

# JOURNAL OF THE HOUSE

Second Regular Session, 101st GENERAL ASSEMBLY

SIXTY-FOURTH DAY, WEDNESDAY, MAY 4, 2022

The House met pursuant to adjournment.

Speaker Vescovo in the Chair.

Prayer by Reverend Monsignor Robert A. Kurwicky, Chaplain.

*And this commandment we have from Him, that he who loveth God love his brother also. (I John 4:21)*

O God, the Lord and sustainer of all and the Creator of all people, we pray that You will make Your will known to us as we bow in this circle of prayer. May we be so governed by Your power and so guided by Your gracious purpose that we may be led into the way of truth, along the path of peace, on the road of righteousness, and down the highway of goodwill.

Remove the walls which separate our people and break down the barriers which partition one life from another, one group from another, one party from another. Purge our cities and towns of the causes of hate and violence. By Your grace, help us to live in a new unity of spirit, with a new bond of peace, by a new righteousness of life, and for a new spirit of humility.

And the House says, "Amen!"

The Pledge of Allegiance to the flag was recited.

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

## SECOND READING OF SENATE BILLS

The following Senate Bill was read the second time:

**SS SB 742**, relating to insurance, with penalty provisions.

## MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the President Pro Tem has appointed the following Conference Committee to act with a like committee from the House on **HCS SS SCS SBs 681 & 662, as amended**.

Senators: O'Laughlin, Koenig, Eslinger, Arthur, Schupp

## COMMITTEE REPORTS

### **Committee on Fiscal Review**, Chairman Fitzwater reporting:

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **CCR SS HB 2149, as amended**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Baringer, Chipman, Fitzwater, Fogle, Richey and Walsh (50)

Noes (0)

Absent (1): Eggleston

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **HCS#2 SB 710**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (6): Baringer, Chipman, Fitzwater, Fogle, Richey and Walsh (50)

Noes (0)

Absent (1): Eggleston

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **HCS SS#2 SCS SB 745**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (4): Chipman, Fitzwater, Richey and Walsh (50)

Noes (2): Baringer and Fogle

Absent (1): Eggleston

## THIRD READING OF SENATE BILLS

**HCS SCS SB 886**, relating to trusts, was taken up by Representative Hardwick.

On motion of Representative Hardwick, the title of **HCS SCS SB 886** was agreed to.

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

### *House Amendment No. 1*

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 886, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"214.160. 1. Under sections 214.140 to 214.180, and as otherwise not prohibited under Article VI, Section 23 of the Constitution of Missouri, the county commission may invest or loan said trust fund or funds in United States government, state, county or municipal bonds, certificates of deposit, first real estate mortgages, or deeds of trust and may utilize investment managers to invest, reinvest, and manage assets, subject to the terms, conditions, and limitations provided in this section and Article IV, Section 15 of the Constitution of Missouri. ~~They~~ **When sufficient, the commission** shall use the net income from said trust fund or funds or such investments or so much thereof as is necessary to support and maintain and beautify any public or private cemetery or any particular part

thereof which may be designated by the person, persons or firm or association making said gift or bequest. **If the net income from said trust fund or funds is not sufficient to support and maintain and beautify a cemetery, the commission may only use as much of the principal thereof as the commission deems necessary for the purpose of the basic maintenance to control the growth of grass and weeds.** In maintaining or supporting the cemetery or any particular part or portion thereof the commission shall as nearly as possible follow the expressed wishes of the creator of said trust fund.

2. An investment manager shall discharge his or her duties in the interest of the public or private cemetery and the interest of the person, persons, or firm making the gift or bequest and shall:

(1) Act with the same care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a similar capacity and familiar with those matters would use in the conduct of a similar enterprise with similar aims;

(2) Act with due regard for the management, reputation, and stability of the issuer and the character of the particular investments being considered;

(3) Make investments for the purpose of supporting, maintaining, and beautifying any public or private cemetery or any particular part thereof, which may be designated by the person, persons, or firm or association making said gift or bequest, and of defraying reasonable expenses of investing the assets;

(4) Give appropriate consideration to those facts and circumstances that the investment fiduciary knows or should know are relevant to the particular investment or investment course of action involved, including the role the investment or investment course of action plays in that portion of the investments for which the investment fiduciary has responsibility. For purposes of this subdivision, "appropriate consideration" shall include, but is not limited to, a determination by the investment fiduciary that a particular investment or investment course of action is reasonably designed to further the purposes of supporting, maintaining, and beautifying any public or private cemetery or any particular part thereof, which may be designated by the person, persons, or firm or association making said gift or bequest, while considering the risk of loss and the opportunity for gain or other return associated with the investment or investment course of action and considering the following factors as they relate to the investment or investment course of action:

(a) The diversification of the investments;

(b) The liquidity and current return of the investments relative to the anticipated cash flow requirements; and

(c) The projected return of the investments relative to the funding objectives; and

(5) Give appropriate consideration to investments that would enhance the general welfare of this state and its citizens if those investments offer the safety and rate of return comparable to other investments available to the investment fiduciary at the time the investment decision is made.

3. As used in this section, "invest" or "investment" means utilization of moneys in the expectation of future returns in the form of income or capital gain."; and

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

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

On motion of Representative Hardwick, **HCS SCS SB 886, as amended**, was adopted.

On motion of Representative Hardwick, **HCS SCS SB 886, as amended**, was read the third time and passed by the following vote:

AYES: 130

Adams	Anderson	Andrews	Appelbaum	Atchison
Aune	Baker	Bangert	Baringer	Barnes
Basye	Billington	Black 137	Bland Manlove	Boggs
Bromley	Brown 16	Brown 27	Brown 70	Buchheit-Courtway
Burger	Burton	Busick	Chipman	Clemens
Coleman 32	Coleman 97	Cook	Cupps	Davidson
Davis	DeGroot	Derges	Dinkins	Dogan
Doll	Eggleston	Ellebracht	Evans	Falkner

Fitzwater	Fogle	Francis	Gray	Gregory 51
Gregory 96	Grier	Griffith	Gunby	Haden
Haffner	Haley	Hardwick	Hicks	Houx
Hovis	Hudson	Hurlbert	Ingle	Johnson
Kalberloh	Kelley 127	Kelly 141	Kidd	Knight
Lewis 25	Lewis 6	Lovasco	Mayhew	McCreery
McDaniel	McGaugh	McGirl	Morse	Mosley
Murphy	Nurrenbern	O'Donnell	Owen	Perkins
Person	Pietzman	Pike	Plocher	Pollock 123
Porter	Pouche	Price IV	Quade	Railsback
Reedy	Richey	Riggs	Riley	Roberts
Sander	Sassmann	Sauls	Schroer	Schwadron
Seitz	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Smith 45	Smith 67	Stacy	Stephens 128
Stevens 46	Tate	Taylor 139	Taylor 48	Terry
Thomas	Thompson	Toalson Reisch	Trent	Turnbaugh
Unsicker	Van Schoiack	Veit	Walsh 50	Weber
West	Wiemann	Wright	Young	Mr. Speaker

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 026

Aldridge	Bailey	Black 7	Bosley	Burnett
Butz	Christofanelli	Collins	Copeland	Deaton
Fishel	Henderson	Mackey	Merideth	Patterson
Phifer	Pollitt 52	Proudie	Roden	Rogers
Rone	Schnelting	Sharp 36	Smith 163	Walsh Moore 93
Windham				

VACANCIES: 007

Speaker Vescovo declared the bill passed.

### **BILLS IN CONFERENCE**

**CCR SS HB 2149, as amended**, relating to professional licensing, was taken up by Representative Shields.

Representative Shields moved that the House refuse to adopt the Conference Committee Report on **SS HB 2149, as amended**, and request the Senate to grant the House further conference.

Which motion was adopted by the following vote, the ayes and noes having been demanded pursuant to Rule 16:

AYES: 134

Adams	Anderson	Andrews	Appelbaum	Atchison
Aune	Baker	Bangert	Baringer	Barnes
Basye	Billington	Black 137	Bland Manlove	Boggs
Bromley	Brown 16	Brown 27	Brown 70	Buchheit-Courtway
Burger	Burnett	Burton	Busick	Chipman
Clemens	Coleman 32	Coleman 97	Cook	Cupps

Davidson	Davis	DeGroot	Derges	Dinkins
Dogan	Doll	Eggleston	Ellebracht	Evans
Falkner	Fitzwater	Fogle	Francis	Gray
Gregory 51	Gregory 96	Grier	Griffith	Gunby
Haden	Haffner	Haley	Hardwick	Henderson
Hicks	Houx	Hovis	Hudson	Hurlbert
Ingle	Johnson	Kalberloh	Kelley 127	Kelly 141
Kidd	Knight	Lewis 25	Lewis 6	Lovasco
Mayhew	McCreery	McDaniel	McGaugh	McGirt
Morse	Mosley	Murphy	Nurrenbern	O'Donnell
Owen	Perkins	Person	Pike	Plocher
Pollock 123	Porter	Pouche	Price IV	Proudie
Quade	Railsback	Reedy	Richey	Riggs
Riley	Roberts	Roden	Sander	Sassmann
Sauls	Schnelting	Schroer	Schwadron	Seitz
Sharpe 4	Shaul	Shields	Simmons	Smith 45
Smith 67	Stacy	Stephens 128	Stevens 46	Tate
Taylor 139	Taylor 48	Terry	Thomas	Thompson
Toalson Reisch	Trent	Turnbaugh	Unsicker	Van Schoiack
Veit	Walsh 50	Walsh Moore 93	Weber	West
Wiemann	Wright	Young	Mr. Speaker	

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 022

Aldridge	Bailey	Black 7	Bosley	Butz
Christofanelli	Collins	Copeland	Deaton	Fishel
Mackey	Merideth	Patterson	Phifer	Pietzman
Pollitt 52	Rogers	Rone	Sharp 36	Smith 155
Smith 163	Windham			

VACANCIES: 007

### THIRD READING OF SENATE BILLS

**HCS SS SCS SB 834, HCS SCS SB 908, HCS SCS SB 982, HCS#2 SB 710, HCS SB 718, HCS SS#2 SCS SB 745, and HCS SB 845** were placed on the Informal Calendar.

On motion of Representative Plocher, the House recessed until 1:30 p.m.

### AFTERNOON SESSION

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

Representative Plocher suggested the absence of a quorum.

The following roll call indicated a quorum present:

2586 *Journal of the House*

AYES: 051

Anderson	Atchison	Basye	Billington	Boggs
Brown 16	Brown 27	Burton	Busick	Christofanelli
Collins	Cook	Copeland	Cupps	Davidson
Dogan	Evans	Francis	Gregory 51	Haden
Haffner	Haley	Hardwick	Hicks	Johnson
Kalberloh	Kelley 127	Kelly 141	Lewis 6	Lovasco
McGaugh	McGill	Morse	Murphy	Owen
Pollock 123	Railsback	Sander	Sassmann	Seitz
Sharpe 4	Shields	Smith 155	Taylor 139	Toalson Reisch
Van Schoiack	Veit	Walsh 50	West	Wright
Young				

NOES: 002

Davis                      Ingle

PRESENT: 081

Adams	Aldridge	Andrews	Appelbaum	Aune
Baker	Baringer	Barnes	Black 7	Bosley
Bromley	Brown 70	Buchheit-Courtway	Burger	Butz
Chipman	Coleman 32	Derges	Dinkins	Doll
Eggleston	Ellebracht	Fitzwater	Fogle	Gray
Gregory 96	Griffith	Gunby	Henderson	Houx
Hovis	Hudson	Hurlbert	Kidd	Knight
Lewis 25	McCreery	McDaniel	Mosley	Nurrenbern
O'Donnell	Patterson	Perkins	Person	Phifer
Pietzman	Pike	Plocher	Pollitt 52	Porter
Pouche	Price IV	Proudie	Quade	Reedy
Riley	Roden	Rone	Sauls	Schnelting
Schroer	Schwadron	Sharp 36	Shaul	Simmons
Smith 45	Smith 67	Stacy	Stephens 128	Tate
Taylor 48	Terry	Thomas	Thompson	Trent
Turnbaugh	Walsh Moore 93	Weber	Wiemann	Windham
Mr. Speaker				

ABSENT WITH LEAVE: 022

Bailey	Bangert	Black 137	Bland Manlove	Burnett
Clemens	Coleman 97	Deaton	DeGroot	Falkner
Fishel	Grier	Mackey	Mayhew	Merideth
Richey	Riggs	Roberts	Rogers	Smith 163
Stevens 46	Unsicker			

VACANCIES: 007

### **BILLS CARRYING REQUEST MESSAGES**

**HCS SB 820, as amended**, relating to renewable energy, was taken up by Representative Haffner.

Representative Haffner moved that the House refuse to recede from its position on **HCS SB 820, as amended**, and grant the Senate a conference.

Which motion was adopted.

## APPOINTMENT OF CONFERENCE COMMITTEES

The Speaker appointed the following Conference Committees to act with like committees from the Senate on the following bills:

**HCS SS SCS SBs 681 & 662, as amended:** Representatives Basye, Francis, Haffner, Sharp (36), and Proudie

**HCS SB 820, as amended:** Representatives Haffner, Chipman, Taylor (139), Butz, and McCreery

## THIRD READING OF SENATE BILLS - INFORMAL

**HCS#2 SB 710**, relating to health care, was taken up by Representative Baker.

On motion of Representative Baker, the title of **HCS#2 SB 710** was agreed to.

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

### *House Amendment No. 1*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 9, Line 59, by deleting the phrase "**January 1, 2023**" and inserting in lieu thereof the phrase "**November 1, 2022**"; and

Further amend said bill, Page 28, Section 194.297, Line 4, by deleting the phrase "**state treasurer**" and inserting in lieu thereof the phrase "**director of revenue**"; and

Further amend said bill, Page 40, Section 195.010, Line 348, by inserting after all of said section and line the following:

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

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

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

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

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

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

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

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

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

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

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

(1) A kratom product that is adulterated with a dangerous non-kratom substance. A kratom product shall be considered to be adulterated with a dangerous non-kratom substance if the kratom product is mixed or packed with a non-kratom substance and that substance affects the quality or strength of the kratom product to such a degree as to render the kratom product injurious to a consumer;

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

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

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

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

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

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

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

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

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

8. The department shall promulgate rules to implement the provisions of this section including, but not limited to, the requirements for the format, size, and placement of the disclosure label required under subdivision (1) of subsection 4 of this section and for the information to be included in the disclosure label. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void."; and

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

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

Representative Black (7) offered **House Amendment No. 2**.

*House Amendment No. 2*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 12, Section 191.900, Line 38, by deleting the word "**substantial**" and inserting in lieu thereof the word "**reasonable**"; and

Further amend said bill, Section 191.1400, Page 16, Lines 15 to 20, by deleting all of said lines and inserting in lieu thereof the following:

"**member, or other person requested by the patient or resident for the purpose of a**"; and



Further amend said bill, page, and section, Lines 27 to 29, by deleting all of said lines and inserting in lieu thereof the following:

**"visitation hours shall include evenings, weekends, and holidays. Minor children under twelve years of age shall be allowed as compassionate care visitors, but access to a patient or resident may be limited by a health care facility due to any of the provisions under subdivision (3) of subsection 6 of this section.";** and

Further amend said bill, page, and section, Lines 31 and 32, by deleting the words **"when appropriate"** and inserting in lieu thereof the following:

**"unless the patient's or resident's attending physician deems twenty-four-hour attendance to be medically or therapeutically contraindicated as attested to in a patient's or resident's chart;"**; and

Further amend said bill and section, Page 18, Line 79, by inserting after all of said line the following:

**"10. The health care facility shall have the burden of proof to establish that it is entitled to limit access under the provisions of this section.**

**11. Any individual aggrieved by a violation of this section may bring a civil action for injunctive relief, damages, or both.";** and

Further amend said bill by renumbering all subsequent subsections accordingly; and

Further amend said bill, page, and section, Line 82, by inserting after the word **"section"** the following:

**"if they have used the degree of care that a reasonable and prudent person would use under the same or similar circumstances";** and

Further amend said bill, page, and section, Lines 87 to 88, by deleting all of said lines and inserting in lieu thereof the following:

**"by a health care facility, the department of health and senior services, the department of social services, or the governor upon declaring a state of emergency under chapter 44.**

**12. The provisions of this section shall not apply to any inpatient facility operated by the department of mental health.";** and

Further amend said bill, Pages 18 to 20, Section 191.2290, Lines 1 to 80, by deleting all of said section and lines from the bill; and

Further amend said bill, Pages 70 to 72, Section 630.202, Lines 1 to 77, by deleting all of said section and lines from the bill; and

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

On motion of Representative Black (7), **House Amendment No. 2** was adopted.

Representative Buchheit-Courtway offered **House Amendment No. 3**.

*House Amendment No. 3*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 72, Section 630.202, Line 77, by inserting after all of said section and line the following:

**"630.1150. 1. The department of mental health and the department of social services shall oversee and implement a collaborative project to:**

(1) Assess the incidence and implications of continued hospitalization of foster children and clients of the department of mental health that occurs without medical justification because appropriate post-discharge placement options are unavailable;

(2) Assess the incidence and implications of continued hospitalization of foster children with mental illnesses, mental disorders, intellectual disabilities, and developmental disabilities that occurs without medical justification because they are awaiting screening for appropriateness of residential services; and

(3) Develop recommendations to ensure that patients described in this subsection receive treatment in the most cost-effective and efficacious settings, consistent with federal and state standards for treatment in the least restrictive environment.

2. The departments shall also solicit and consider data and recommendations from foster children, clients of the department of mental health, and other stakeholders who may provide or coordinate treatment for, or have responsibility for, such children or patients, including:

(1) Hospital social workers and discharge planners;

(2) Health insurers;

(3) Psychiatrists and psychologists;

(4) Hospitals, as defined in section 197.020;

(5) Skilled nursing facilities and intermediate care facilities licensed under chapter 198;

(6) Vendors, as defined in section 630.005;

(7) Vulnerable persons or persons under the care and custody of the children's division of the department of social services;

(8) Consumers;

(9) Public elementary and secondary schools;

(10) Family support teams and case workers; and

(11) The courts.

3. The departments shall issue interim reports before December 31, 2022, and before July 1, 2023, and a final report before December 1, 2023. Copies of each report shall be submitted concurrently to the general assembly.

4. The provisions of this section shall expire on January 1, 2024."; and

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

On motion of Representative Buchheit-Courtway, **House Amendment No. 3** was adopted.

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

*House Amendment No. 4*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 2, Section 9.236, Line 7, by inserting after all of said section and line the following:

"9.275. The month of June is hereby designated as "Myasthenia Gravis Awareness Month" in Missouri. The citizens of this state are encouraged to celebrate the month with events and activities to raise awareness about this treatable, but progressive and difficult to diagnose, disease.

9.348. September fifteenth each year is hereby designated as "Caregiver Appreciation Day" in Missouri. Citizens of this state are encouraged to participate in appropriate events and activities to recognize the efforts of home health, hospice, and unpaid relative caregivers who give care and dignity to the elderly and infirm."; and

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

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

*House Amendment No. 1*  
*to*  
*House Amendment No. 4*

AMEND House Amendment No. 4 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 1, Line 10, by deleting said line and inserting in lieu thereof the following:

**"dignity to the elderly and infirm.**

**9.350. October first each year is hereby designated as "Biliary Atresia Awareness Day" in Missouri, in memory of Annistyn Kate Rackley. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness about this rare congenital liver disease that occurs when bile ducts do not develop normally.";** and"; and

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

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

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

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

*House Amendment No. 5*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 30, Section 194.321, Line 7, by inserting after "2." the following:

**"Except if the organ being transplanted is a lung,";** and

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

Representative Stephens (128) offered **House Amendment No. 1 to House Amendment No. 5.**

*House Amendment No. 1*  
*to*  
*House Amendment No. 5*

AMEND House Amendment No. 5 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 1, Line 4, by inserting after said line the following:

"Further amend said bill, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

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

(1) "Health benefit plan", as such term is defined in section 376.1350. **The term "health benefit plan" shall also include a prepaid dental plan, as defined in section 354.700;**

(2) "Health care services", medical, surgical, dental, podiatric, pharmaceutical, chiropractic, licensed ambulance service, and optometric services;

(3) "Health carrier" or "carrier", as such term is defined in section 376.1350. **The term "health carrier" or "carrier" shall also include a prepaid dental plan corporation, as defined in section 354.700;**

(4) "Insured", any person entitled to benefits under a contract of accident and sickness insurance, or medical-payment insurance issued as a supplement to liability insurance but not including any other coverages contained in a liability or a workers' compensation policy, issued by an insurer;

(5) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society, health services corporation, self-insured group arrangement to the extent not prohibited by federal law, **prepaid dental plan corporation as defined in section 354.700**, or any other legal entity engaged in the business of insurance;

(6) "Provider", a physician, hospital, dentist, podiatrist, chiropractor, pharmacy, licensed ambulance service, or optometrist, licensed by this state.

2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim.

3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of payment in the single name of the provider.

4. Except as provided in subsection 5 of this section, this section shall not require any insurer, health services corporation, **prepaid dental plan as defined in section 354.700**, health maintenance corporation or preferred provider organization which directly contracts with certain members of a class of providers for the delivery of health care services to issue payment as provided pursuant to this section to those members of the class which do not have a contract with the insurer.

5. When a patient's health benefit plan does not include or require payment to out-of-network providers for all or most covered services, which would otherwise be covered if the patient received such services from a provider in the ~~carrier's~~ **health benefit plan's** network, including but not limited to health maintenance organization plans, as such term is defined in section 354.400, or a health benefit plan offered by a carrier consistent with subdivision (19) of section 376.426, payment for all services shall be made directly to the providers when the health carrier has authorized such services to be received from a provider outside the ~~carrier's~~ **health benefit plan's** network."; and"; and

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

On motion of Representative Stephens (128), **House Amendment No. 1 to House Amendment No. 5** was adopted.

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

Representative Kelley (127) offered **House Amendment No. 6**.

*House Amendment No. 6*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

"345.015. As used in sections 345.010 to 345.080, the following terms mean:

(1) "Audiologist", a person who is licensed as an audiologist pursuant to sections 345.010 to 345.080 to practice audiology;

(2) "Audiology aide", a person who is registered as an audiology aide by the board, who does not act independently but works under the direction and supervision of a licensed audiologist. Such person assists the audiologist with activities which require an understanding of audiology but do not require formal training in the relevant academics. To be eligible for registration by the board, each applicant shall submit a registration fee and:

(a) Be at least eighteen years of age;

(b) Furnish evidence of the person's educational qualifications which shall be at a minimum:

a. Certification of graduation from an accredited high school or its equivalent; and

b. On-the-job training;

(c) Be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by a licensed audiologist.

However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing instruments, make ear impressions, make diagnostic statements, determine case selection, present written reports to anyone other than the supervisor without the signature of the supervisor, make referrals to other professionals or agencies, use a title other than audiology aide, develop or modify treatment plans, discharge clients from treatment or terminate treatment, disclose clinical information, either orally or in writing, to anyone other than the supervising audiologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both;

(3) "Board", the state board of registration for the healing arts;

(4) **"Clinical fellowship", the supervised professional employment period following completion of the academic and practicum requirements of an accredited training program as described in sections 345.010 to 345.080;**

(5) "Commission", the advisory commission for speech-language pathologists and audiologists;

~~[(5)]~~ (6) "Hearing instrument" or "hearing aid", any wearable device or instrument designed for or offered for the purpose of aiding or compensating for impaired human hearing and any parts, attachments or accessories, including ear molds, but excluding batteries, cords, receivers and repairs;

~~[(6)]~~ (7) "Person", any individual, organization, or corporate body, except that only individuals may be licensed pursuant to sections 345.010 to 345.080;

~~[(7)]~~ (8) "Practice of audiology":

(a) The application of accepted audiologic principles, methods and procedures for the measurement, testing, interpretation, appraisal and prediction related to disorders of the auditory system, balance system or related structures and systems;

(b) Provides consultation or counseling to the patient, client, student, their family or interested parties;

(c) Provides academic, social and medical referrals when appropriate;

(d) Provides for establishing goals, implementing strategies, methods and techniques, for habilitation, rehabilitation or aural rehabilitation, related to disorders of the auditory system, balance system or related structures and systems;

(e) Provides for involvement in related research, teaching or public education;

(f) Provides for rendering of services or participates in the planning, directing or conducting of programs which are designed to modify audition, communicative, balance or cognitive disorder, which may involve speech and language or education issues;

(g) Provides and interprets behavioral and neurophysiologic measurements of auditory balance, cognitive processing and related functions, including intraoperative monitoring;

(h) Provides involvement in any tasks, procedures, acts or practices that are necessary for evaluation of audition, hearing, training in the use of amplification or assistive listening devices;

(i) Provides selection, assessment, fitting, programming, and dispensing of hearing instruments, assistive listening devices, and other amplification systems;

(j) Provides for taking impressions of the ear, making custom ear molds, ear plugs, swim molds and industrial noise protectors;

(k) Provides assessment of external ear and cerumen management;

(l) Provides advising, fitting, mapping assessment of implantable devices such as cochlear or auditory brain stem devices;

(m) Provides information in noise control and hearing conservation including education, equipment selection, equipment calibration, site evaluation and employee evaluation;

(n) Provides performing basic speech-language screening test;

(o) Provides involvement in social aspects of communication, including challenging behavior and ineffective social skills, lack of communication opportunities;

(p) Provides support and training of family members and other communication partners for the individual with auditory balance, cognitive and communication disorders;

(q) Provides aural rehabilitation and related services to individuals with hearing loss and their families;

(r) Evaluates, collaborates and manages audition problems in the assessment of the central auditory processing disorders and providing intervention for individuals with central auditory processing disorders;

(s) Develops and manages academic and clinical problems in communication sciences and disorders;

(t) Conducts, disseminates and applies research in communication sciences and disorders;

~~[(8)]~~ (9) "Practice of speech-language pathology":

- (a) Provides screening, identification, assessment, diagnosis, treatment, intervention, including but not limited to prevention, restoration, amelioration and compensation, and follow-up services for disorders of:
    - a. Speech: articulation, fluency, voice, including respiration, phonation and resonance;
    - b. Language, involving the parameters of phonology, morphology, syntax, semantics and pragmatic; and including disorders of receptive and expressive communication in oral, written, graphic and manual modalities;
    - c. Oral, pharyngeal, cervical esophageal and related functions, such as dysphagia, including disorders of swallowing and oral functions for feeding; orofacial myofunctional disorders;
    - d. Cognitive aspects of communication, including communication disability and other functional disabilities associated with cognitive impairment;
    - e. Social aspects of communication, including challenging behavior, ineffective social skills, lack of communication opportunities;
  - (b) Provides consultation and counseling and makes referrals when appropriate;
  - (c) Trains and supports family members and other communication partners of individuals with speech, voice, language, communication and swallowing disabilities;
  - (d) Develops and establishes effective augmentative and alternative communication techniques and strategies, including selecting, prescribing and dispensing of augmentative aids and devices; and the training of individuals, their families and other communication partners in their use;
  - (e) Selects, fits and establishes effective use of appropriate prosthetic/adaptive devices for speaking and swallowing, such as tracheoesophageal valves, electrolarynges, or speaking valves;
  - (f) Uses instrumental technology to diagnose and treat disorders of communication and swallowing, such as videofluoroscopy, nasendoscopy, ultrasonography and stroboscopy;
  - (g) Provides aural rehabilitative and related counseling services to individuals with hearing loss and to their families;
  - (h) Collaborates in the assessment of central auditory processing disorders in cases in which there is evidence of speech, language or other cognitive communication disorders; provides intervention for individuals with central auditory processing disorders;
  - (i) Conducts pure-tone air conduction hearing screening and screening tympanometry for the purpose of the initial identification or referral;
  - (j) Enhances speech and language proficiency and communication effectiveness, including but not limited to accent reduction, collaboration with teachers of English as a second language and improvement of voice, performance and singing;
  - (k) Trains and supervises support personnel;
  - (l) Develops and manages academic and clinical programs in communication sciences and disorders;
  - (m) Conducts, disseminates and applies research in communication sciences and disorders;
  - (n) Measures outcomes of treatment and conducts continuous evaluation of the effectiveness of practices and programs to improve and maintain quality of services;
- ~~[(9)]~~ **(10)** "Speech-language pathologist", a person who is licensed as a speech-language pathologist pursuant to sections 345.010 to 345.080; who engages in the practice of speech-language pathology as defined in sections 345.010 to 345.080;
- ~~[(10)]~~ **(11)** "Speech-language pathology aide", a person who is registered as a speech-language aide by the board, who does not act independently but works under the direction and supervision of a licensed speech-language pathologist. Such person assists the speech-language pathologist with activities which require an understanding of speech-language pathology but do not require formal training in the relevant academics. To be eligible for registration by the board, each applicant shall submit a registration fee and:
- (a) Be at least eighteen years of age;
  - (b) Furnish evidence of the person's educational qualifications which shall be at a minimum:
    - a. Certification of graduation from an accredited high school or its equivalent; and
    - b. On-the-job training;
  - (c) Be employed in a setting in which direct and indirect supervision is provided on a regular and systematic basis by a licensed speech-language pathologist.

However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing instruments, make ear impressions, make diagnostic statements, determine case selection, present written reports to anyone other than the supervisor without the signature of the supervisor, make referrals to other professionals or agencies, use a title other than speech-language pathology aide, develop or modify treatment plans, discharge clients

from treatment or terminate treatment, disclose clinical information, either orally or in writing, to anyone other than the supervising speech-language pathologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both;

~~[(11)]~~ (12) "Speech-language pathology assistant", a person who is registered as a speech-language pathology assistant by the board, who does not act independently but works under the direction and supervision of a licensed speech-language pathologist practicing for at least one year or speech-language pathologist practicing under subdivision (1) or (6) of subsection 1 of section 345.025 for at least one year and whose activities require both academic and practical training in the field of speech-language pathology although less training than those established by sections 345.010 to 345.080 as necessary for licensing as a speech-language pathologist. To be eligible for registration by the board, each applicant shall submit the registration fee, supervising speech-language pathologist information if employment is confirmed, if not such information shall be provided after registration, and furnish evidence of the person's educational qualifications which meet the following:

(a) Hold a bachelor's level degree from an institution accredited or approved by a regional accrediting body recognized by the United States Department of Education or its equivalent; and

(b) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of bachelor's level course work and requirements in the field of speech-language pathology as established by the board through rules and regulations;

(c) Submit proof of completion of the number and type of clinical hours as established by the board through rules and regulations.

**345.022. 1. Any person in the person's clinical fellowship as defined in sections 345.010 to 345.080 shall hold a provisional license to practice speech-language pathology or audiology. The board may issue a provisional license to an applicant who:**

**(1) Has met the requirements for practicum and academic requirements from an accredited training program as defined in sections 345.010 to 345.080;**

**(2) Submits an application to the board on a form prescribed by the board. Such form shall include a plan for the content and supervision of the clinical fellowship, as well as evidence of good moral and ethical character; and**

**(3) Submits to the board an application fee, as set by the board, for the provisional license.**

**2. A provisional license is effective for one year. A provisional license may be extended for an additional twelve months only for purposes of completing the postgraduate clinical experience portion of the clinical fellowship; provided that, the applicant has passed the national examination and shall hold a master's degree from an approved training program in his or her area of application.**

**3. Within twelve months of issuance of the provisional license, the applicant shall pass an examination promulgated or approved by the board.**

**4. Within twelve months of issuance of a provisional license, the applicant shall complete the requirements for the master's or doctoral degree from a program accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board in the area in which licensure is sought.**

345.025. 1. The provisions of sections 345.010 to 345.080 do not apply to:

(1) The activities, services, and the use of an official title on the part of a person in the employ of a federal agency insofar as such services are part of the duties of the person's office or position with such agency;

(2) The activities and services of certified teachers of the deaf;

(3) The activities and services of a student in speech-language pathology or audiology pursuing a course of study at a university or college that has been approved by its regional accrediting association, or working in a recognized training center, if these activities and services constitute a part of the person's course of study supervised by a licensed speech-language pathologist or audiologist as provided in section 345.050;

(4) The activities and services of physicians and surgeons licensed pursuant to chapter 334;

(5) Audiometric technicians who are certified by the council for accreditation of occupational hearing conservationists when conducting pure tone air conduction audiometric tests for purposes of industrial hearing conservation and comply with requirements of the federal Occupational Safety and Health Administration;

(6) A person who holds a current valid certificate as a speech-language pathologist issued before January 1, 2016, by the Missouri department of elementary and secondary education and who is an employee of a public school while providing speech-language pathology services in such school system;

(7) Any person completing the required number and type of clinical hours required by paragraph (c) of subdivision ~~[(11)]~~ (12) of section 345.015 as long as such person is under the direct supervision of a licensed speech-language pathologist and has not completed more than the number of clinical hours required by rule.

2. No one shall be exempt pursuant to subdivision (1) or (6) of subsection 1 of this section if the person does any work as a speech-language pathologist or audiologist outside of the exempted areas outlined in this section for which a fee or compensation may be paid by the recipient of the service. When college or university clinics charge a fee, supervisors of student clinicians shall be licensed.

345.050. ~~[-]~~ To be eligible for licensure by the board by examination, each applicant shall submit the application fee and shall furnish evidence of such person's current competence and shall:

(1) Hold a master's or a doctoral degree from a program that was awarded "accreditation candidate" status or is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board in the area in which licensure is sought;

(2) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of course work and clinical practicum requirements equivalent to that required by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board; ~~[and]~~

**(3) Present written evidence of completion of a clinical fellowship from supervisors. The experience required by this subdivision shall follow the completion of the requirements of subdivisions (1) and (2) of this section. This period of employment shall be under the direct supervision of a person who is licensed by the state of Missouri in the profession in which the applicant seeks to be licensed. Persons applying with an audiology clinical doctoral degree are exempt from this provision; and**

(4) Pass an examination promulgated or approved by the board. The board shall determine the subject and scope of the examinations.

~~[2.To be eligible for licensure by the board without examination, each applicant shall make application on forms prescribed by the board, submit the application fee, submit an activity statement and meet one of the following requirements:—~~

~~(1)The board shall issue a license to any speech language pathologist or audiologist who is licensed in another country and who has had no violations, suspension or revocations of a license to practice speech language pathology or audiology in any jurisdiction; provided that, such person is licensed in a country whose requirements are substantially equal to, or greater than, Missouri at the time the applicant applies for licensure; or~~

~~(2)Hold the certificate of clinical competence issued by the American Speech Language Hearing Association in the area in which licensure is sought.—]~~

**345.052. 1. For purposes of this section, the following terms mean:**

(1) "License", a license, certificate, registration, permit, accreditation, or military occupational specialty that enables a person to legally practice an occupation or profession in a particular jurisdiction;

(2) "Military", the Armed Forces of the United States, including the Air Force, Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other military branch that is designated by Congress as part of the Armed Forces of the United States, and all reserve components and auxiliaries. The term "military" also includes the military reserves and militia of any United States territory or state;

(3) "Nonresident military spouse", a nonresident spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri, or who has been transferred or is scheduled to be transferred to an adjacent state and is or will be domiciled in the state of Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;

(4) "Oversight body", any board, department, agency, or office of a jurisdiction that issues licenses;

(5) "Resident military spouse", a spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri or an adjacent state and who is a permanent resident of the state of Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her home of record.

2. Any person who holds a valid current speech-language pathologist or audiologist license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a speech-language pathologist or audiologist license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction to the board.

3. The board shall:



(1) Within six months of receiving an application described in subsection 2 of this section, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The board may require an applicant to take and pass an examination specific to the laws of this state; or

(2) Within thirty days of receiving an application described in subsection 2 of this section from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this section if such applicant otherwise meets the requirements of this section.

4. (1) The board shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in subdivision (2) of this subsection, with an oversight body outside the state; who does not hold a license in good standing with an oversight body outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the board receives his or her application under this section.

(2) If another jurisdiction has taken disciplinary action against an applicant, the board shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the board may deny a license until the matter is resolved.

5. Nothing in this section shall prohibit the board from denying a license to an applicant under this section for any reason described in section 345.065.

6. Any person who is licensed under the provisions of this section shall be subject to the board's jurisdiction and all rules and regulations pertaining to the practice as a speech-language pathologist or audiologist in this state.

7. This section shall not be construed to waive any requirement for an applicant to pay any fees.

345.170. Sections 345.170 to 345.240 shall be known and may be cited as the "Audiology and Speech-Language Pathology Interstate Compact".

345.175. 1. The purpose of this Compact is to facilitate interstate practice of audiology and speech-language pathology with the goal of improving public access to audiology and speech-language pathology services. The practice of audiology and speech-language pathology occurs in the state where the patient/client/student is located at the time of the patient/client/student encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

2. This Compact is designed to achieve the following objectives:

(1) Increase public access to audiology and speech-language pathology services by providing for the mutual recognition of other member state licenses;

(2) Enhance the states' ability to protect the public's health and safety;

(3) Encourage the cooperation of member states in regulating multistate audiology and speech-language pathology practice;

(4) Support spouses of relocating active duty military personnel;

(5) Enhance the exchange of licensure, investigative and disciplinary information between member states;

(6) Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards; and

(7) Allow for the use of telehealth technology to facilitate increased access to audiology and speech-language pathology services.

345.180. As used in this Compact, and except as otherwise provided, the following definitions shall apply:

(1) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapter 1209 and 1211.

(2) "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an audiologist or speech-

language pathologist, including actions against an individual's license or privilege to practice such as revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(3) "Alternative program" means a non-disciplinary monitoring process approved by an audiology or speech-language pathology licensing board to address impaired practitioners.

(4) "Audiologist" means an individual who is licensed by a state to practice audiology.

(5) "Audiology" means the care and services provided by a licensed audiologist as set forth in the member state's statutes and rules.

(6) "Audiology and Speech-Language Pathology Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

(7) "Audiology and speech-language pathology licensing board," "audiology licensing board," "speech-language pathology licensing board," or "licensing board" means the agency of a state that is responsible for the licensing and regulation of audiologists and/or speech-language pathologists.

(8) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as an audiologist or speech-language pathologist in the remote state under its laws and rules. The practice of audiology or speech-language pathology occurs in the member state where the patient/client/student is located at the time of the patient/client/student encounter.

(9) "Current significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the audiologist or speech-language pathologist to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

(10) "Data system" means a repository of information about licensees, including, but not limited to, continuing education, examination, licensure, investigative, compact privilege and adverse action.

(11) "Encumbered license" means a license in which an adverse action restricts the practice of audiology or speech-language pathology by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).

(12) "Executive Committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

(13) "Home state" means the member state that is the licensee's primary state of residence.

(14) "Impaired practitioner" means individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

(15) "Licensee" means an individual who currently holds an authorization from the state licensing board to practice as an audiologist or speech-language pathologist.

(16) "Member state" means a state that has enacted the Compact.

(17) "Privilege to practice" means a legal authorization permitting the practice of audiology or speech-language pathology in a remote state.

(18) "Remote state" means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

(19) "Rule" means a regulation, principle or directive promulgated by the Commission that has the force of law.

(20) "Single-state license" means an audiology or speech-language pathology license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

(21) "Speech-language pathologist" means an individual who is licensed by a state to practice speech-language pathology.

(22) "Speech-language pathology" means the care and services provided by a licensed speech-language pathologist as set forth in the member state's statutes and rules.

(23) "State" means any state, commonwealth, district or territory of the United States of America that regulates the practice of audiology and speech-language pathology.

(24) "State practice laws" means a member state's laws, rules and regulations that govern the practice of audiology or speech-language pathology, define the scope of audiology or speech-language pathology practice, and create the methods and grounds for imposing discipline.

(25) "Telehealth" means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention and/or consultation.

345.185. 1. A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-

language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

2. A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(1) A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

(2) Communication between a member state, the Commission and among member states regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544.

3. Upon application for a privilege to practice, the licensing board in the issuing remote state shall ascertain, through the data system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or privilege to practice held by the applicant, whether any adverse action has been taken against any license or privilege to practice held by the applicant.

4. Each member state shall require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws.

5. For an audiologist:

(1) Must meet one of the following educational requirements:

(a) On or before, Dec. 31, 2007, has graduated with a master's degree or doctorate in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(b) On or after, Jan. 1, 2008, has graduated with a Doctoral degree in audiology, or equivalent degree, regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(c) Has graduated from an audiology program that is housed in an institution of higher education outside of the United States a. for which the program and institution have been approved by the authorized accrediting body in the applicable country and b. the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

(2) Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the Commission;

(3) Has successfully passed a national examination approved by the Commission;

(4) Holds an active, unencumbered license;

(5) Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law;

(6) Has a valid United States Social Security or National Practitioner Identification number.

6. For a speech-language pathologist:

(1) Must meet one of the following educational requirements:

(a) Has graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(b) Has graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States a. for which the program and institution have been approved by the authorized accrediting body in the applicable country and b. the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

(2) Has completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the Commission;

(3) Has completed a supervised postgraduate professional experience as required by the Commission;

(4) Has successfully passed a national examination approved by the Commission;

(5) Holds an active, unencumbered license;

(6) Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law;

(7) Has a valid United States Social Security or National Practitioner Identification number.

7. The privilege to practice is derived from the home state license.

8. An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of audiology and speech-language pathology shall include all audiology and speech-language pathology practice as defined by the state practice laws of the member state in which the client is located. The practice of audiology and speech-language pathology in a member state under a privilege to practice shall subject an audiologist or speech-language pathologist to the jurisdiction of the licensing board, the courts and the laws of the member state in which the client is located at the time service is provided.

9. Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice audiology or speech-language pathology in any other member state. Nothing in this Compact shall affect the requirements established by a member state for the issuance of a single-state license.

10. Member states may charge a fee for granting a compact privilege.

11. Member states must comply with the bylaws and rules and regulations of the Commission.

345.190. 1. To exercise the compact privilege under the terms and provisions of the Compact, the audiologist or speech-language pathologist shall:

(1) Hold an active license in the home state;

(2) Have no encumbrance on any state license;

(3) Be eligible for a compact privilege in any member state in accordance with section 345.185;

(4) Have not had any adverse action against any license or compact privilege within the previous 2 years from date of application;

(5) Notify the Commission that the licensee is seeking the compact privilege within a remote state or states;

(6) Pay any applicable fees, including any state fee, for the compact privilege;

(7) Report to the Commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

2. For the purposes of the compact privilege, an audiologist or speech-language pathologist shall only hold one home state license at a time.

3. Except as provided in section 345.200, if an audiologist or speech-language pathologist changes primary state of residence by moving between two-member states, the audiologist or speech-language pathologist must apply for licensure in the new home state, and the license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the Commission.

4. The audiologist or speech-language pathologist may apply for licensure in advance of a change in primary state of residence.

5. A license shall not be issued by the new home state until the audiologist or speech-language pathologist provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a license from the new home state.

6. If an audiologist or speech-language pathologist changes primary state of residence by moving from a member state to a non-member state, the license issued by the prior home state shall convert to a single-state license, valid only in the former home state.

7. The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of subsection 1 of this section to maintain the compact privilege in the remote state.

8. A licensee providing audiology or speech-language pathology services in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

9. A licensee providing audiology or speech-language pathology services in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens.

10. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

- (1) The home state license is no longer encumbered; and
- (2) Two years have elapsed from the date of the adverse action.

11. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection 1 of this section to obtain a compact privilege in any remote state.

12. Once the requirements of subsection 10 of this section have been met, the licensee must meet the requirements in subsection 1 of this section to obtain a compact privilege in a remote state.

345.195. Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with section 345.185 and under rules promulgated by the Commission, to practice audiology or speech-language pathology in any member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.

345.200. Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

345.205. 1. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

(1) Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state.

(2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(3) Only the home state shall have the power to take adverse action against an audiologist's or speech-language pathologist's license issued by the home state.

2. For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

3. The home state shall complete any pending investigations of an audiologist or speech-language pathologist who changes primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action or actions and shall promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any adverse actions.

4. If otherwise permitted by state law, the member state may recover from the affected audiologist or speech-language pathologist the costs of investigations and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist.

5. The member state may take adverse action based on the factual findings of the remote state, provided that the member state follows the member state's own procedures for taking the adverse action.

6. (1) In addition to the authority granted to a member state by its respective audiology or speech-language pathology practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.

(2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

7. If adverse action is taken by the home state against an audiologist's or speech language pathologist's license, the audiologist's or speech-language pathologist's privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All

home state disciplinary orders that impose adverse action against an audiologist's or speech language pathologist's license shall include a statement that the audiologist's or speech-language pathologist's privilege to practice is deactivated in all member states during the pendency of the order.

8. If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.

9. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

345.210. 1. The Compact member states hereby create and establish a joint public agency known as the Audiology and Speech-Language Pathology Compact Commission:

(1) The Commission is an instrumentality of the Compact states.

(2) Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

2. (1) Each member state shall have two (2) delegates selected by that member state's licensing board. The delegates shall be current members of the licensing board. One shall be an audiologist and one shall be a speech-language pathologist.

(2) An additional five (5) delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at Large.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring on the Commission, within 90 days.

(5) Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

(6) A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(7) The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

3. The Commission shall have the following powers and duties:

(1) Establish the fiscal year of the Commission;

(2) Establish bylaws;

(3) Establish a Code of Ethics;

(4) Maintain its financial records in accordance with the bylaws;

(5) Meet and take actions as are consistent with the provisions of this Compact and the bylaws;

(6) Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

(7) Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;

(8) Purchase and maintain insurance and bonds;

(9) Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

(10) Hire employees, elect or appoint officers, fix compensation, define duties, grant individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(11) Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

(12) Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

- (13) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
- (14) Establish a budget and make expenditures;
- (15) Borrow money;
- (16) Appoint committees, including standing committees composed of members, and other interested persons as may be designated in this Compact and the bylaws;
- (17) Provide and receive information from, and cooperate with, law enforcement agencies;
- (18) Establish and elect an Executive Committee; and
- (19) Perform other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

4. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact:

- (1) The Executive Committee shall be composed of ten (10) members:
  - (a) Seven (7) voting members who are elected by the Commission from the current membership of the Commission;
  - (b) Two (2) ex-officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and
  - (c) One (1) ex-officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

5. The ex-officio members shall be selected by their respective organizations.

- (1) The Commission may remove any member of the Executive Committee as provided in bylaws.
- (2) The Executive Committee shall meet at least annually.
- (3) The Executive Committee shall have the following duties and responsibilities:
  - (a) Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;
  - (b) Ensure Compact administration services are appropriately provided, contractual or otherwise;
  - (c) Prepare and recommend the budget;
  - (d) Maintain financial records on behalf of the Commission;
  - (e) Monitor Compact compliance of member states and provide compliance reports to the Commission;
  - (f) Establish additional committees as necessary; and
  - (g) Other duties as provided in rules or bylaws.
- (4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 345.220.
- (5) The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:
  - (a) Non-compliance of a member state with its obligations under the Compact;
  - (b) The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
  - (c) Current, threatened, or reasonably anticipated litigation;
  - (d) Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
  - (e) Accusing any person of a crime or formally censuring any person;
  - (f) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
  - (g) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
  - (h) Disclosure of investigative records compiled for law enforcement purposes;
  - (i) Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

(j) Matters specifically exempted from disclosure by federal or member state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(7) The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

(8) (a) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(b) The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(c) The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

(9) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

(10) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

6. (1) The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

345.215. 1. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

2. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:



- (1) Identifying information;
- (2) Licensure data;
- (3) Adverse actions against a license or compact privilege;
- (4) Non-confidential information related to alternative program participation;
- (5) Any denial of application for licensure, and the reason or reasons for denial; and
- (6) Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

3. Investigative information pertaining to a licensee in any member state shall only be available to other member states.

4. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.

5. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

6. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

345.220. 1. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

2. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.

3. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

4. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule shall be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

- (1) On the website of the Commission or other publicly accessible platform; and
- (2) On the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

5. The Notice of Proposed Rulemaking shall include:

- (1) The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;
- (2) The text of the proposed rule or amendment and the reason for the proposed rule;
- (3) A request for comments on the proposed rule from any interested person; and
- (4) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

6. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

7. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

- (1) At least twenty-five (25) persons;
- (2) A state or federal governmental subdivision or agency; or
- (3) An association having at least twenty-five (25) members.

8. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings shall be recorded. A copy of the recording shall be made available on request.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

9. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

10. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

11. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

12. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

- (1) Meet an imminent threat to public health, safety, or welfare;
- (2) Prevent a loss of Commission or member state funds; or
- (3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

13. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

345.225. 1. (1) Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.

(2) The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

2. (1) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

(2) By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

345.230. 1. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the 10th member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

2. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

3. Any member state may withdraw from this Compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

4. Nothing contained in this Compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.

5. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

345.235. This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

345.240. 1. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

2. All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

3. All lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

4. All agreements between the Commission and the member states are binding in accordance with their terms.

5. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state."; and

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

On motion of Representative Kelley (127), **House Amendment No. 6** was adopted.

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

*House Amendment No. 7*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

"338.061. 1. This section shall be known and may be cited as the "Tricia Leann Tharp Act".

2. The board of pharmacy shall recommend that all licensed pharmacists who are employed at a licensed retail or clinical pharmacy obtain two hours of continuing education in suicide awareness and prevention. Any such board-approved continuing education shall count toward the total hours of continuing education hours required by the board for the renewal of a license under subsection 3 of section 338.060.

3. The board of pharmacy shall develop guidelines suitable for training materials that may be used by accredited schools of pharmacy and other organizations and courses approved by the Accreditation Council for Pharmacy Education; except that, schools of pharmacy may approve materials to be used in providing training for faculty and other employees.

4. The board of pharmacy may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void."; and

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

On motion of Representative Schwadron, **House Amendment No. 7** was adopted.

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

*House Amendment No. 8*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 5, Section 135.690, Line 108, by inserting after all of said section and line:

"135.1140. 1. As used in this section, the following terms mean:

- (1) "Dentist", any person currently licensed to practice dentistry under chapter 332;
- (2) "Primary care physician", a physician licensed and registered under chapter 334 engaged in general or family practice;
- (3) "Qualified amount", for any qualified taxpayer in a given tax year, fifteen thousand dollars;
- (4) "Qualified taxpayer", any individual subject to the state income tax imposed under chapter 143, excluding the withholding tax imposed under sections 143.191 to 143.265, who is a primary care physician or dentist that practices and resides in a rural county;
- (5) "Rural county", a county in Missouri with fewer than thirty-five thousand inhabitants;
- (6) "Tax credit", a credit against the tax otherwise due under chapter 143, excluding withholding tax imposed under sections 143.191 to 143.265.

2. For all tax years beginning on or after January 1, 2023, a qualified taxpayer shall be allowed to claim a tax credit against the taxpayer's state tax liability in an amount equal to the taxpayer's qualified amount.

3. The cumulative amount of tax credits allowed to all taxpayers under this section shall not exceed three million dollars per tax year. If the amount of tax credits claimed in a tax year under this section exceeds three million dollars, tax credits shall be apportioned among all eligible tax payers.

4. No tax credit claimed under this section shall be assigned, transferred, sold, or otherwise conveyed. If the amount of the tax credit exceeds the taxpayer's state tax liability, the difference shall not be refundable but may be carried forward to any of the five subsequent tax years.

5. The department of revenue shall promulgate all necessary rules and regulations for the administration of this section including, but not limited to, rules relating to the verification of a taxpayer's qualified amount. 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, 2022, shall be invalid and void.

6. Under section 23.253 of the Missouri sunset act:

- (1) The provisions of this section shall automatically sunset six years after the effective date of this section unless reauthorized by an act of the general assembly; and
- (2) If such provisions of this section are reauthorized, such provisions shall automatically sunset twelve years after the effective date of their reauthorization; and
- (3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the provisions of this section are sunset."; and

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

On motion of Representative Morse, **House Amendment No. 8** was adopted.

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

House Amendment No. 9

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 42, Section 197.258, Line 23, by inserting after all of said section and line the following:

"197.400. As used in sections 197.400 to 197.475, unless the context otherwise requires, the following terms mean:

- (1) "Council", the home health services advisory council created by sections 197.400 to 197.475;
- (2) "Department", the department of health and senior services;
- (3) "Home health agency", a public agency or private organization or a subdivision or subunit of an agency or organization that provides two or more home health services at the residence of a patient according to a ~~[physician's]~~ written ~~[and signed]~~ plan of treatment **signed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant;**
- (4) "Home health services", any of the following items and services provided at the residence of the patient on a part-time or intermittent basis: nursing, physical therapy, speech therapy, occupational therapy, home health aid, or medical social service;
- (5) **"Nurse practitioner, clinical nurse specialist", a person recognized by the state board of nursing pursuant to the provisions of chapter 335 to practice in this state as a nurse practitioner or clinical nurse specialist;**
- (6) "Part-time or intermittent basis", the providing of home health services in an interrupted interval sequence on the average of not to exceed three hours in any twenty-four-hour period;
- ~~[(6)]~~ (7) "Patient's residence", the actual place of residence of the person receiving home health services, including institutional residences as well as individual dwelling units;
- ~~[(7)]~~ (8) "Physician", a person licensed by the state board of registration for the healing arts pursuant to the provisions of chapter 334 to practice in this state as a physician and surgeon;
- (9) **"Physician assistant", a person licensed by the state board of registration for the healing arts pursuant to the provisions of chapter 334 to practice in this state as a physician assistant;**
- ~~[(8)]~~ (10) "Plan of treatment", a plan reviewed and signed as often as ~~[medically]~~ necessary by a physician ~~[or]~~, podiatrist, **nurse practitioner, clinical nurse specialist, or a physician assistant**, not to exceed sixty days in duration, **and reviewed by a physician at least once every six months**, prescribing items and services for an individual patient's condition;
- ~~[(9)]~~ (11) "Podiatrist", a person licensed by the state board of podiatry pursuant to the provisions of chapter 330 to practice in this state as a podiatrist;
- ~~[(10)]~~ (12) "Subunit" or "subdivision", any organizational unit of a larger organization which can be clearly defined as a separate entity within the larger structure, which can meet all of the requirements of sections 197.400 to 197.475 independent of the larger organization, which can be held accountable for the care of patients it is serving, and which provides to all patients care and services meeting the standards and requirements of sections 197.400 to 197.475."; and

Further amend said bill, Page 43, Section 197.415, Line 28, by inserting after all of said section and line the following:

"197.445. 1. The department may adopt reasonable rules and standards necessary to carry out the provisions of sections 197.400 to 197.477. The rules and standards adopted shall not be less than the standards established by the federal government for home health agencies under Title XVIII of the Federal Social Security Act. The reasonable rules and standards shall be initially promulgated within one year of September 28, 1983.

2. The rules and standards adopted by the department pursuant to the provisions of sections 197.400 to 197.477 shall apply to all health services covered by sections 197.400 to 197.477 rendered to any patient being served by a home health agency regardless of source of payment for the service, patient's condition, or place of residence, at which the home health services are ordered by the physician ~~[or]~~, podiatrist, **nurse practitioner, clinical nurse specialist, or physician assistant**. No rule or portion of a rule promulgated pursuant to the authority of sections 197.400 to 197.477 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024."; and

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

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

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

*House Amendment No. 10*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after said section and line the following:

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

- (1) "Completed application", a practitioner's application to a health carrier that seeks the health carrier's authorization for the practitioner to provide patient care services as a member of the health carrier's network and does not omit any information which is clearly required by the application form and the accompanying instructions;
- (2) "Credentialing", a health carrier's process of assessing and validating the qualifications of a practitioner to provide patient care services and act as a member of the health carrier's provider network;
- (3) "Health carrier", the same meaning as such term is defined in section 376.1350. **The term "health carrier" shall also include any entity described in subdivision (4) of section 354.700;**
- (4) "Practitioner":
  - (a) A physician or physician assistant eligible to provide treatment services under chapter 334;
  - (b) A pharmacist eligible to provide services under chapter 338;
  - (c) A dentist eligible to provide services under chapter 332;
  - (d) A chiropractor eligible to provide services under chapter 331;
  - (e) An optometrist eligible to provide services under chapter 336;
  - (f) A podiatrist eligible to provide services under chapter 330;
  - (g) A psychologist or licensed clinical social worker eligible to provide services under chapter 337; or
  - (h) An advanced practice nurse eligible to provide services under chapter 335."; and

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

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

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

*House Amendment No. 11*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 10, Section 191.116, Line 64, by inserting after all of said section and line the following:

"191.240. 1. For purposes of this section, the following terms mean:

- (1) "Health care provider", the same meaning given to the term in section 191.900;
  - (2) "Patient examination", a prostate, anal, or pelvic examination.
2. A health care provider, or any student or trainee under the supervision of a health care provider, shall not knowingly perform a patient examination upon an anesthetized or unconscious patient in a health care facility unless:
- (1) The patient or a person authorized to make health care decisions for the patient has given specific informed consent to the patient examination;
  - (2) The patient examination is necessary for diagnostic or treatment purposes; or
  - (3) The collection of evidence through a forensic examination, as defined under subsection 8 of section 595.220, for a suspected sexual assault on the anesthetized or unconscious patient is necessary because the evidence will be lost or the patient is unable to give informed consent due to a medical condition.
3. A health care provider shall notify a patient of any patient examination performed under subsection 2 of this section.
4. A health care provider who violates the provisions of this section, or who supervises a student or trainee who violates the provisions of this section, shall be subject to discipline by any licensing board that licenses the health care provider."; and

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

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

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

*House Amendment No. 12*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

"407.925. As used in sections ~~[407.925]~~ **407.924** to 407.934, the following terms mean:

- (1) "Alternative nicotine product", any noncombustible product containing nicotine that is intended for human consumption, whether chewed, absorbed, dissolved, or ingested by any other means. Alternative nicotine product does not include any vapor product, tobacco product or any product regulated as a drug or device by the United States Food and Drug Administration under Chapter V of the Food, Drug, and Cosmetic Act;
- (2) ~~["Center of youth activities", any playground, school or other facility, when such facility is being used primarily by persons under the age of eighteen for recreational, educational or other purposes;~~
- ~~(3)~~ (3) "Distribute", a conveyance to the public by sale, barter, gift or sample;
- ~~(4)~~ (3) "Minor", a person under ~~[the age of eighteen]~~ **twenty-one years of age**;
- ~~(5)~~ (4) "Municipality", the city, village or town within which tobacco products, alternative nicotine products or vapor products are sold or distributed or, in the case of tobacco products, alternative nicotine products or vapor products that are not sold or distributed within a city, village or town, the county in which they are sold or distributed;
- ~~(6)~~ (5) "Person", an individual, partnership, copartnership, firm, company, public or private corporation, association, joint stock company, trust, estate, political subdivision or any agency, board, department or bureau of the state or federal government, or any other legal entity which is recognized by law as the subject of rights and duties;
- ~~(7)~~ (6) "Proof of age", a driver's license or other generally accepted means of identification that contains a picture of the individual and appears on its face to be valid;
- ~~(8)~~ (7) "Rolling papers", paper designed, manufactured, marketed, or sold for use primarily as a wrapping or enclosure for tobacco, which enables a person to roll loose tobacco into a smokable cigarette;
- ~~(9)~~ (8) "Sample", a tobacco product, alternative nicotine product, or vapor product distributed to members of the general public at no cost or at nominal cost for product promotional purposes;
- ~~(10)~~ (9) "Sampling", the distribution to members of the general public of tobacco product, alternative nicotine product or vapor product samples;
- ~~(11)~~ (10) "Tobacco products", any substance containing tobacco leaf, including, but not limited to, cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, or dipping tobacco but does not include alternative nicotine products, or vapor products;
- ~~(12)~~ (11) "Vapor product", any noncombustible product containing nicotine that employs a heating element, power source, electronic circuit, or other electronic, chemical or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine in a solution or other form. Vapor product includes any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device and any vapor cartridge or other container of nicotine in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device. Vapor product does not include any alternative nicotine product or tobacco product;
- ~~(13)~~ (12) "Vending machine", any mechanical electric or electronic~~;~~ self-service device ~~[which]~~ **that**, upon insertion of money, tokens or any other form of payment, dispenses tobacco products, alternative nicotine products, or vapor products.

407.926. 1. Any person or entity who sells tobacco products, alternative nicotine products, or vapor products shall deny the sale of such tobacco products to ~~[any person who is less than eighteen years of age]~~ **minors**.

2. Any person or entity who sells or distributes tobacco products, alternative nicotine products, or vapor products by mail or through the internet in this state in violation of subsection 1 of this section shall be assessed a fine of two hundred fifty dollars for the first violation and five hundred dollars for each subsequent violation.

3. Alternative nicotine products and vapor products shall ~~[only]~~ **not** be sold to ~~[persons eighteen years of age or older]~~ **minors**, shall be subject to local and state sales tax, but shall not be otherwise taxed or regulated as tobacco products.

4. (1) Any nicotine liquid container that is sold at retail in this state shall satisfy the child-resistant effectiveness standards set forth in 16 CFR 1700.15(b) as in effect on August 28, 2015, when tested in accordance with the method described in 16 CFR 1700.20 as in effect on August 28, 2015.

(2) For the purposes of this subsection, "nicotine liquid container" shall mean a bottle or other container of liquid or other substance containing nicotine if the liquid or substance is sold, marketed, or intended for use in a vapor product. A "nicotine liquid container" shall not include a liquid or other substance containing nicotine in a cartridge that is sold, marketed, or intended for use in a vapor product, provided that such cartridge is prefilled and sealed by the manufacturer and not intended to be opened by the consumer.

(3) Any person who engages in retail sales of liquid nicotine containers in this state in violation of this subsection shall be assessed a fine of two hundred fifty dollars for the first violation and five hundred dollars for each subsequent violation.

(4) The department of health and senior services may adopt rules necessary to carry out the provisions of this subsection. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

(5) The provisions of this subsection and any rules adopted hereunder shall be null, void, and of no force and effect upon the effective date of the final regulations issued by the federal Food and Drug Administration or from any other federal agency if such regulations mandate child-resistant effectiveness standards for nicotine liquid containers.

407.927. The owner of an establishment at which tobacco products, alternative nicotine products, vapor products, or rolling papers are sold at retail or through vending machines shall cause to be prominently displayed in a conspicuous place at every display from which tobacco products, alternative nicotine products, or vapor products are sold and on every vending machine where tobacco products are purchased a sign that shall:

(1) Contain in red lettering at least one-half inch high on a white background the following: "It is a violation of state law for cigarettes, other tobacco products, alternative nicotine products, or vapor products to be sold or otherwise provided to any person under ~~[the age of eighteen]~~ **twenty-one years of age** or for such person to purchase, attempt to purchase or possess cigarettes, other tobacco products, alternative nicotine products or vapor products."; and

(2) Include a depiction of a pack of cigarettes at least two inches high defaced by a red diagonal diameter of a surrounding red circle, and the words "Under ~~[18]~~ **21**".

407.929. 1. A person or entity selling tobacco products, alternative nicotine products, or vapor products or rolling papers or distributing tobacco product, alternative nicotine product, or vapor product samples shall require proof of age from a prospective purchaser or recipient if an ordinary person would conclude on the basis of appearance that such prospective purchaser or recipient may be ~~[under the age of eighteen]~~ **a minor**.

2. The operator's or chauffeur's license issued pursuant to the provisions of section 302.177, or the operator's or chauffeur's license issued pursuant to the laws of any state or possession of the United States to residents of those states or possessions, or an identification card as provided for in section 302.181, or the identification card issued by any uniformed service of the United States, or a valid passport shall be presented by the holder thereof upon request of any agent of the division of liquor control or any owner or employee of an establishment that sells tobacco, alternative nicotine products, or vapor products, for the purpose of aiding the registrant, agent or employee to determine whether or not the person is ~~[at least eighteen years of age]~~ **a minor** when such person desires to purchase or possess tobacco products, alternative nicotine products, or vapor products procured from a registrant. Upon such presentation, the owner or employee of the establishment shall compare the photograph and physical characteristics noted on the license, identification card or passport with the physical characteristics of the person presenting the license, identification card or passport.

3. Any person who shall, without authorization from the department of revenue, reproduce, alter, modify or misrepresent any chauffeur's license, motor vehicle operator's license or identification card shall be deemed guilty of a misdemeanor and upon conviction shall be subject to a fine of not more than one thousand dollars, and confinement for not more than one year, or by both such fine and imprisonment.



4. Reasonable reliance on proof of age or on the appearance of the purchaser or recipient shall be a defense to any action for a violation of subsections 1, 2 and 3 of section 407.931. No person shall be liable for more than one violation of subsections 2 and 3 of section 407.931 on any single day.

407.931. 1. It shall be unlawful for any person to sell, provide or distribute tobacco products, alternative nicotine products, or vapor products to ~~[persons under eighteen years of age]~~ **a minor**.

2. All vending machines that dispense tobacco products, alternative nicotine products, or vapor products shall be located within the unobstructed line of sight and under the direct supervision of an adult responsible for preventing ~~[persons less than eighteen years of age]~~ **minors** from purchasing any tobacco product, alternative nicotine product, or vapor product from such machine or shall be equipped with a lock-out device to prevent the machines from being operated until the person responsible for monitoring sales from the machines disables the lock. Such locking device shall be of a design that prevents it from being left in an unlocked condition and which will allow only a single sale when activated. A locking device shall not be required on machines that are located in areas where ~~[persons less than eighteen years of age]~~ **minors** are not permitted or prohibited by law. An owner of an establishment whose vending machine is not in compliance with the provisions of this subsection shall be subject to the penalties contained in subsection 5 of this section. A determination of noncompliance may be made by a local law enforcement agency or the division of liquor control. Nothing in this section shall apply to a vending machine if located in a factory, private club or other location not generally accessible to the general public.

3. No person or entity shall sell, provide or distribute any tobacco product, alternative nicotine product, or vapor product or rolling papers to any minor, or sell any individual cigarettes to any person in this state. This subsection shall not apply to the distribution by family members on property that is not open to the public.

4. Any person including, but not limited to, a sales clerk, owner or operator who violates subsection 1, 2 or 3 of this section or section 407.927 shall be penalized as follows:

- (1) For the first offense, twenty-five dollars;
- (2) For the second offense, one hundred dollars;
- (3) For a third and subsequent offense, two hundred fifty dollars.

5. Any owner of the establishment where tobacco products, alternative nicotine products, or vapor products are available for sale who violates subsection 3 of this section, in addition to the penalties established in subsection 4 of this section, shall be penalized in the following manner:

- (1) For the first violation per location within two years, a reprimand shall be issued by the division of liquor control;
- (2) For the second violation per location within two years, the division of liquor control shall issue a citation prohibiting the outlet from selling tobacco products, alternative nicotine products, or vapor products for a twenty-four-hour period;
- (3) For the third violation per location within two years, the division of liquor control shall issue a citation prohibiting the outlet from selling tobacco products, alternative nicotine products, or vapor products for a forty-eight-hour period;
- (4) For the fourth and any subsequent violations per location within two years, the division of liquor control shall issue a citation prohibiting the outlet from selling tobacco products for a five-day period.

6. Any owner of the establishment where tobacco products are available for sale who violates subsection 3 of this section shall not be penalized pursuant to this section if such person documents the following:

- (1) An in-house or other tobacco compliance employee training program was in place to provide the employee with information on the state and federal regulations regarding sales of tobacco products, alternative nicotine products, or vapor products to minors. Such training program must be attended by all employees who sell tobacco products, alternative nicotine products, or vapor products to the general public;
- (2) A signed statement by the employee stating that the employee has been trained and understands the state laws and federal regulations regarding the sale of tobacco products, alternative nicotine products, or vapor products to minors; and
- (3) Such in-house or other tobacco compliance training meets the minimum training criteria, which shall not exceed a total of ninety minutes in length, established by the division of liquor control.

7. The exemption in subsection 6 of this section shall not apply to any person who is considered the general owner or operator of the outlet where tobacco products, alternative nicotine products, or vapor products are available for sale if:

- (1) Four or more violations per location of subsection 3 of this section occur within a one-year period; or

(2) Such person knowingly violates or knowingly allows his or her employees to violate subsection 3 of this section.

8. If a sale is made by an employee of the owner of an establishment in violation of sections 407.925 to 407.934, the employee shall be guilty of an offense established in subsections 1, 2 and 3 of this section. If a vending machine is in violation of section 407.927, the owner of the establishment shall be guilty of an offense established in subsections 3 and 4 of this section. If a sample is distributed by an employee of a company conducting the sampling, such employee shall be guilty of an offense established in subsections 3 and 4 of this section.

9. A person cited for selling, providing or distributing any tobacco product, alternative nicotine product, or vapor product to ~~[any individual less than eighteen years of age]~~ **a minor** in violation of subsection 1, 2 or 3 of this section shall conclusively be presumed to have reasonably relied on proof of age of the purchaser or recipient, and such person shall not be found guilty of such violation if such person raises and proves as an affirmative defense that such individual presented a driver's license or other government-issued photo identification purporting to establish that such individual was ~~[eighteen years of age or older]~~ **not a minor**.

10. Any person adversely affected by this section may file an appeal with the administrative hearing commission which shall be adjudicated pursuant to the procedures established in chapter 621.

407.933. 1. No ~~[person less than eighteen years of age]~~ **minor** shall purchase, attempt to purchase or possess cigarettes, other tobacco products, alternative nicotine products, or vapor products unless such person is an employee of a seller of cigarettes, tobacco products, alternative nicotine products, or vapor products and is in such possession to effect a sale in the course of employment, or an employee of the division of liquor control for enforcement purposes pursuant to subsection 5 of section 407.934.

2. ~~[Any person less than eighteen years of age]~~ **No minor** shall ~~[not]~~ misrepresent his or her age to purchase cigarettes, tobacco products, alternative nicotine products, or vapor products.

3. Any person who violates the provisions of this section shall be penalized as follows:

(1) For the first violation, the person is guilty of an infraction and shall have any cigarettes, tobacco products, alternative nicotine products, or vapor products confiscated;

(2) For a second violation and any subsequent violations, the person is guilty of an infraction, shall have any cigarettes, tobacco products, alternative nicotine products, or vapor products confiscated and shall complete a tobacco education or smoking cessation program, if available.

407.934. 1. No person shall sell cigarettes, tobacco products, alternative nicotine products, or vapor products unless the person has a retail sales tax license.

2. The department of revenue shall permit persons to designate through the internet or by including a place on all sales tax license applications for the applicant to designate himself or herself as a seller of tobacco products, alternative nicotine products, or vapor products and to provide a list of all locations where the applicant sells such products.

3. On or before July first of each year, the department of revenue shall make available to the division of liquor control and the department of mental health a complete list of every establishment which sells cigarettes, other tobacco products, alternative nicotine products, or vapor products in this state.

4. The division of liquor control shall have the authority to inspect stores and tobacco outlets for compliance with all laws related to access of tobacco products, alternative nicotine products, or vapor products to minors. The division may employ a ~~[person seventeen years of age]~~ **minor**, with parental consent **if the minor is under eighteen years of age**, to attempt to purchase tobacco for the purpose of inspection or enforcement of tobacco laws.

5. The supervisor of the division of liquor control shall not use minors to enforce the provisions of this chapter unless the supervisor promulgates rules that establish standards for the use of minors. The supervisor shall establish mandatory guidelines for the use of minors in investigations by a state, county, municipal or other local law enforcement authority which shall be followed by such authority and which shall, at a minimum, provide for the following:

(1) The minor shall be seventeen years of age **or older**;

(2) The minor shall have a youthful appearance, and the minor, if a male, shall not have facial hair or a receding hairline and if a female, shall not wear excessive makeup or excessive jewelry;

(3) The state, county, municipal or other local law enforcement agency shall obtain the consent of the minor's parent or legal guardian, **if necessary**, before the use of such minor on a form approved by the supervisor;

(4) The state, county, municipal or other local law enforcement agency shall make a photocopy of the minor's valid identification showing the minor's correct date of birth;

(5) Any attempt by such minor to purchase tobacco products, alternative nicotine products, or vapor products shall be videotaped or audiotaped with equipment sufficient to record all statements made by the minor and the seller of the tobacco product;

(6) The minor shall carry his or her own identification showing the minor's correct date of birth and shall, upon request, produce such identification to the seller of the tobacco product, alternative nicotine product, or vapor product;

(7) The minor shall answer truthfully any questions about his or her age and shall not remain silent when asked questions regarding his or her age;

(8) The minor shall not lie to the seller of the tobacco product, alternative nicotine product, or vapor product to induce a sale of tobacco products;

(9) The minor shall not be employed by the state, county, municipal or other local law enforcement agency on an incentive or quota basis;

(10) The state, county, municipal or other local law enforcement agency shall, within forty-eight hours, contact or take all reasonable steps to contact the owner or manager of the establishment if a violation occurs;

(11) The state, county, municipal or other local law enforcement agency shall maintain records of each visit to an establishment where a minor is used by the state, county, municipal or other local law enforcement agency for a period of at least one year following the incident, regardless of whether a violation occurs at each visit, and such records shall, at a minimum, include the following information:

(a) The signed consent form of the minor's parent or legal guardian, **if necessary**;

(b) A Polaroid photograph of the minor;

(c) A photocopy of the minor's valid identification, showing the minor's correct date of birth;

(d) An information sheet completed by the minor on a form approved by the supervisor; and

(e) The name of each establishment visited by the minor, and the date and time of each visit.

6. If the state, county, municipal or other local law enforcement authority uses minors in investigations or in enforcing or determining violations of this chapter or any local ordinance and does not comply with the mandatory guidelines established by the supervisor of liquor control in subsection 5 of this section, the supervisor of liquor control shall not take any disciplinary action against the establishment or seller pursuant to this chapter based on an alleged violation discovered when using a minor and shall not cooperate in any way with the state, county, municipal or other local law enforcement authority in prosecuting any alleged violation discovered when using a minor."; and

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

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

Representative Gregory (51) offered **House Amendment No. 13**.

*House Amendment No. 13*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 57, Section 198.644, Lines 43-49, by deleting said lines and inserting in lieu thereof the following:

**"(10) Indemnify and hold harmless a health care facility for any damages, sanctions, or civil monetary penalties that are proximately caused by an action or failure to act of any health care personnel the agency provides to the health care facility; provided that the amount for which the supplemental health care services agency may be liable to a health care facility for civil monetary penalties and sanctions shall not exceed one hundred thousand dollars for civil monetary penalties and sanctions that can be assessed against skilled nursing facilities by the United States Department of Health and Human Services or the Centers for Medicare and Medicaid Services. If the damages, sanctions, or civil monetary penalties are proximately caused by the negligence, action, or failure to act by the health care facility, then liability shall be determined by a percentage of fault and shall be the sole responsibility of the party against whom such determination is made. Such determinations shall be made by the agreement of the parties or a neutral third party who considers all of the relevant factors in making a determination.";** and

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

On motion of Representative Gregory (51), **House Amendment No. 13** was adopted.

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

*House Amendment No. 14*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 2, Section 9.236, Line 7, by inserting after all of the said section and line the following:

**"9.351. The sixteenth of April each year is hereby designated as "Missouri Donate Life Day" in the state of Missouri. The citizens of this state are encouraged to participate in appropriate activities and events to increase public awareness of the need for organ donation and organ donors.";** and

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

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

*House Amendment No. 1*

*to*

*House Amendment No. 14*

AMEND House Amendment No. 14 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 1, Line 7, by inserting after said line the following:

"Further amend said bill, Page 73, Section 660.010, Line 46, by inserting after all of said section and line the following:

**"Section 1. April 11 through April 17 of each year is hereby designated as "Black Maternal Health Week". The citizens of this state are encouraged to engage in appropriate events and activities to commemorate black maternal health.**

**Section 2. The month of April of each year is hereby designated as "Minority Health Month". The citizens of this state are encouraged to engage in appropriate events and activities to commemorate minority health month.";** and"; and

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

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

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

*House Amendment No. 2*

*to*

*House Amendment No. 14*

AMEND House Amendment No. 14 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 1, Lines 6 to 7, by deleting all of said lines and inserting in lieu thereof the following:

**"activities and events to increase public awareness of the need for organ donations and organ donors. 9.358. April twenty-second each year is hereby designated as "Missouri Black Bear Awareness Day". Citizens of this state are encouraged to participate in appropriate events and activities to provide education about efforts to conserve Missouri's black bear population.";** and"; and

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

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 092

Andrews	Atchison	Baker	Basye	Billington
Black 137	Boggs	Bromley	Brown 16	Buchheit-Courtway
Burger	Busick	Chipman	Christofanelli	Coleman 97
Cook	Davidson	Davis	Derges	Dinkins
Dogan	Eggleston	Evans	Falkner	Fitzwater
Francis	Gregory 51	Gregory 96	Grier	Griffith
Haden	Haffner	Haley	Henderson	Houx
Hovis	Hurlbert	Kalberloh	Kelley 127	Kelly 141
Knight	Lewis 6	Lovasco	Mayhew	McGaugh
McGill	Morse	Murphy	O'Donnell	Owen
Patterson	Perkins	Pike	Plocher	Pollitt 52
Pollock 123	Porter	Pouche	Proudie	Railsback
Reedy	Richey	Riley	Roberts	Roden
Rone	Sander	Sassmann	Schnelting	Schroer
Seitz	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Stacy	Stephens 128	Tate	Taylor 139
Taylor 48	Thomas	Thompson	Toalson Reisch	Trent
Van Schoiack	Veit	Walsh 50	West	Wiemann
Wright	Mr. Speaker			

NOES: 037

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Bosley	Brown 27	Burnett	Burton
Butz	Collins	Doll	Ellebracht	Fogle
Gray	Gunby	Ingle	Johnson	Lewis 25
McCreery	Mosley	Person	Phifer	Price IV
Quade	Rogers	Sauls	Smith 45	Smith 67
Terry	Turnbaugh	Unsicker	Walsh Moore 93	Weber
Windham	Young			

PRESENT: 000

ABSENT WITH LEAVE: 027

Bailey	Baringer	Barnes	Black 7	Bland Manlove
Brown 70	Clemens	Coleman 32	Copeland	Cupps
Deaton	DeGroot	Fishel	Hardwick	Hicks
Hudson	Kidd	Mackey	McDaniel	Merideth
Nurrenbern	Pietzman	Riggs	Schwadron	Sharp 36
Smith 163	Stevens 46			

VACANCIES: 007

Representative Burton moved that **House Amendment No. 2 to House Amendment No. 14** be adopted.

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

2618 *Journal of the House*

AYES: 045

Adams	Aldridge	Anderson	Appelbaum	Atchison
Aune	Bangert	Baringer	Brown 27	Burnett
Burton	Clemens	Collins	Davis	Derges
Dogan	Doll	Fogle	Gray	Gunby
Haley	Ingle	Johnson	Kidd	Lewis 25
Lovasco	McCreery	Mosley	Person	Phifer
Price IV	Quade	Reedy	Rone	Sander
Sassmann	Sauls	Smith 45	Smith 67	Terry
Turnbaugh	Unsicker	Walsh Moore 93	Weber	Young

NOES: 082

Andrews	Baker	Basye	Billington	Black 137
Boggs	Bromley	Brown 16	Buchheit-Courtway	Burger
Busick	Butz	Chipman	Christofanelli	Coleman 97
Cook	Davidson	Eggleston	Ellebracht	Evans
Falkner	Fitzwater	Francis	Gregory 51	Gregory 96
Grier	Griffith	Haden	Haffner	Henderson
Houx	Hovis	Hurlbert	Kalberloh	Kelley 127
Kelly 141	Knight	Lewis 6	McGaugh	McGirl
Morse	Murphy	O'Donnell	Owen	Patterson
Perkins	Pike	Plocher	Pollitt 52	Pollock 123
Porter	Pouche	Railsback	Richey	Riley
Roberts	Rogers	Schnelting	Schroer	Schwadron
Seitz	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Stacy	Stephens 128	Tate	Taylor 139
Taylor 48	Thomas	Thompson	Toalson Reisch	Trent
Van Schoiack	Veit	Walsh 50	West	Wiemann
Wright	Mr. Speaker			

PRESENT: 002

Dinkins	Roden
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ABSENT WITH LEAVE: 027

Bailey	Barnes	Black 7	Bland Manlove	Bosley
Brown 70	Coleman 32	Copeland	Cupps	Deaton
DeGroot	Fishel	Hardwick	Hicks	Hudson
Mackey	Mayhew	McDaniel	Merideth	Nurrenbern
Pietzman	Proudie	Riggs	Sharp 36	Smith 163
Stevens 46	Windham			

VACANCIES: 007

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

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

*House Amendment No. 15*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

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

- (1) "340B drug", a drug that is:**
  - (a) A covered outpatient drug as defined in Section 340B of the Public Health Service Act, 42 U.S.C. Section 256b, enacted by Section 602 of the Veterans Health Care Act of 1992, Pub. L. 102-585; and**
  - (b) Purchased under an agreement entered into under 42 U.S.C. Section 256b;**
- (2) "Covered entity", the same meaning given to the term in Section 340B(a)(4) of the Public Health Service Act, 42 U.S.C. Section 256b(a)(4);**
- (3) "Health carrier", the same meaning given to the term in section 376.1350;**
- (4) "Pharmacy benefits manager", the same meaning given to the term in section 376.388;**
- (5) "Specified pharmacy", a pharmacy licensed under chapter 338 with which a covered entity has contracted to dispense 340B drugs on behalf of the covered entity regardless of whether the 340B drugs are distributed in person or through the mail.**

**2. A health carrier or pharmacy benefits manager shall not discriminate against a covered entity or a specified pharmacy by doing any of the following:**

- (1) Reimbursing a covered entity or specified pharmacy for a quantity of a 340B drug in an amount less than such health carrier or pharmacy benefits manager would pay to any other similarly situated pharmacy that is not a covered entity or a specified pharmacy for such quantity of such drug on the basis that the entity or pharmacy is a covered entity or specified pharmacy or that the entity or pharmacy dispenses 340B drugs;**
- (2) Imposing any terms or conditions on covered entities or specified pharmacies that differ from such terms or conditions applied to other similarly situated pharmacies that are not covered entities or specified pharmacies on the basis that the entity or pharmacy is a covered entity or specified pharmacy or that the entity or pharmacy dispenses 340B drugs including, but not limited to, terms or conditions with respect to any of the following:**
  - (a) Fees, chargebacks, clawbacks, adjustments, or other assessments;**
  - (b) Professional dispensing fees;**
  - (c) Restrictions or requirements regarding participation in standard or preferred pharmacy networks;**
  - (d) Requirements relating to the frequency or scope of audits or to inventory management systems using generally accepted accounting principles; and**
  - (e) Any other restrictions, conditions, practices, or policies that, as specified by the director of the department of commerce and insurance, interfere with the ability of a covered entity to maximize the value of discounts provided under 42 U.S.C. Section 256b;**
- (3) Interfering with an individual's choice to receive a 340B drug from a covered entity or specified pharmacy, whether in person or via direct delivery, mail, or other form of shipment; or**
- (4) Refusing to contract with a covered entity or specified pharmacy for reasons other than those that apply equally to entities or pharmacies that are not covered entities or specified pharmacies, or on the basis that:**

- (a) The entity or pharmacy is a covered entity or a specified pharmacy; or**
- (b) The entity or pharmacy is described in any of subparagraphs (A) to (O) of 42 U.S.C. Section 256b(a)(4).**

**3. The director of the department of commerce and insurance shall impose a civil penalty on any pharmacy benefits manager that violates the requirements of this section. Such penalty shall not exceed five thousand dollars per violation per day.**

**4. The director of the department of commerce and insurance shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void."; and**

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

Representative Porter offered **House Amendment No. 1 to House Amendment No. 15.**

*House Amendment No. 1*  
*to*  
*House Amendment No. 15*

AMEND House Amendment No. 15 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 2, Line 26, by deleting all of said line and inserting in lieu thereof the following:

"authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void.

**376.415. 1. For purposes of this section, the following terms mean:**

(1) "340B drug", a drug that is:

(a) A covered outpatient drug as defined in Section 340B of the Public Health Service Act, 42 U.S.C. Section 256b, enacted by Section 602 of the Veterans Health Care Act of 1992, Pub. L. 102-585; and

(b) Purchased under an agreement entered into under 42 U.S.C. Section 256b;

(2) "Covered entity", the same meaning given to the term in Section 340B(a)(4) of the Public Health Service Act, 42 U.S.C. Section 256b(a)(4);

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

(4) "Pharmacy benefits manager", the same meaning given to the term in section 376.388;

(5) "Specified pharmacy", a pharmacy licensed under chapter 338 with which a covered entity has contracted to dispense 340B drugs on behalf of the covered entity regardless of whether the 340B drugs are distributed in person or through the mail.

2. Before March 1, 2024, and annually thereafter, every covered entity and specified pharmacy and licensed or approved to do business in this state shall file a report with the Missouri Department of Commerce and Insurance for the immediately preceding calendar year. The report shall contain the following information regarding the plan:

(1) The gross profits the covered entity or specified pharmacy realized from its participation in the 340B drug pricing program as described in 42 U.S.C. Section 256b;

(2) The difference between the cost to purchase or acquire each 340B drug and the reimbursement the covered entity or specified pharmacy received from a health carrier, pharmacy benefits manager, or other entity for the 340 drug."; and"; and

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

Representative Porter moved that **House Amendment No. 1 to House Amendment No. 15** be adopted.

Which motion was defeated by the following vote, the ayes and noes having been demanded pursuant to Rule 16:

AYES: 024

Baker	Basye	Brown 16	Butz	Christofanelli
Coleman 97	Davidson	Ellebracht	Hardwick	Hicks
Hudson	Johnson	Murphy	Plocher	Porter
Price IV	Richey	Sander	Schnelting	Schroer
Schwadron	Sharp 36	Trent	Wiemann	

NOES: 100

Adams	Anderson	Andrews	Appelbaum	Atchison
Aune	Bangert	Baringer	Billington	Bland Manlove
Bosley	Bromley	Brown 27	Buchheit-Courtway	Burger
Burton	Busick	Clemens	Collins	Cook
Davis	Derges	Dinkins	Dogan	Doll



Eggleston	Evans	Falkner	Fitzwater	Fogle
Francis	Gray	Gregory 51	Grier	Griffith
Gunby	Haden	Haffner	Haley	Henderson
Hovis	Hurlbert	Ingle	Kalberloh	Kelley 127
Kelly 141	Knight	Lewis 25	Lewis 6	Mayhew
McCreery	McGill	Morse	Mosley	Nurrenbern
O'Donnell	Owen	Patterson	Perkins	Person
Phifer	Pike	Pollitt 52	Pollock 123	Quade
Railsback	Reedy	Riley	Roberts	Rogers
Rone	Sassmann	Sauls	Seitz	Sharpe 4
Shields	Simmons	Smith 155	Smith 45	Smith 67
Stacy	Stephens 128	Stevens 46	Tate	Taylor 139
Taylor 48	Terry	Thomas	Toalson Reisch	Turnbaugh
Unsicker	Van Schoiack	Veit	Walsh 50	Walsh Moore 93
Weber	West	Wright	Young	Mr. Speaker

PRESENT: 001

Copeland

ABSENT WITH LEAVE: 031

Aldridge	Bailey	Barnes	Black 137	Black 7
Boggs	Brown 70	Burnett	Chipman	Coleman 32
Cupps	Deaton	DeGroot	Fishel	Gregory 96
Houx	Kidd	Lovasco	Mackey	McDaniel
McGaugh	Merideth	Pietzman	Pouche	Proudie
Riggs	Roden	Shaul	Smith 163	Thompson
Windham				

VACANCIES: 007

On motion of Representative Wright, **House Amendment No. 15** was adopted by the following vote, the ayes and noes having been demanded pursuant to Rule 16:

AYES: 096

Adams	Aldridge	Anderson	Andrews	Appelbaum
Atchison	Aune	Bangert	Baringer	Basye
Bosley	Bromley	Brown 27	Buchheit-Courtway	Burger
Burton	Butz	Clemens	Collins	Cook
Copeland	Derges	Dinkins	Dogan	Doll
Eggleston	Ellebracht	Evans	Falkner	Fitzwater
Fogle	Francis	Gray	Grier	Griffith
Gunby	Haden	Haffner	Haley	Hardwick
Henderson	Hicks	Hovis	Johnson	Kalberloh
Kidd	Knight	Lewis 25	Lewis 6	McCreery
McGaugh	McGill	Morse	Mosley	Nurrenbern
O'Donnell	Owen	Patterson	Perkins	Person
Phifer	Pike	Pollitt 52	Pollock 123	Porter
Proudie	Railsback	Reedy	Roberts	Roden
Rone	Sassmann	Sauls	Sharp 36	Sharpe 4
Shaul	Shields	Smith 155	Smith 45	Smith 67
Stephens 128	Stevens 46	Taylor 139	Taylor 48	Terry
Thomas	Thompson	Turnbaugh	Unsicker	Van Schoiack
Veit	Walsh Moore 93	Weber	Wright	Young
Mr. Speaker				

NOES: 034

Baker	Billington	Brown 16	Busick	Christofanelli
Coleman 32	Coleman 97	Davidson	Davis	Gregory 51
Hudson	Hurlbert	Kelley 127	Kelly 141	Lovasco
Murphy	Pietzman	Plocher	Pouche	Richey
Riley	Sander	Schnelting	Schroer	Schwadron
Seitz	Simmons	Stacy	Tate	Toalson Reisch
Trent	Walsh 50	West	Wiemann	

PRESENT: 000

ABSENT WITH LEAVE: 026

Bailey	Barnes	Black 137	Black 7	Bland Manlove
Boggs	Brown 70	Burnett	Chipman	Cupps
Deaton	DeGroot	Fishel	Gregory 96	Houx
Ingle	Mackey	Mayhew	McDaniel	Merideth
Price IV	Quade	Riggs	Rogers	Smith 163
Windham				

VACANCIES: 007

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

*House Amendment No. 16*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 2, Section 9.236, Line 7, by inserting after all of said section and line the following:

"67.265. 1. For purposes of this section, the ~~[term "order" shall]~~ **following terms** mean:

(1) **"Local elected governing body", the board of aldermen, city council, county commission, or other like body of officials elected to represent an entire city or county. "Local elected governing body" shall not include any inferior body whose duties are limited to a specific area of responsibility or expertise within the city or county including, but not limited to, a local health authority;**

(2) **"Order", a public health order, ordinance, rule, or regulation issued by a political subdivision**~~including by a health officer, local public health agency, public health authority, or the political subdivision's executive, as such term is defined in section 67.750,]~~ **in response to an actual or perceived threat to public health for the purpose of preventing the spread of a contagious disease;**

(3) **"Prohibited order", any order that has been terminated under subsection 3 or expired under subsection 2 of this section;**

(4) **"Statewide pandemic", an outbreak of a particularly dangerous disease affecting a high proportion of the population, appearing in three or more counties.**

2. Notwithstanding any other provision of law to the contrary, **all orders shall be approved by a vote of the local elected governing body of the city or county, shall be issued by the same, and shall be subject to the following:**

(1) Any order issued during and related to an emergency declared pursuant to chapter 44 that directly or indirectly closes, partially closes, or places restrictions on the opening of or access to any one or more business organizations, churches, schools, or other places of public or private gathering or assembly, including any order, ordinance, rule, or regulation of general applicability ~~[or]~~ that prohibits or otherwise limits attendance at any public or private gatherings, **or requires the wearing of face coverings,** ~~[shall not remain in effect for longer than thirty-calendar days in a one hundred eighty-day period, including the cumulative duration of similar orders issued concurrently, consecutively, or successively, and]~~ shall automatically expire at the end of ~~[the]~~ thirty days or as specified in the order, whichever is shorter, unless so authorized by a simple majority vote of the ~~[political subdivision's]~~ **local elected governing body to extend such order or approve a similar order prior to the expiration or termination of the original order;** provided that such extension or approval of similar orders shall not ~~[exceed thirty-calendar days in duration and any order may be extended more than once]~~ **extend beyond sixty days from the effective date of the original order passed pursuant to this subdivision; ~~and]~~**

(2) Any order of general applicability issued at a time other than an emergency declared pursuant to chapter 44 that directly or indirectly closes, **partially closes, or places restrictions on the opening of or access to any one or more business organizations**, an entire classification of business organizations, churches, schools, or other places of public or private gathering or assembly, **including any order, ordinance, rule, or regulation of general applicability that prohibits or otherwise limits attendance at any public or private gatherings, or requires the wearing of face coverings**, shall ~~[not remain in effect for longer than twenty-one calendar days in a one hundred eighty day period, including the cumulative duration of similar orders issued concurrently, consecutively, or successively, and shall]~~ automatically expire at the end of ~~[the twenty one]~~ **twenty** days or as specified in the order, whichever is shorter, unless so authorized by a two-thirds majority vote of the ~~[political subdivisions]~~ **local elected** governing body to extend such order or approve a similar order **prior to the expiration or termination of the original order** ; provided that such extension or approval of similar orders ~~[may be extended more than once]~~ **shall not extend beyond sixty days from the effective date of the original order passed pursuant to this subdivision; and**

(3) Upon the expiration of sixty days as set forth in subdivision (1) or (2) of this subsection, only the director of the department of health and senior services shall be authorized to issue or extend any further order relating to the actual or perceived threat to public health or safety that gave rise to the order authorized by the local elected governing body or to terminate the same.

~~[2-]~~ 3. The ~~[governing bodies of the political subdivisions]~~ **local elected governing body** issuing orders under this section shall at all times have the authority to terminate ~~[an order]~~ **local orders** issued or extended under this section upon a simple majority vote of the body.

~~[3-]~~ 4. In the case of local public health agencies created through an agreement by multiple counties under chapter 70, all of the participating counties' **local elected** governing bodies shall be required to approve or terminate orders in accordance with the provisions of this section.

~~[4-]~~ 5. Prior to or concurrent with the issuance or extension of any order under subdivisions (1) and (2) of subsection ~~[4]~~ **2** of this section, the health officer, local public health agency, public health authority, or executive shall provide a report to the **local elected** governing body containing information supporting the need for such order and **may submit a draft order, which shall not have any legal effect until it is approved by a vote of the local elected governing body taken in a session that is open to the public**. Such report shall include specific studies or other evidence relied upon in the creation of the order, along with an explanation of the legal authority upon which the order is based. Such report shall also include a summary of the general nature and extent of the comments submitted in support of or opposition to the proposed order and a concise summary of the testimony presented at all hearings in which the order was discussed. In addition, the report shall contain a **summary of the findings regarding the merits of any such testimony or comments submitted by members of the public who are opposed, in whole or in part, to the proposed order**.

~~[5-]~~ 6. No ~~[political subdivision]~~ **local elected governing body** of this state shall make or modify any orders that have the effect, directly or indirectly, of a prohibited order under this section.

~~[6-]~~ 7. No **directive**, rule, or regulation issued by the department of health and senior services shall authorize a local health official, health officer, local public health agency, or public health authority to create or enforce any order, ordinance, rule, or regulation described in section 192.300 or this section that is inconsistent with the provisions of this section.

8. (1) **No local elected governing body shall issue or authorize any order relating to a statewide pandemic pursuant to this section unless the governor has, by executive order pursuant to an emergency declared under chapter 44, directed the director of the department of health and senior services to authorize, by written directive containing sufficiently specific criteria, local elected governing bodies to issue or approve such order; except that, no such local order shall be more expansive than the written directive issued by the department and shall be subject to review and alteration by the director.**

(2) **Not less than thirty days after the issuance of a written directive by the director of the department, as provided in this subsection, the department shall replace such directive with an emergency rule promulgated as set forth in chapter 536.**

(3) **Any order issued by a local elected governing body that is not in compliance with this subsection shall be void ab initio.**

(4) **Any order issued by a local elected governing body shall be subject to the time limitations set forth in subsection 2 of this section.**

9. Except as provided in subsection 11 of this section, the existence of a statewide pandemic may be declared by the governor or the director of the department of health and senior services. During a statewide pandemic, only the director shall have the authority to close a public or private school or other place of public or private assembly or to reduce, alter, suspend, or otherwise restrict the operations or hours thereof. The director shall consult with the local health authorities prior to any closing.

10. (1) Any person aggrieved by the actions of a political subdivision, including its local elected governing body, its officers, employees, or agents, in violation of this section shall have a civil claim for damages against such political subdivision for:

- (a) Injunctive relief;
- (b) Treble compensatory damages;
- (c) Punitive damages;
- (d) Costs of litigation including, but not limited to, court costs and expert witness fees; and
- (e) Reasonable attorneys fees.

(2) Neither sovereign immunity nor official immunity shall be a defense in any such civil action.

(3) Venue for any civil action filed pursuant to this section shall, at the election of the aggrieved party, be in the county within which the aggrieved party resides, in the county within which the alleged harm occurred, or Cole County.

(4) In any civil action filed by a person with standing or by the attorney general under this section, upon a showing that a material fact is in dispute, the political subdivision shall bear the burden of showing, by clear and convincing evidence, that its order was necessary to prevent the actual or anticipated harm and that no less restrictive means to prevent such actual or anticipated harm were available.

11. The general assembly may, by the passage of a concurrent resolution, declare the existence of a statewide pandemic. Such resolution shall not extend the declaration of a statewide pandemic for more than thirty days beyond the convening of the next regular session of the general assembly but may by its own provisions specify the expiration date of the declaration prior to that time. The general assembly may approve subsequent declarations in like manner and subject to the same limitations.

67.308. 1. No county, city, town or village in this state receiving public funds shall require documentation of an individual having received a vaccination against COVID-19 in order for the individual to access transportation systems or services or any other public accommodations.

2. No private person, business, corporation, organization, or other nongovernment entity shall be required to assist in any manner in the enforcement of any order issued pursuant to section 67.265, nor shall such person or entity suffer any adverse action including, but not limited to, a fine, loss of a business license, closure, or citation for any such refusal to assist.

3. (1) Any person aggrieved by the actions of a political subdivision or any public official under this section shall have a civil claim for damages against such political subdivision or public official for:

- (a) Injunctive relief;
- (b) Treble compensatory damages;
- (c) Punitive damages;
- (d) Costs of litigation including, but not limited to, court costs and expert witness fees; and
- (e) Reasonable attorneys fees.

(2) Neither sovereign immunity nor official immunity shall be a defense in any such civil action.

(3) Venue for any civil action filed pursuant to this section or section 67.265 shall, at the election of the aggrieved party, be the county in which the aggrieved party resides, the county where the alleged harm occurred or Cole County.

(4) In any civil action filed by a person with standing or by the attorney general under this section, upon a showing that a material fact is in dispute, the political subdivision shall bear the burden of showing, by clear and convincing evidence, that its order was necessary to prevent the actual or anticipated harm and that no less restrictive means to prevent such actual or anticipated harm were available."; and

Further amend said bill, Page 5, Section 135.690, Line 108, by inserting after all of said section and line the following:

"167.029. 1. A public school district may require students to wear a school uniform or restrict student dress to a particular style in accordance with the law. The school district may determine the style and color of the school uniform.

**2. No public or charter school shall implement or enforce any student dress requirements that include a mask or other face covering or respirator.**

167.181. 1. The department of health and senior services, after consultation with the department of elementary and secondary education, shall promulgate rules and regulations governing the immunization against poliomyelitis, rubella, rubeola, mumps, tetanus, pertussis, diphtheria, and hepatitis B, to be required of children attending public, private, parochial or parish schools. Such rules and regulations may modify the immunizations that are required of children in this subsection. The immunizations required and the manner and frequency of their administration shall conform to recognized standards of medical practice. The department of health and senior services shall supervise and secure the enforcement of the required immunization program.

2. It is unlawful for any student to attend school unless he has been immunized as required under the rules and regulations of the department of health and senior services, and can provide satisfactory evidence of such immunization; except that if he produces satisfactory evidence of having begun the process of immunization, he may continue to attend school as long as the immunization process is being accomplished in the prescribed manner. It is unlawful for any parent or guardian to refuse or neglect to have his child immunized as required by this section, unless the child is properly exempted.

3. This section shall not apply to any child if one parent or guardian objects in writing to his school administrator against the immunization of the child, because of religious beliefs or medical contraindications. In cases where any such objection is for reasons of medical contraindications, a statement from a duly licensed physician must also be provided to the school administrator.

4. Each school superintendent, whether of a public, private, parochial or parish school, shall cause to be prepared a record showing the immunization status of every child enrolled in or attending a school under his jurisdiction. The name of any parent or guardian who neglects or refuses to permit a nonexempted child to be immunized against diseases as required by the rules and regulations promulgated pursuant to the provisions of this section shall be reported by the school superintendent to the department of health and senior services.

5. The immunization required may be done by any duly licensed physician or by someone under his direction. If the parent or guardian is unable to pay, the child shall be immunized at public expense by a physician or nurse at or from the county, district, city public health center or a school nurse or by a nurse or physician in the private office or clinic of the child's personal physician with the costs of immunization paid through the state Medicaid program, private insurance or in a manner to be determined by the department of health and senior services subject to state and federal appropriations, and after consultation with the school superintendent and the advisory committee established in section 192.630. When a child receives his or her immunization, the treating physician may also administer the appropriate fluoride treatment to the child's teeth.

6. Funds for the administration of this section and for the purchase of vaccines for children of families unable to afford them shall be appropriated to the department of health and senior services from general revenue or from federal funds if available.

**7. No student shall be required, as a condition of school attendance or participation in school-sponsored extracurricular activities, to be immunized against COVID 19. No school shall require students to wear face masks or other face coverings or respirators as an alternative to receiving a COVID-19 vaccination. No school shall require students to undergo COVID-19 diagnostic testing or otherwise implement a "test to stay" policy requiring testing as an alternative to receiving a COVID-19 vaccination; provided, that nothing in this subsection shall be interpreted to preclude a school from requiring a student to be tested as described in section 167.191 as a condition for school attendance or participation in school-sponsored extracurricular activities. For purposes of the section, "COVID 19" shall include any variant thereof.**

8. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be invalid and void.

167.191. 1. It is unlawful for any child to attend any of the public schools of this state while afflicted with any contagious or infectious disease, or while liable to transmit such disease after having been exposed to it. For the purpose of determining the diseased condition, or the liability of transmitting the disease, the teacher or board of

directors may require any child to be examined by a physician, **physician assistant, or advanced practice registered nurse** and exclude the child from school so long as there is any liability of such disease being transmitted by the pupil. **For purposes of this section, the term "liability" shall mean that symptoms of such a contagious or infectious disease are present and that disease transmission is more likely than not to occur.** If the parent or guardian refuses to have an examination made by a physician, **physician assistant, or advanced practice registered nurse pursuant to [at] the written request of [the teacher] a school administration or school board of directors, the [teacher or board of directors] child may be [exclude the child] excluded** from school. Any parent or guardian who persists in sending a child to school, after having been examined as provided by this section, and found to be afflicted with any contagious or infectious disease, or liable to transmit the disease, or refuses to have the child examined as herein provided, is guilty of a misdemeanor, and, upon conviction, shall be punished by a fine of not less than five nor more than one hundred dollars.

**2. If the parent or guardian of the child presents a written document, signed by a physician, physician assistant, or advanced practice registered nurse stating that the child is not afflicted with any contagious or infectious disease, or liable to transmit the disease, the child shall not be excluded from school under subsection 1.;** and

Further amend said bill, Page 7, Section 167.630, Line 19, by inserting after all of said section and line the following:

"171.011. **1.** The school board of each school district in the state may make all needful rules and regulations for the organization, grading and government in the school district. The rules shall take effect when a copy of the rules, duly signed by order of the board, is deposited with the district clerk. The district clerk shall transmit forthwith a copy of the rules to the teachers employed in the schools. The rules may be amended or repealed in like manner.

**2. No school administrator, teacher, staff, or other personnel of any public school or charter school, nor any school board, shall have authority to adopt rules, regulations, policies, directives, or any other order relating to quarantines, isolation, or other health-related requirements for students except as provided in section 167.191; except that, nothing in this section or section 167.191 shall be construed to authorize any such order relating to masking or vaccinations.**

**3. During a statewide pandemic as defined in section 67.265, all generally applicable orders relating to the spread of an infectious or contagious disease shall be made by a local elected governing body as provided in section 67.265.;** and

Further amend said bill, Page 21, Section 192.005, Line 27, by inserting after all of said section and line the following:

"192.290. All rules and regulations authorized and made by the department of health and senior services in accordance with this chapter shall supersede as to those matters to which this chapter relates, all local **orders**, ordinances, rules, and regulations and shall be observed throughout the state and enforced by all local and state health authorities. Nothing herein shall limit the right of local authorities **under section 192.300** to make such further **orders**, ordinances, rules, and regulations not inconsistent with **or more restrictive than** the rules and regulations prescribed by the department of health and senior services, which may be necessary for the particular locality under the jurisdiction of such local authorities; **except that, all such orders, ordinances, rules and regulations made by local authorities shall comply with the provisions of section 67.265.;** and

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

Representative Murphy offered **House Amendment No. 1 to House Amendment No. 16.**

*House Amendment No. 1*  
*to*  
*House Amendment No. 16*

AMEND House Amendment No. 16 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 3, Lines 19-20, by deleting all of said lines and renumbering subsequent subdivisions accordingly; and

Further amend said amendment, Page 4, Lines 1-2, by deleting all of said lines and renumbering subsequent subdivisions accordingly; and

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

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 094

Andrews	Atchison	Baker	Billington	Black 7
Boggs	Bromley	Brown 16	Buchheit-Courtway	Burger
Busick	Christofanelli	Coleman 32	Coleman 97	Cook
Copeland	Cupps	Davidson	Davis	Deaton
Derges	Dinkins	Dogan	Evans	Falkner
Fitzwater	Francis	Gregory 51	Grier	Griffith
Haden	Haffner	Haley	Hardwick	Henderson
Hicks	Hovis	Hudson	Hurlbert	Kalberloh
Kelley 127	Kelly 141	Lewis 6	Lovasco	Mayhew
McGaugh	McGirl	Morse	Murphy	O'Donnell
Owen	Patterson	Perkins	Pietzman	Pike
Plocher	Pollitt 52	Pollock 123	Porter	Pouche
Railsback	Reedy	Richey	Riley	Roberts
Roden	Rone	Sander	Sassmann	Schnelting
Schroer	Schwadron	Seitz	Sharpe 4	Shaul
Shields	Smith 155	Smith 163	Stacy	Stephens 128
Tate	Taylor 139	Taylor 48	Thomas	Thompson
Toalson Reisch	Trent	Van Schoiack	Veit	Walsh 50
West	Wiemann	Wright	Mr. Speaker	

NOES: 043

Adams	Anderson	Appelbaum	Aune	Bangert
Baringer	Barnes	Brown 27	Burnett	Burton
Butz	Clemens	Collins	Doll	Ellebracht
Fogle	Gray	Gunby	Ingle	Johnson
Lewis 25	McCreery	Merideth	Mosley	Nurrenbern
Person	Phifer	Price IV	Proudie	Quade
Rogers	Sauls	Sharp 36	Smith 45	Smith 67
Stevens 46	Terry	Turnbaugh	Unsicker	Walsh Moore 93
Weber	Windham	Young		

PRESENT: 000

ABSENT WITH LEAVE: 019

Aldridge	Bailey	Basye	Black 137	Bland Manlove
Bosley	Brown 70	Chipman	DeGroot	Eggleston
Fishel	Gregory 96	Houx	Kidd	Knight
Mackey	McDaniel	Riggs	Simmons	

VACANCIES: 007

On motion of Representative Murphy, **House Amendment No. 1 to House Amendment No. 16** was adopted.

Representative Collins offered **House Amendment No. 2 to House Amendment No. 16.**

*House Amendment No. 2  
to  
House Amendment No. 16*

AMEND House Amendment No. 16 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 6, Line 26, by inserting after all of the said line the following:

"Further amend said bill, Page 62, Section 210.921, Line 41, by inserting after all of said section and line the following:

**"217.697. 1. Notwithstanding any other provision of law, any offender who:**  
**(1) Is incarcerated in a correctional facility after being sentenced by a court of this state;**  
**(2) Is serving a sentence of life without parole for a minimum of fifty years or more, who was sentenced under section 565.008 for an offense committed prior to October 1, 1984, and who has not been sentenced to imprisonment for the duration of his or her natural life without the possibility of probation or parole;**

**(3) Is sixty-five years of age or older;**  
**(4) Has been diagnosed with a terminal diseases or illness or meets the criteria for medical parole;**  
**(5) Has no felony conviction for a dangerous felony, as defined under section 556.061, prior to the conviction for which he or she is currently incarcerated; and**  
**(6) Is not a convicted sex offender**  
**shall receive a parole hearing upon serving thirty years or more of his or her sentence.**

**2. During the parole hearing required under subsection 1 of this section, the parole board shall determine whether there is a reasonable probability the offender shall live and remain at liberty without violating the law upon release. If the board determines a reasonable probability exists, the offender shall be eligible for release upon a finding that the offender has:**

**(1) A record of good conduct while incarcerated;**  
**(2) Demonstrated self-rehabilitation while incarcerated;**  
**(3) A workable parole plan, including community and family support;**  
**(4) An institutional risk factor of no higher than one, which shall be based on assessment tools used by the department of corrections and the parole board; and**  
**(5) A mental health score no higher than two.**

**3. Any offender granted parole under this section shall be subject to a minimum of five years of supervision by the division of probation and parole upon release.**

**4. Nothing in this section shall diminish the consideration of parole under any other provision of law applicable to the offender or the responsibility and authority of the governor to grant clemency, including pardons and commutation of sentences if necessary or desirable."; and"; and**

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

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 093

Andrews	Atchison	Baker	Basye	Billington
Black 7	Boggs	Bromley	Brown 16	Buchheit-Courtway
Burger	Busick	Christofanelli	Coleman 32	Coleman 97
Cook	Copeland	Cupps	Davis	Deaton
Derges	Dinkins	Dogan	Eggleston	Evans
Falkner	Fitzwater	Francis	Gregory 51	Gregory 96
Grier	Griffith	Haden	Haffner	Haley



Hardwick	Henderson	Hovis	Hudson	Hurlbert
Kalberloh	Kelley 127	Kelly 141	Knight	Lewis 6
Lovasco	Mayhew	McGaugh	McGill	Morse
Murphy	O'Donnell	Owen	Patterson	Perkins
Pike	Plocher	Pollock 123	Porter	Pouche
Railsback	Reedy	Richey	Riley	Roberts
Roden	Rone	Sander	Sassmann	Schroer
Schwadron	Seitz	Sharpe 4	Shaul	Shields
Smith 155	Smith 163	Stacy	Stephens 128	Tate
Taylor 139	Taylor 48	Thomas	Thompson	Toalson Reisch
Trent	Van Schoiack	Veit	Walsh 50	West
Wiemann	Wright	Mr. Speaker		

NOES: 043

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Baringer	Barnes	Bosley	Brown 27
Burnett	Burton	Butz	Collins	Doll
Ellebracht	Fogle	Gray	Gunby	Ingle
Johnson	Lewis 25	McCreery	Merideth	Mosley
Nurrenbern	Person	Phifer	Price IV	Quade
Rogers	Sauls	Sharp 36	Smith 45	Smith 67
Stevens 46	Terry	Turnbaugh	Unsicker	Walsh Moore 93
Weber	Windham	Young		

PRESENT: 000

ABSENT WITH LEAVE: 020

Bailey	Black 137	Bland Manlove	Brown 70	Chipman
Clemens	Davidson	DeGroot	Fishel	Hicks
Houx	Kidd	Mackey	McDaniel	Pietzman
Pollitt 52	Proudie	Riggs	Schnelting	Simmons

VACANCIES: 007

**House Amendment No. 2 to House Amendment No. 16** was withdrawn.

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 096

Andrews	Atchison	Baker	Basye	Billington
Black 137	Black 7	Boggs	Bromley	Brown 16
Buchheit-Courtway	Burger	Busick	Christofanelli	Coleman 32
Coleman 97	Cook	Copeland	Cupps	Davidson
Davis	Deaton	Derges	Dinkins	Dogan
Eggleston	Evans	Falkner	Fitzwater	Francis
Gregory 51	Gregory 96	Grier	Griffith	Haden
Haffner	Haley	Hardwick	Henderson	Hicks
Hovis	Hudson	Hurlbert	Kalberloh	Kelley 127
Kelly 141	Knight	Lewis 6	Lovasco	Mayhew
McGaugh	McGill	Morse	Murphy	O'Donnell

2630 *Journal of the House*

Owen	Patterson	Perkins	Pike	Plocher
Pollitt 52	Pollock 123	Porter	Pouche	Railsback
Reedy	Richey	Riley	Roberts	Roden
Rone	Sander	Sassmann	Schroer	Schwadron
Seitz	Sharpe 4	Shaul	Shields	Smith 155
Smith 163	Stacy	Stephens 128	Tate	Taylor 139
Taylor 48	Thomas	Thompson	Toalson Reisch	Trent
Van Schoiack	Walsh 50	West	Wiemann	Wright
Mr. Speaker				

NOES: 043

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Baringer	Barnes	Bosley	Brown 27
Burnett	Burton	Butz	Clemens	Collins
Doll	Ellebracht	Fogle	Gray	Gunby
Ingle	Johnson	Lewis 25	McCreery	Merideth
Mosley	Nurrenbern	Phifer	Price IV	Proudie
Quade	Sauls	Sharp 36	Smith 45	Smith 67
Stevens 46	Terry	Turnbaugh	Unsicker	Walsh Moore 93
Weber	Windham	Young		

PRESENT: 000

ABSENT WITH LEAVE: 017

Bailey	Bland Manlove	Brown 70	Chipman	DeGroot
Fishel	Houx	Kidd	Mackey	McDaniel
Person	Pietzman	Riggs	Rogers	Schnelting
Simmons	Veit			

VACANCIES: 007

On motion of Representative Schroer, **House Amendment No. 16, as amended**, was adopted by the following vote, the ayes and noes having been demanded by Representative Schroer:

AYES: 094

Andrews	Atchison	Baker	Basye	Billington
Black 137	Black 7	Boggs	Bromley	Brown 16
Buchheit-Courtway	Burger	Busick	Chipman	Christofanelli
Coleman 32	Coleman 97	Cook	Copeland	Cupps
Davidson	Davis	Deaton	Derges	Dinkins
Dogan	Eggleston	Evans	Fitzwater	Francis
Gregory 51	Gregory 96	Grier	Griffith	Haden
Haffner	Hardwick	Henderson	Hicks	Hovis
Hudson	Hurlbert	Kalberloh	Kelley 127	Kelly 141
Kidd	Knight	Lewis 6	Lovasco	Mayhew
McGaugh	McGill	Morse	Murphy	O'Donnell
Owen	Patterson	Perkins	Pike	Plocher
Pollitt 52	Pollock 123	Porter	Pouche	Railsback
Reedy	Richey	Riley	Roberts	Roden
Rone	Sander	Sassmann	Schnelting	Schroer
Schwadron	Seitz	Sharpe 4	Shaul	Smith 155
Stacy	Stephens 128	Tate	Taylor 139	Taylor 48
Thomas	Thompson	Toalson Reisch	Trent	Van Schoiack
Walsh 50	West	Wiemann	Mr. Speaker	

NOES: 046

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Baringer	Barnes	Bland Manlove	Bosley
Brown 27	Burnett	Burton	Butz	Clemens
Collins	Doll	Falkner	Fogle	Gray
Gunby	Ingle	Johnson	Lewis 25	McCreery
Merideth	Mosley	Nurrenbern	Phifer	Price IV
Proudie	Quade	Rogers	Sauls	Sharp 36
Smith 45	Smith 67	Stevens 46	Terry	Turnbaugh
Unsicker	Walsh Moore 93	Weber	Windham	Wright
Young				

PRESENT: 001

Haley

ABSENT WITH LEAVE: 015

Bailey	Brown 70	DeGroot	Ellebracht	Fishel
Houx	Mackey	McDaniel	Person	Pietzman
Riggs	Shields	Simmons	Smith 163	Veit

VACANCIES: 007

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

*House Amendment No. 17*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 58, Section 198.648, Line 9, by inserting after all of the said section and line the following:

"208.030. 1. The family support division shall make monthly payments to each person who was a recipient of old age assistance, aid to the permanently and totally disabled, and aid to the blind and who:

- (1) Received such assistance payments from the state of Missouri for the month of December, 1973, to which they were legally entitled; and
- (2) Is a resident of Missouri.

2. The amount of supplemental payment made to persons who meet the eligibility requirements for and receive federal supplemental security income payments shall be in an amount, as established by rule and regulation of the family support division, sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payments, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. As long as the recipient continues to receive a supplemental security income payment, the supplemental payment shall not be reduced. The minimum supplemental payment for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be in an amount which, when added to the federal supplemental security income payment, equals the amount of the blind pension grant as provided for in chapter 209.

3. The amount of supplemental payment made to persons who do not meet the eligibility requirements for federal supplemental security income benefits, but who do meet the December, 1973, eligibility standards for old age assistance, permanent and total disability and aid to the blind or less restrictive requirements as established by rule or regulation of the family support division, shall be in an amount established by rule and regulation of the family support division sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payment, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any other benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder.

The minimum supplemental payments for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be a blind pension payment as prescribed in chapter 209.

4. The family support division shall make monthly payments to persons meeting the eligibility standards for the aid to the blind program in effect December 31, 1973, who are bona fide residents of the state of Missouri. The payment shall be in the amount prescribed in subsection 1 of section 209.040, less any federal supplemental security income payment.

5. The family support division shall make monthly payments to persons age twenty-one or over who meet the eligibility requirements in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the family support division, who were receiving old age assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance lawfully, who are not eligible for nursing home care under the Title XIX program, and who reside in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or a licensed skilled nursing facility in Missouri and whose total cash income is not sufficient to pay the amount charged by the facility; and to all applicants age twenty-one or over who are not eligible for nursing home care under the Title XIX program who are residing in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or a licensed skilled nursing facility in Missouri, who make application after December 31, 1973, provided they meet the eligibility standards for old age assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the family support division, who are bona fide residents of the state of Missouri, and whose total cash income is not sufficient to pay the amount charged by the facility. ~~[Until July 1, 1983, the amount of the total state payment for home care in licensed residential care facilities shall not exceed one hundred twenty dollars monthly, for care in licensed intermediate care facilities or licensed skilled nursing facilities shall not exceed three hundred dollars monthly, and for care in licensed assisted living facilities shall not exceed two hundred twenty five dollars monthly. Beginning July 1, 1983, for fiscal year 1983-1984 and each year thereafter,]~~ The amount of the total state payment for home care in licensed residential care facilities **and for care in licensed assisted living facilities** shall ~~[not exceed one hundred fifty six dollars monthly,]~~ **be subject to appropriation. The amount of total state payment** for care in licensed intermediate care facilities or licensed skilled nursing facilities shall not exceed three hundred ninety dollars monthly~~], and for care in licensed assisted living facilities shall not exceed two hundred ninety two dollars and fifty cents monthly].~~ No intermediate care or skilled nursing payment shall be made to a person residing in a licensed intermediate care facility or in a licensed skilled nursing facility unless such person has been determined, by his or her own physician or doctor, to medically need such services subject to review and approval by the department. Residential care payments may be made to persons residing in licensed intermediate care facilities or licensed skilled nursing facilities. Any person eligible to receive a monthly payment pursuant to this subsection shall receive an additional monthly payment equal to the Medicaid vendor nursing facility personal needs allowance. The exact amount of the additional payment shall be determined by rule of the department. This additional payment shall not be used to pay for any supplies or services, or for any other items that would have been paid for by the family support division if that person would have been receiving medical assistance benefits under Title XIX of the federal Social Security Act for nursing home services pursuant to the provisions of section 208.159. Notwithstanding the previous part of this subsection, the person eligible shall not receive this additional payment if such eligible person is receiving funds for personal expenses from some other state or federal program."; and

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

On motion of Representative Deaton, **House Amendment No. 17** was adopted.

Representative Stephens (128) offered **House Amendment No. 18**.

*House Amendment No. 18*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 58, Section 208.184, Line 16, by inserting after all of said section and line the following:

"208.798. The provisions of sections 208.780 to 208.798 shall terminate on August 28, ~~[2022]~~ **2029**."; and

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

On motion of Representative Stephens (128), **House Amendment No. 18** was adopted.

Representative Patterson offered **House Amendment No. 19**.

*House Amendment No. 19*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

"376.1800. 1. As used in this section, the following terms shall mean:

(1) **"Dentist", a dentist licensed under chapter 332. The term "dentist" includes an individual dentist or a group of dentists;**

(2) "Medical retainer agreement", a contract between a physician **or a dentist** and an individual patient or such individual patient's legal representative in which the physician **or dentist** agrees to provide certain health care services described in the agreement to the individual patient for an agreed-upon fee and period of time;

~~(2)~~ (3) "Physician", a physician licensed under chapter **331 or 334**. Physician includes an individual physician or a group of physicians.

2. A medical retainer agreement is not insurance and is not subject to this chapter. Entering into a medical retainer agreement is not the business of insurance and is not subject to this chapter.

3. A physician, **a dentist, or an** agent of a physician **or dentist** is not required to obtain a certificate of authority or license under this section to market, sell, or offer to sell a medical retainer agreement.

4. To be considered a medical retainer agreement for the purposes of this section, the agreement shall meet all of the following requirements:

(1) Be in writing;

(2) Be signed by the physician, **the dentist, or the** agent of the physician **or dentist** and the individual patient or such individual patient's legal representative;

(3) Allow either party to terminate the agreement on written notice to the other party;

(4) Describe the specific health care services that are included in the agreement;

(5) Specify the fee for the agreement;

(6) Specify the period of time under the agreement; and

(7) Prominently state in writing that the agreement is not health insurance.

5. (1) For any patient who enters into a medical retainer agreement under this section and who has established a health savings account (HSA) in compliance with 26 U.S.C. Section 223, or who has a flexible spending arrangement (FSA) or health reimbursement arrangement (HRA), fees under the patient's medical retainer agreement may be paid from such health savings account or reimbursed through such flexible spending arrangement or health reimbursement arrangement, subject to any federal or state laws regarding qualified expenditures from a health savings account, or reimbursement through a flexible spending arrangement or a health reimbursement arrangement.

(2) The employer of any patient described in subdivision (1) of this subsection may:

(a) Make contributions to such patient's health savings account, flexible spending arrangement, or health reimbursement arrangement to cover all or any portion of the agreed-upon fees under the patient's medical retainer agreement, subject to any federal or state restrictions on contributions made by an employer to a health savings account, or reimbursement through a flexible spending arrangement, or health reimbursement arrangement; or

(b) Pay the agreed-upon fees directly to the physician **or dentist** under the medical retainer agreement.

6. Nothing in this section shall be construed as prohibiting, limiting, or otherwise restricting a physician in a collaborative practice arrangement from entering into a medical retainer agreement under this section."; and

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

On motion of Representative Patterson, **House Amendment No. 19** was adopted.

Representative McCreery offered **House Amendment No. 20**.

*House Amendment No. 20*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 69, Section 335.257, Line 4, by inserting after all of said section and line the following:

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; **the** 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; the prescribing and dispensing of any nicotine replacement therapy product under section 338.665; the dispensing of HIV postexposure prophylaxis pursuant to section 338.730; **the dispensing of self-administered oral hormonal contraceptives under section 338.720**; 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 or she 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 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]~~ **334.120**, and the state board of pharmacy, under ~~[section 338.140]~~ **this chapter**, 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 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.

**338.720. 1. For purposes of this section, "self-administered oral hormonal contraceptive" shall mean a drug composed of a combination of hormones that is approved by the Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed takes orally.**

**2. A pharmacist may dispense self-administered oral hormonal contraceptives to a person who is eighteen years of age or older under a prescription order for medication therapy services as described in section 338.010. A prescription order for a self-administered oral hormonal contraceptive shall have no expiration date.**

**3. The board of pharmacy, under this chapter, and the state board of registration for the healing arts, under section 334.120, shall jointly promulgate rules regulating the use of protocols for prescription orders for self-administered oral hormonal contraceptives. 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, 2022, shall be invalid and void.**

4. The rules adopted under this section shall require a pharmacist to:
  - (1) Complete a training program approved by the board of pharmacy that is related to dispensing self-administered oral hormonal contraceptives under this section;
  - (2) Provide a self-screening risk assessment tool that the patient shall use prior to the pharmacist's dispensing the self-administered oral hormonal contraceptive under this section;
  - (3) At least once every twelve months, refer the patient to the patient's primary care practitioner, women's health care practitioner, or physician with whom the pharmacist has a prescription order before dispensing the self-administered oral hormonal contraceptive to the patient;
  - (4) Provide the patient with a written record of the self-administered oral hormonal contraceptive dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner; and
  - (5) Dispense the self-administered oral hormonal contraceptive to the patient as soon as practicable.
5. All state and federal laws governing insurance coverage of contraceptive drugs, devices, products, and services shall apply to self-administered oral hormonal contraceptives dispensed by a pharmacist under this section.
6. The provisions of this section shall terminate upon the enactment of any laws allowing the provision of oral hormonal contraceptives from a pharmacist without a prescription or prescription order.
7. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic substitution of a self-administered oral hormonal contraceptive prescribed by a physician unless authorized by the written protocol or the physician's written prescription order."; and

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

On motion of Representative McCreery, **House Amendment No. 20** was adopted.

Representative Patterson offered **House Amendment No. 21**.

*House Amendment No. 21*

AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 58, Section 198.648, Line 9, by inserting after all of the said section and line the following:

- "208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to the extent and in the manner hereinafter provided:
- (1) All participants receiving state supplemental payments for the aged, blind and disabled;
  - (2) All participants receiving aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible under this subdivision who are participating in treatment court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;
  - (3) All participants receiving blind pension benefits;
  - (4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the eligibility standards in effect December 31, 1973, or less restrictive standards as established by rule of the family support division, who are sixty-five years of age or over and are patients in state institutions for mental diseases or tuberculosis;
  - (5) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children except for the requirements of subdivision (2) of subsection 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section 1396d, as amended;
  - (6) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children benefits except for the requirement of deprivation of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;



- (7) All persons eligible to receive nursing care benefits;
- (8) All participants receiving family foster home or nonprofit private child-care institution care, subsidized adoption benefits and parental school care wherein state funds are used as partial or full payment for such care;
- (9) All persons who were participants receiving old age assistance benefits, aid to the permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who continue to meet the eligibility requirements, except income, for these assistance categories, but who are no longer receiving such benefits because of the implementation of Title XVI of the federal Social Security Act, as amended;
- (10) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child in the home;
- (11) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child who is deprived of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;
- (12) Pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to one hundred eighty-five percent of the federal poverty level as established and amended by the federal Department of Health and Human Services, or its successor agency;
- (13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support division shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;
- (14) Children who have attained six years of age but have not attained nineteen years of age. For children who have attained six years of age but have not attained nineteen years of age, the family support division shall use an income assessment methodology which provides for eligibility when family income is equal to or less than equal to one hundred percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency. As necessary to provide MO HealthNet coverage under this subdivision, the department of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C. Section 1396a(a)(10)(A)(i)(III) to children who have attained six years of age but have not attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. Section 1396d using a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. Section 1396a;
- (15) The family support division shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO HealthNet division shall define the amount and scope of benefits which are available to individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in accordance with the requirements of federal law and regulations promulgated thereunder;
- (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal care shall be made available to pregnant women during a period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as amended;
- (17) A child born to a woman eligible for and receiving MO HealthNet benefits under this section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits and to have been found eligible for such assistance under such plan on the date of such birth and to remain eligible for such assistance for a period of time determined in accordance with applicable federal and state law and regulations so long as the child is a member of the woman's household and either the woman remains eligible for such assistance or for children born on or after January 1, 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon notification of such child's birth, the family support division shall assign a MO HealthNet eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;
- (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the family support division for assessing eligibility under this chapter shall be as simple as practicable;

(19) Subject to appropriations necessary to recruit and train such staff, the family support division shall provide one or more full-time, permanent eligibility specialists to process applications for MO HealthNet benefits at the site of a health care provider, if the health care provider requests the placement of such eligibility specialists and reimburses the division for the expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and equipment of such eligibility specialists. The division may provide a health care provider with a part-time or temporary eligibility specialist at the site of a health care provider if the health care provider requests the placement of such an eligibility specialist and reimburses the division for the expenses, including but not limited to the salary, benefits, travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The division may seek to employ such eligibility specialists who are otherwise qualified for such positions and who are current or former welfare participants. The division may consider training such current or former welfare participants as eligibility specialists for this program;

(20) Pregnant women who are eligible for, have applied for and have received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy. Pregnant women receiving mental health treatment for postpartum depression or related mental health conditions within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to twelve additional months. Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for substance abuse treatment and mental health services for the treatment of substance abuse for no more than twelve additional months, as long as the woman remains adherent with treatment. The department of mental health and the department of social services shall seek any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence. No later than fifteen months after receiving any necessary waiver, the department of mental health and the department of social services shall report to the house of representatives budget committee and the senate appropriations committee on the compliance with federal cost neutrality requirements;

(21) Case management services for pregnant women and young children at risk shall be a covered service. To the greatest extent possible, and in compliance with federal law and regulations, the department of health and senior services shall provide case management services to pregnant women by contract or agreement with the department of social services through local health departments organized under the provisions of chapter 192 or chapter 205 or a city health department operated under a city charter or a combined city-county health department or other department of health and senior services designees. To the greatest extent possible the department of social services and the department of health and senior services shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of intellectual disability and developmental disability program and the prenatal care program administered by the department of health and senior services. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department of health and senior services. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the MO HealthNet program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any MO HealthNet prepaid, case-managed programs;

(22) By January 1, 1988, the department of social services and the department of health and senior services shall study all significant aspects of presumptive eligibility for pregnant women and submit a joint report on the subject, including projected costs and the time needed for implementation, to the general assembly. The department of social services, at the direction of the general assembly, may implement presumptive eligibility by regulation promulgated pursuant to chapter 207;

(23) All participants who would be eligible for aid to families with dependent children benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

(24) (a) All persons who would be determined to be eligible for old age assistance benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriation;

(b) All persons who would be determined to be eligible for aid to the blind benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal poverty level;

(c) All persons who would be determined to be eligible for permanent and total disability benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriations. Eligibility standards for permanent and total disability benefits shall not be limited by age;

(25) Persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section 1396r-1;

(26) Persons who are in foster care under the responsibility of the state of Missouri on the date such persons attained the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, or persons who received foster care for at least six months in another state, are residing in Missouri, and are at least eighteen years of age, without regard to income or assets, if such persons:

(a) Are under twenty-six years of age;

(b) Are not eligible for coverage under another mandatory coverage group; and

(c) Were covered by Medicaid while they were in foster care;

(27) Any homeless child or homeless youth, as those terms are defined in section 167.020, subject to approval of a state plan amendment by the Centers for Medicare and Medicaid Services;

**(28) (a) Beginning April 1, 2022, or the effective date of this act, whichever is later, pregnant women who are eligible for, have applied for, and have received MO HealthNet benefits under subdivision (2), (10), (11), or (12) of this subsection shall be eligible for medical assistance during the pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section 1396a(e)(16). The department shall submit a state plan amendment to the Centers for Medicare and Medicaid Services within sixty days of the effective date of this act;**

**(b) The provisions of this subdivision shall remain in effect for any period of time during which the federal authority under 42 U.S.C. Section 1396a(e)(16), as amended, or any successor statutes or implementing regulations, is in effect.**

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

3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for MO HealthNet benefits for four calendar months following the month in which such family would otherwise be determined to be ineligible for such assistance because of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible for such aid, because of hours of employment or income from employment of the caretaker relative, shall remain eligible for MO HealthNet benefits for six calendar months following the month of such ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6. Each family which has received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such families.

4. When any individual has been determined to be eligible for MO HealthNet benefits, such medical assistance will be made available to him or her for care and services furnished in or after the third month before the month in which he made application for such assistance if such individual was, or upon application would have been, eligible for such assistance at the time such care and services were furnished; provided, further, that such medical expenses remain unpaid.

5. The department of social services may apply to the federal Department of Health and Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars in additional costs to the state, unless subject to appropriation or directed by statute, but in no event shall such waiver applications or amendments seek to waive the services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight committee created in section 208.955. A request for such a waiver so submitted shall only become effective by executive order not sooner than ninety days after the final adjournment of the session of the general assembly to which it is submitted, unless it is disapproved within sixty days of its submission to a regular session by a senate or house resolution adopted by a majority vote of the respective elected members thereof, unless the request for such a waiver is made subject to appropriation or directed by statute.

6. Notwithstanding any other provision of law to the contrary, in any given fiscal year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if annual appropriations are made for such eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

7. (1) Notwithstanding any provision of law to the contrary, a military service member, or an immediate family member residing with such military service member, who is a legal resident of this state and is eligible for MO HealthNet developmental disability services, shall have his or her eligibility for MO HealthNet developmental disability services temporarily suspended for any period of time during which such person temporarily resides outside of this state for reasons relating to military service, but shall have his or her eligibility immediately restored upon returning to this state to reside.

(2) Notwithstanding any provision of law to the contrary, if a military service member, or an immediate family member residing with such military service member, is not a legal resident of this state, but would otherwise be eligible for MO HealthNet developmental disability services, such individual shall be deemed eligible for MO HealthNet developmental disability services for the duration of any time in which such individual is temporarily present in this state for reasons relating to military service."; and

Further amend said bill and page, Section 208.184, Line 16, by inserting after all of the said section and line the following:

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

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

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

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

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

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

**(2) Beginning April 1, 2022, or the effective date of this act, whichever is later, mothers eligible to receive coverage under this section shall receive medical assistance benefits during the pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers to implement the provisions of this subdivision within sixty days of the effective date of this act. The provisions of this subdivision shall remain in effect for any period of time during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor statutes or implementing regulations, is in effect.**

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

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

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

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

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

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

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

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

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

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

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

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

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

Representative Shields offered **House Amendment No. 1 to House Amendment No. 21.**

*House Amendment No. 1*  
*to*  
*House Amendment No. 21*

AMEND House Amendment No. 21 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 1, Line 1, by inserting after the number "710," the following:

"Page 5, Section 135.690, Line 108, by inserting after all of said section and line the following:

- "160.485. 1. This section shall be known and may be cited as the "Stop the Bleed Act".**
- 2. As used in this section, the following terms mean:**
- (1) "Bleeding control kit", a first aid response kit that contains at least the following:**
- (a) Tourniquets that are:**
- a. Endorsed by the United States Department of Defense Committee on Tactical Combat Casualty Care or its successor entity; or**
- b. Approved for use in battlefield trauma care by the Armed Forces of the United States;**
- (b) Bleeding control bandages;**
- (c) Latex-free protective gloves;**
- (d) Permanent markers;**
- (e) Instructional documents developed by the United States Department of Homeland Security's Stop the Bleed national awareness campaign or the American College of Surgeons Committee on Trauma, or both; and**
- (f) Other medical materials and equipment similar to those described in paragraphs (a) and (b) of this subdivision;**
- (2) "Department", the department of elementary and secondary education;**
- (3) "Emergency medical services personnel", paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians, or other emergency service personnel acting within the ordinary course and scope of those professions, but excluding physicians;**
- (4) "School personnel", any employee of a public school district or charter school, or any volunteer serving at a public school or charter school, who is designated to use a bleeding control kit under this section.**
- 3. (1) Before January 1, 2023, the department shall develop a traumatic blood loss protocol for school personnel to follow in the event of an injury involving traumatic blood loss. The protocol shall meet the requirements of this section and shall be made available to each school district and charter school.**
- (2) The traumatic blood loss protocol shall:**
- (a) Require that a bleeding control kit be placed in areas where there is likely to be high traffic or congregation, such as auditoriums, cafeterias, or gymnasiums, and areas where risk of injury may be elevated, including vocational classes such as wood working or automotive classes of each school district's school building and each charter school in an easily accessible location of such areas to be determined by local emergency medical services personnel;**
- (b) Include bleeding control kits in the emergency plans of each school district and charter school, including the presentation and use of the bleeding control kits in all drills and emergencies;**
- (c) Require each school district and charter school to designate a school nurse or school health care provider, or if no school nurse or school health care provider is available, a school personnel member, in each school building who shall obtain appropriate training annually in the use of a bleeding control kit including, but not limited to:**
- a. The proper application of pressure to stop bleeding;**
- b. The proper application of dressings or bandages;**
- c. Additional pressure techniques to control bleeding; and**
- d. The correct application of tourniquets;**

(d) Require each bleeding control kit in school inventories to be inspected annually to ensure that the materials, supplies, and equipment contained in the bleeding control kit have not expired and that any expired materials, supplies, and equipment are replaced as necessary; and

(e) Require a bleeding control kit to be restocked after each use and any materials, supplies, and equipment to be replaced as necessary to ensure that the bleeding control kit contains all necessary materials, supplies, and equipment.

4. (1) The department shall, in collaboration with the United States Department of Homeland Security and the state department of public safety, include requirements in the traumatic blood loss protocol for school personnel to receive annual training in the use of bleeding control kits.

(2) The training requirements shall be satisfied by successful completion and certification under the "STOP THE BLEED" course as promulgated by the American College of Surgeons Committee on Trauma or the American Red Cross.

(3) The training requirements may allow online instruction.

5. (1) A bleeding control kit may contain any additional items that:

(a) Are approved by emergency medical services personnel, as such term is defined in section 190.600;

(b) Can adequately treat an injury involving traumatic blood loss; and

(c) Can be stored in a readily available kit.

(2) Quantities of each item required to be in a bleeding control kit may be determined by each school district.

6. (1) The department and each school district and charter school shall maintain information regarding the traumatic blood loss protocol and the Stop the Bleed national awareness campaign on each entity's website.

(2) Upon request by a school district or a charter school, the department may, in collaboration with the department of public safety, direct the school district or charter school to resources that are available to provide bleeding control kits to the school district or charter school.

7. (1) Except as otherwise provided in this subsection, each school district and charter school shall implement the traumatic blood loss protocol developed under this section before the end of the 2022-23 school year.

(2) The requirements that a bleeding control kit be placed in each classroom, that each kit be restocked as necessary, and that school personnel receive training under this section shall be subject to an appropriation to cover all costs related to such requirements by the general assembly.

(3) Any school district or charter school may receive donations of funds for the purchase of bleeding control kits that meet the requirements of this section and may receive donations of bleeding control kits that meet the requirements of this section.

8. This section shall not be construed to create a cause of action against a school district, a charter school, or any school personnel. Any school personnel who in good faith uses a bleeding control kit as provided by this section shall be immune from all civil liability for any act or omission in the use of a bleeding control kit unless the act or omission constitutes gross negligence or willful, wanton, or intentional misconduct."; and

Further amend said bill,"

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

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 089

Andrews	Atchison	Baker	Basye	Billington
Black 137	Boggs	Bromley	Brown 16	Buchheit-Courtway
Burger	Busick	Chipman	Christofanelli	Coleman 32
Coleman 97	Cook	Davidson	Davis	Deaton
Derges	Dinkins	Dogan	Eggleston	Evans

Falkner	Fitzwater	Francis	Gregory 51	Gregory 96
Grier	Griffith	Haden	Haffner	Haley
Hardwick	Henderson	Hovis	Hudson	Hurlbert
Kalberloh	Kelley 127	Kelly 141	Knight	Lewis 6
Lovasco	Mayhew	McDaniel	McGill	Morse
Murphy	O'Donnell	Owen	Patterson	Pike
Plocher	Pollitt 52	Pollock 123	Porter	Pouche
Railsback	Reedy	Richey	Riggs	Riley
Roberts	Sander	Sassmann	Schroer	Schwadron
Seitz	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Stacy	Stephens 128	Tate	Taylor 139
Thompson	Trent	Van Schoiack	Veit	Walsh 50
West	Wiemann	Wright	Mr. Speaker	

NOES: 043

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Baringer	Barnes	Bosley	Brown 27
Burnett	Burton	Butz	Clemens	Collins
Doll	Ellebracht	Fogle	Gray	Gunby
Johnson	Lewis 25	McCreery	Merideth	Nurrenbern
Person	Phifer	Price IV	Proudie	Quade
Rogers	Sauls	Sharp 36	Smith 45	Smith 67
Stevens 46	Terry	Turnbaugh	Unsicker	Walsh Moore 93
Weber	Windham	Young		

PRESENT: 000

ABSENT WITH LEAVE: 024

Bailey	Black 7	Bland Manlove	Brown 70	Copeland
Cupps	DeGroot	Fishel	Hicks	Houx
Ingle	Kidd	Mackey	McGaugh	Mosley
Perkins	Pietzman	Roden	Rone	Schnelting
Smith 163	Taylor 48	Thomas	Toalson Reisch	

VACANCIES: 007

On motion of Representative Shields, **House Amendment No. 1 to House Amendment No. 21** was adopted.

Representative Lovasco offered **House Amendment No. 2 to House Amendment No. 21.**

*House Amendment No. 2  
to  
House Amendment No. 21*

AMEND House Amendment No. 21 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 10, Line 1, by inserting after said line the following:

"Further amend said bill, Page 69, Section 335.257, Line 4, by inserting after said section and line the following:

**"407.930. The state preempts the field of regulating the sale or use of tobacco products, alternative nicotine products, and vapor products, and the provisions of sections 407.924 to 407.934 shall supersede any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision to regulate the sale or use of tobacco products, alternative nicotine products, or vapor products.**



**However, this section shall not prohibit a county, municipality, or other political subdivision from taxing the sale of tobacco products, alternative nicotine products, or vapor products under other law.";** and"; and

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

Representative Plocher moved the previous question.

Which motion was adopted by the following vote:

AYES: 092

Andrews	Atchison	Baker	Basye	Billington
Black 137	Boggs	Bromley	Brown 16	Buchheit-Courtway
Burger	Busick	Chipman	Coleman 32	Coleman 97
Cook	Copeland	Davidson	Davis	Deaton
Derges	Dinkins	Dogan	Eggleston	Evans
Falkner	Fitzwater	Francis	Gregory 51	Gregory 96
Griffith	Haden	Haffner	Haley	Henderson
Hovis	Hudson	Hurlbert	Kalberloh	Kelley 127
Kelly 141	Knight	Lewis 6	Lovasco	Mayhew
McDaniel	McGaugh	McGill	Morse	Murphy
Owen	Patterson	Perkins	Pike	Plocher
Pollitt 52	Pollock 123	Porter	Pouche	Railsback
Reedy	Richey	Riggs	Riley	Roberts
Rone	Sander	Sassmann	Schroer	Schwadron
Seitz	Sharpe 4	Shaul	Shields	Simmons
Smith 155	Stacy	Stephens 128	Tate	Taylor 139
Taylor 48	Thomas	Thompson	Toalson Reisch	Trent
Van Schoiack	Veit	Walsh 50	West	Wiemann
Wright	Mr. Speaker			

NOES: 045

Adams	Aldridge	Anderson	Appelbaum	Aune
Bangert	Baringer	Barnes	Bosley	Brown 27
Burnett	Burton	Butz	Clemens	Collins
Doll	Ellebracht	Fogle	Gray	Gunby
Ingle	Johnson	Lewis 25	McCreery	Merideth
Mosley	Nurrenbern	Person	Phifer	Price IV
Proudie	Quade	Rogers	Sauls	Sharp 36
Smith 45	Smith 67	Stevens 46	Terry	Turnbaugh
Unsicker	Walsh Moore 93	Weber	Windham	Young

PRESENT: 000

ABSENT WITH LEAVE: 019

Bailey	Black 7	Bland Manlove	Brown 70	Christofanelli
Cupps	DeGroot	Fishel	Grier	Hardwick
Hicks	Houx	Kidd	Mackey	O'Donnell
Pietzman	Roden	Schnelting	Smith 163	

VACANCIES: 007

Representative Lovasco moved that **House Amendment No. 2 to House Amendment No. 21** be adopted.

Which motion was defeated.

Representative Andrews offered **House Amendment No. 3 to House Amendment No. 21.**

*House Amendment No. 3*  
*to*  
*House Amendment No. 21*

AMEND House Amendment No. 21 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 1, Line 1, by inserting after the number "710," the following:

"Page 8, Section 172.800, Line 16, by inserting after all of said section and line the following:

"190.100. As used in sections 190.001 to 190.245 **and section 190.257**, the following words and terms mean:

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

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

(3) "Ambulance", any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

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

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

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

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

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

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

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

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

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

(b) Serious impairment to a bodily function;

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

(d) Inadequately controlled pain;

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

- (13) "Emergency medical responder", a person who has successfully completed an emergency first response course meeting or exceeding the national curriculum of the U.S. Department of Transportation and any modifications to such curricula specified by the department through rules adopted under sections 190.001 to 190.245 and who provides emergency medical care through employment by or in association with an emergency medical response agency;
- (14) "Emergency medical response agency", any person that regularly provides a level of care that includes first response, basic life support or advanced life support, exclusive of patient transportation;
- (15) "Emergency medical services for children (EMS-C) system", the arrangement of personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency medical services required in prevention and management of incidents which occur as a result of a medical emergency or of an injury event, natural disaster or similar situation;
- (16) "Emergency medical services (EMS) system", the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency medical services required in prevention and management of incidents occurring as a result of an illness, injury, natural disaster or similar situation;
- (17) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by the department pursuant to sections 190.001 to 190.245;
- (18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully completed a course of instruction in basic life support as prescribed by the department and is licensed by the department in accordance with standards prescribed by sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;
- (19) "Emergency medical technician-community paramedic", "community paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified by the department in accordance with standards prescribed in section 190.098;
- (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has successfully completed a course of instruction in advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;
- (21) "Emergency services", health care items and services furnished or required to screen and stabilize an emergency which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider or by an ambulance service or emergency medical response agency;
- (22) "Health care facility", a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed;
- (23) "Hospital", an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, or a hospital operated by the state;
- (24) "Medical control", supervision provided by or under the direction of physicians, or their designated registered nurse, including both online medical control, instructions by radio, telephone, or other means of direct communications, and offline medical control through supervision by treatment protocols, case review, training, and standing orders for treatment;
- (25) "Medical direction", medical guidance and supervision provided by a physician to an emergency services provider or emergency medical services system;
- (26) "Medical director", a physician licensed pursuant to chapter 334 designated by the ambulance service or emergency medical response agency and who meets criteria specified by the department by rules pursuant to sections 190.001 to 190.245;
- (27) "Memorandum of understanding", an agreement between an emergency medical response agency or dispatch agency and an ambulance service or services within whose territory the agency operates, in order to coordinate emergency medical services;
- (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;
- (29) "Person", as used in these definitions and elsewhere in sections 190.001 to 190.245, any individual, firm, partnership, copartnership, joint venture, association, cooperative organization, corporation, municipal or private, and whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or fraternal organization, estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

- (30) "Physician", a person licensed as a physician pursuant to chapter 334;
- (31) "Political subdivision", any municipality, city, county, city not within a county, ambulance district or fire protection district located in this state which provides or has authority to provide ambulance service;
- (32) "Professional organization", any organized group or association with an ongoing interest regarding emergency medical services. Such groups and associations could include those representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's, physicians, communications specialists and instructors. Organizations could also represent the interests of ground ambulance services, air ambulance services, fire service organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric services, labor unions and poison control services;
- (33) "Proof of financial responsibility", proof of ability to respond to damages for liability, on account of accidents occurring subsequent to the effective date of such proof, arising out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules promulgated by the department, but in no event less than the statutory minimum required for motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;
- (34) "Protocol", a predetermined, written medical care guideline, which may include standing orders;
- (35) "Regional EMS advisory committee", a committee formed within an emergency medical services (EMS) region to advise ambulance services, the state advisory council on EMS and the department;
- (36) "Specialty care transportation", the transportation of a patient requiring the services of an emergency medical technician-paramedic who has received additional training beyond the training prescribed by the department. Specialty care transportation services shall be defined in writing in the appropriate local protocols for ground and air ambulance services and approved by the local physician medical director. The protocols shall be maintained by the local ambulance service and shall define the additional training required of the emergency medical technician-paramedic;
- (37) "Stabilize", with respect to an emergency, the provision of such medical treatment as may be necessary to attempt to assure within reasonable medical probability that no material deterioration of an individual's medical condition is likely to result from or occur during ambulance transportation unless the likely benefits of such transportation outweigh the risks;
- (38) "State advisory council on emergency medical services", a committee formed to advise the department on policy affecting emergency medical service throughout the state;
- (39) "State EMS medical directors advisory committee", a subcommittee of the state advisory council on emergency medical services formed to advise the state advisory council on emergency medical services and the department on medical issues;
- (40) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation in electrocardiogram analysis, and as further defined in rules promulgated by the department under sections 190.001 to 190.250;
- (41) "STEMI care", includes education and prevention, emergency transport, triage, and acute care and rehabilitative services for STEMI that requires immediate medical or surgical intervention or treatment;
- (42) "STEMI center", a hospital that is currently designated as such by the department to care for patients with ST-segment elevation myocardial infarctions;
- (43) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the department;
- (44) "Stroke care", includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services;
- (45) "Stroke center", a hospital that is currently designated as such by the department;
- (46) **"Time-critical diagnosis", trauma care, stroke care, and STEMI care occurring either outside of a hospital or in a center designated under section 190.241;**
- (47) **"Time-critical diagnosis advisory committee", a committee formed under section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma, stroke, and STEMI patients;**
- (48) "Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;
- [47] (49) "Trauma care" includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem injuries that potentially require immediate medical or surgical intervention or treatment;
- [48] (50) "Trauma center", a hospital that is currently designated as such by the department.

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

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

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

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

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

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

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

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

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

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

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

regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS medical director, and seek to incorporate the EMS system into the health care system serving Missouri.

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

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

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

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

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

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

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

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

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

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

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

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

- (1) Departmental regulation of trauma centers; or
- (2) ~~[(The Missouri brain and spinal cord injury registry established by sections 192.735 to 192.745; or~~
- ~~(3)]~~ Abstracts of inpatient hospital data; or
- ~~[(4)]~~ (3) If such data elements are requested by a lawful subpoena or subpoena duces tecum.

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

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

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

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

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

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

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

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

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

3. A community-based or regional plan **for the transport of trauma, STEMI, and stroke patients** shall be submitted to the department for approval. Such plan shall be based on the clinical research and guidelines and assessment of capacity described in subsection ~~[H]~~ **2** of this section and shall include a mechanism for evaluating its effect on medical outcomes. Upon approval of a plan, the department shall waive the requirements of rules promulgated under sections 190.100 to 190.245 that are inconsistent with the community-based or regional plan. A community-based or regional plan shall be developed by ~~[or in consultation with]~~ the representatives of hospitals, physicians, and emergency medical services providers in the community or region.

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

2. Except as provided for in subsection ~~[5]~~ **4** of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. **Site review may occur on-site or by any reasonable**

**means of communication, or by any combination thereof.** In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, ~~[appropriate]~~ peer-reviewed ~~[or]~~ **and** evidence-based **clinical research** ~~[on such topics]~~ **and guidelines** including, but not limited to, the most recent guidelines of the American College of Cardiology ~~[and], the American Heart Association [for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by], or~~ the American Stroke Association. Such rules shall include designation as a STEMI center **or stroke center** without site review if such hospital is certified by a national body.

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

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

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

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

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

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

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

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

~~(2)~~ Except as provided by subsection ~~[6]~~ **5** of this section, the department shall not require compliance with any additional standards for establishing or renewing **trauma, STEMI, or stroke** designations **under this subsection**. The designation shall continue if such hospital remains certified **or verified**. The department may



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

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

- (1) ~~[Annually and]~~ Within thirty days of any changes **or receipt of a certificate or verification**, submit to the department proof of ~~[stroke]~~ certification **or verification** and the names and contact information of the **center's** medical director and the program manager ~~[of the stroke center]; and~~
- (2) ~~[Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;~~
- (3) ~~Submit every four years an application on a form prescribed by the department for stroke center review and designation;~~
- (4) ~~Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in rules promulgated by the department;~~
- (5) ~~Participate in local and regional emergency medical services systems [by reviewing and sharing outcome data and]~~ **for purposes of providing training [and], sharing clinical educational resources, and collaborating on improving patient outcomes.**

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

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

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

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

- (1) Names of any health care professionals, as defined in section 376.1350, shall not be subject to disclosure;
- (2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;
- (3) The data shall be used for the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care; **and**
- (4) ~~[The data collection system shall be capable of accepting file transfers of data entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; and~~

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

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

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

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

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

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

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

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

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

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

190.245. ~~[The department shall require hospitals, as defined by chapter 197, designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department, for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For purposes of sections 190.241 to 190.245, the department of health and senior services shall have the same powers and authority of a health care licensing board pursuant to subsection 6 of section 537.035.]~~ Failure of a hospital to provide all medical records **and quality improvement documentation** necessary for the department to implement provisions of sections 190.241 to 190.245 shall result in the revocation of the hospital's designation as a trauma **center**, STEMI **center**, or stroke center. Any medical records obtained by the department ~~[or peer review committees]~~ shall be used only for purposes of implementing the provisions of sections 190.241 to 190.245 and the names of hospitals, physicians and patients shall not be released by the department or members of review ~~[committees]~~ **teams.**

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

- (1) Improvement of public and professional education related to time-critical diagnosis;
  - (2) Engagement in cooperative research endeavors;
  - (3) Development of standards, protocols, and policies related to time-critical diagnosis, including recommendations for state regulations; and
  - (4) Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes.
2. The members of the committee shall serve without compensation, except that the department shall budget for reasonable travel expenses and meeting expenses related to the functions of the committee.
  3. The director shall appoint sixteen members to the committee from applications submitted for appointment, with the membership to be composed of the following:
    - (1) Six members, one from each EMS region, who are active participants providing emergency medical services, with at least:
      - (a) One member who is a physician serving as a regional EMS medical director;
      - (b) One member who serves on an air ambulance service;
      - (c) One member who resides in an urban area; and
      - (d) One member who resides in a rural area; and
    - (2) Ten members who represent hospitals, with at least:
      - (a) One member who is employed by a level I or level II trauma center;
      - (b) One member who is employed by a level I or level II STEMI center;
      - (c) One member who is employed by a level I or level II stroke center;
      - (d) One member who is employed by a rural or critical access hospital; and
      - (e) Three physicians, with one physician certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I or level II trauma center, STEMI center, or stroke center.
  4. In addition to the sixteen appointees, the state EMS medical director shall serve as an ex officio member of the committee.
  5. The director shall make a reasonable effort to ensure that the members representing hospitals have geographical representation from each district of the state designated by a statewide nonprofit membership association of hospitals.
  6. Members appointed by the director shall be appointed for three-year terms. Initial appointments shall include extended terms in order to establish a rotation to ensure that only approximately one-third of the appointees will have their term expire in any given year. An appointee wishing to continue in his or her role on the committee shall resubmit an application as required by this section.
  7. The committee shall consult with the state advisory council on emergency medical services, as described in section 190.101, regarding issues involving emergency medical services."; and

Further amend said bill,"; and

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

On motion of Representative Andrews, **House Amendment No. 3 to House Amendment No. 21** was adopted.

Representative Shields offered **House Amendment No. 4 to House Amendment No. 21**.

*House Amendment No. 4  
to  
House Amendment No. 21*

AMEND House Amendment No. 21 to House Committee Substitute No. 2 for Senate Bill No. 710, Page 10, Line 1, by inserting after all of said line the following:

"Further amend said bill, Page 68, Section 302.171, Line 130, by inserting after all of the following section and line the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

On motion of Representative Shields, **House Amendment No. 4 to House Amendment No. 21** was adopted.

On motion of Representative Patterson, **House Amendment No. 21, as amended**, was adopted.

On motion of Representative Baker, **HCS#2 SB 710, as amended**, was adopted.

On motion of Representative Baker, **HCS#2 SB 710, as amended**, was read the third time and passed by the following vote:

AYES: 097

Adams	Aldridge	Andrews	Atchison	Baker
Bangert	Baringer	Basye	Black 137	Black 7
Bosley	Bromley	Brown 16	Brown 27	Buchheit-Courtway
Burger	Butz	Christofanelli	Clemens	Coleman 32
Coleman 97	Cook	Cupps	Deaton	Derges
Dinkins	Dogan	Ellebracht	Falkner	Fitzwater
Francis	Gray	Gregory 51	Grier	Griffith
Haden	Haffner	Haley	Hardwick	Henderson
Hicks	Hovis	Hudson	Hurlbert	Ingle
Kalberloh	Kelley 127	Kelly 141	Knight	Lewis 6
Mayhew	McCreery	McDaniel	McGaugh	McGill
Morse	O'Donnell	Owen	Patterson	Perkins
Pike	Plocher	Pollitt 52	Porter	Pouche
Railsback	Reedy	Riggs	Riley	Roberts
Roden	Rone	Sassmann	Sauls	Schnelting
Schroer	Schwadron	Seitz	Sharp 36	Sharpe 4
Shaul	Shields	Smith 155	Smith 163	Smith 45
Stephens 128	Tate	Taylor 48	Thomas	Thompson
Trent	Veit	Walsh Moore 93	Wiemann	Wright
Young	Mr. Speaker			

NOES: 031

Barnes	Billington	Boggs	Burton	Busick
Chipman	Copeland	Davidson	Davis	Doll
Eggleston	Evans	Gregory 96	Kidd	Lewis 25
Lovasco	Murphy	Nurrenbern	Phifer	Pollock 123
Price IV	Richey	Rogers	Sander	Simmons
Stacy	Stevens 46	Taylor 139	Toalson Reisch	Walsh 50
West				

2658 *Journal of the House*

PRESENT: 018

Anderson	Appelbaum	Aune	Bland Manlove	Burnett
Fogle	Gunby	Merideth	Mosley	Person
Proudie	Quade	Smith 67	Terry	Turnbaugh
Unsicker	Weber	Windham		

ABSENT WITH LEAVE: 010

Bailey	Brown 70	Collins	DeGroot	Fishel
Houx	Johnson	Mackey	Pietzman	Van Schoiack

VACANCIES: 007

Speaker Vescovo declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 144

Adams	Aldridge	Anderson	Andrews	Appelbaum
Atchison	Aune	Baker	Bangert	Baringer
Barnes	Basye	Billington	Black 137	Black 7
Bland Manlove	Boggs	Bosley	Bromley	Brown 16
Brown 27	Buchheit-Courtway	Burger	Burnett	Burton
Busick	Butz	Chipman	Christofanelli	Clemens
Coleman 32	Coleman 97	Cook	Copeland	Cupps
Davidson	Deaton	Derges	Dinkins	Dogan
Doll	Eggleston	Ellebracht	Evans	Falkner
Fitzwater	Fogle	Francis	Gray	Gregory 51
Gregory 96	Grier	Griffith	Gunby	Haden
Haffner	Haley	Hardwick	Henderson	Hicks
Hovis	Hudson	Hurlbert	Ingle	Johnson
Kalberloh	Kelley 127	Kelly 141	Kidd	Knight
Lewis 25	Lewis 6	Lovasco	Mayhew	McCreery
McDaniel	McGaugh	McGill	Merideth	Morse
Mosley	Nurrenbern	O'Donnell	Owen	Patterson
Perkins	Person	Phifer	Pike	Plocher
Pollitt 52	Porter	Pouche	Price IV	Proudie
Quade	Railsback	Reedy	Richey	Riggs
Riley	Roberts	Roden	Rogers	Rone
Sander	Sassmann	Sauls	Schnelting	Schroer
Schwadron	Seitz	Sharp 36	Sharpe 4	Shaul
Shields	Smith 155	Smith 163	Smith 45	Smith 67
Stacy	Stephens 128	Stevens 46	Tate	Taylor 139
Taylor 48	Terry	Thomas	Thompson	Toalson Reisch
Trent	Turnbaugh	Unsicker	Van Schoiack	Veit
Walsh 50	Walsh Moore 93	Weber	West	Wiemann
Windham	Wright	Young	Mr. Speaker	

NOES: 004

Davis	Murphy	Pollock 123	Simmons
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PRESENT: 000

ABSENT WITH LEAVE: 008

Bailey	Brown 70	Collins	DeGroot	Fishel
Houx	Mackey	Pietzman		

VACANCIES: 007

## COMMITTEE REPORTS

### **Special Committee on Criminal Justice**, Chairman Dogan reporting:

Mr. Speaker: Your Special Committee on Criminal Justice, to which was referred **HJR 83**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(28)(a) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (7): Anderson, Davis, Dogan, Lovasco, Perkins, Stevens (46) and Young

Noes (2): Copeland and Van Schoiack

Absent (2): Evans and Hardwick

### **Special Committee on Redistricting**, Chairman Shaul reporting:

Mr. Speaker: Your Special Committee on Redistricting, to which was referred **HB 2909**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 24(28)(a) be referred to the Committee on Rules - Administrative Oversight by the following vote:

Ayes (8): Baker, Basye, Dogan, Eggleston, Fitzwater, Kelly (141), Rone and Shaul

Noes (3): Baringer, Barnes and Bosley

Absent (0)

### **Committee on Rules - Administrative Oversight**, Chairman Eggleston reporting:

Mr. Speaker: Your Committee on Rules - Administrative Oversight, to which was referred **SS SCS SB 756**, begs leave to report it has examined the same and recommends that it **Do Pass** by the following vote:

Ayes (8): Cupps, Dogan, Eggleston, Fitzwater, Gregory (51), Hudson, McGaugh and Patterson

Noes (3): Bosley, Ingle and Smith (45)

Absent (3): Gregory (96), Mackey and McDaniel

## ADJOURNMENT

On motion of Representative Plocher, the House adjourned until 10:00 a.m., Thursday, May 5, 2022.

## **COMMITTEE HEARINGS**

### **CONSERVATION AND NATURAL RESOURCES**

Thursday, May 5, 2022, 8:00 AM, House Hearing Room 1.

Executive session will be held: SB 984

### **FISCAL REVIEW**

Thursday, May 5, 2022, 9:45 AM, House Hearing Room 4.

Executive session may be held on any matter referred to the committee.

Pending bill referral.

### **HIGHER EDUCATION**

Thursday, May 5, 2022, 9:00 AM, House Hearing Room 6.

Public hearing will be held: HB 2763

### **RULES - ADMINISTRATIVE OVERSIGHT**

Thursday, May 5, 2022, 9:30 AM, House Hearing Room 4.

Executive session will be held: SB 652, SB 655, SJR 39, HCS SS#2 SB 823

Executive session may be held on any matter referred to the committee.

Pending referral of HCS HB 2909.

### **CORRECTED**

### **SPECIAL COMMITTEE ON URBAN ISSUES**

Thursday, May 5, 2022, 9:00 AM, House Hearing Room 7.

Executive session will be held: SS SB 798

## **HOUSE CALENDAR**

SIXTY-FIFTH DAY, THURSDAY, MAY 5, 2022

### **HOUSE JOINT RESOLUTIONS FOR PERFECTION**

HCS HJR 82 & 106 - Black (137)

HCS HJR 88 - McGirl

HJR 80 - Coleman (32)

HCS HJR 134 - Taylor (139)

HJR 137 - Eggleston

HJR 128 - O'Donnell

HJR 107 - Dinkins

HJR 125 - Christofanelli

HCS HJR 123 - Kidd

### **HOUSE BILLS FOR PERFECTION**

HCS HBs 1593 & 1959 - Walsh (50)

HCS HB 2704 - Hicks

HCS HB 1546 - Richey



HB 1581 - Mayhew  
HCS HB 1678 - Toalson Reisch  
HCS HB 1997 - Haden  
HB 2003 - Pouche  
HB 2845 - Riley  
HB 1616 - Van Schoiack  
HCS HB 1833 - Basye  
HB 2009 - Pollock (123)  
HB 2474 - Hicks  
HB 1762 - Sander  
HB 1864 - Thomas  
HCS HB 1875 - Haffner  
HB 2095 - Kelly (141)  
HB 2123 - Taylor (139)  
HB 2169 - Trent  
HCS HB 2246 - Copeland  
HB 2515 - Perkins  
HCS HB 1854 - Schroer  
HCS HB 1747 - Basye  
HB 2050 - Schroer  
HB 1455 - Billington  
HCS HB 1464 - Schnelting  
HB 1478 - Dinkins  
HCS HB 1716 - Riley  
HCS HBs 1904 & 1575 - Murphy  
HB 2085 - Cook  
HB 2156 - Perkins  
HCS HB 2208 - Christofanelli  
HCS HB 2499 - Eggleston  
HB 2590 - Evans  
HB 1480 - Dinkins  
HB 1563 - Griffith  
HCS HB 1641 - Coleman (32)  
HB 1721 - Shields  
HCS HB 1905 - Shaul  
HCS HBs 1972 & 2483 - Copeland  
HB 2056 - Evans  
HB 2164 - Buchheit-Courtway  
HB 2165 - Buchheit-Courtway  
HCS HB 2220 - Falkner  
HB 2255 - Bailey  
HB 2327 - Riggs  
HB 2359 - Basye  
HCS HB 2450 - Reedy  
HB 1471 - Pike

HCS HB 1556 - Gregory (96)  
HCS HB 1613 - Lovasco  
HCS HB 1670 - Seitz  
HCS HB 1918 - Hovis  
HCS HB 2011 - Smith (155)  
HCS HB 2052 - Riggs  
HCS HB 2138 - Kelley (127)  
HB 2290 - Andrews  
HCS HB 2369 - Hurlbert  
HCS HB 2389 - Cook  
HB 2544 - Patterson  
HB 2589 - Evans  
HB 2615 - Coleman (32)  
HB 2674 - Tate  
HCS HB 2810 - Seitz  
HCS HB 1553 - Hudson  
HCS HB 1753 - Basye  
HB 1960 - Murphy  
HCS HB 2008 - Schwadron  
HB 2487 - West  
HCS HB 2605 - Gregory (51)  
HB 2781 - Evans  
HB 2798 - Reedy  
HCS HB 2913 - Plocher  
HCS HB 2564 - Riggs  
HCS HB 2583 - Riggs  
HB 2611 - Richey  
HB 1547 - Veit  
HCS HB 1550 - Veit  
HB 1585 - Murphy  
HCS HB 1595 - Hudson  
HB 1601 - Chipman  
HCS HB 1614 - Lovasco

**HOUSE BILLS FOR PERFECTION - INFORMAL**

HB 2209 - Hurlbert  
HB 1680 - Sharp (36)  
HB 1736 - Roberts  
HCS HB 1740 - Dogan  
HB 1804 - Veit  
HCS#2 HB 1992 - Coleman (97)  
HCS HB 2013 - Kelly (141)  
HCS HB 2118 - Taylor (139)  
HCS HB 2142 - Mayhew  
HB 2145 - Murphy

HB 2172 - Francis  
HB 2174 - Mayhew  
HB 2293 - Knight  
HCS HB 2363 - McGirl  
HB 2371 - Smith (155)  
HB 2391 - Buchheit-Courtway  
HCS HB 2434 - Grier  
HCS HB 2453 - McDaniel  
HCS HB 2543 - O'Donnell  
HB 2568 - Perkins  
HB 2576 - Bromley  
HB 2603 - Patterson  
HCS HB 1974 - Murphy  
HCS HB 2758 - Evans  
HB 2782 - Young  
HCS HB 1608 - Wiemann  
HCS HB 1712 - Pollock (123)  
HB 1741 - Dogan  
HCS HB 1770 - Lewis (6)  
HB 1956 - Richey  
HB 1994 - Richey  
HB 2397 - Aldridge  
HCS HB 2510 - Simmons  
HCS HB 2614 - DeGroot  
HB 2731 - Shields  
HB 2820 - Stephens (128)  
HCS HB 2616 - Coleman (32)  
HCS HB 1749 - Basye  
HCS HB 1903 - Christofanelli  
HCS HB 2093 - Wiemann  
HB 2356 - McDaniel  
HB 2010 - Smith (155)  
HCS HB 2306 - Christofanelli  
HCS HB 1619, as amended, with HA 2, pending - Van Schoiack  
HCS HB 1695 - Gregory (51)  
HB 1715 - Riley  
HCS HB 1876 - Haffner  
HB 1687 - Hardwick  
HB 2308 - Atchison  
HB 1627 - Morse  
HB 1628 - Morse  
HB 1652 - Bromley  
HB 1672 - Taylor (48)  
HB 1475 - Schroer  
HB 1624 - Schroer

HB 1451 - Billington  
HB 1594 - Walsh (50)  
HB 1490 - Porter  
HB 1579 - Mayhew  
HB 1717 - Riley  
HCS HB 1722 - Shields  
HB 1863 - Thomas  
HB 1881 - Black (7)  
HCS HB 1908 - Shaul  
HCS HB 1998 - Davidson  
HB 2129 - Railsback  
HCS HB 2206 - Trent  
HB 2219 - O'Donnell  
HCS HB 2447 - Hardwick  
HCS HB 2652 - Haffner

#### **HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING**

HCR 57 - Chipman  
HCR 71 - Riggs  
HCR 58 - Copeland  
HCR 72 - Francis

#### **HOUSE JOINT RESOLUTIONS FOR THIRD READING - INFORMAL**

HJR 132 - Kidd  
HJR 133 - Davidson

#### **HOUSE BILLS FOR THIRD READING - INFORMAL**

HCS HB 2452 - Cook

#### **SENATE JOINT RESOLUTIONS FOR THIRD READING**

SS#2 SJR 38 - Brown (16)  
SJR 46 - Coleman (32)  
SS SJR 33 - Christofanelli

#### **SENATE BILLS FOR THIRD READING**

HCS SS SCS SB 783, (Fiscal Review 5/2/22) - Wiemann

#### **SENATE BILLS FOR THIRD READING - INFORMAL**

SS SB 678, E.C. - Brown (16)  
HCS SS SCS SB 834 - DeGroot  
HCS SCS SB 908, E.C. - Baker

HCS SCS SB 982, E.C. - Shields  
HCS SB 718, (Fiscal Review 5/2/22) - Shields  
HCS SS#2 SCS SB 745 - O'Donnell  
HCS SB 845 - McGaugh

**SENATE CONCURRENT RESOLUTIONS FOR THIRD READING**

SCR 31 - Francis  
SCR 33 - Gregory (51)  
SCR 25 - Trent

**SENATE CONCURRENT RESOLUTIONS FOR THIRD READING - INFORMAL**

SCR 34 - Deaton

**HOUSE BILLS WITH SENATE AMENDMENTS**

SS HB 2162 - Deaton  
SS SCS HCS HB 1552 - Richey  
SS HB 1667, (Fiscal Review 4/25/22) - Christofanelli  
SS SCS HCS HB 2627, as amended - Sharp (36)

**BILLS CARRYING REQUEST MESSAGES**

SS#2 HCS HB 2117, as amended (request Senate recede/grant conference), E.C. - Shaul  
SS HB 2149, as amended, (request Senate grant further conference), E.C. - Shields

**BILLS IN CONFERENCE**

SS SCS HCS HB 1720, as amended (House exceeded differences), E.C. - Pollitt (52)  
SS SCS HCS HB 3002 - Smith (163)  
SS SCS HCS HB 3003 - Smith (163)  
SCS HCS HB 3004 - Smith (163)  
SCS HCS HB 3005 - Smith (163)  
SCS HCS HB 3006 - Smith (163)  
SCS HCS HB 3007 - Smith (163)  
SS SCS HCS HB 3008 - Smith (163)  
SCS HCS HB 3009 - Smith (163)  
SS SCS HCS HB 3010 - Smith (163)  
SS SCS HCS HB 3011 - Smith (163)  
SS SCS HCS HB 3012 - Smith (163)  
SCS HCS HB 3013 - Smith (163)  
SCS HCS HB 3015 - Smith (163)  
HCS SS SCS SBs 681 & 662, as amended, E.C. - Basye  
HCS SB 820, as amended (Senate exceeded differences) - Haffner

**ACTIONS PURSUANT TO ARTICLE IV, SECTION 27**

HCS HB 1 - Smith (163)  
CCS SS SCS HCS HB 2 - Smith (163)  
CCS SS SCS HCS HB 3 - Smith (163)  
CCS SS SCS HCS HB 4 - Smith (163)  
CCS SCS HCS HB 5 - Smith (163)  
CCS SCS HCS HB 6 - Smith (163)  
CCS SCS HCS HB 7 - Smith (163)  
CCS SCS HCS HB 8 - Smith (163)  
CCS SCS HCS HB 9 - Smith (163)  
CCS SS SCS HCS HB 10 - Smith (163)  
CCS SS SCS HCS HB 11 - Smith (163)  
CCS SCS HCS HB 12 - Smith (163)  
SCS HCS HB 13 - Smith (163)  
HCS HB 17 - Smith (163)  
SCS HCS HB 18 - Smith (163)  
SS SCS HCS HB 19 - Smith (163)  
SS SCS HCS HB 3014 - Smith (163)