registered nurse serving as a recovery coach or, if the assistant physician, physician assistant, or advanced practice registered nurse is unavailable, another properly trained recovery coach shall, when reasonably practicable, meet with the overdose survivor and provide treatment options and support available to the overdose survivor. The department shall assist recovery coaches in providing treatment options and support to overdose survivors.

10. The provisions of this section shall supersede any contradictory statutes, rules, or regulations. The department shall implement the improved access to treatment for opioid addictions program as soon as reasonably possible using guidance within this section. Further refinement to the improved access to treatment for opioid addictions program may be done through the rules process.

11. The department shall promulgate rules to implement the provisions of the improved access to treatment for opioid addictions act as soon as reasonably possible. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void."; and

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

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

On motion of Representative Helms, **HB 705, as amended**, was ordered perfected and printed.

On motion of Representative Eggleston, the House recessed until 2:10 p.m.

AFTERNOON SESSION

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

Representative Vescovo suggested the absence of a quorum.

The following roll call indicated a quorum present:

AYES: 043

Bailey	Basye	Black 137	Black 7	Brown 27
Burns	Busick	Butz	Coleman 97	DeGroot
Eslinger	Gannon	Haden	Haffner	Henderson
Hurst	Justus	Kelley 127	Kidd	Lovasco
McGaugh	McGirl	Morse 151	Murphy	Patterson
Pfautsch	Pike	Pogue	Pollock 123	Porter
Reedy	Toalson Reisch	Remole	Richey	Riggs
Roberts 161	Solon	Spencer	Stephens 128	Taylor
Veit	Walsh	Wright		

NOES: 002

Fitzwater	Gregory
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PRESENT: 059

Allred	Anderson	Andrews	Appelbaum	Baker
Baringer	Barnes	Beck	Billington	Bromley
Chipman	Clemens	Deaton	Dohrman	Eggleston
Evans	Falkner III	Fishel	Franks Jr.	Gray
Griesheimer	Griffith	Hannegan	Helms	Hicks
Hill	Houx	Hudson	Ingle	Kolkmeier
Lynch	Mayhew	McCreery	McGee	Merideth
Mitten	Moon	Morgan	O'Donnell	Pollitt 52
Roberts 77	Roden	Ruth	Schroer	Sharpe
Shaul 113	Shawan	Shields	Simmons	Stacy
Swan	Tate	Trent	Unsicker	Vescovo
Washington	Wiemann	Wood	Mr. Speaker	

ABSENT WITH LEAVE: 057

Bangert	Bland Manlove	Bondon	Bosley	Brown 70
Burnett	Carpenter	Carter	Chappelle-Nadal	Christofanelli
Coleman 32	Dinkins	Dogan	Ellebracht	Ellington
Francis	Green	Grier	Hansen	Hovis
Kelly 141	Kendrick	Knight	Lavender	Love
Mackey	McDaniel	Messenger	Miller	Morris 140
Mosley	Muntzel	Neely	Pierson Jr.	Pietzman
Plocher	Price	Proudie	Quade	Razer
Rehder	Roeber	Rogers	Rone	Ross
Rowland	Runions	Sain	Sauls	Schnelting
Shull 16	Smith	Sommer	Stevens 46	Walker
Wilson	Windham			

VACANCIES: 002

THIRD READING OF HOUSE CONCURRENT RESOLUTIONS

HCR 6, relating to Victims of Communism Memorial Day, was taken up by Representative Chipman.

On motion of Representative Chipman, the title of **HCR 6** was agreed to.

Speaker Pro Tem Wiemann assumed the Chair.

Representative Eggleston moved the previous question.

Which motion was adopted by the following vote:

AYES: 100

Allred	Anderson	Andrews	Bailey	Baker
Basye	Billington	Black 137	Black 7	Bondon
Bromley	Busick	Chipman	Christofanelli	Coleman 97
Deaton	DeGroot	Dinkins	Dogan	Dohrman
Eggleston	Eslinger	Evans	Falkner III	Fishel
Francis	Gannon	Gregory	Grier	Griffith
Haden	Haffner	Hannegan	Hansen	Helms
Henderson	Hill	Houx	Hovis	Hudson
Hurst	Justus	Kelley 127	Kelly 141	Kidd
Knight	Kolkmeyer	Lovasco	Love	Lynch
Mayhew	McDaniel	McGaugh	McGill	Messenger
Morris 140	Morse 151	Murphy	O'Donnell	Patterson
Pfautsch	Pietzman	Pike	Pogue	Pollitt 52
Pollock 123	Porter	Reedy	Rehder	Toalson Reisch
Remole	Richey	Riggs	Roberts 161	Roden
Rone	Schnelting	Schroer	Sharpe	Shawan
Shields	Simmons	Smith	Solon	Sommer
Spencer	Stacy	Stephens 128	Swan	Tate
Taylor	Trent	Veit	Vescovo	Walsh
Wiemann	Wilson	Wood	Wright	Mr. Speaker

NOES: 043

Appelbaum	Bangert	Baringer	Barnes	Beck
Bland Manlove	Bosley	Brown 27	Brown 70	Burnett
Burns	Butz	Carpenter	Chappelle-Nadal	Clemens
Ellebracht	Ellington	Franks Jr.	Gray	Green
Ingle	Kendrick	Lavender	Mackey	McCreery
McGee	Merideth	Mitten	Morgan	Mosley
Pierson Jr.	Price	Quade	Razer	Roberts 77
Rogers	Rowland	Runions	Sain	Sauls
Unsicker	Washington	Windham		

PRESENT: 000

ABSENT WITH LEAVE: 018

Carter	Coleman 32	Fitzwater	Griesheimer	Hicks
Miller	Moon	Muntzel	Neely	Plocher

Proudie	Roerber	Ross	Ruth	Shaul 113
Shull 16	Stevens 46	Walker		

VACANCIES: 002

Speaker Haahr resumed the Chair.

On motion of Representative Chipman, **HCR 6** was read the third time and passed by the following vote:

AYES: 102

Allred	Anderson	Andrews	Bailey	Baker
Basye	Billington	Black 137	Black 7	Bondon
Bromley	Busick	Chipman	Christofanelli	Coleman 32
Deaton	DeGroot	Dinkins	Dogan	Dohrman
Eggleston	Eslinger	Evans	Falkner III	Fishel
Francis	Gannon	Gregory	Griffith	Haden
Haffner	Hannegan	Hansen	Helms	Henderson
Hicks	Hill	Houx	Hovis	Hudson
Hurst	Ingle	Justus	Kelley 127	Kelly 141
Kendrick	Kidd	Knight	Kolkmeier	Lovasco
Love	Lynch	Mayhew	McGaugh	McGill
Messenger	Morris 140	Morse 151	Murphy	O'Donnell
Pfautsch	Pietzman	Pike	Pogue	Pollitt 52
Pollock 123	Porter	Reedy	Rehder	Toalson Reisch
Remole	Richey	Riggs	Roberts 161	Roden
Rogers	Rone	Rowland	Sain	Schnelting
Schroer	Sharpe	Shaul 113	Shawan	Shields
Simmons	Smith	Solon	Sommer	Spencer
Stephens 128	Swan	Tate	Taylor	Trent
Vescovo	Walsh	Wiemann	Wilson	Wood
Wright	Mr. Speaker			

NOES: 025

Appelbaum	Bangert	Baringer	Barnes	Burnett
Burns	Butz	Carpenter	Chappelle-Nadal	Clemens
Gray	Lavender	Mackey	McCreery	McDaniel
McGee	Merideth	Moon	Morgan	Pierson Jr.
Price	Quade	Roberts 77	Runions	Washington

PRESENT: 006

Brown 27	Green	Grier	Mitten	Sauls
Veit				

ABSENT WITH LEAVE: 028

Beck	Bland Manlove	Bosley	Brown 70	Carter
Coleman 97	Ellebracht	Ellington	Fitzwater	Franks Jr.
Griesheimer	Miller	Mosley	Muntzel	Neely
Patterson	Plocher	Proudie	Razer	Roeber
Ross	Ruth	Shull 16	Stacy	Stevens 46
Unsicker	Walker	Windham		

VACANCIES: 002

Speaker Haahr declared the bill passed.

PERFECTION OF HOUSE BILLS - INFORMAL

HB 65, relating to powdered alcohol, was taken up by Representative Pike.

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

House Amendment No. 1

AMEND House Bill No. 65, Page 1, In the Title, Line 3, by deleting the words "powdered alcohol" and inserting in lieu thereof the words "intoxicating liquor"; and

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

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

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

House Amendment No. 2

AMEND House Bill No. 65, Page 1, Section 311.020, Line 10, by inserting after said section and line the following:

"311.198. 1. Notwithstanding any other provision of law, rule, or regulation to the contrary, a brewer may lease to the retail licensee and the retail licensee may accept portable refrigeration units at a total lease value equal to the cost of the unit to the brewer plus two percent of the total lease value as of the execution of the lease. Such portable refrigeration units shall remain the property of the brewer. The brewer may also enter into lease agreements with wholesalers, who may enter into sublease agreements with retail licensees in which the value contained in the sublease is equal to the unit cost to the brewer plus two percent of the total lease value as of the execution of the lease. If the lease agreement is with a wholesaler, the portable refrigeration units shall become the property of the wholesaler at the end of the lease period, which is to be defined between the brewer and the wholesaler. A wholesaler may not directly or indirectly fund the cost or maintenance of the portable refrigeration units. Brewers shall be responsible for maintaining adequate records of retailer payments to be able to verify fulfillment of lease agreements. No portable refrigeration unit may exceed forty cubic feet in storage space. A brewer may lease, or wholesaler may sublease, not more than one portable refrigeration unit per retail location. Such portable refrigeration unit may bear in a conspicuous manner substantial advertising matter about a product or products of the brewer and shall be visible to consumers inside the retail outlet. Notwithstanding any other provision of law, rule, regulation, or lease to the contrary, the retail licensee is hereby authorized to stock, display, and sell any product in and from the portable refrigeration units. No dispensing equipment shall be attached to a leased portable refrigeration unit, and no beer, wine, or intoxicating liquor shall be dispensed directly from a leased portable refrigeration unit. Any brewer or wholesaler that provides portable refrigeration units shall within thirty days thereafter notify the division of alcohol and tobacco control on forms designated by the division of the location, lease terms, and total cubic storage space of the units. The division is hereby given authority, including rulemaking authority, to enforce this section and to ensure compliance by having access to and copies of lease, payment, and portable refrigeration unit records and information.

2. Any lease or sublease executed under this section shall not exceed five years in duration and shall not contain any provision allowing for or requiring the automatic renewal of the lease or sublease.

3. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after January 1, 2017, shall be invalid and void.

4. This section shall expire on January 1, ~~[2020]~~ **2026**. Any lease or sublease executed under this section prior to January 1, ~~[2020]~~ **2026**, shall remain in effect until the expiration of such lease or sublease.

311.300. 1. Except as provided in ~~[subsections 2, 3 and 4 of]~~ this section, no person under the age of twenty-one years shall sell or assist in the sale or dispensing of intoxicating liquor.

2. In any place of business licensed in accordance with section 311.200, persons at least eighteen years of age may stock, arrange displays, operate the cash register or scanner connected to a cash register and accept payment for, and sack for carryout, intoxicating liquor. Delivery of intoxicating liquor away from the licensed business premises cannot be performed by anyone under the age of twenty-one years. Any licensee who employs any person under the age of twenty-one years, as authorized by this subsection, shall, when at least fifty percent of the licensee's gross sales does not consist of nonalcoholic sales, have an employee twenty-one years of age or older on the licensed premises during all hours of operation.

3. In any distillery, warehouse, wholesale distributorship, or similar place of business which stores or distributes intoxicating liquor but which does not sell intoxicating liquor at retail, persons at least eighteen years of age may be employed and their duties may include the handling of intoxicating liquor for all purposes except consumption, sale at retail, or dispensing for consumption or sale at retail.

4. Any wholesaler licensed ~~[pursuant to]~~ **under** this chapter may employ persons of at least eighteen years of age to:

- (1) Rotate, stock, and arrange displays at retail establishments licensed to sell intoxicating liquor; **and**
- (2) **Unload delivery vehicles and transfer intoxicating liquor into retail licensed premises if such persons are supervised by a delivery vehicle driver who is twenty-one years of age or older.**

~~[4-]~~ 5. Persons eighteen years of age or older may, when acting in the capacity of a waiter or waitress, accept payment for or serve intoxicating liquor in places of business which sell food for consumption on the premises if at least fifty percent of all sales in those places consists of food; provided that nothing in this section shall authorize persons under twenty-one years of age to mix or serve across the bar intoxicating beverages."; and

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

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

On motion of Representative Pike, **HB 65, as amended**, was ordered perfected and printed.

HCS HB 548, relating to taxation, was taken up by Representative Eggleston.

On motion of Representative Eggleston, the title of **HCS HB 548** was agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 548, Page 2, Section 143.011, Line 47, by inserting after the word "**sales**" the words "**and use**"; and

Further amend said bill, page, and section, Line 48, by inserting after the word "**sales**" the words "**and use**"; and

Further amend said bill, page, and section, Line 50, by inserting after the word "**sales**" the words "**and use**"; and

Further amend said bill, page, and section, Line 51, by inserting after the word "**sales**" the words "**and use**"; and

Further amend said bill and section, Page 3, Line 55, by inserting after the word "**sales**" the words "**and use**"; and

Further amend said bill, Pages 3-4, Section 144.530, Lines 1-19, by deleting all of said section and lines; and

Further amend said bill, Page 4, Section 144.535, Lines 1-25, by deleting all of said section and lines; and

Further amend said bill, Pages 4-5, Section 144.540, Lines 1-29, by deleting all of said section and lines; and

Further amend said bill, Page 5, Section 144.545, Lines 1-8, by deleting all of said section and lines; and

Further amend said bill, Pages 5-6, Section 144.565, Lines 1-11, by deleting all of said section and lines; and

Further amend said bill, Pages 6-8, Section 144.575, Lines 1-75, by deleting all of said section and lines and inserting in lieu thereof the following:

- "144.605. The following words and phrases as used in sections 144.600 to 144.745 mean and include:
- (1) "Calendar quarter", the period of three consecutive calendar months ending on March thirty-first, June thirtieth, September thirtieth or December thirty-first;
 - (2) "Engages in business activities within this state" includes:
 - (a) Maintaining or having a franchisee or licensee operating under the seller's trade name in this state if the franchisee or licensee is required to collect sales tax pursuant to sections 144.010 to 144.525;
 - (b) Soliciting sales or taking orders by sales agents or traveling representatives;
 - (c) A vendor is presumed to engage in business activities within this state if any person, other than a common carrier acting in its capacity as such, that has substantial nexus with this state:
 - a. Sells a similar line of products as the vendor and does so under the same or a similar business name;
 - b. Maintains an office, distribution facility, warehouse, or storage place, or similar place of business in the state to facilitate the delivery of property or services sold by the vendor to the vendor's customers;
 - c. Delivers, installs, assembles, or performs maintenance services for the vendor's customers within the state;
 - d. Facilitates the vendor's delivery of property to customers in the state by allowing the vendor's customers to pick up property sold by the vendor at an office, distribution facility, warehouse, storage place, or similar place of business maintained by the person in the state; or
 - e. Conducts any other activities in the state that are significantly associated with the vendor's ability to establish and maintain a market in the state for the sales;
 - (d) The presumption in paragraph (c) **of this subdivision** may be rebutted by demonstrating that the person's activities in the state are not significantly associated with the vendor's ability to establish or maintain a market in this state for the vendor's sales;
 - (e) Notwithstanding paragraph (c) **of this subdivision**, a vendor shall be presumed to engage in business activities within this state if the vendor enters into an agreement with one or more residents of this state under which the resident, for a commission or other consideration, directly or indirectly refers potential customers, whether by a link on an internet website, an in-person oral presentation, telemarketing, or otherwise, to the vendor, if the cumulative gross receipts from sales by the vendor to customers in the state who are referred to the vendor by all residents with this type of an agreement with the vendor is in excess of ten thousand dollars during the preceding twelve months;
 - (f) The presumption in paragraph (e) **of this subdivision** may be rebutted by submitting proof that the residents with whom the vendor has an agreement did not engage in any activity within the state that was significantly associated with the vendor's ability to establish or maintain the vendor's market in the state during the preceding twelve months. Such proof may consist of sworn written statements from all of the residents with whom the vendor has an agreement stating that they did not engage in any solicitation in the state on behalf of the vendor during the preceding year provided that such statements were provided and obtained in good faith;
 - (g) **a. Beginning January 1, 2020, a vendor engages in business activities within this state if the cumulative gross receipts from the vendor's sales of tangible personal property to purchasers for the purpose**

of storage, use, or consumption in this state are one hundred thousand dollars or more, or a vendor sold tangible personal property into this state in two hundred or more separate transactions, during any twelve-month period, as determined under subparagraph b of this paragraph;

b. Following the close of each calendar quarter, a vendor shall determine whether the vendor met the requirements provided under subparagraph a of this paragraph during the twelve-month period ending on the last day of the preceding calendar quarter. If the vendor met such requirements for any such twelve-month period, such vendor shall collect and remit the tax as provided under section 144.635 for a period of not less than twelve months, beginning not more than three months following the close of the preceding calendar quarter, and shall continue to collect and remit the tax for as long as the vendor is engaged in business activities in this state, as provided under this paragraph, or otherwise maintains a substantial nexus with this state;

c. The provisions of this paragraph shall only apply to vendors that do not have a physical presence within the state and the associated sales of tangible personal property occurred with use of the internet;

d. Any department that has the constitutional authority to collect sales or use tax under Article IV of the Constitution of Missouri shall remit any moneys collected under this paragraph to the department of revenue and such moneys shall be deposited into the state general revenue fund established under section 33.543;

e. Any vendor that meets subparagraph c of this paragraph shall not be subject to a use tax imposed by a political subdivision in this state;

(3) "Maintains a place of business in this state" includes maintaining, occupying, or using, permanently or temporarily, directly or indirectly, by whatever name called, an office, place of distribution, sales or sample room or place, warehouse or storage place, or other place of business in this state, whether owned or operated by the vendor or by any other person other than a common carrier acting in its capacity as such;

(4) "Person", any individual, firm, copartnership, joint venture, association, corporation, municipal or private, and whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or agency, except the state transportation department, estate, trust, business trust, receiver or trustee appointed by the state or federal court, syndicate, or any other group or combination acting as a unit, and the plural as well as the singular number;

(5) "Purchase", the acquisition of the ownership of, or title to, tangible personal property, through a sale, as defined herein, for the purpose of storage, use or consumption in this state;

(6) "Purchaser", any person who is the recipient for a valuable consideration of any sale of tangible personal property acquired for use, storage or consumption in this state;

(7) "Sale", any transfer, barter or exchange of the title or ownership of tangible personal property, or the right to use, store or consume the same, for a consideration paid or to be paid, and any transaction whether called leases, rentals, bailments, loans, conditional sales or otherwise, and notwithstanding that the title or possession of the property or both is retained for security. For the purpose of this law the place of delivery of the property to the purchaser, user, storer or consumer is deemed to be the place of sale, whether the delivery be by the vendor or by common carriers, private contractors, mails, express, agents, salesmen, solicitors, hawkers, representatives, consignors, peddlers, canvassers or otherwise;

(8) "Sales price", the consideration including the charges for services, except charges incident to the extension of credit, paid or given, or contracted to be paid or given, by the purchaser to the vendor for the tangible personal property, including any services that are a part of the sale, valued in money, whether paid in money or otherwise, and any amount for which credit is given to the purchaser by the vendor, without any deduction therefrom on account of the cost of the property sold, the cost of materials used, labor or service cost, losses or any other expenses whatsoever, except that cash discounts allowed and taken on sales shall not be included and "sales price" shall not include the amount charged for property returned by customers upon rescission of the contract of sales when the entire amount charged therefor is refunded either in cash or credit or the amount charged for labor or services rendered in installing or applying the property sold, the use, storage or consumption of which is taxable pursuant to sections 144.600 to 144.745. The sales price shall not include usual and customary delivery charges that are separately stated. In determining the amount of tax due pursuant to sections 144.600 to 144.745, any charge incident to the extension of credit shall be specifically exempted;

(9) "Selling agent", every person acting as a representative of a principal, when such principal is not registered with the director of revenue of the state of Missouri for the collection of the taxes imposed pursuant to sections 144.010 to 144.525 or sections 144.600 to 144.745 and who receives compensation by reason of the sale of tangible personal property of the principal, if such property is to be stored, used, or consumed in this state;

(10) "Storage", any keeping or retention in this state of tangible personal property purchased from a vendor, except property for sale or property that is temporarily kept or retained in this state for subsequent use outside the state;

(11) "Tangible personal property", all items subject to the Missouri sales tax as provided in subdivisions (1) and (3) of **subsection 1** of section 144.020;

(12) "Taxpayer", any person remitting the tax or who should remit the tax levied by sections 144.600 to 144.745;

(13) "Use", the exercise of any right or power over tangible personal property incident to the ownership or control of that property, except that it does not include the temporary storage of property in this state for subsequent use outside the state, or the sale of the property in the regular course of business;

(14) "Vendor", every person engaged in making sales of tangible personal property by mail order, by advertising, by agent or peddling tangible personal property, soliciting or taking orders for sales of tangible personal property, for storage, use or consumption in this state, all salesmen, solicitors, hawkers, representatives, consignees, peddlers or canvassers, as agents of the dealers, distributors, consignors, supervisors, principals or employers under whom they operate or from whom they obtain the tangible personal property sold by them, and every person who maintains a place of business in this state, maintains a stock of goods in this state, or engages in business activities within this state and every person who engages in this state in the business of acting as a selling agent for persons not otherwise vendors as defined in this subdivision. Irrespective of whether they are making sales on their own behalf or on behalf of the dealers, distributors, consignors, supervisors, principals or employers, they must be regarded as vendors and the dealers, distributors, consignors, supervisors, principals or employers must be regarded as vendors for the purposes of sections 144.600 to 144.745."; and

Further amend said bill, Page 8, Section 144.701, Lines 19-21, by deleting all of said lines and inserting in lieu thereof the following:

"2. The revenue derived under paragraph (g) of subdivision (2) of section 144.605 shall be exempt from the provisions of this section and shall be deposited into the state general revenue fund established under section 33.543.

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

(1) "Marketplace facilitator", a person that contracts with sellers to facilitate for consideration, regardless of whether deducted as fees from the transaction, the sale of the seller's products through an electronic marketplace operated by a person, and engages:

(a) Either directly or indirectly, through one or more affiliated persons in any of the following:

a. Transmitting or otherwise communicating the offer or acceptance between the purchaser and marketplace seller;

b. Owning or operating the infrastructure, electronic or physical, or technology that brings purchasers and marketplace sellers together;

c. Providing a virtual currency that purchasers are allowed or required to use to purchase products from the marketplace seller; or

d. Software development or research and development activities related to any of the activities described in paragraph (b) of this subdivision if such activities are directly related to an electronic marketplace operated by a person or an affiliated person; and

(b) In any of the following activities with respect to the marketplace seller's products:

a. Payment processing services;

b. Fulfillment or storage services;

c. Listing products for sale;

d. Setting prices;

e. Branding sales as those of the marketplace facilitator;

f. Order taking;

g. Advertising or promotion; or

h. Providing customer service or accepting or assisting with returns or exchanges;

A marketplace facilitator is a vendor as defined in section 144.605 and shall comply with the provisions of sections 144.600 to 144.753;

(2) "Marketplace seller", a seller that makes sales through any electronic marketplace operated by a marketplace facilitator;

(3) "Person", any individual, firm, copartnership, joint venture, association, corporation, municipal or private, whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or agency, except the department of transportation, estate, trust, business trust, receiver or trustee appointed by the state or federal court, syndicate, or any other group or combination acting as a unit;

(4) "Purchaser", any person who is the recipient for a valuable consideration of any sale of tangible personal property acquired for use, storage, or consumption in this state;

(5) "Retail sale", the same meaning as defined under sections 144.010 and 144.011, excluding motor vehicles, trailers, motorcycles, mopeds, motortricycles, boats, and outboard motors required to be titled under the laws of the state and subject to tax under subdivision (9) of subsection 1 of section 144.020;

(6) "Seller", a person selling or furnishing tangible personal property or rendering services on the receipts from which a tax is imposed under section 144.020.

2. By no later than January 1, 2020, marketplace facilitators that reach the threshold provided under paragraph (g) of subdivision (2) of section 144.605 shall register with the department to collect and remit use tax on sales made through the marketplace facilitator's marketplace by or on behalf of a marketplace seller that are delivered into the state, whether by the marketplace facilitator or another person. Such retail sales shall include those made directly by the marketplace facilitator and shall also include those retail sales made by marketplace sellers through the marketplace facilitator's marketplace. The collection and reporting requirements of this subsection shall not apply to retail sales other than those made through a marketplace facilitator's marketplace.

3. Marketplace facilitators that are required to collect use tax under this section shall report and remit the tax in accordance with the provisions of this chapter and shall maintain records of all sales delivered to a location in the state, including copies of invoices showing the purchaser, address, purchase amount, and use tax collected. Such records shall be made available for review and inspection upon request by the department.

4. Marketplace facilitators who properly collect and remit to the department in a timely manner use tax on sales in accordance with the provisions of this section by or on behalf of marketplace sellers shall be eligible for any discount provided under this chapter.

5. A marketplace facilitator shall provide the purchaser with a statement or invoice showing that the use tax was collected and shall be remitted on the purchaser's behalf.

6. Any taxpayer who remits use tax under this section shall be entitled to refunds or credits to the same extent and in the same manner provided for in section 144.190 for taxes collected and remitted under this section.

7. Marketplace facilitators shall be subject to the penalty provisions, procedures, and reporting requirements provided under the provisions of this chapter.

8. For the purposes of this section, a marketplace facilitator shall not include a third party financial institution appointed by a merchant or a marketplace facilitator to handle various forms of payment transactions, such as processing credit cards and debit cards, and whose sole activity with respect to marketplace sales is to facilitate the payment transactions between two parties."; and

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

Speaker Pro Tem Wiemann resumed the Chair.

On motion of Representative Eggleston, **House Amendment No. 1** was adopted by the following vote, the ayes and noes having been demanded by Representative Love:

AYES: 104

Allred	Anderson	Andrews	Bailey	Baker
Bangert	Baringer	Basye	Beck	Billington
Black 137	Black 7	Bondon	Bromley	Brown 70
Burnett	Busick	Butz	Chipman	Christofanelli
Coleman 32	Coleman 97	Deaton	DeGroot	Dinkins

Dohrman	Eggleston	Eslinger	Falkner III	Fishel
Francis	Gannon	Gregory	Griesheimer	Griffith
Haden	Haffner	Hannegan	Hansen	Helms
Henderson	Hicks	Hill	Houx	Hovis
Hudson	Kelley 127	Kelly 141	Kidd	Knight
Kolkmeyer	Lavender	Lovasco	Lynch	Mackey
Mayhew	McCreery	McGaugh	McGee	McGill
Merideth	Miller	Morgan	Morse 151	Neely
O'Donnell	Patterson	Pfautsch	Pike	Pollitt 52
Porter	Razer	Reedy	Toalson Reisch	Remole
Richey	Riggs	Roberts 161	Roberts 77	Rone
Ruth	Sauls	Schnelting	Sharpe	Shaul 113
Shawan	Shields	Simmons	Smith	Solon
Sommer	Spencer	Stacy	Stephens 128	Taylor
Trent	Unsicker	Veit	Vescovo	Walsh
Wiemann	Wood	Wright	Mr. Speaker	

NOES: 029

Appelbaum	Bosley	Brown 27	Burns	Dogan
Ellebracht	Ellington	Evans	Green	Hurst
Ingle	Love	McDaniel	Messenger	Moon
Morris 140	Mosley	Murphy	Pogue	Price
Rehder	Rogers	Rowland	Sain	Swan
Tate	Washington	Wilson	Windham	

PRESENT: 012

Barnes	Bland Manlove	Carpenter	Chappelle-Nadal	Clemens
Kendrick	Mitten	Pierson Jr.	Quade	Runions
Stevens 46	Walker			

ABSENT WITH LEAVE: 016

Carter	Fitzwater	Franks Jr.	Gray	Grier
Justus	Muntzel	Pietzman	Plocher	Pollock 123
Proudie	Roden	Roerber	Ross	Schroer
Shull 16				

VACANCIES: 002

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

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 548, Page 8, Section 144.701, Line 21, by inserting after all of said line the following:

"301.015. 1. Notwithstanding any other provision of law to the contrary, beginning on January 1, 2021, the director of revenue shall increase all state license fees authorized under this chapter and chapters 136, 142, 302, and 430 for inflation, if any. Any fees adjusted under this section shall take effect on January first.

2. An initial adjustment shall be calculated using the annual average percentage change in the Consumer Price Index for All Urban Consumers, as reported by the United States Bureau of Labor Statistics, of two and two-tenths percent per year over a six-year period beginning with year 2013, and this adjustment shall be effective on January 1, 2021. User fees, with the exception of any fee on fuels, shall be rounded to the nearest fifty-cent interval for implementation and publication under this section.

3. Subsequent adjustments shall be calculated and implemented for each three-year period at two and two-tenths percent.

4. The director shall publish the adjusted fee amounts by October first of the requisite year that immediately precedes the date the fees take effect.

5. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset six years after the effective date of this section unless reauthorized by an act of the general assembly;

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset six years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset."; and

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

Representative Sain raised a point of order that **House Amendment No. 2** goes beyond the scope of the bill.

The Chair took the point of order under advisement.

House Amendment No. 2 was withdrawn.

Representative Vescovo moved the previous question.

Which motion was adopted by the following vote:

AYES: 100

Allred	Anderson	Andrews	Baker	Basye
Billington	Black 137	Black 7	Bondon	Bromley
Busick	Chipman	Christofanelli	Coleman 32	Coleman 97
Deaton	DeGroot	Dinkins	Dogan	Eggleston
Eslinger	Evans	Falkner III	Fishel	Fitzwater
Francis	Gannon	Gregory	Grier	Griesheimer
Griffith	Haden	Haffner	Hannegan	Hansen
Helms	Henderson	Hicks	Hill	Houx
Hovis	Hudson	Hurst	Justus	Kelley 127
Kelly 141	Kidd	Knight	Kolkmeyer	Lovasco
Love	Lynch	Mayhew	McGaugh	McGirl
Messenger	Miller	Moon	Morse 151	Murphy
Neely	O'Donnell	Patterson	Pfautsch	Pike
Pogue	Pollitt 52	Pollock 123	Porter	Reedy
Rehder	Toalson Reisch	Remole	Richey	Riggs
Roberts 161	Rone	Ruth	Schnelting	Sharpe
Shawan	Shields	Simmons	Smith	Sommer
Spencer	Stacy	Stephens 128	Swan	Tate
Taylor	Trent	Veit	Vescovo	Walsh
Wiemann	Wilson	Wood	Wright	Mr. Speaker

NOES: 038

Appelbaum	Bangert	Baringer	Barnes	Beck
Bosley	Brown 27	Brown 70	Burnett	Burns
Butz	Carpenter	Chappelle-Nadal	Ellington	Franks Jr.

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Green	Ingle	Kendrick	Lavender	McCreery
McGee	Merideth	Mitten	Morgan	Mosley
Pierson Jr.	Quade	Razer	Roberts 77	Rogers
Rowland	Runions	Sain	Sauls	Stevens 46
Unsicker	Washington	Windham		

PRESENT: 000

ABSENT WITH LEAVE: 023

Bailey	Bland Manlove	Carter	Clemens	Dohrman
Ellebracht	Gray	Mackey	McDaniel	Morris 140
Muntzel	Pietzman	Plocher	Price	Proudie
Roden	Roeber	Ross	Schroer	Shaul 113
Shull 16	Solon	Walker		

VACANCIES: 002

On motion of Representative Eggleston, **HCS HB 548, as amended**, was adopted by the following vote, the ayes and noes having been demanded by Representative Kendrick:

AYES: 074

Allred	Anderson	Bailey	Baker	Basye
Billington	Bondon	Bromley	Busick	Chipman
Christofanelli	Coleman 32	Coleman 97	Deaton	DeGroot
Dinkins	Dohrman	Eggleston	Eslinger	Falkner III
Fitzwater	Francis	Gregory	Grier	Griesheimer
Haden	Haffner	Hannegan	Hansen	Helms
Henderson	Hicks	Hill	Hudson	Kelly 141
Knight	Kolkmeyer	Lovasco	Lynch	Mayhew
Messenger	Miller	Morris 140	Morse 151	Patterson
Pike	Pollitt 52	Pollock 123	Porter	Toalson Reisch
Remole	Richey	Riggs	Roberts 161	Rone
Ruth	Schmelting	Sharpe	Shaul 113	Shawan
Simmons	Smith	Sommer	Spencer	Stacy
Taylor	Trent	Veit	Vescovo	Walsh
Wiemann	Wilson	Wright	Mr. Speaker	

NOES: 072

Andrews	Appelbaum	Bangert	Baringer	Barnes
Beck	Black 137	Black 7	Bland Manlove	Bosley
Brown 27	Brown 70	Burnett	Burns	Butz
Carpenter	Chappelle-Nadal	Clemens	Dogan	Ellington
Evans	Fishel	Franks Jr.	Gannon	Green
Griffith	Houx	Hovis	Hurst	Ingle
Justus	Kelley 127	Kendrick	Kidd	Lavender
Love	Mackey	McCreery	McGaugh	McGee
McGill	Merideth	Mitten	Moon	Morgan
Mosley	Murphy	Neely	O'Donnell	Pfautsch
Pierson Jr.	Pogue	Price	Quade	Razer
Reedy	Rehder	Roberts 77	Rogers	Rowland
Runions	Sain	Sauls	Shields	Stephens 128
Stevens 46	Swan	Tate	Unsicker	Washington
Windham	Wood			

PRESENT: 000

ABSENT WITH LEAVE: 015

Carter	Ellebracht	Gray	McDaniel	Muntzel
Pietzman	Plocher	Proudie	Roden	Roeber
Ross	Schroer	Shull 16	Solon	Walker

VACANCIES: 002

On motion of Representative Eggleston, **HCS HB 548, as amended**, was ordered perfected and printed by the following vote, the ayes and noes having been demanded pursuant to Article III, Section 26 of the Constitution:

AYES: 078

Allred	Anderson	Bailey	Baker	Basye
Billington	Black 137	Bondon	Bromley	Busick
Chipman	Christofanelli	Coleman 32	Coleman 97	Deaton
DeGroot	Dinkins	Dohrman	Eggleston	Eslinger
Falkner III	Fitzwater	Francis	Gregory	Grier
Griesheimer	Griffith	Haffner	Hannegan	Hansen
Helms	Henderson	Hill	Hovis	Hudson
Kelly 141	Knight	Kolkmeier	Lovasco	Lynch
Mayhew	Messenger	Miller	Morris 140	Morse 151
O'Donnell	Patterson	Pike	Pollitt 52	Pollock 123
Porter	Toalson Reisch	Remole	Richey	Riggs
Roberts 161	Rone	Ruth	Schnelting	Schroer
Sharpe	Shaul 113	Shawan	Simmons	Smith
Sommer	Spencer	Stacy	Tate	Taylor
Trent	Veit	Vescovo	Walsh	Wiemann
Wilson	Wright	Mr. Speaker		

NOES: 072

Andrews	Appelbaum	Bangert	Baringer	Barnes
Beck	Black 7	Bland Manlove	Bosley	Brown 27
Brown 70	Burnett	Burns	Butz	Carpenter
Chappelle-Nadal	Clemens	Dogan	Ellebracht	Ellington
Evans	Fishel	Franks Jr.	Gannon	Gray
Green	Haden	Houx	Hurst	Ingle
Justus	Kelley 127	Kendrick	Kidd	Lavender
Love	Mackey	McCreery	McDaniel	McGaugh
McGee	McGill	Merideth	Mitten	Moon
Morgan	Mosley	Murphy	Neely	Pfautsch
Pierson Jr.	Pogue	Price	Quade	Razer
Reedy	Rehder	Roberts 77	Rogers	Rowland
Runions	Sain	Sauls	Shields	Stephens 128
Stevens 46	Swan	Unsicker	Walker	Washington
Windham	Wood			

PRESENT: 000

ABSENT WITH LEAVE: 011

Carter	Hicks	Muntzel	Pietzman	Plocher
Proudie	Roden	Roeber	Ross	Shull 16
Solon				

VACANCIES: 002

HCS HB 674, relating to transient guest taxes, was taken up by Representative Kolkmeyer.

On motion of Representative Kolkmeyer, the title of **HCS HB 674** was agreed to.

Representative Black (137) offered **House Amendment No. 1**.

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 674, Page 5, Section 67.1360, Line 136, by inserting after all of said section and line the following:

"94.842. 1. The governing body of any home rule city with more than one hundred fifty-five thousand but fewer than two hundred thousand inhabitants may impose a tax on the charges for all sleeping rooms paid by the transient guests of hotels or motels situated in the city, which shall not be more than seven and one-half percent per occupied room per night, except that such tax shall not become effective unless the governing body of the city submits to the voters of the city at a state general, primary or special election, a proposal to authorize the governing body of the city to impose a tax under the provisions of this section. The tax authorized by this section shall be in addition to the charge for the sleeping room and shall be in addition to any and all taxes imposed by law, and the proceeds of such tax shall be used solely for capital investments that can be demonstrated to increase the number of overnight visitors. Such tax shall be stated separately from all other charges and taxes.

2. The question shall be submitted in substantially the following form:

Shall the (city) levy a tax of _____ percent on each sleeping room occupied and rented by transient guests of hotels and motels located in the city, where the proceeds of which shall be expended for capital investments to increase tourism?

YES NO

If a majority of the votes cast on the question by the qualified voters voting thereon are in favor of the question, then the tax shall become effective on the first day of the calendar quarter following the calendar quarter in which the election was held. If a majority of the votes cast on the question by the qualified voters voting thereon are opposed to the question, then the governing body for the city shall have no power to impose the tax authorized by this section unless and until the governing body of the city again submits the question to the qualified voters of the city and such question is approved by a majority of the qualified voters voting on the question.

3. On and after the effective date of any tax authorized under the provisions of this section, the city which levied the tax may adopt one of the two following provisions for the collection and administration of the tax:

(1) The city which levied the tax may adopt rules and regulations for the internal collection of such tax by the city officers usually responsible for collection and administration of city taxes; or

(2) The city may enter into an agreement with the director of revenue of the state of Missouri for the purpose of collecting the tax authorized in this section. In the event any city enters into an agreement with the director of revenue of the state of Missouri for the collection of the tax authorized in this section, the director of revenue shall perform all functions incident to the administration, collection, enforcement, and operation of such tax, and the director of revenue shall collect the additional tax authorized under the provisions of this section. The tax authorized under the provisions of this section shall be collected and reported upon such forms and under such administrative rules and regulations as may be prescribed by the director of revenue, and the director of revenue shall retain not more than one percent for cost of collection.

4. As used in this section, "transient guests" means a person or persons who occupy a room or rooms in a hotel, motel, or tourist court consecutively for thirty-one days or less."; and

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

On motion of Representative Black (137), **House Amendment No. 1** was adopted.

On motion of Representative Kolkmeier, **HCS HB 674, as amended**, was adopted.

On motion of Representative Kolkmeier, **HCS HB 674, as amended**, was ordered perfected and printed.

HCS HB 679, relating to driver's license renewals, was taken up by Representative Tate.

On motion of Representative Tate, the title of **HCS HB 679** was agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 679, Page 1, Section 32.300, Lines 9-10, by deleting the words, "**subject to appropriation**"; and

Further amend said bill, Page 2, Section 32.300, Line 27, by inserting after all of said line the following:

"4. The provisions of this section shall be subject to appropriation."; and

Further amend said bill, Page 2, Section 32.303, Line 26, by inserting after all of said line the following:

"4. The provisions of this section shall be subject to appropriation."; and

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

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

On motion of Representative Tate, **HCS HB 679, as amended**, was adopted.

On motion of Representative Tate, **HCS HB 679, as amended**, was ordered perfected and printed.

HB 966, relating to the offense of vehicle hijacking, was taken up by Representative Gregory.

On motion of Representative Gregory, the title of **HB 966** was agreed to.

Speaker Haahr resumed the Chair.

Representative Anderson assumed the Chair.

On motion of Representative Gregory, **HB 966** was ordered perfected and printed.

On motion of Representative Vescovo, the House recessed until 7:15 p.m.

EVENING SESSION

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

Representative Vescovo suggested the absence of a quorum.

The following roll call indicated a quorum present:

AYES: 043

Bailey	Basye	Black 137	Bondon	Brown 27
Burns	Busick	Butz	Clemens	Coleman 97
DeGroot	Fishel	Haden	Haffner	Henderson
Hicks	Hovis	Hurst	Justus	Kelley 127
Lovasco	McGaugh	McGill	Murphy	Patterson
Pfautsch	Pike	Pogue	Pollock 123	Porter
Reedy	Rehder	Richey	Riggs	Roberts 161
Rone	Schnelting	Shaul 113	Solon	Taylor
Veit	Walsh	Wright		

NOES: 002

Rowland	Sain
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PRESENT: 050

Anderson	Baker	Barnes	Beck	Billington
Black 7	Bosley	Bromley	Chipman	Coleman 32
Deaton	Dinkins	Dohrman	Eslinger	Evans
Falkner III	Gregory	Griesheimer	Griffith	Helms
Hill	Houx	Hudson	Kendrick	Knight
Kolkmeier	McCreery	McDaniel	Miller	Moon
O'Donnell	Pollitt 52	Roberts 77	Rogers	Ruth
Sauls	Schroer	Sharpe	Simmons	Smith
Sommer	Stacy	Stephens 128	Swan	Trent
Unsicker	Vescovo	Wilson	Wood	Mr. Speaker

ABSENT WITH LEAVE: 066

Allred	Andrews	Appelbaum	Bangert	Baringer
Bland Manlove	Brown 70	Burnett	Carpenter	Carter
Chappelle-Nadal	Christofanelli	Dogan	Eggleston	Ellebracht
Ellington	Fitzwater	Francis	Franks Jr.	Gannon
Gray	Green	Grier	Hannegan	Hansen
Ingle	Kelly 141	Kidd	Lavender	Love
Lynch	Mackey	Mayhew	McGee	Merideth
Messenger	Mitten	Morgan	Morris 140	Morse 151
Mosley	Muntzel	Neely	Pierson Jr.	Pietzman
Plocher	Price	Proudie	Quade	Razer
Toalson Reisch	Remole	Roden	Roeber	Ross
Runions	Shawan	Shields	Shull 16	Spencer
Stevens 46	Tate	Walker	Washington	Wiemann
Windham				

VACANCIES: 002

PERFECTION OF HOUSE BILLS - INFORMAL

HCS HB 106, relating to real estate licensees, was taken up by Representative Smith.

On motion of Representative Smith, the title of **HCS HB 106** was agreed to.

On motion of Representative Smith, **HCS HB 106** was adopted.

On motion of Representative Smith, **HCS HB 106** was ordered perfected and printed.

HCS HBs 746 & 722, relating to charges for the service of court orders, was taken up by Representative Wilson.

On motion of Representative Wilson, the title of **HCS HBs 746 & 722** was agreed to.

On motion of Representative Wilson, **HCS HBs 746 & 722** was adopted.

On motion of Representative Wilson, **HCS HBs 746 & 722** was ordered perfected and printed.

HB 606, relating to transportation of school children, was taken up by Representative Basye.

On motion of Representative Basye, the title of **HB 606** was agreed to.

Representative Chipman assumed the Chair.

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

House Amendment No. 1

AMEND House Bill No. 606, Page 4, Section 304.060, Lines 17-30, by deleting all of said lines and inserting in lieu thereof the following:

"2. Notwithstanding the provisions of this section, any school board in the state of Missouri may contract with any municipality for the purpose of providing primary transportation services to school children attending a grade or grades not lower than the ninth nor higher than the twelfth grade. Such contract shall require the presence of an adult supervisor who is approved by the school board on any municipal vehicle while such vehicle is transporting children under this subsection. Any time school children are being transported by a municipal vehicle under this subsection, such vehicle shall include a section of seating designated solely for use by school children. Municipalities entering into any such contract shall comply with the requirements of this section and sections 162.064, 162.065, 168.133, and 307.375.

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

Further renumbering subsequent subsections accordingly; and

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

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

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

House Amendment No. 2

AMEND House Bill No. 606, Page 4, Section 304.060, Line 40, by inserting after all of said section and line the following:

"307.375. 1. The owner of every bus used to transport children to or from school in addition to any other inspection required by law shall submit the vehicle to an official inspection station, and obtain a certificate of inspection, sticker, seal or other device annually, but the inspection of the vehicle shall not be made more than sixty days prior to operating the vehicle during the school year. The inspection shall, in addition to the inspection of the mechanism and equipment required for all motor vehicles under the provisions of sections 307.350 to 307.390, include an inspection to ascertain that the following items are correctly fitted, adjusted, and in good working condition:

- (1) All mirrors, including crossview, inside, and outside;
- (2) The front and rear warning flashers;
- (3) The stop signal arm;
- (4) The crossing control arm on public school buses required to have them pursuant to section 304.050;
- (5) The rear bumper to determine that it is flush with the bus so that hitching of rides cannot occur;
- (6) The exhaust tailpipe shall be flush with or may extend not more than two inches beyond the perimeter of the body or bumper;
- (7) The emergency doors and exits to determine them to be unlocked and easily opened as required;
- (8) The lettering and signing on the front, side and rear of the bus **and, on the rear of the bus, the name of the school district and bus number or a phone number for the school district and a bus number;**
- (9) The service door;
- (10) The step treads;
- (11) The aisle mats or aisle runners;
- (12) The emergency equipment which shall include as a minimum a first aid kit, flares or fuses, and a fire extinguisher;
- (13) The seats, including a determination that they are securely fastened to the floor;
- (14) The emergency door buzzer;
- (15) All hand hold grips;
- (16) The interior glazing of the bus.

2. In addition to the inspection required by subsection 1 of this section, the Missouri state highway patrol shall conduct an inspection after February first of each school year of all vehicles required to be marked as school buses under section 304.050. This inspection shall be conducted by the Missouri highway patrol in cooperation with the department of elementary and secondary education and shall include, as a minimum, items in subsection 1 of this section and the following:

- (1) The driver seat belts;
- (2) The heating and defrosting systems;
- (3) The reflectors;
- (4) The bus steps;
- (5) The aisles;
- (6) The frame.

3. If, upon inspection, conditions which violate the standards in subsection 2 of this section are found, the owner or operator shall have them corrected in ten days and notify the superintendent of the Missouri state highway patrol or those persons authorized by the superintendent. If the defects or unsafe conditions found constitute an immediate danger, the bus shall not be used until corrections are made and the superintendent of the Missouri state highway patrol or those persons authorized by the superintendent are notified.

4. The Missouri highway patrol may inspect any school bus at any time and if such inspection reveals a deficiency affecting the safe operation of the bus, the provisions of subsection 3 of this section shall be applicable.

5. Notwithstanding the provisions of section 307.390 to the contrary, a violation of this section shall be a class C misdemeanor."; and

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

House Amendment No. 2 was withdrawn.

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

House Amendment No. 3

AMEND House Bill No. 606, Page 4, Section 304.060, Line 40, by inserting after said line the following:

"5. Notwithstanding any provision of law to the contrary, no school district shall utilize autonomous or self-driving school buses in the transportation of students."; and

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

Representative Vescovo moved the previous question.

Which motion was adopted by the following vote:

AYES: 097

Allred	Anderson	Andrews	Bailey	Baker
Basye	Billington	Black 137	Black 7	Bondon
Bromley	Busick	Chipman	Christofanelli	Coleman 97
Deaton	Dinkins	Dohrman	Eggleston	Eslinger
Evans	Falkner III	Fishel	Fitzwater	Francis
Gannon	Gregory	Grier	Griesheimer	Griffith
Haden	Haffner	Hannegan	Hansen	Helms
Henderson	Hicks	Hovis	Hudson	Hurst
Justus	Kelley 127	Kelly 141	Kidd	Kolkmeyer
Lovasco	Love	Lynch	Mayhew	McGaugh
McGill	Moon	Morris 140	Morse 151	Murphy
O'Donnell	Patterson	Pfautsch	Pietzman	Pike
Plocher	Pogue	Pollitt 52	Pollock 123	Porter
Reedy	Rehder	Toalson Reisch	Remole	Richey
Riggs	Roberts 161	Rone	Ruth	Schnelting
Schroer	Sharpe	Shawan	Shields	Simmons
Smith	Solon	Sommer	Spencer	Stacy
Stephens 128	Swan	Taylor	Trent	Veit
Vescovo	Walsh	Wiemann	Wilson	Wood
Wright	Mr. Speaker			

NOES: 044

Appelbaum	Bangert	Baringer	Barnes	Beck
Bland Manlove	Bosley	Brown 27	Brown 70	Burnett
Burns	Butz	Carpenter	Chappelle-Nadal	Clemens
Ellebracht	Ellington	Franks Jr.	Gray	Ingle
Kendrick	Lavender	Mackey	McCreery	McGee

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Merideth	Mitten	Morgan	Mosley	Pierson Jr.
Price	Proudie	Quade	Razer	Roberts 77
Rogers	Rowland	Runions	Sain	Sauls
Stevens 46	Unsicker	Washington	Windham	

PRESENT: 000

ABSENT WITH LEAVE: 020

Carter	Coleman 32	DeGroot	Dogan	Green
Hill	Houx	Knight	McDaniel	Messenger
Miller	Muntzel	Neely	Roden	Roerber
Ross	Shaul 113	Shull 16	Tate	Walker

VACANCIES: 002

On motion of Representative Rowland, **House Amendment No. 3** was adopted by the following vote, the ayes and noes having been demanded by Representative Rowland:

AYES: 075

Appelbaum	Bangert	Baringer	Barnes	Beck
Bland Manlove	Bondon	Bosley	Brown 27	Brown 70
Burnett	Burns	Butz	Carpenter	Chappelle-Nadal
Clemens	Coleman 32	Dinkins	Ellebracht	Ellington
Evans	Fishel	Franks Jr.	Gannon	Gray
Haden	Hicks	Hudson	Hurst	Ingle
Kelly 141	Kendrick	Kidd	Lavender	Love
Mackey	Mayhew	McCreery	McGee	Merideth
Mitten	Morgan	Morris 140	Morse 151	Mosley
Pfautsch	Pierson Jr.	Pogue	Pollitt 52	Porter
Price	Proudie	Quade	Razer	Reedy
Rehder	Riggs	Rogers	Rone	Rowland
Runions	Ruth	Sain	Sauls	Schroer
Sharpe	Simmons	Solon	Stevens 46	Swan
Unsicker	Washington	Windham	Wood	Wright

NOES: 069

Allred	Anderson	Andrews	Bailey	Baker
Basye	Billington	Black 137	Black 7	Bromley
Busick	Chipman	Christofanelli	Coleman 97	Deaton
Dohrman	Eggleston	Eslinger	Falkner III	Fitzwater
Francis	Gregory	Grier	Griesheimer	Griffith
Haffner	Hannegan	Hansen	Helms	Henderson
Hill	Hovis	Justus	Kelley 127	Kolkmeyer
Lovasco	Lynch	McGaugh	McGirl	Moon
Murphy	O'Donnell	Patterson	Pietzman	Pike
Plocher	Pollock 123	Toalson Reisch	Remole	Richey
Roberts 161	Roberts 77	Schnelting	Shawan	Shields
Smith	Sommer	Spencer	Stacy	Stephens 128
Tate	Taylor	Trent	Veit	Vescovo
Walsh	Wiemann	Wilson	Mr. Speaker	

PRESENT: 000

ABSENT WITH LEAVE: 017

Carter	DeGroot	Dogan	Green	Houx
Knight	McDaniel	Messenger	Miller	Muntzel
Neely	Roden	Roeber	Ross	Shaul 113
Shull 16	Walker			

VACANCIES: 002

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

House Amendment No. 4

AMEND House Bill No. 606, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"160.3000. 1. School districts may install and operate automated school bus safety cameras on school buses to be used for the detection of violations of section 304.050 if the use of the cameras is approved by a vote of the school district board of directors. School districts are not required to take school buses out of service if the buses are not equipped with automated school bus safety cameras or functional automated safety cameras. Further, school districts shall be held harmless from and not liable for any criminal or civil liability arising under the provisions of this section.

2. Automated school bus safety cameras may only take pictures of the vehicle and vehicle license plate and only while an infraction is occurring. The picture shall not reveal the face of the driver or of passengers in the vehicle.

3. A notice of infraction shall be mailed to the registered owner of the vehicle within fourteen days of the violation, or to the renter of a vehicle within fourteen days of establishing the renter's name and address under subsection 8 of this section. The law enforcement officer issuing the notice of infraction shall include a certificate or facsimile of the notice, based upon inspection of photographs, microphotographs, or electronic images produced by an automated school bus safety camera, stating the facts supporting the notice of infraction. This certificate or facsimile is prima facie evidence of the facts contained in it and is admissible in a proceeding charging a violation under this section. The photographs, microphotographs, or electronic images evidencing the violation shall be available for inspection and admission into evidence in a proceeding to adjudicate the liability for the infraction. A person receiving a notice of infraction based on evidence detected by an automated school bus safety camera may respond to the notice by mail.

4. In a traffic case involving an infraction detected through the use of an automated school bus safety camera under this section, proof that the particular vehicle described in the notice of traffic infraction was in violation of any provision of section 304.050, together with proof that the person named in the notice of traffic infraction was at the time of the violation the registered owner of the vehicle constitutes in evidence a prima facie presumption that the registered owner of the vehicle was the person in control of the vehicle at the point where, and for the time during which, the violation occurred. This presumption may be overcome only if the registered owner states, under oath, in a written statement to the court or in testimony before the court that the vehicle involved was at the time, stolen or in the care, custody, or control of some person other than the registered owner, or in the case of a rental car business, the business satisfies the conditions of subsection 8 of this section. If appropriate under the circumstances, a renter identified under subsection 8 of this section is responsible for an infraction.

5. Notwithstanding any other provision of law, all photographs, microphotographs, or electronic images prepared under this section are for the exclusive use of law enforcement in the discharge of duties under this section and are not open to the public and may not be used in a court in a pending action or proceeding unless the action or proceeding relates to a violation under this section. No photograph, microphotograph, or electronic image may be used for any purpose other than enforcement of violations under this section nor retained longer than necessary to enforce this section.

6. If a school district installs and operates an automated school bus safety camera under this section, the compensation paid to the manufacturer or vendor of the equipment used shall be based only upon the value of the equipment and services provided or rendered in support of the system, and may not be based

upon a portion of the fine or civil penalty imposed or the revenue generated by the equipment. Further, any repair, replacement, or administrative work costs related to installing or repairing automated school bus safety cameras shall be solely paid for by the manufacturer or vendor of the cameras. Before entering into a contract with the manufacturer or vendor of the equipment used under this section, the school district shall follow a competitive bid process.

7. Any revenue collected from infractions detected through the use of automated school bus safety cameras, less the administration and operating costs of the cameras, shall be remitted to the local school district where the violation occurred and shall not be distributed through the school funding mechanisms of section 163.031. Funds received shall be used by the local school district for:

- (1) School safety zone projects;
- (2) Pedestrian safety projects; and
- (3) Defraying the cost of installing and operating the cameras.

The administration and operating costs of the cameras includes infraction enforcement and processing costs that are incurred by local law enforcement or local courts.

8. If the registered owner of the vehicle is a rental car business, the law enforcement agency shall, before a notice of infraction is issued under this section, provide a written notice to the rental car business that a notice of infraction may be issued to the rental car business if the rental car business does not, within eighteen days of receiving the written notice, provide to the issuing agency by return mail:

(1) A statement under oath stating the name and known mailing address of the individual driving or renting the vehicle when the infraction occurred;

(2) A statement under oath that the business is unable to determine who was driving or renting the vehicle at the time the infraction occurred because the vehicle was stolen at the time of the infraction. A statement provided under this subdivision shall be accompanied by a copy of a filed police report regarding the vehicle theft; or

(3) In lieu of identifying the vehicle operator, the rental car business may pay the applicable penalty.

9. Timely mailing of a statement under subsection 8 of this section to the issuing law enforcement agency relieves a rental car business of any liability under this section for the notice of infraction.

10. For purposes of this section, "automated school bus safety camera" means a device that is affixed to a school bus that is synchronized to automatically record one or more sequenced photographs, microphotographs, or electronic images of the rear of a vehicle at the time the vehicle is detected for an infraction identified in section 304.050.

11. The department of transportation may promulgate all necessary rules and regulations for the administration 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, 2019, shall be invalid and void."; and

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

Representative Sommer moved that **House Amendment No. 4** be adopted.

Which motion was defeated.

On motion of Representative Basye, **HB 606, as amended**, was ordered perfected and printed.

HB 407, relating to the state endangered species, was taken up by Representative Justus.

On motion of Representative Justus, the title of **HB 407** was agreed to.

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

House Amendment No. 1

AMEND House Bill No. 407, Page 1, Section 10.200, Line 3, by inserting after all of said section and line the following:

"644.059. Agricultural storm water discharges and return flows from irrigated agriculture shall be exempt from permitting requirements set forth in sections 644.006 to 644.141. Agricultural storm water discharges and return flows from irrigated agriculture shall not be considered unlawful under subdivisions (1) and (2) of subsection 1 of section 644.051 unless such discharges or return flows **are reasonably certain to cause pollution of any water of the state or** have entered waters of the state and have rendered such waters harmful, detrimental, or injurious to public health, safety, or welfare, or to industrial or agricultural uses, or to wild animals, birds, ~~[or]~~ fish, **amphibians, or other aquatic life**. For the purposes of this section, agricultural storm water discharges and return flows from irrigated agriculture shall include storm water and snow melt runoff, drainage, and infiltration, including water that leaves land as a result of the application of irrigation water, both surface and subsurface, from standard farming industry practices. This shall include but not be limited to cultivation and tillage of soil, and production, growing, raising, and harvesting of agricultural commodities and livestock. Nothing in this section shall be construed to effect, limit, or supersede sections 640.700 to 640.755 or any other law or regulation of concentrated animal feeding operations."; and

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

Representative Richey raised a point of order that **House Amendment No. 1** goes beyond the scope of the bill.

Representative Chipman requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

Representative Eggleston moved the previous question.

Which motion was adopted by the following vote:

AYES: 097

Allred	Anderson	Andrews	Bailey	Baker
Basye	Billington	Black 137	Black 7	Bondon
Bromley	Busick	Chappelle-Nadal	Chipman	Coleman 32
Coleman 97	Deaton	DeGroot	Dinkins	Dohrman
Eggleston	Eslinger	Evans	Falkner III	Fishel
Fitzwater	Francis	Gannon	Gregory	Grier
Griesheimer	Griffith	Haden	Haffner	Hannegan
Hansen	Helms	Henderson	Hovis	Hudson
Hurst	Justus	Kelley 127	Kelly 141	Kidd
Knight	Kolkmeyer	Lovasco	Love	Lynch
Mayhew	McDaniel	McGaugh	McGill	Miller
Moon	Morris 140	Morse 151	Murphy	O'Donnell
Pfautsch	Pike	Plocher	Pogue	Pollitt 52
Pollock 123	Porter	Reedy	Rehder	Toalson Reisch
Remole	Richey	Riggs	Roberts 161	Rone
Ruth	Schnelting	Sharpe	Shaul 113	Shawan

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Shields	Simmons	Smith	Solon	Sommer
Spencer	Stacy	Stephens 128	Swan	Taylor
Trent	Veit	Walsh	Wilson	Wood
Wright	Mr. Speaker			

NOES: 032

Appelbaum	Baringer	Barnes	Bosley	Brown 70
Burnett	Butz	Carpenter	Clemens	Ellebracht
Ellington	Gray	Green	Ingle	Kendrick
Lavender	Mackey	McCreery	McGee	Merideth
Morgan	Mosley	Proudie	Quade	Razer
Roberts 77	Rogers	Rowland	Sain	Sauls
Unsicker	Washington			

PRESENT: 000

ABSENT WITH LEAVE: 032

Bangert	Beck	Bland Manlove	Brown 27	Burns
Carter	Christofanelli	Dogan	Franks Jr.	Hicks
Hill	Houx	Messenger	Mitten	Muntzel
Neely	Patterson	Pierson Jr.	Pietzman	Price
Roden	Roerber	Ross	Runions	Schroer
Shull 16	Stevens 46	Tate	Vescovo	Walker
Wiemann	Windham			

VACANCIES: 002

On motion of Representative Justus, **HB 407** was ordered perfected and printed.

HCS HB 745, relating to court orders changing custody, was taken up by Representative Ruth.

On motion of Representative Ruth, the title of **HCS HB 745** was agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 745, Page 1, Section 476.414, Lines 1 and 4, by deleting the words, "**or person**" on each line; and

Further amend said page and section, Lines 2 and 4, by inserting after each occurrence of the words, "**seventeen years of age**" the words, "**or younger**"; and

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

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

On motion of Representative Ruth, **HCS HB 745, as amended**, was adopted.

On motion of Representative Ruth, **HCS HB 745, as amended**, was ordered perfected and printed.

HB 372, relating to employment security, was taken up by Representative Trent.

On motion of Representative Trent, the title of **HB 372** was agreed to.

On motion of Representative Trent, **HB 372** was ordered perfected and printed.

HB 568, relating to public safety, was taken up by Representative Black (7).

On motion of Representative Black (7), the title of **HB 568** was agreed to.

On motion of Representative Black (7), **HB 568** was ordered perfected and printed.

HB 112, relating to gifted children, was taken up by Representative Sommer.

Representative Sommer moved that the title of **HB 112** be agreed to.

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

House Amendment No. 1

AMEND House Bill No. 112, Page 1, In the Title, Lines 2-3, by deleting the phrase "gifted children." and inserting in lieu thereof the phrase "elementary and secondary education."; and

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

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

Which motion was defeated.

On motion of Representative Sommer, the title of **HB 112** was agreed to.

Representative Anderson resumed the Chair.

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

House Amendment No. 2

AMEND House Bill No. 112, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"160.440. 1. For purposes of this section, "magnet school" means a school with specialized curricula that draws its student body from geographic areas outside the attendance zone of such school but within the attendance zone of the school district in which such school is located.

2. Notwithstanding any other provision of law, a school district may convert any school within its district into a magnet school. Any student who lives within the attendance zone of the school district may attend such magnet school, subject to the provisions of subsection 3 of this section.

3. If capacity is insufficient to enroll all students who seek admission to the magnet school, the magnet school shall have an admissions process that ensures that all students who seek admission have an equal chance of gaining admission; except that, the magnet school may give a preference for admission of students who submit an application for admission before a certain date.

4. A school district shall not be required to provide transportation to any student attending a magnet school who lives outside the attendance zone of such school but within the attendance zone of the school district.

5. This section shall not apply to any magnet school that was operating before the effective date of this section.

160.665. 1. Any school district within the state may designate one or more elementary or secondary school teachers or administrators as a school protection officer. The responsibilities and duties of a school protection officer are voluntary and shall be in addition to the normal responsibilities and duties of the teacher or administrator. Any compensation for additional duties relating to service as a school protection officer shall be funded by the local school district, with no state funds used for such purpose.

2. Any person designated by a school district as a school protection officer shall be authorized to carry concealed firearms or a self-defense spray device in any school in the district. A self-defense spray device shall mean any device that is capable of carrying, and that ejects, releases, or emits, a nonlethal solution capable of incapacitating a violent threat. The school protection officer shall not be permitted to allow any firearm or device out of his or her personal control while that firearm or device is on school property. Any school protection officer who violates this subsection may be removed immediately from the classroom and subject to employment termination proceedings.

3. A school protection officer has the same authority to detain or use force against any person on school property as provided to any other person under chapter 563.

4. Upon detention of a person under subsection 3 of this section, the school protection officer shall immediately notify a school administrator and a school resource officer, if such officer is present at the school. If the person detained is a student then the parents or guardians of the student shall also be immediately notified by a school administrator.

5. Any person detained by a school protection officer shall be turned over to a school administrator or law enforcement officer as soon as practically possible and shall not be detained by a school protection officer for more than one hour.

6. Any teacher or administrator of an elementary or secondary school who seeks to be designated as a school protection officer shall request such designation in writing, and submit it to the ~~superintendent~~ board of the school district which employs him or her as a teacher or administrator. Along with this request, any teacher or administrator seeking to carry a concealed firearm on school property shall also submit proof that he or she has a valid concealed carry endorsement or permit, and all teachers and administrators seeking the designation of school protection officer shall submit a certificate of school protection officer training program completion from a training program approved by the director of the department of public safety which demonstrates that such person has successfully completed the training requirements established by the POST commission under chapter 590 for school protection officers.

7. No school district may designate a teacher or administrator as a school protection officer unless such person has successfully completed a school protection officer training program, which has been approved by the director of the department of public safety. No school district shall allow a school protection officer to carry a concealed firearm on school property unless the school protection officer has a valid concealed carry endorsement or permit.

8. Any school district that designates a teacher or administrator as a school protection officer shall, within thirty days, notify, in writing, the director of the department of public safety of the designation, which shall include the following:

- (1) The full name, date of birth, and address of the officer;
- (2) The name of the school district; and
- (3) The date such person was designated as a school protection officer.

Notwithstanding any other provisions of law to the contrary, any identifying information collected under the authority of this subsection shall not be considered public information and shall not be subject to a request for public records made under chapter 610.

9. A school district may revoke the designation of a person as a school protection officer for any reason and shall immediately notify the designated school protection officer in writing of the revocation. The school district shall also within thirty days of the revocation notify the director of the department of public safety in writing of the revocation of the designation of such person as a school protection officer. A person who has had the designation of school protection officer revoked has no right to appeal the revocation decision.

10. The director of the department of public safety shall maintain a listing of all persons designated by school districts as school protection officers and shall make this list available to all law enforcement agencies.

11. Before a school district may designate a teacher or administrator as a school protection officer, the school board shall hold a public hearing on whether to allow such designation. Notice of the hearing shall be published at least fifteen days before the date of the hearing in a newspaper of general circulation within the city or county in which the school district is located. The board may determine at a closed meeting, as "closed meeting" is defined under section 610.010, whether to authorize the designated school protection officer to carry a concealed firearm or a self-defense spray device.

162.215. 1. The school board of any school district may authorize and commission school officers to enforce laws relating to crimes committed on school premises, at school activities, and on school buses operating within the school district only upon the execution of a memorandum of understanding with each municipal law enforcement agency and county sheriff's office which has law enforcement jurisdiction over the school district's premises and location of school activities, provided that the memorandum shall not grant statewide arrest authority. School officers shall be licensed peace officers, as defined in section 590.010, and shall comply with the provisions of chapter 590. The powers and duties of a peace officer shall continue throughout the employee's tenure as a school officer.

2. School officers shall abide by district school board policies, all terms and conditions defined within the executed memorandum of understanding with each municipal law enforcement agency and county sheriff's office which has law enforcement jurisdiction over the school district's premises and location of school activities, and shall consult with and coordinate activities through the ~~[school superintendent or the superintendent's designee]~~ board. School officers' authority shall be limited to crimes committed on school premises, at school activities, and on school buses operating within the jurisdiction of the executed memorandum of understanding. All crimes involving any sexual offense or any felony involving the threat or use of force shall remain under the authority of the local jurisdiction where the crime occurred. School officers may conduct any justified stop on school property and enforce any local violation that occurs on school grounds. School officers shall have the authority to stop, detain, and arrest for crimes committed on school property, at school activities, and on school buses.

162.553. There may be established for a period of not less than one year nor more than three years within each urban school district with a reported dropout rate in excess of forty percent, an ad hoc committee of thirteen to twenty members on dropout prevention. The committee shall be composed of school personnel, parents, students and community members. The committee members shall be selected by ~~[the superintendent and president of]~~ the school board with input from community organizations, the parent organizations of the district and student organizations of the district.

162.641. 1. In metropolitan districts, the treasurer shall exercise a general supervision over the fiscal affairs of the public schools of the city, the collection and payment of funds to the school depositaries, and the disbursement of all revenues and moneys belonging to the board. He **or she** shall deposit daily in the designated depositaries of the board all money collected or received by him **or her** for the board. He **or she** shall see that no liability is incurred or expenditure made without due authority of law, and that the appropriations are not overdrawn. He **or she** shall have supervision of all invested property of the board. He **or she** shall be the custodian of all securities, documents, title papers, books of record and other papers belonging to the board, other than books of record of board proceedings. He **or she** shall furnish a statement of receipts and disbursements at the times that the rules of the board provide, and at the end of the fiscal year he **or she** shall make to the superintendent of schools and the board a full and comprehensive report of its financial affairs for the preceding year. He **or she** shall give bond as the board requires, but not less than fifty thousand dollars.

2. The treasurer shall be the general accountant of the board and shall preserve in his **or her** office all accounts, vouchers and contracts pertaining to school affairs. He **or she** shall examine and audit all accounts and demands against the board and certify their correctness. He **or she** shall require settlement of accounts to be verified by affidavit whenever he **or she** deems proper. He **or she** shall keep accounts and shall make available budget and cost information as requested by the superintendent of schools and the board of education.

3. The treasurer shall exercise his **or her** duties and responsibilities under the administrative supervision and direction of the ~~[superintendent of schools and subject to the rules, regulations and policies of the]~~ board of education."; and

Further amend said bill, Section 162.720, Page 2, Line 37, by inserting after all of said section and line the following:

"162.1100. 1. There is hereby established within each city not within a county a school district to be known as the "Transitional School District of (name of city)", which shall be a body corporate and politic and a subdivision of the state. The transitional school district shall be coterminous with the boundaries of the city in which the district is located. Except as otherwise provided in this section and section 162.621, the transitional school district shall be subject to all laws pertaining to "seven-director districts", as defined in section 160.011. The transitional school district shall have the responsibility for educational programs and policies determined by a final judgment of a federal school desegregation case to be needed in providing for a transition of the educational system of the city from control and jurisdiction of a federal court school desegregation order, decree or agreement and such other programs and policies as designated by the governing body of the school district.

2. (1) The governing board of the transitional school district shall consist of three residents of the district: one shall be appointed by the governing body of the district, one shall be appointed by the mayor of the city not within a county and one shall be appointed by the president of the board of aldermen of the city not within a county. The members of the governing board shall serve without compensation for a term of three years, or until their successors have been appointed, or until the transitional district is dissolved or terminated. Any tax approved for the transitional district shall be assigned to the governing body of the school district in a city not within a county after dissolution or termination of the transitional district.

(2) In the event that the state board of education shall declare the school district of a city not within a county to be unaccredited, the member of the governing board of the transitional district appointed by the governing body of the district as provided in subdivision (1) of this subsection shall, within ninety days, be replaced by a chief executive officer nominated by the state board of education and appointed by the governor with the advice and consent of the senate. The chief executive officer need not be a resident of the district but shall be a person of recognized administrative ability, shall be paid in whole or in part with funds from the district, and shall have all other powers and duties of any other general superintendent of schools~~], including appointment of staff~~. The chief executive officer shall serve for a term of three years or until his **or her** successor is appointed or until the transitional district is dissolved or terminated. His **or her** salary shall be set by the state board of education.

3. In the event that the school district loses its accreditation, upon the appointment of a chief executive officer, any powers granted to any existing school board in a city not within a county on or before August 28, 1998, shall be vested with the special administrative board of the transitional school district containing such school district so long as the transitional school district exists, except as otherwise provided in section 162.621.

4. The special administrative board's powers and duties shall include:

- (1) Creating an academic accountability plan, taking corrective action in underperforming schools, and seeking relief from state-mandated programs;
- (2) Exploration of alternative forms of governance for the district;
- (3) Authority to contract with nonprofit corporations to provide for the operation of schools;
- (4) Oversight of facility planning, construction, improvement, repair, maintenance and rehabilitation;
- (5) Authority to establish school site councils to facilitate site-based school management and to improve the responsiveness of the schools to the needs of the local geographic attendance region of the school;
- (6) Authority to submit a proposal to district voters pursuant to section 162.666 regarding establishment of neighborhood schools.

5. (1) The provisions of a final judgment as to the state of Missouri and its officials in a school desegregation case which subjects a district in which a transitional district is located in this state to a federal court's jurisdiction may authorize or require the governing body of a transitional school district established under this section to establish the transitional district's operating levy for school purposes, as defined pursuant to section 163.011, at a level not to exceed eighty-five cents per one hundred dollars assessed valuation in the district or a sales tax equivalent amount as determined by the department of elementary and secondary education which may be substituted for all or part of such property tax.

(2) Any other statute to the contrary notwithstanding, no tax authorized pursuant to this subsection shall:

(a) Be subject to any certificate of tax abatement issued after August 28, 1998, pursuant to sections 99.700 to 99.715; and

(b) Effective January 1, 2002, be subject to any new or existing tax increment financing adopted by a city not within a county pursuant to sections 99.800 to 99.865 except that any redevelopment plan and redevelopment project concerning a convention headquarters hotel adopted by ordinance by a city not within a county prior to August 28, 2003, shall be subject to such tax increment financing.

(3) The transitional school district shall not be subject to the provisions of section 162.081, sections 163.021 and 163.023 with respect to any requirements to maintain a minimum value of operating levy or any consequences provided by law for failure to levy at least such minimum rate. No operating levy or increase in the

operating levy or sales tax established pursuant to this section shall be collected for a transitional school district unless prior approval is obtained from a simple majority of the district's voters. The board of the transitional district shall place the matter before the voters prior to March 15, 1999.

6. (1) The special administrative board established in this section shall develop, implement, monitor and evaluate a comprehensive school improvement plan, and such plan shall be subject to review and approval of the state board of education. The plan shall ensure that all students meet or exceed grade-level standards established by the state board of education pursuant to section 160.514;

(2) The special administrative board shall establish student performance standards consistent with the standards established by the state board of education pursuant to section 160.514 for preschool through grade twelve in all skill and subject areas, subject to review and approval of the state board of education for the purpose of determining whether the standards are consistent with standards established by the state board of education pursuant to section 160.514;

(3) All students in the district who do not achieve grade-level standards shall be required to attend summer school; except that the provisions of this subsection shall not apply to students receiving special education services pursuant to sections 162.670 to 162.999;

(4) No student shall be promoted to a higher grade level unless that student has a reading ability at or above one grade level below the student's grade level; except that the provisions of this subsection shall not apply to students receiving special education services pursuant to sections 162.670 to 162.999;

(5) The special administrative board established in this section shall develop, implement and annually update a professional development plan for teachers and other support staff, subject to review and approval of the state board of education.

7. The school improvement plan established pursuant to this section shall ensure open enrollment and program access to all students in the district, and, consistent with the Missouri and United States Constitutions, shall give first priority to residents of the city for admission to magnet schools. The school board shall take all practicable and constitutionally permissible steps to ensure that all magnet schools operate at full capacity. Students who change residence within the district shall be allowed to continue to attend the school in which they were initially enrolled for the remainder of their education at grade levels served by that school, and transportation shall be provided by the district to allow such students to continue to attend such school of initial enrollment.

8. To the extent practicable, the special administrative board shall ensure that per pupil expenditures and pupil-teacher ratios shall be the same for all schools serving students at a given grade level.

9. The special administrative board shall ensure that early childhood education is available throughout the district.

10. The special administrative board shall ensure that vocational education instruction is provided within the district.

11. The special administrative board shall establish an accountability officer whose duty shall be to ensure that academically deficient schools within the district are raised to acceptable condition within two years.

12. The transitional school district in any city not within a county shall be dissolved on July 1, 2008, unless the state board determines, prior to that date, that it is necessary for the transitional district to continue to accomplish the purposes for which it was created. The state board of education may cause the termination of the transitional school district at any time upon a determination that the transitional district has accomplished the purposes for which it was established and is no longer needed. The state board of education may cause the reestablishment of the transitional school district at any time upon a determination that it is necessary for the transitional district to be reestablished to accomplish the purposes established in this section. The state board of education shall provide notice to the governor and general assembly of the termination or reestablishment of the transitional school district and the termination or reestablishment shall become effective thirty days following such determination. Upon dissolution of a transitional school district pursuant to this section, nothing in this section shall be construed to reduce or eliminate any power or duty of any school district or districts containing the territory of the dissolved transitional school district unless such transitional school district is reestablished by the state board of education pursuant to this section.

167.020. 1. As used in this section, the term "homeless child" or "homeless youth" shall mean a person less than twenty-one years of age who lacks a fixed, regular and adequate nighttime residence, including a child or youth who:

(1) Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; is living in motels, hotels, or camping grounds due to lack of alternative adequate accommodations; is living in emergency or transitional shelters; is abandoned in hospitals; or is awaiting foster care placement;

(2) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

(3) Is living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(4) Is a migratory child or youth who qualifies as homeless because the child or youth is living in circumstances described in subdivisions (1) to (3) of this subsection.

2. In order to register a pupil, the parent or legal guardian of the pupil or the pupil himself or herself shall provide, at the time of registration, one of the following:

(1) Proof of residency in the district. Except as otherwise provided in section 167.151, the term "residency" shall mean that a person both physically resides within a school district and is domiciled within that district or, in the case of a private school student suspected of having a disability under the Individuals With Disabilities Education Act, 20 U.S.C. Section 1412, et seq., that the student attends private school within that district. The domicile of a minor child shall be the domicile of a parent, military guardian pursuant to a military-issued guardianship or court-appointed legal guardian. For instances in which the family of a student living in Missouri co-locates to live with other family members or live in a military family support community because one or both of the child's parents are stationed or deployed out of state or deployed within Missouri under ~~[Title 32 or Title 10]~~ active duty orders **under Title 10 or Title 32 of the United States Code**, the student may attend the school district in which the family member's residence or family support community is located. If the active duty orders expire during the school year, the student may finish the school year in that district; or

(2) Proof that the person registering the student has requested a waiver under subsection 3 of this section within the last forty-five days.

In instances where there is reason to suspect that admission of the pupil will create an immediate danger to the safety of other pupils and employees of the district, the ~~[superintendent or the superintendent's designee]~~ **school board** may convene a hearing within five working days of the request to register and determine whether or not the pupil may register.

3. Any person subject to the requirements of subsection 2 of this section may request a waiver from the district board of any of those requirements on the basis of hardship or good cause. Under no circumstances shall athletic ability be a valid basis of hardship or good cause for the issuance of a waiver of the requirements of subsection 2 of this section. The district board or committee of the board appointed by the president and which shall have full authority to act in lieu of the board shall convene a hearing as soon as possible, but no later than forty-five days after receipt of the waiver request made under this subsection or the waiver request shall be granted. The district board or committee of the board may grant the request for a waiver of any requirement of subsection 2 of this section. The district board or committee of the board may also reject the request for a waiver in which case the pupil shall not be allowed to register. Any person aggrieved by a decision of a district board or committee of the board on a request for a waiver under this subsection may appeal such decision to the circuit court in the county where the school district is located.

4. Any person who knowingly submits false information to satisfy any requirement of subsection 2 of this section is guilty of a class A misdemeanor.

5. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent, military guardian or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent, military guardian or legal guardian filed false information to satisfy any requirement of subsection 2 of this section.

6. Subsection 2 of this section shall not apply to a pupil who is a homeless child or youth, or a pupil attending a school not in the pupil's district of residence as a participant in an interdistrict transfer program established under a court-ordered desegregation program, a pupil who is a ward of the state and has been placed in a residential care facility by state officials, a pupil who has been placed in a residential care facility due to a mental illness or developmental disability, a pupil attending a school pursuant to sections 167.121 and 167.151, a pupil placed in a residential facility by a juvenile court, a pupil with a disability identified under state eligibility criteria if the student is in the district for reasons other than accessing the district's educational program, or a pupil attending a regional or cooperative alternative education program or an alternative education program on a contractual basis.

7. Within two business days of enrolling a pupil, the school official enrolling a pupil, including any special education pupil, shall request those records required by district policy for student transfer and those discipline records required by subsection 9 of section 160.261 from all schools previously attended by the pupil within the last twelve months. Any school district that receives a request for such records from another school district enrolling a pupil that had previously attended a school in such district shall respond to such request within five business days of receiving the request. School districts may report or disclose education records to law enforcement and juvenile

justice authorities if the disclosure concerns law enforcement's or juvenile justice authorities' ability to effectively serve, prior to adjudication, the student whose records are released. The officials and authorities to whom such information is disclosed must comply with applicable restrictions set forth in 20 U.S.C. Section 1232g(b)(1)(E).

167.031. 1. Every parent, guardian or other person in this state having charge, control or custody of a child not enrolled in a public, private, parochial, parish school or full-time equivalent attendance in a combination of such schools and between the ages of seven years and the compulsory attendance age for the district is responsible for enrolling the child in a program of academic instruction which complies with subsection 2 of this section. Any parent, guardian or other person who enrolls a child between the ages of five and seven years in a public school program of academic instruction shall cause such child to attend the academic program on a regular basis, according to this section. Nonattendance by such child shall cause such parent, guardian or other responsible person to be in violation of the provisions of section 167.061, except as provided by this section. A parent, guardian or other person in this state having charge, control, or custody of a child between the ages of seven years of age and the compulsory attendance age for the district shall cause the child to attend regularly some public, private, parochial, parish, home school or a combination of such schools not less than the entire school term of the school which the child attends; except that:

(1) A child who, to the satisfaction of the ~~superintendent of public schools~~ **board** of the district in which he or she resides, ~~or if there is no superintendent then the chief school officer~~, is determined to be mentally or physically incapacitated may be excused from attendance at school for the full time required, or any part thereof;

(2) A child between fourteen years of age and the compulsory attendance age for the district may be excused from attendance at school for the full time required, or any part thereof, by the ~~superintendent of public schools~~ **board** of the district, or if there is none then by a court of competent jurisdiction, when legal employment has been obtained by the child and found to be desirable, and after the parents or guardian of the child have been advised of the pending action; or

(3) A child between five and seven years of age shall be excused from attendance at school if a parent, guardian or other person having charge, control or custody of the child makes a written request that the child be dropped from the school's rolls.

2. (1) As used in sections 167.031 to 167.071, a "home school" is a school, whether incorporated or unincorporated, that:

- (a) Has as its primary purpose the provision of private or religious-based instruction;
- (b) Enrolls pupils between the ages of seven years and the compulsory attendance age for the district, of which no more than four are unrelated by affinity or consanguinity in the third degree; and
- (c) Does not charge or receive consideration in the form of tuition, fees, or other remuneration in a genuine and fair exchange for provision of instruction.

(2) As evidence that a child is receiving regular instruction, the parent shall, except as otherwise provided in this subsection:

- (a) Maintain the following records:
 - a. A plan book, diary, or other written record indicating subjects taught and activities engaged in; and
 - b. A portfolio of samples of the child's academic work; and
 - c. A record of evaluations of the child's academic progress; or
 - d. Other written, or credible evidence equivalent to subparagraphs a., b. and c.; and
- (b) Offer at least one thousand hours of instruction, at least six hundred hours of which will be in reading, language arts, mathematics, social studies and science or academic courses that are related to the aforementioned subject areas and consonant with the pupil's age and ability. At least four hundred of the six hundred hours shall occur at the regular home school location.

(3) The requirements of subdivision (2) of this subsection shall not apply to any pupil above the age of sixteen years.

3. Nothing in this section shall require a private, parochial, parish or home school to include in its curriculum any concept, topic, or practice in conflict with the school's religious doctrines or to exclude from its curriculum any concept, topic, or practice consistent with the school's religious doctrines. Any other provision of the law to the contrary notwithstanding, all departments or agencies of the state of Missouri shall be prohibited from dictating through rule, regulation or other device any statewide curriculum for private, parochial, parish or home schools.

4. A school year begins on the first day of July and ends on the thirtieth day of June following.

5. The production by a parent of a daily log showing that a home school has a course of instruction which satisfies the requirements of this section or, in the case of a pupil over the age of sixteen years who attended a metropolitan school district the previous year, a written statement that the pupil is attending home school in compliance with this section shall be a defense to any prosecution under this section and to any charge or action for educational neglect brought pursuant to chapter 210.

6. As used in sections 167.031 to 167.051, the term "compulsory attendance age for the district" shall mean:

(1) Seventeen years of age for any metropolitan school district for which the school board adopts a resolution to establish such compulsory attendance age; provided that such resolution shall take effect no earlier than the school year next following the school year during which the resolution is adopted; and

(2) Seventeen years of age or having successfully completed sixteen credits towards high school graduation in all other cases. The school board of a metropolitan school district for which the compulsory attendance age is seventeen years may adopt a resolution to lower the compulsory attendance age to sixteen years; provided that such resolution shall take effect no earlier than the school year next following the school year during which the resolution is adopted.

7. For purposes of subsection 2 of this section as applied in subsection 6 ~~herein~~ **of this section**, a "completed credit towards high school graduation" shall be defined as one hundred hours or more of instruction in a course. Home school education enforcement and records pursuant to this section, and sections 210.167 and 211.031, shall be subject to review only by the local prosecuting attorney.

167.091. 1. The school board of any district which has ten thousand inhabitants or more~~;~~ may establish and maintain from the public school funds one or more special truant or parental day schools in the city or district for children who are either habitual truants from any school in which they are enrolled as pupils, or who, while in attendance at any school are incorrigible, vicious or immoral, or who habitually wander or loiter about the streets or roads or other public places without lawful employment, or who, in the opinion of the board ~~or of its superintendent of instruction~~, require special attention and instruction. The school board~~, through its officers,~~ may assign, require and compel all such children to attend the special truant or parental school or any department of the graded schools that the board directs.

2. The board may also establish and maintain from the public school funds, either within or without its district, a parental school for the care and education of any child resident of the school district and committed to it by a juvenile court under the provisions of section 211.181. For every child committed to the school there shall be paid to the board of education out of the treasury of the city or county the sum of ten dollars per month for the support, maintenance, clothing and other expenses of the child from the time of its entrance into the school until its discharge therefrom.

168.171. Each school board employing thirty or more teachers may employ a supervisor of physical education for the schools under its jurisdiction whose qualifications for service shall be established by the state board of education. The supervisor of physical education, under the direction of the ~~superintendent of schools~~ **board** of the district, shall supervise the teaching of all subjects related to physical education and the physical well-being of the children under his **or her** charge, direct the supervised play and gymnastics in the schools and control school athletics. School boards employing thirty or more teachers may employ, or otherwise provide or secure the service of, a supervisor of health and of one or more school nurses, who shall serve under the administration of the ~~superintendent of schools~~ **board** of the district. If the supervisor of physical education is qualified to perform the duties of supervisor of health, he **or she** may perform the duties of both offices. All duties performed by the supervisor of health or the school nurses shall be performed with the advice and cooperation of the director of the state department of health and senior services.

168.211. 1. In metropolitan districts the superintendent of schools shall be appointed by the board of education for a term of one to five years~~, during which term his compensation shall not be reduced~~. The ~~superintendent of schools~~ **board** may appoint~~, with the approval of the board,~~ a treasurer~~;~~ **and** a commissioner of school buildings and ~~he~~ **they** shall serve at the pleasure of the ~~superintendent of schools and~~ **board**. **The board may also appoint** as many associate and assistant superintendents as ~~he~~ **the board** deems necessary, whose compensation shall be fixed by the board. The superintendent of schools shall give bond in the sum that the board requires but not less than fifty thousand dollars. No employee or agent of the board shall be a member of the board.

2. The ~~superintendent of schools~~ **board** shall have general supervision~~, subject to policies established by the board,~~ of the school system, including its various departments and physical properties, courses of instruction, discipline and conduct of the schools, textbooks and studies, **and the superintendent shall enforce any decisions made by the board regarding these issues**. All appointments, promotions and transfers of teachers and all other employees, and introduction and changes of textbooks and apparatus, shall be made by ~~the superintendent with the approval of~~ the board, **and the superintendent shall enforce such decisions**. All appointments and promotions of

teachers and all other employees shall be made upon the basis of merit, to be ascertained, as far as practicable, in cases of appointment, by examination, and in cases of promotion, by length and character of service. Examinations for appointment shall be conducted by the ~~[superintendent under regulations to be made by the]~~ board. ~~[He]~~ **The superintendent** shall make such reports to the board that it directs or the rules provide.

3. The ~~[superintendent of schools]~~ **board** shall have general supervision ~~[- subject to policies established by the board,]~~ of all school buildings, apparatus, equipment and school grounds and of their construction, installation, operation, repair, care and maintenance; the purchasing of all supplies and equipment; the operation of the school lunchrooms; the administration of examinations for the appointment and promotion of all employees of the school system; and the preparation and administration of the annual budget for the school system, **and the superintendent shall enforce any decisions made by the board regarding these issues.** ~~[Subject to the approval of the board of education as to number and salaries, the superintendent]~~ **The board** may appoint as many employees as are necessary for the proper performance of ~~[his]~~ **the superintendent's** duties.

4. The board may grant a leave of absence to the superintendent of schools, and may remove him **or her** from office by vote of a majority of its members.

5. Should the ~~[superintendent]~~ **board** hire a commissioner of school buildings, said person shall be a person qualified by reason of education, experience and general familiarity with buildings and personnel to assume the following responsibilities and duties. Subject to the control of the ~~[superintendent of schools]~~ **board**, he **or she** shall exercise supervision over all school buildings, machinery, heating systems, equipment, school grounds and other buildings and premises of the board of education and the construction, installation, operation, repair, care and maintenance related thereto and the personnel connected therewith; the purchasing of building supplies and equipment and such other duties as may be assigned to him **or her** by board rules or regulations."; and

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

Representative Coleman (97) raised a point of order that **House Amendment No. 2** goes beyond the scope of the bill.

Representative Anderson requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

On motion of Representative Sommer, **HB 112** was ordered perfected and printed.

HCS HB 379, relating to historic county courthouses, was taken up by Representative McGaugh.

On motion of Representative McGaugh, the title of **HCS HB 379** was agreed to.

On motion of Representative McGaugh, **HCS HB 379** was adopted.

On motion of Representative McGaugh, **HCS HB 379** was ordered perfected and printed.

HCS HB 287, relating to electric vehicle charging stations, was taken up by Representative Kidd.

Representative Kidd moved that the title of **HCS HB 287** be agreed to.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 287, Page 1, In the Title, Line 3, by deleting all of said line and inserting in lieu thereof the word "utilities."; and

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

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

Which motion was defeated.

On motion of Representative Kidd, the title of **HCS HB 287** was agreed to.

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

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 287, Page 9, Section 386.020, Line 301, by inserting after all of said section and line the following:

"386.810. 1. The provisions of this section shall be known and may be cited as the "Customer Utility Protection Act".

2. Notwithstanding any other provision of law, if a public utility discontinues service for any customer for any reason, such public utility shall not charge such customer fees or any other penalties in excess of the fees allowed under this section for reconnecting the service. Such customer's payments for the utility's service shall not increase as a result of the discontinuation of service, except as allowed under this section.

3. A public utility may charge a one-time fee for reconnecting its services after a discontinuation of service. Such one-time fee shall not exceed twenty dollars.

4. A public utility may charge a customer, whose service it has discontinued and then reconnected, a monthly fee over a twelve-month period beginning with the date that the utility reconnected the service. Such monthly fee shall not exceed five dollars. The utility may charge such monthly fee in addition to the one-time fee described under subsection 3 of this section.

5. Notwithstanding any other provision of law, a public utility shall not require a customer to pay more than ten percent of any balance owed to the utility in order to receive restoration of service.

6. If a public utility seeks a rate increase, the public utility may use, as evidence in any proceeding related to the proposed rate increase, any losses under this section."; and

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

Representative Coleman (97) raised a point of order that **House Amendment No. 2** goes beyond the scope of the bill.

Representative Anderson requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order well taken.

On motion of Representative Kidd, **HCS HB 287** was adopted.

On motion of Representative Kidd, **HCS HB 287** was ordered perfected and printed.

REFERRAL OF HOUSE BILLS

The following House Bill was referred to the Committee indicated:

HB 37 - Crime Prevention and Public Safety

REFERRAL OF SENATE BILLS

The following Senate Bills were referred to the Committee indicated:

SB 152 - General Laws

SCS SB 267 - General Laws

COMMITTEE REPORTS

Committee on Children and Families, Chairman Solon reporting:

Mr. Speaker: Your Committee on Children and Families, to which was referred **HB 664**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (11): Bailey, Gannon, Ingle, Moon, Neely, Pietzman, Rehder, Remole, Solon, Stacy and Unsicker

Noes (0)

Absent (2): Mackey and Proudie

Committee on Conservation and Natural Resources, Chairman Remole reporting:

Mr. Speaker: Your Committee on Conservation and Natural Resources, to which was referred **HB 914**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (8): Anderson, Brown (70), Haden, Knight, Mayhew, McCreery, Pietzman and Remole

Noes (0)

Absent (2): Chappelle-Nadal and Love

Committee on Corrections and Public Institutions, Chairman Roden reporting:

Mr. Speaker: Your Committee on Corrections and Public Institutions, to which was referred **SS#2 SCS SB 194**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(b) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (8): Appelbaum, Green, Hansen, Henderson, McDaniel, Morse (151), Remole and Roden

Noes (0)

Absent (2): Franks Jr. and Moon

Committee on Crime Prevention and Public Safety, Chairman Wilson reporting:

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **HB 826**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (5): Griffith, Hovis, Richey, Walsh and Wilson

Noes (1): Carter

Absent (4): Franks Jr., Hill, Ingle and McDaniel

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **HB 882**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (6): Carter, Griffith, Hovis, Richey, Walsh and Wilson

Noes (0)

Absent (4): Franks Jr., Hill, Ingle and McDaniel

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **HB 925**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (6): Carter, Griffith, Hovis, Richey, Walsh and Wilson

Noes (0)

Absent (4): Franks Jr., Hill, Ingle and McDaniel

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **HB 1038**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (6): Carter, Griffith, Hovis, Richey, Walsh and Wilson

Noes (0)

Absent (4): Franks Jr., Hill, Ingle and McDaniel

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **SB 20**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (6): Carter, Griffith, Hovis, Richey, Walsh and Wilson

Noes (0)

Absent (4): Franks Jr., Hill, Ingle and McDaniel

Committee on Higher Education, Chairman Dohrman reporting:

Mr. Speaker: Your Committee on Higher Education, to which was referred **HB 837**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (6): Black (137), Dohrman, Kelley (127), Shawan, Shields and Trent

Noes (3): Kendrick, Proudie and Razer

Absent (1): Gannon

Mr. Speaker: Your Committee on Higher Education, to which was referred **HB 1099**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(25)(c) be referred to the Committee on Rules - Legislative Oversight by the following vote:

Ayes (9): Black (137), Dohrman, Kelley (127), Kendrick, Proudie, Razer, Shawan, Shields and Trent

Noes (0)

Absent (1): Gannon

Committee on Rules - Administrative Oversight, Chairman Rehder reporting:

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCB 1**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 186**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

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Ayes (4): Kelly (141), Rehder, Schroer and Solon

Noes (3): Carpenter, Lavender and Mitten

Absent (3): Dogan, Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCS HB 572**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (5): Dogan, Kelly (141), Rehder, Schroer and Solon

Noes (3): Carpenter, Lavender and Mitten

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 713**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (7): Carpenter, Dogan, Kelly (141), Mitten, Rehder, Schroer and Solon

Noes (1): Lavender

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 827**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCS HB 919**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCS HB 951**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (5): Dogan, Kelly (141), Rehder, Schroer and Solon

Noes (3): Carpenter, Lavender and Mitten

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 979**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 1009**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 1010**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 1044**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (7): Carpenter, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (3): Dogan, Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 1085**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HCS HB 1206**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

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Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **HB 1237**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Carpenter, Dogan, Kelly (141), Lavender, Mitten, Rehder, Schroer and Solon

Noes (0)

Absent (2): Gregory and Shull (16)

Committee on Rules - Legislative Oversight, Chairman Miller reporting:

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCB 10**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Chipman, Christofanelli, Fitzwater, Houx, Miller and Sommer

Noes (1): Unsicker

Absent (3): Bondon, Runions and Washington

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 217**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Chipman, Christofanelli, Fitzwater, Houx, Miller and Sommer

Noes (1): Unsicker

Absent (3): Bondon, Runions and Washington

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 637**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (7): Chipman, Christofanelli, Fitzwater, Houx, Miller, Sommer and Washington

Noes (1): Unsicker

Absent (2): Bondon and Runions

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HBs 643 & 641**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Chipman, Christofanelli, Fitzwater, Houx, Miller and Sommer

Noes (2): Unsicker and Washington

Absent (2): Bondon and Runions

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 791**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Chipman, Christofanelli, Fitzwater, Houx, Miller, Sommer, Unsicker and Washington

Noes (0)

Absent (2): Bondon and Runions

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 1025**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Chipman, Christofanelli, Fitzwater, Houx, Miller, Sommer, Unsicker and Washington

Noes (0)

Absent (2): Bondon and Runions

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HB 1057**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Chipman, Christofanelli, Fitzwater, Houx, Miller, Sommer, Unsicker and Washington

Noes (0)

Absent (2): Bondon and Runions

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 1137**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Chipman, Christofanelli, Fitzwater, Houx, Miller and Sommer

Noes (2): Unsicker and Washington

Absent (2): Bondon and Runions

Mr. Speaker: Your Committee on Rules - Legislative Oversight, to which was referred **HCS HB 1170**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Chipman, Christofanelli, Fitzwater, Houx, Miller, Sommer, Unsicker and Washington

Noes (0)

Absent (2): Bondon and Runions

**CONFERENCE COMMITTEE REPORT
ON
SENATE COMMITTEE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 14**

The Conference Committee appointed on Senate Committee Substitute for House Committee Substitute for House Bill No. 14, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the Senate recede from its position on Senate Committee Substitute for House Committee Substitute for House Bill No. 14.
2. That the House recede from its position on House Committee Substitute for House Bill No. 14.
3. That the attached Conference Committee Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 14, be truly agreed to and finally passed.

FOR THE HOUSE:

/s/ Rep. Cody Smith
/s/ Rep. David Wood
/s/ Rep. Hannah Kelly
Rep. Kip Kendrick
Rep. Peter Merideth

FOR THE SENATE:

/s/ Sen. Dan Hegeman
/s/ Sen. Lincoln Hough
/s/ Sen. Denny Hoskins
/s/ Sen. John Rizzo
/s/ Sen. Jamilah Nasheed

The following member's presence was noted: Ross.

ADJOURNMENT

On motion of Representative Eggleston, the House adjourned until 10:00 a.m., Wednesday, April 10, 2019.

COMMITTEE HEARINGS

AGRICULTURE POLICY

Wednesday, April 10, 2019, 12:00 PM or upon morning recess (whichever is later),
House Hearing Room 7.

Public hearing will be held: HB 1209

Executive session may be held on any matter referred to the committee.

AGRICULTURE POLICY

Thursday, April 18, 2019, 8:30 AM, House Hearing Room 3.

Executive session may be held on any matter referred to the committee.

The University of Missouri Food and Agriculture Policy Research Institute (FAPRI) will be giving a legislative briefing on their agricultural economy baseline to the House Agriculture Policy Committee and the Senate Agriculture, Food Production and Outdoor Resources Committee.

BUDGET

Wednesday, April 10, 2019, 8:30 AM, House Hearing Room 3.

Public hearing will be held: HB 17, HB 18, HB 19

Executive session will be held: HB 1049, HB 423

Executive session may be held on any matter referred to the committee.

CONSERVATION AND NATURAL RESOURCES

Wednesday, April 10, 2019, upon adjournment, House Hearing Room 4.

Executive session will be held: SB 134

Executive session may be held on any matter referred to the committee.

ECONOMIC DEVELOPMENT

Wednesday, April 10, 2019, 5:00 PM or upon adjournment (whichever is later), House Hearing Room 5.

Executive session will be held: HB 665

Executive session may be held on any matter referred to the committee.

ELECTIONS AND ELECTED OFFICIALS

Wednesday, April 10, 2019, 8:00 AM, House Hearing Room 6.

Public hearing will be held: HB 322, HB 543

Executive session will be held: HB 408, HB 535, HB 595

Executive session may be held on any matter referred to the committee.

Added HB 595.

AMENDED

ETHICS

Thursday, April 11, 2019, upon adjournment, House Hearing Room 4.

Executive session may be held on any matter referred to the committee.

Portions of this meeting may be closed under the authority of Article III, Section 18 of the Missouri Constitution, House Rule 37, House Resolution 137 and 610.021 (3) RSMo.

FINANCIAL INSTITUTIONS

Thursday, April 11, 2019, 9:30 AM, House Hearing Room 5.

Public hearing will be held: HB 902

Executive session will be held: HB 968, HB 902

Executive session may be held on any matter referred to the committee.

HEALTH AND MENTAL HEALTH POLICY

Thursday, April 11, 2019, 12:00 PM or upon adjournment, House Hearing Room 5.

Public hearing will be held: HB 1164

Executive session may be held on any matter referred to the committee.

RULES - ADMINISTRATIVE OVERSIGHT

Wednesday, April 10, 2019, 12:35 PM or upon morning recess (whichever is later),
House Hearing Room 4.

Executive session will be held: HCS HB 1063, HCS HB 183, HCS HB 495, HB 747, HCB 6,
HCB 7, HCS HB 189

Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON AGING

Wednesday, April 10, 2019, 12:00 PM or upon morning recess (whichever is later),
House Hearing Room 6.

Executive session will be held: HB 1176, HB 977

Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON CRIMINAL JUSTICE

Thursday, April 11, 2019, 8:00 AM, House Hearing Room 1.

Public hearing will be held: HB 1141

Executive session will be held: HB 1095

Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON SMALL BUSINESS

Wednesday, April 10, 2019, 8:00 AM, House Hearing Room 1.

Executive session will be held: HB 92, SCS SB 90

Executive session may be held on any matter referred to the committee.

Added SB 90.

AMENDED

SPECIAL COMMITTEE ON TOURISM

Thursday, April 11, 2019, 8:00 AM, House Hearing Room 6.

Public hearing will be held: SCR 11, SCR 12, SB 196

Executive session will be held: HB 863

Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON URBAN ISSUES

Wednesday, April 10, 2019, 6:00 PM or upon adjournment, House Hearing Room 7.

Executive session will be held: HB 297

Executive session may be held on any matter referred to the committee.

CANCELLED

SPECIAL COMMITTEE ON URBAN ISSUES

Monday, April 15, 2019, 6:00 PM or upon adjournment (whichever is later),
House Hearing Room 4.

Executive session will be held: HB 297

Executive session may be held on any matter referred to the committee.

TRANSPORTATION

Thursday, April 11, 2019, 8:45 AM, House Hearing Room 7.
Public hearing will be held: HB 1157, SB 368
Executive session will be held: HB 1134, HB 1058, HCR 26, SCS SB 89
Executive session may be held on any matter referred to the committee.
Added SB 89.
AMENDED

VETERANS

Wednesday, April 10, 2019, 12:00 PM or upon morning recess (whichever is later),
House Hearing Room 1.
Public hearing will be held: HB 1064, SB 283
Executive session will be held: HB 792, HJR 30, SCS SB 180, HCR 9
Executive session may be held on any matter referred to the committee.
HCR 9 added.
AMENDED

WAYS AND MEANS

Wednesday, April 10, 2019, 8:00 AM, House Hearing Room 5.
Public hearing will be held: HB 1243
Executive session will be held: HB 422, HB 1060, HB 908
Executive session may be held on any matter referred to the committee.
Added HB 908.
AMENDED

HOUSE CALENDAR

FIFTIETH DAY, WEDNESDAY, APRIL 10, 2019

HOUSE JOINT RESOLUTIONS FOR PERFECTION

HCS HJR 19 - Christofanelli
HCS HJR 41 - Fitzwater

HOUSE BILLS FOR PERFECTION - INFORMAL

HCS HB 581 - Roeber
HB 230 - Dinkins
HB 231 - Kolkmeyer
HB 930 - Ross
HCS HB 326 - Schroer
HB 769 - Ross
HB 191 - Kolkmeyer
HCS HB 254 - Morris (140)
HB 338 - Schnelting

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HCS HB 404 - Messenger
HB 816 - Black (137)
HCS HB 349 - Hannegan
HB 758 - Bondon
HCS HB 932 - Rehder
HCS HB 1094 - Dohrman

HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING

HCR 34 - Riggs

HOUSE BILLS FOR THIRD READING - INFORMAL

HCS HB 473 - Grier
HCS HBs 26 & 922, (Fiscal Review 3/28/19) - Taylor
HB 159 - Love
HB 920 - Coleman (97)

BILLS IN CONFERENCE

CCR SCS HCS HB 14 - Smith

HOUSE RESOLUTIONS

HR 435 - Lynch

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

HCS HB 2001 - Smith
CCS SCS HCS HB 2002 - Smith
CCS SCS HCS HB 2003 - Smith
CCS SCS HCS HB 2004 - Smith
CCS SCS HCS HB 2005 - Smith
CCS SCS HCS HB 2006 - Smith
CCS SCS HCS HB 2007 - Smith
CCS SCS HCS HB 2008 - Smith
CCS SCS HCS HB 2009 - Smith
CCS SS SCS HCS HB 2010 - Smith
CCS SCS HCS HB 2011 - Smith
CCS SCS HCS HB 2012 - Smith
SCS HCS HB 2013 - Smith
HCS HB 2017 - Smith
HCS HB 2018 - Smith
HCS HB 2019 - Smith