

# JOURNAL OF THE HOUSE

Second Regular Session, 94th GENERAL ASSEMBLY

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FIFTY-EIGHTH DAY, WEDNESDAY, APRIL 23, 2008

The House met pursuant to adjournment.

Speaker Pro Tem Pratt in the Chair.

Prayer by Reverend James Earl Jackson.

Lord God, holy, pure, undefiled; You are self-sufficient, we are not. We are reminded daily of our insufficiency. Our sufficiency is of You.

Knowing that fretful minds weigh us down, but a word of encouragement does wonders, we choose to speak of Your glory and majesty and meditate on Your wonderful deeds. May anxiety give way to peace, discouragement to encouragement, sluggishness to motivation, divine guidance to a cure.

Your blessing is our greatest wealth and all of our work adds nothing to it. May we continue in Your blessings throughout this day and the remainder of this week.

Now may You, Who have made us and sustained us, strengthened, encouraged and comforted us by Your will; grant us grace for each moment of this day.

In the name of Your Son, we pray. Amen.

The Pledge of Allegiance to the flag was recited.

The Speaker appointed the following to act as Honorary Pages for the Day, to serve without compensation: Grace Dunker, Blake Barth, Emily Arthur, Grant Pace, Casey Thater, Travis Williams, Anna Peterson, Sam Pey, Mark Curtin, Julian Roscoe, Anna Marie Tihen, Jessica Morgan Bailey, Grace Rusenstrom, Rose Rusenstrom and Ireland Rusenstrom.

The Journal of the fifty-seventh day was approved as corrected.

## SPECIAL RECOGNITION

Thomas P. Cummings was introduced by Representative Nolte and recognized as an Outstanding Missourian.

Donna Jahnke was introduced by Representatives Yaeger and Muschany and presented a resolution honoring her designation as the Missouri National Distinguished Principal for 2008.

The Harrisburg Bulldogs Boys Basketball Team was introduced by Representative Quinn (9) and recognized for attaining the 2007-2008 Class 2 State Championship.

**PERFECTION OF HOUSE BILL**

**HCS HB 2279**, relating to utility regulation and scrap metal, was taken up by Representative Wright.

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

*House Amendment No. 1*

AMEND House Committee Substitute for House Bill No. 2279, Pages 4 and 5, Section 393.1012, by removing said section from the bill; and

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

On motion of Representative Emery, **House Amendment No. 1** was adopted by the following vote:

AYES: 123

Aull	Baker 25	Baker 123	Bivins	Brandom
Bringer	Brown 30	Brown 50	Bruns	Burnett
Casey	Cooper 120	Cooper 155	Cox	Cunningham 145
Cunningham 86	Darrough	Daus	Davis	Day
Deeken	Denison	Dethrow	Dixon	Dougherty
Dusenberg	Emery	Ervin	Faith	Fares
Fisher	Franz	Funderburk	Grill	Grisamore
Guest	Harris 23	Harris 110	Hobbs	Hodges
Holsman	Hoskins	Ice	Jones 89	Jones 117
Kasten	Kelly	Kingery	Kratky	Kuessner
Lampe	Lembke	LeVota	Liese	Lipke
Loehner	May	McClanahan	McGhee	Meiners
Moore	Munzlinger	Muschany	Nance	Nieves
Nolte	Norr	Onder	Oxford	Page
Parkinson	Parson	Pearce	Pollock	Portwood
Pratt	Quinn 7	Quinn 9	Richard	Robb
Robinson	Ruestman	Ruzicka	Sander	Sater
Scavuzzo	Schaaf	Schad	Scharnhorst	Schieffer
Schlottach	Schneider	Schoeller	Self	Shively
Silvey	Skaggs	Smith 14	Smith 150	Stevenson
St. Onge	Storch	Stream	Sutherland	Swinger
Thomson	Threlkeld	Tilley	Todd	Viebrock
Villa	Wallace	Wasson	Wells	Weter
Wilson 119	Witte	Wood	Wright 159	Yaeger
Yates	Zimmerman	Mr Speaker		

NOES: 019

Bland	Curls	Fallert	Frame	George
Haywood	Hubbard	Hughes	Komo	Lowe 44
Nasheed	Roorda	Schoemehl	Talboy	Vogt
Walsh	Walton	Whorton	Wright-Jones	

PRESENT: 001

Wilson 130

ABSENT WITH LEAVE: 018

Avery	Chappelle-Nadal	Corcoran	Donnelly	El-Amin
Flook	Hunter	Johnson	Kraus	Low 39
Marsh	Meadows	Rucker	Salva	Spreng
Wildberger	Young	Zweifel		

VACANCIES: 002

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

*House Amendment No. 2*

AMEND House Committee Substitute for House Bill No. 2279, Pages 2 and 3, Section 393.170, by removing said section from the bill; and

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

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

AYES: 100

Baker 123	Bivins	Brandom	Brown 30	Brown 50
Bruns	Cooper 120	Cooper 155	Corcoran	Cox
Cunningham 145	Cunningham 86	Darrough	Davis	Day
Deeken	Denison	Dethrow	Dixon	Dougherty
Dusenberg	Emery	Ervin	Faith	Fares
Fisher	Franz	Funderburk	Grill	Grisamore
Guest	Hobbs	Hodges	Ice	Jones 89
Jones 117	Kasten	Kelly	Kingery	Kratky
Lampe	Lembke	Liese	Lipke	Loehner
Lowe 44	May	McGhee	Meiners	Moore
Munzlinger	Muschany	Nance	Nieves	Nolte
Onder	Parkinson	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Richard	Robb
Rucker	Ruestman	Ruzicka	Salva	Sander
Sater	Scavuzzo	Schaaf	Schad	Scharnhorst
Schieffer	Schlottach	Schneider	Schoeller	Self
Silvey	Skaggs	Smith 14	Smith 150	Stevenson
St. Onge	Stream	Sutherland	Thomson	Threlkeld
Tilley	Viebrock	Wallace	Wells	Weter
Wilson 119	Wood	Wright 159	Yates	Mr Speaker

NOES: 042

Aull	Baker 25	Bland	Bringer	Burnett
Casey	Curls	Daus	Fallert	Frame
George	Harris 23	Harris 110	Haywood	Holsman
Hubbard	Hughes	Komo	Kuessner	LeVota
McClanahan	Nasheed	Norr	Oxford	Quinn 9
Roorda	Schoemehl	Shively	Storch	Swinger

1088 *Journal of the House*

Talboy	Todd	Villa	Vogt	Walsh
Walton	Whorton	Witte	Wright-Jones	Yaeger
Zimmerman	Zweifel			

PRESENT: 001

Wilson 130

ABSENT WITH LEAVE: 018

Avery	Chappelle-Nadal	Donnelly	El-Amin	Flook
Hoskins	Hunter	Johnson	Kraus	Low 39
Marsh	Meadows	Page	Robinson	Spreng
Wasson	Wildberger	Young		

VACANCIES: 002

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

*House Amendment No. 3*

AMEND House Committee Substitute for House Bill No. 2279, Page 5, Section 394.320, Line 6, by deleting the following:

"**at wholesale or related services**"; and

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

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

*House Amendment No. 1*

*to*

*House Amendment No. 3*

AMEND House Amendment No. 3 to House Committee Substitute for House Bill No. 2279, Page 1, Line 2, by inserting after all of said line the following:

Further amend said bill, Section 394.320, Line 11, Page 5, by deleting from said line the phrase "**394.160**" and inserting in lieu thereof the phrase "**394.140**"; and'.

On motion of Representative Wells, **House Amendment No. 1 to House Amendment No. 3** was adopted.

On motion of Representative Pollock, **House Amendment No. 3, as amended**, was adopted.

Representative Baker (25) offered **House Amendment No. 4.**

*House Amendment No. 4*

AMEND House Committee Substitute for House Bill No. 2279, Section 570.056, Page 9, Line 3, by inserting immediately after all of said line the following:

"660.115. 1. For each eligible household, an amount not exceeding [six] **eight** hundred dollars for each fiscal year may be paid from the utilicare stabilization fund to the primary or secondary heating source supplier, or both,

including suppliers of heating fuels, such as gas, electricity, wood, coal, propane and heating oil. For each eligible household, an amount not exceeding [six] **eight** hundred dollars for each fiscal year may be paid from the utilicare stabilization fund to the primary or secondary cooling source supplier, or both; provided that the respective shares of overall funding previously received by primary and secondary heating and cooling source suppliers on behalf of their customers shall be substantially maintained.

2. For an eligible household, other than a household located in publicly owned or subsidized housing, an adult boarding facility, an intermediate care facility, a residential care facility or a skilled nursing facility, whose members rent their dwelling and do not pay a supplier directly for the household's primary or secondary heating or cooling source, utilicare payments shall be paid directly to the head of the household, except that total payments shall not exceed eight percent of the household's annual rent or one hundred dollars, whichever is less.

660.135. 1. Not more than [five] **ten** million dollars from state general revenue shall be appropriated by the general assembly to the utilicare stabilization fund established pursuant to section 660.136 for the support of the utilicare program established by sections 660.100 to 660.136 for any fiscal year, except in succeeding years the amount of state funds may be increased by a percentage which reflects the national cost-of-living index or seven percent, whichever is lower.

2. The department of social services [may] **shall**, in coordination with the department of natural resources, apply a portion of the funds appropriated annually by the general assembly to the utilicare stabilization fund established pursuant to section 660.136 to the low income weatherization assistance program of the department of natural resources; provided that any project financed with such funds shall be consistent with federal guidelines for the Weatherization Assistance Program for Low-Income Persons as authorized by 42 U.S.C. 6861."; and

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

On motion of Representative Baker (25), **House Amendment No. 4** was adopted.

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

Representative Schoeller raised a point of order that **House Amendment No. 5** goes beyond the scope of the bill.

The Chair ruled the point of order well taken.

Representative Zimmerman requested a division of the question on **HCS HB 2279, as amended**.

On motion of Representative Wright, **Part I of HCS HB 2279** was adopted.

Representative Tilley moved the previous question.

Which motion was adopted by the following vote:

AYES: 085

Baker 123	Bivins	Brandom	Brown 30	Bruns
Cooper 120	Cooper 155	Cox	Cunningham 145	Cunningham 86
Davis	Day	Deeken	Dethrow	Dixon
Dougherty	Dusenberg	Emery	Ervin	Faith
Fares	Fisher	Franz	Funderburk	Grisamore
Guest	Icet	Jones 89	Jones 117	Kasten
Kelly	Kingery	Lembke	Lipke	Loehner
May	McGhee	Moore	Munzlinger	Muschany
Nance	Nieves	Nolte	Onder	Parkinson

1090 *Journal of the House*

Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Richard	Robb	Ruestman	Ruzicka
Sander	Sater	Schaaf	Schad	Scharnhorst
Schlottach	Schneider	Schoeller	Self	Silvey
Smith 14	Smith 150	Stevenson	St. Onge	Stream
Sutherland	Thomson	Threlkeld	Tilley	Viebrock
Wallace	Wasson	Wells	Weter	Wilson 119
Wilson 130	Wood	Wright 159	Yates	Mr Speaker

NOES: 057

Aull	Baker 25	Bland	Bringer	Brown 50
Burnett	Casey	Corcoran	Curls	Darrough
Daus	Fallert	Frame	George	Grill
Harris 23	Harris 110	Haywood	Hodges	Holsman
Hoskins	Hubbard	Hughes	Komo	Kratky
Kuessner	Lampe	LeVota	Liese	Lowe 44
McClanahan	Meiners	Nasheed	Norr	Oxford
Page	Quinn 9	Roorda	Rucker	Scavuzzo
Schieffer	Schoemehl	Shively	Skaggs	Storch
Swinger	Talboy	Todd	Villa	Vogt
Walsh	Walton	Whorton	Wildberger	Witte
Yaeger	Zimmerman			

PRESENT: 000

ABSENT WITH LEAVE: 019

Avery	Chappelle-Nadal	Denison	Donnelly	El-Amin
Flook	Hobbs	Hunter	Johnson	Kraus
Low 39	Marsh	Meadows	Robinson	Salva
Spreng	Wright-Jones	Young	Zweifel	

VACANCIES: 002

On motion of Representative Wright, **Part II of HCS HB 2279, as amended**, was adopted by the following vote:

AYES: 088

Aull	Brandom	Brown 50	Bruns	Casey
Cooper 120	Cooper 155	Cox	Cunningham 145	Cunningham 86
Davis	Day	Deeken	Dethrow	Dixon
Dougherty	Dusenberg	Emery	Faith	Fares
Franz	Funderburk	Grisamore	Guest	Haywood
Hubbard	Hughes	Icet	Jones 89	Jones 117
Kasten	Kelly	Kingery	Lembke	Liese
Loehner	Lowe 44	May	Meiners	Moore
Munzlinger	Muschany	Nance	Nieves	Nolte
Onder	Parkinson	Parson	Pollock	Portwood
Pratt	Quinn 7	Richard	Robb	Roorda
Rucker	Ruestman	Ruzicka	Sater	Schaaf
Schad	Scharnhorst	Schieffer	Schlottach	Schneider
Schoeller	Self	Silvey	Skaggs	Smith 14
Smith 150	St. Onge	Stream	Thomson	Threlkeld

Tilley	Viebrock	Wallace	Walton	Wasson
Wells	Weter	Wildberger	Wilson 119	Wood
Wright 159	Yates	Mr Speaker		

NOES: 049

Baker 25	Baker 123	Bland	Bringer	Brown 30
Burnett	Corcoran	Darrough	Daus	Ervin
Fallert	Frame	George	Grill	Harris 23
Harris 110	Hodges	Holsman	Hoskins	Komo
Kratky	Kuessner	Lampe	LeVota	Lipke
McClanahan	McGhee	Nasheed	Norr	Oxford
Page	Pearce	Quinn 9	Sander	Scavuzzo
Schoemehl	Shively	Stevenson	Storch	Swinger
Talboy	Todd	Villa	Vogt	Walsh
Whorton	Witte	Yaeger	Zimmerman	

PRESENT: 001

Wilson 130

ABSENT WITH LEAVE: 023

Avery	Bivins	Chappelle-Nadal	Curls	Denison
Donnelly	El-Amin	Fisher	Flook	Hobbs
Hunter	Johnson	Kraus	Low 39	Marsh
Meadows	Robinson	Salva	Spreng	Sutherland
Wright-Jones	Young	Zweifel		

VACANCIES: 002

On motion of Representative Wright, **Part III of HCS HB 2279, as amended**, was adopted by the following vote:

AYES: 082

Baker 123	Bivins	Brandom	Bruns	Cooper 120
Cooper 155	Cox	Cunningham 145	Cunningham 86	Curls
Day	Deeken	Denison	Dethrow	Dixon
Dougherty	Dusenberg	Emery	Ervin	Faith
Fares	Fisher	Franz	Funderburk	Grisamore
Guest	Haywood	Hoskins	Hubbard	Hunter
Icet	Jones 89	Jones 117	Kasten	Kelly
Kingery	Loehner	May	McGhee	Moore
Munzlinger	Nance	Nieves	Nolte	Onder
Parkinson	Parson	Pearce	Pollock	Pratt
Quinn 7	Richard	Robb	Ruestman	Ruzicka
Sander	Sater	Schaaf	Schad	Scharnhorst
Schlottach	Schneider	Schoeller	Self	Skaggs
Smith 14	Smith 150	Stevenson	St. Onge	Stream
Sutherland	Thomson	Threlkeld	Viebrock	Wasson
Wells	Weter	Wilson 119	Wood	Wright 159
Yates	Mr Speaker			

1092 *Journal of the House*

NOES: 056

Aull	Baker 25	Bland	Bringer	Brown 30
Brown 50	Burnett	Casey	Corcoran	Darrough
Daus	Davis	Fallert	Frame	George
Grill	Harris 23	Harris 110	Hodges	Komo
Kratky	Kuessner	Lampe	Lembke	LeVota
Liese	Lipke	Lowe 44	McClanahan	Meiners
Muschany	Nasheed	Norr	Oxford	Portwood
Quinn 9	Roorda	Rucker	Scavuzzo	Schieffer
Schoemehl	Shively	Silvey	Storch	Swinger
Talboy	Todd	Villa	Walsh	Walton
Whorton	Wildberger	Witte	Wright-Jones	Yaeger
Zimmerman				

PRESENT: 001

Wilson 130

ABSENT WITH LEAVE: 022

Avery	Chappelle-Nadal	Donnelly	El-Amin	Flook
Hobbs	Holsman	Hughes	Johnson	Kraus
Low 39	Marsh	Meadows	Page	Robinson
Salva	Spreng	Tilley	Vogt	Wallace
Young	Zweifel			

VACANCIES: 002

On motion of Representative Wright, **Part IV of HCS HB 2279, as amended**, was adopted.

On motion of Representative Wright, **HCS HB 2279, as amended**, was ordered perfected and printed.

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

### **AFTERNOON SESSION**

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

### **HOUSE COURTESY RESOLUTIONS OFFERED AND ISSUED**

House Resolution No. 2135 through House Resolution No. 2188

### **PERFECTION OF HOUSE BILLS**

**HCS HB 2034**, relating to firearm ranges and hunting preserves, was taken up by Representative Munzlinger.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 2034, Page 1, In the Title, Line 2, by deleting the word "two" and inserting in lieu thereof the word "three"; and

Further amend said bill, Page 1, Section A, Line 1, by deleting the word "two" and inserting in lieu thereof the word "three"; and

Further amend said bill, Section A, Line 2, by deleting the word and number "and 537.355" and inserting in lieu thereof the numbers and word ", 537.355, and 571.012"; and

Further amend said bill, Page 4, Section 537.355, Line 14, by inserting after all of said line the following:

**"571.012. Notwithstanding any other provision of law or regulation, all public firearms ranges owned and operated by the state of Missouri or the agencies thereof shall allow the use of B-27 targets.";** and

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

Representative Pearce assumed the Chair.

Representative Self moved the previous question.

Which motion was adopted by the following vote:

AYES: 086

Baker 123	Bivins	Brandom	Brown 30	Bruns
Cooper 155	Cox	Cunningham 145	Cunningham 86	Davis
Day	Deeken	Denison	Dethrow	Dixon
Dougherty	Dusenberg	Emery	Ervin	Faith
Fares	Fisher	Flook	Franz	Funderburk
Grisamore	Guest	Hobbs	Ice	Jones 89
Jones 117	Kasten	Kelly	Kingery	Lembke
Lipke	Loehner	Marsh	May	McGhee
Moore	Munzlinger	Muschany	Nance	Nieves
Nolte	Onder	Parkinson	Parson	Pearce
Pollock	Portwood	Pratt	Quinn 7	Ruestman
Ruzicka	Sander	Sater	Schaaf	Schad
Scharnhorst	Schlottach	Schneider	Schoeller	Self
Silvey	Smith 14	Smith 150	Stevenson	St. Onge
Stream	Sutherland	Thomson	Threlkeld	Tilley
Viebrock	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

NOES: 056

Aull	Baker 25	Bland	Bringer	Brown 50
Burnett	Casey	Corcoran	Curls	Darrough
Daus	Fallert	Frame	George	Grill
Harris 23	Harris 110	Hodges	Holsman	Hoskins
Hubbard	Hughes	Komo	Kratky	Kuessner
Lampe	LeVota	Liese	Low 39	Lowe 44
McClanahan	Meiners	Nasheed	Norr	Oxford
Quinn 9	Roorda	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Skaggs	Storch	Swinger

1094 *Journal of the House*

Talboy	Todd	Villa	Vogt	Walsh
Walton	Whorton	Wildberger	Witte	Yaeger
Zimmerman				

PRESENT: 000

ABSENT WITH LEAVE: 019

Avery	Chappelle-Nadal	Cooper 120	Donnelly	El-Amin
Haywood	Hunter	Johnson	Kraus	Meadows
Page	Richard	Robb	Robinson	Rucker
Spreng	Wright-Jones	Young	Zweifel	

VACANCIES: 002

On motion of Representative Funderburk, **House Amendment No. 1** was adopted by the following vote:

AYES: 122

Aull	Baker 25	Baker 123	Bivins	Bland
Brandom	Bringer	Brown 30	Bruns	Casey
Cooper 155	Corcoran	Cox	Cunningham 145	Cunningham 86
Curls	Davis	Day	Deeken	Denison
Dethrow	Dixon	Dougherty	Emery	Ervin
Faith	Fallert	Fares	Fisher	Flook
Frame	Franz	Funderburk	Grill	Grisamore
Guest	Harris 23	Harris 110	Hobbs	Holsman
Hoskins	Hubbard	Hughes	Icet	Jones 89
Jones 117	Kasten	Kelly	Kingery	Komo
Kuessner	Lampe	Lembke	LeVota	Lipke
Loehner	Marsh	May	McGhee	Meiners
Moore	Munzlinger	Muschany	Nance	Nasheed
Nieves	Nolte	Norr	Onder	Parkinson
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Quinn 9	Roorda	Rucker	Ruestman
Ruzicka	Salva	Sander	Sater	Scavuzzo
Schaaf	Schad	Sarnhorst	Schieffer	Schlottach
Schneider	Schoeller	Self	Shively	Silvey
Smith 14	Smith 150	Stevenson	St. Onge	Storch
Stream	Sutherland	Swinger	Thomson	Threlkeld
Tilley	Todd	Viebrock	Wallace	Walton
Wasson	Wells	Weter	Wildberger	Wilson 119
Wilson 130	Witte	Wood	Wright 159	Yates
Zimmerman	Mr Speaker			

NOES: 021

Brown 50	Burnett	Darrough	Daus	George
Hodges	Kratky	Liese	Low 39	Lowe 44
McClanahan	Oxford	Schoemehl	Skaggs	Talboy
Villa	Vogt	Walsh	Whorton	Wright-Jones
Yaeger				

PRESENT: 000

ABSENT WITH LEAVE: 018

Avery	Chappelle-Nadal	Cooper 120	Donnelly	Dusenberg
El-Amin	Haywood	Hunter	Johnson	Kraus
Meadows	Page	Richard	Robb	Robinson
Spreng	Young	Zweifel		

VACANCIES: 002

On motion of Representative Munzlinger, **HCS HB 2034, as amended**, was adopted.

On motion of Representative Munzlinger, **HCS HB 2034, as amended**, was ordered perfected and printed.

Speaker Pro Tem Pratt resumed the Chair.

**HCS HB 1516**, relating to protections for vulnerable persons, was taken up by Representative Bruns.

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

*House Amendment No. 1*

AMEND House Committee Substitute for House Bill No. 1516, Section 192.2178, Page 35, Line 88, by inserting immediately after the number "566" the following:

", **568**"; and

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

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

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

*House Amendment No. 2*

AMEND House Committee Substitute for House Bill No. 1516, Section A, Page 2, Line 15, by inserting after all of said section the following:

"192.667. 1. All health care providers shall at least annually provide to the department charge data as required by the department. All hospitals shall at least annually provide patient abstract data and financial data as required by the department. Hospitals as defined in section 197.020, RSMo, shall report patient abstract data for outpatients and inpatients. Within one year of August 28, 1992, ambulatory surgical centers as defined in section 197.200, RSMo, shall provide patient abstract data to the department. The department shall specify by rule the types of information which shall be submitted and the method of submission.

2. The department shall collect data on required nosocomial infection incidence rates from hospitals, ambulatory surgical centers, and other facilities as necessary to generate the reports required by this section. Hospitals, ambulatory surgical centers, and other facilities shall provide such data in compliance with this section.

3. No later than July 1, 2005, the department shall promulgate rules specifying the standards and procedures for the collection, analysis, risk adjustment, and reporting of nosocomial infection incidence rates and the types of infections and procedures to be monitored pursuant to subsection 12 of this section. In promulgating such rules, the department shall:

(1) Use methodologies and systems for data collection established by the federal Centers for Disease Control and Prevention National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its successor; and

(2) Consider the findings and recommendations of the infection control advisory panel established pursuant to section 197.165, RSMo.

4. The infection control advisory panel created by section 197.165, RSMo, shall make a recommendation to the department regarding the appropriateness of implementing all or part of the nosocomial infection data collection, analysis, and public reporting requirements of this act by authorizing hospitals, ambulatory surgical centers, and other facilities to participate in the federal Centers for Disease Control and Prevention's National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its successor. The advisory panel shall consider the following factors in developing its recommendation:

(1) Whether the public is afforded the same or greater access to facility-specific infection control indicators and rates than would be provided under subsections 2, 3, and 6 to 12 of this section;

(2) Whether the data provided to the public are subject to the same or greater accuracy of risk adjustment than would be provided under subsections 2, 3, and 6 to 12 of this section;

(3) Whether the public is provided with the same or greater specificity of reporting of infections by type of facility infections and procedures than would be provided under subsections 2, 3, and 6 to 12 of this section;

(4) Whether the data are subject to the same or greater level of confidentiality of the identity of an individual patient than would be provided under subsections 2, 3, and 6 to 12 of this section;

(5) Whether the National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its successor, has the capacity to receive, analyze, and report the required data for all facilities;

(6) Whether the cost to implement the nosocomial infection data collection and reporting system is the same or less than under subsections 2, 3, and 6 to 12 of this section.

5. Based on the affirmative recommendation of the infection control advisory panel, and provided that the requirements of subsection 12 of this section can be met, the department may or may not implement the federal Centers for Disease Control and Prevention [Nosocomial Infection Surveillance System] **National Healthcare Safety Network**, or its successor, as an alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this section. If the department chooses to implement the use of the federal Centers for Disease Control Prevention [Nosocomial Infection Surveillance System] **National Healthcare Safety Network**, or its successor, as an alternative means of complying with the requirements of subsections 2, 3, and 6 to 12 of this section, it shall be a condition of licensure for hospitals and ambulatory surgical centers which opt to participate in the federal program to permit the federal program to disclose facility-specific data to the department as necessary to provide the public reports required by the department. Any hospital or ambulatory surgical center which does not voluntarily participate in the National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its successor, shall be required to abide by all of the requirements of subsections 2, 3, and 6 to 12 of this section.

6. The department shall not require the resubmission of data which has been submitted to the department of health and senior services or the department of social services under any other provision of law. The department of health and senior services shall accept data submitted by associations or related organizations on behalf of health care providers by entering into binding agreements negotiated with such associations or related organizations to obtain data required pursuant to section 192.665 and this section. A health care provider shall submit the required information to the department of health and senior services:

(1) If the provider does not submit the required data through such associations or related organizations;

(2) If no binding agreement has been reached within ninety days of August 28, 1992, between the department of health and senior services and such associations or related organizations; or

(3) If a binding agreement has expired for more than ninety days.

7. Information obtained by the department under the provisions of section 192.665 and this section shall not be public information. Reports and studies prepared by the department based upon such information shall be public information and may identify individual health care providers. The department of health and senior services may authorize the use of the data by other research organizations pursuant to the provisions of section 192.067. The department shall not use or release any information provided under section 192.665 and this section which would enable any person to determine any health care provider's negotiated discounts with specific preferred provider organizations or other managed care organizations. The department shall not release data in a form which could be used to identify a patient. Any violation of this subsection is a class A misdemeanor.

8. The department shall undertake a reasonable number of studies and publish information, including at least an annual consumer guide, in collaboration with health care providers, business coalitions and consumers based upon the information obtained pursuant to the provisions of section 192.665 and this section. The department shall allow all health care providers and associations and related organizations who have submitted data which will be used in any

report to review and comment on the report prior to its publication or release for general use. The department shall include any comments of a health care provider, at the option of the provider, and associations and related organizations in the publication if the department does not change the publication based upon those comments. The report shall be made available to the public for a reasonable charge.

9. Any health care provider which continually and substantially, as these terms are defined by rule, fails to comply with the provisions of this section shall not be allowed to participate in any program administered by the state or to receive any moneys from the state.

10. A hospital, as defined in section 197.020, RSMo, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.071, RSMo. An ambulatory surgical center as defined in section 197.200, RSMo, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.221, RSMo.

11. The department of health may promulgate rules providing for collection of data and publication of nosocomial infection incidence rates for other types of health facilities determined to be sources of infections; except that, physicians' offices shall be exempt from reporting and disclosure of infection incidence rates.

12. In consultation with the infection control advisory panel established pursuant to section 197.165, RSMo, the department shall develop and disseminate to the public reports based on data compiled for a period of twelve months. Such reports shall be updated quarterly and shall show for each hospital, ambulatory surgical center, and other facility a risk-adjusted nosocomial infection incidence rate for the following types of infection:

- (1) Class I surgical site infections;
- (2) Ventilator-associated pneumonia; **provided that, upon the recommendation of the infection control advisory panel one or more other quality indicators designed to better measure the risk of acquiring ventilator-associated pneumonia can be substituted for a risk-adjusted nosocomial infection incidence rate;**
- (3) Central line-related bloodstream infections;
- (4) Other categories of infections that may be established by rule by the department.

The department, in consultation with the advisory panel, shall be authorized to collect and report data on subsets of each type of infection described in this subsection.

13. In the event the provisions of this act are implemented by requiring hospitals, ambulatory surgical centers, and other facilities to participate in the federal Centers for Disease Control and Prevention National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its successor, the types of infections to be publicly reported shall be determined by the department by rule and shall be consistent with the infections tracked by the National Nosocomial Infection Surveillance System, or its successor.

14. Reports published pursuant to subsection 12 of this section shall be published on the department's Internet web site. The initial report shall be issued by the department not later than December 31, 2006. The reports shall be distributed at least annually to the governor and members of the general assembly.

15. The Hospital Industry Data Institute shall publish a report of Missouri hospitals' and ambulatory surgical centers' compliance with standardized quality of care measures established by the federal Centers for Medicare and Medicaid Services for prevention of infections related to surgical procedures. If the Hospital Industry Data Institute fails to do so by July 31, 2008, and annually thereafter, the department shall be authorized to collect information from the Centers for Medicare and Medicaid Services or from hospitals and ambulatory surgical centers and publish such information in accordance with subsection 14 of this section.

16. The data collected or published pursuant to this section shall be available to the department for purposes of licensing hospitals and ambulatory surgical centers pursuant to chapter 197, RSMo.

17. The department shall promulgate rules to implement the provisions of section 192.131 and sections 197.150 to 197.160, RSMo. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid and void."; and

Further amend said bill, Section 192.2253, Page 48, Line 4, by inserting after all of said section the following:

"197.150. **1.** The department shall require that each hospital, ambulatory surgical center, and other facility have in place procedures for monitoring and enforcing compliance with infection control regulations and standards. Such procedures shall be coordinated with administrative staff, personnel staff, and the quality improvement program. Such

procedures shall include, at a minimum, requirements for the facility's infection control program to conduct surveillance of personnel with a portion of the surveillance to be done in such manner that employees and medical staff are observed without their knowledge of such observation, provided that this unobserved surveillance requirement shall not be considered to be grounds for licensure enforcement action by the department until the department establishes clear and verifiable criteria for determining compliance. Such surveillance also may include monitoring of the rate of use of hand hygiene products.

**2. Beginning January 1, 2009, the department shall require every hospital licensed in this state to establish a methicillin-resistant staphylococcus aureus (MRSA) control program. The program shall be developed by the hospital's administrative staff, medical staff, and quality improvement program, and shall:**

**(1) Establish procedures to isolate identified MRSA-colonized and MRSA-infected patients or use alternative methods to reduce the risk of MRSA transmission when private rooms are not available;**

**(2) Establish procedures, protocols, and education for staff known to be MRSA-colonized or MRSA-infected;**

**(3) Establish an infection-control intervention protocol that includes at a minimum the following elements:**

**(a) Infection control precautions, based on nationally recognized standards, for general surveillance of infected or colonized patients;**

**(b) Intervention protocols based on evidence-based standards;**

**(c) Physical plant operations related to infection control and environmental cleaning;**

**(d) Strict hand washing hygiene protocols and the use of contact barriers;**

**(e) Appropriate use of antimicrobial agents; and**

**(f) Mandatory educational programs for personnel."; and**

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

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

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

*House Amendment No. 3*

AMEND House Committee Substitute for House Bill No. 1516, Section 208.909, Page 59, Line 37, by inserting after all of said line the following:

**“210.305. 1. If emergency placement of a child in a private home is deemed necessary, the children's division shall make diligent efforts to contact and place the child with a grandparent or grandparents of the child, except when the children's division determines that placement with a grandparent or grandparents is not in the best interest of the child. Such an emergency placement with a grandparent or grandparents shall be subject to the provisions of section 210.482 regarding background checks for emergency placements.**

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

**(1) "Diligent efforts", a good faith attempt by the children's division, which exercises reasonable efforts and care to utilize all available services and resources related to meeting the ongoing health and safety needs of the child, to locate a grandparent or grandparents of the child after all of the child's physical health needs have been attended to by the children's division;**

**(2) "Emergency placement", those limited instances when the children's division is placing a child in the home of private individuals, including neighbors, friends, or relatives, as a result of a sudden unavailability of the child's primary caretaker.**

**3. Diligent efforts shall be made, if possible, to contact the grandparent or grandparents of the child within three hours from the time the emergency placement is deemed necessary for the child. If a grandparent or grandparents of the child cannot be located within the three-hour period, the child may be placed in a foster home; except that, during the initial twenty-four-hour period after the emergency placement is deemed necessary, the children's division shall continue to make diligent efforts to locate and place the child with a grandparent or grandparents.**

210.565. 1. Whenever a child is placed in a foster home and the court has determined pursuant to subsection 3 of this section that foster home placement with relatives is not contrary to the best interest of the child, the children's division shall give foster home placement to relatives of the child. Notwithstanding any rule of the division to the contrary, **the children's division shall make diligent efforts to locate the grandparents of the child and determine whether they wish to be considered for placement of the child.** Grandparents who request consideration shall be given preference and first consideration for foster home placement **of the child.**

2. As used in this section, the term "relative" means a **grandparent or any other** person related to another by blood or affinity within the third degree. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter.

3. The preference for placement with **grandparents or other** relatives created by this section shall only apply where the court finds that placement with such **grandparents or other** relatives is not contrary to the best interest of the child considering all circumstances. If the court finds that it is contrary to the best interest of a child to be placed with **grandparents or other** relatives, the court shall make specific findings on the record detailing the reasons why the best interests of the child necessitate placement of the child with persons other than **grandparents or other** relatives.

4. The age of the child's **grandparent or other** relative shall not be the only factor that the children's division takes into consideration when it makes placement decisions and recommendations to the court about placing the child with such **grandparent or other** relative.

5. For any Native American child placed in protective custody, the children's division shall comply with the placement requirements set forth in 25 U.S.C. Section 1915.”; and

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

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

Representative Wilson (130) offered **House Amendment No. 4.**

*House Amendment No. 4*

AMEND House Committee Substitute for House Bill No. 1516, Section 198.006, Page 52, Line 141, by inserting after all of said section and line the following:

"198.074. 1. Effective August 28, 2007, all new facilities licensed **under this chapter** on or after August 28, 2007, or any [facilities completing a] **section of a facility licensed under this chapter in which a** major renovation [to the facility] **has been completed** on or after August 28, 2007, as defined and approved by the department, [and which are licensed under this chapter] shall install and maintain an approved sprinkler system in accordance with National Fire Protection Association (NFPA) 13.

2. Facilities that were initially licensed and had an approved sprinkler system prior to August 28, 2007, shall continue to meet all laws, rules, and regulations for testing, inspection and maintenance of the sprinkler system that were in effect for such facilities on August 27, 2007.

3. Multi-level assisted living facilities that accept or retain any individual with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13. Single-story assisted living facilities that accept or retain any individual with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13R.

4. All residential care and assisted living facilities [with] **licensed for** more than twenty [residents] **beds** not included in subsection 3 of this section, which are initially licensed under this chapter prior to August 28, 2007, and that do not have installed an approved sprinkler system in accordance with NFPA 13R prior to August 28, 2007, shall install and maintain an approved sprinkler system in accordance with NFPA 13R by December 31, 2012, unless the facility meets the safety requirements of Chapter 33 of existing residential board and care occupancies of NFPA 101 life safety code. **Any such facilities that do not have an approved sprinkler system in accordance with NFPA 13R by December 31, 2012, shall be required to install and maintain an approved sprinkler system in accordance with NFPA 13 by December 13, 2013.**

5. All skilled nursing and intermediate care facilities not required prior to August 28, 2007, to install and maintain an approved sprinkler system shall install and maintain an approved sprinkler system in accordance with NFPA

13 by December 31, 2012, unless the facility receives an exemption from the department and presents evidence in writing from a certified sprinkler system representative or licensed engineer that the facility is unable to install an approved [National Fire Protection Association] **NFPA 13** system due to the unavailability of water supply requirements associated with this system or the facility meets the safety requirements of Chapter 33 of existing residential board and care occupancies of NFPA 101 life safety code.

6. Facilities that [take a substantial step] **have submitted a plan for compliance**, as [specified in] **required by subsection [7] 10** of this section, to install an approved **NFPA 13 or 13R** system prior to December 31, 2012, may apply to the department for a loan in accordance with section 198.075 to install such system. **All facilities described in subsections 3, 4, and 5 of this section shall be eligible for the loan.** However, such loan shall [not] **only** be available [if by December 31, 2009,] **until** the average total reimbursement for the care of persons eligible for Medicaid public assistance in an assisted living facility and residential care facility is equal to or exceeds fifty-two dollars per day. The average total reimbursement includes room, board, and care delivered by the facility, but shall not include payments to the facility for care or services not provided by the facility. [If a facility under this subsection does not have an approved sprinkler system installed by December 31, 2012, such facility shall be required to install and maintain an approved sprinkler system in accordance with NFPA 13 by December 31, 2013.] Such loans received under this subsection and in accordance with section 198.075, shall be paid in full as follows:

(1) Ten years for those facilities approved for the loan and whose average total reimbursement rate for the care of persons eligible for Medicaid public assistance is equal to forty-eight and no more than forty-nine dollars per day;

(2) Eight years for those facilities approved for the loan and whose average total reimbursement rate for the care of persons eligible for Medicaid public assistance is greater than forty-nine and no more than fifty-two dollars per day; or

(3) Five years for those facilities approved for the loan and whose average total reimbursement rate for the care of persons eligible for Medicaid public assistance is greater than fifty-two dollars per day.

(4) No payments or interest shall be due until the average total reimbursement rate for the care of persons eligible for Medicaid public assistance is equal to or greater than forty-eight dollars.

7. (1) All facilities licensed under this chapter shall be equipped with a complete fire alarm system in compliance with [NFPA 101, Life Safety Code for Detection, Alarm, and Communication Systems as referenced in] NFPA 72, or shall maintain a system that was approved by the department when such facility was constructed so long as such system is a complete fire alarm system. A complete fire alarm system shall include, but not be limited to, interconnected smoke detectors throughout the facility, automatic transmission to the fire department, dispatching agency, or central monitoring company, manual pull stations at each required exit and attendant's station, heat detectors, and audible and visual alarm indicators.

(2) In addition, each floor accessed by residents shall be divided into at least two smoke sections by one-hour rated smoke partitions. No smoke section shall exceed one hundred fifty feet in length. If neither the length nor the width of the floor exceeds seventy-five feet, no smoke-stop partition shall be required. Facilities with a complete fire alarm system and smoke sections meeting the requirements of this subsection prior to August 28, 2007, shall continue to meet such requirements. Facilities initially licensed on or after August 28, 2007, shall comply with such requirements beginning August 28, 2007, or on the effective date of licensure.

(3) Except as otherwise provided in this subsection, the requirements for complete fire alarm systems and smoke sections shall be enforceable on December 31, 2008.

8. The requirements of this section shall be construed to supersede the provisions of section 198.058 relating to the exemption of facilities from construction standards.

9. Fire safety inspections of facilities licensed under this chapter for compliance with this section shall be conducted annually by the state fire marshal [if such inspections are not available to be conducted by local fire protection districts or fire departments. The provisions of this section shall be enforced by the state fire marshal or by the local fire protection district or fire department, depending on which entity conducted the inspection] **or by local fire protection districts or fire departments if such districts or departments are deemed qualified to conduct facility inspections by the state fire marshal. The state fire marshal shall report the results of facility inspections to the department in order for the department to make licensure and other appropriate decisions.**

10. By July 1, [2008] **2009**, all facilities licensed under this chapter shall submit a plan for compliance with the provisions of this section to the state fire marshal.

198.075. 1. There is hereby created in the state treasury the "Fire Safety Standards Loan Fund", for implementing the provisions of subsection [3] **6** of section 198.074. Moneys deposited in the fund shall be considered state funds under article IV, section 15 of the Missouri Constitution. The state treasurer shall be custodian of the fund and may disburse moneys from the fund in accordance with sections 30.170 and 30.180, RSMo. Any moneys remaining

in the fund at the end of the biennium shall revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

2. Qualifying facilities shall make an application to the department of health and senior services upon forms provided by the department. **Such application and loan shall be available to facilities by January 1, 2009.** Upon receipt of an application for a loan, the department shall review the application and advise the governor before state funds are allocated for a loan. For purposes of this section, a "qualifying facility" shall mean a facility licensed under this chapter that is in substantial compliance. "Substantial compliance" shall mean a facility that has no uncorrected deficiencies and is in compliance with department of health and senior services rules and regulations governing such facility.

3. The fund shall be a loan of which the interest rate shall not exceed two and one-half percent.

4. The fund shall be administered by the department of health and senior services."; and

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

On motion of Representative Wilson (130), **House Amendment No. 4** was adopted.

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

*House Amendment No. 5*

AMEND House Committee Substitute for House Bill No. 1516, Section 198.708, Page 58, Line 14, by inserting after all of said section and line the following:

"208.819. 1. **Subject to appropriations**, persons institutionalized in nursing homes who are [Medicaid] **MO HealthNet** eligible and who wish to move back into the community shall be eligible for a one-time [Missouri] transition [to independence] grant. The [Missouri] transition [to independence] grant shall be limited to up to [fifteen] **twenty-four** hundred dollars to offset the initial down payments [and], setup costs, **and other expenditures** associated with housing a **senior or** person with disabilities **needing home and community-based services** as such person moves out of a nursing home. Such grants shall be established and administered by the division of [vocational rehabilitation] **senior and disability services** in consultation with the department of social services. The division of [vocational rehabilitation] **senior and disability services** and the department of social services shall cooperate in actively seeking federal and private grant moneys to **further** fund this program; except that, such federal and private grant moneys shall not limit the general assembly's ability to appropriate moneys for the [Missouri] transition [to independence] grants.

2. The [division of medical services within the department of social services, the] department of health and senior services and the [division of vocational rehabilitation within the department of elementary and secondary education] **department of mental health** shall work together to develop information and training on community-based service options for residents transitioning into the community[. Representatives of disability-related community organizations shall complete such training before initiating contact with institutionalized individuals] **and shall promulgate rules as needed.**"; and

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

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

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

*House Amendment No. 6*

AMEND House Committee Substitute for House Bill No. 1516, Section A, Page 2, Line 15, by inserting after all of said line the following:

**"192.975. 1. This section shall be known and may be cited as the "Evan de Mello Reimbursement Program".**

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

- (1) "Child", a resident of this state who is less than twenty-one years of age;
- (2) "Condition or impairment", any disease, defect, or diagnosis that:
  - (a) Requires immediate lifesaving medical treatment; or
  - (b) Can cause a crippling disability if not treated; or
  - (c) Requires prolonged outpatient care; or
  - (d) Has a poor to fair prognosis regardless of treatment or a variable prognosis;
- (3) "Departments", the departments of health and senior services, and mental health;
- (4) "Payer of last resort", the Evan de Mello reimbursement program is the last financial resource for reimbursement after all other available sources of payment have been exhausted;
- (5) "Services", the same as such term is defined in section 201.010, RSMo.

**3. The department of health and senior services and the department of mental health shall establish a program to provide financial assistance for the cost of transportation and ancillary services associated with receipt of medical treatment of an eligible child.**

**4. To be eligible for assistance under the program, a child shall be:**

- (1) Suffering from a condition or impairment that results in severe physical illness or physical impairments;
- (2) In need of transportation or ancillary services due to the child's condition;
- (3) Certified by a physician of the child's choice as a child who will likely benefit from medical services;
- (4) Required to travel a distance of one hundred miles or more for medical services, as defined in section 201.010, RSMo, is financially unable to pay for such transportation or ancillary services, and the child's parents, guardian, or person legally responsible for the child's support is unable to pay for such travel expenses.

**5. Subject to appropriations, recipients under the program shall receive reimbursement for transportation or ancillary services; except that, if any person, firm, corporation, or public or private agency is liable by contract or otherwise to the parents or a recipient of such services due to personal injury to or disability or disease of the recipient of such services, the service is subrogated to the right of the parent or recipient to recover from that part of the award or settlement an amount equal to the amount expended by the service for such services which are not otherwise recoverable from the parent or recipient. The acceptance of such services from the service constitutes acknowledgment of subrogation rights by the service, and the service may take any and all action necessary to enforce the subrogation rights.**

**6. The program established under this section is a payer of last resort.**

**7. The departments shall promulgate rules to implement the provisions of this section. Such rules shall include, but shall not be limited to:**

- (1) An application and review process for program eligibility determinations;
- (2) Any per-recipient dollar cap on benefits under the program, which shall not be less than five thousand dollars per recipient; and
- (3) The household income eligibility limits under the program, which shall not exceed a household income of three hundred fifty percent of the federal poverty level.

**8. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void."; and**

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

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

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

*House Amendment No. 7*

AMEND House Committee Substitute for House Bill No. 1516, Section 198.708, Page 58, Line 14, by inserting after all of said section the following:

"208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as defined in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. 301, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six consecutive months, during which the participant is on a temporary leave of absence from the hospital or nursing home, provided that no such participant shall be allowed a temporary leave of absence unless it is specifically provided for in his plan of care. As used in this subdivision, the term "temporary leave of absence" shall include all periods of time during which a participant is away from the hospital or nursing home overnight because he is visiting a friend or relative;

(6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or elsewhere;

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

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

(9) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal regulations promulgated thereunder;

(10) Home health care services;

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

(12) Inpatient psychiatric hospital services for individuals under age twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C. 1396d, et seq.);

(13) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such

outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(14) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198, RSMo, shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if her or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

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

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

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

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

With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

(16) Such additional services as defined by the MO HealthNet division to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. 301, et seq.) subject to appropriation by the general assembly;

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

(18) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection to reserve a bed for the participant in the nursing home during the time that the participant is absent due to admission to a hospital for services which cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

(a) The provisions of this subdivision shall apply only if:

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health and senior services which was taken prior to when the participant is admitted to the hospital; and

b. The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

(b) The payment to be made under this subdivision shall be provided for a maximum of three days per hospital stay;

(c) For each day that nursing home costs are paid on behalf of a participant under this subdivision during any period of six consecutive months such participant shall, during the same period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise available temporary leave of absence days provided under subdivision (5) of this subsection; and

(d) The provisions of this subdivision shall not apply unless the nursing home receives notice from the participant or the participant's responsible party that the participant intends to return to the nursing home following the hospital stay. If the nursing home receives such notification and all other provisions of this subsection have been satisfied, the nursing home shall provide notice to the participant or the participant's responsible party prior to release of the reserved bed;

(19) Prescribed medically necessary durable medical equipment. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(20) Hospice care. As used in this subsection, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(21) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(22) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(23) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision;

**(24) (a) Subject to appropriations, home nursing visits for newborn infants. Such nursing services shall consist of home visits by registered nurses designed to prevent infant mortality, child abuse and neglect for at-risk infants by providing health care, health education, and positive parenting skills, and shall be capable of providing follow-up care as needed until the infant's second birthday. For purposes of this subdivision, "at risk" may include infants born medically fragile, chemically dependent, or deemed by the treating physician as displaying**

failure to thrive or born to a chemically dependent mother, a teenage mother, a mentally or physically challenged mother, or into a family where there has been a history of prior premature births, abuse or neglect, or domestic violence.

(b) Such services shall be developed as a three-year pilot project in a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, in a county of the first classification with more than eighty-five thousand but fewer than eighty-seven thousand inhabitants, and in a county of the first classification with more than two hundred forty thousand three hundred but fewer than two hundred forty thousand four hundred inhabitants, with no more than five hundred thousand dollars to be expended in each county.

(c) The division shall request appropriate waivers or state plan amendments from the Secretary of the federal Department of Health and Human Services to carry out the requirements of this section.

2. Additional benefit payments for medical assistance shall be made on behalf of those eligible needy children, pregnant women and blind persons with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the division of medical services, unless otherwise hereinafter provided, for the following:

- (1) Dental services;
- (2) Services of podiatrists as defined in section 330.010, RSMo;
- (3) Optometric services as defined in section 336.010, RSMo;
- (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;
- (5) Hospice care. As used in this subsection, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

(7) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, RSMo, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an

unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the Missouri MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. 1396a and federal regulations promulgated thereunder.

6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated thereunder.

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 902 (a)(13)(A) of the Social Security Act, 42 U.S.C. 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 902 (a)(13)(C) of the Social Security Act, 42 U.S.C. 1396a (a)(13)(C).

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

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

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

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

Representative Darrough raised a point of order that **House Amendment No. 1 to House Amendment No. 7** is not a true amendment to the amendment.

The Chair ruled the point of order well taken.

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

Representative Tilley moved the previous question.

Which motion was adopted by the following vote:

AYES: 084

Avery	Baker 123	Bivins	Brandom	Brown 30
Bruns	Cooper 155	Cox	Cunningham 145	Cunningham 86
Davis	Day	Deeken	Denison	Dethrow
Dixon	Dusenberg	Emery	Ervin	Faith
Fares	Fisher	Flook	Franz	Funderburk
Grisamore	Guest	Hobbs	Hunter	Icet
Jones 89	Jones 117	Kasten	Kelly	Kingery
Lembke	Lipke	Loehner	Marsh	May
McGhee	Moore	Munzlinger	Muschany	Nance
Nieves	Nolte	Onder	Parkinson	Parson
Pollock	Portwood	Pratt	Quinn 7	Ruestman
Ruzicka	Sander	Sater	Schaaf	Schad
Scharnhorst	Schlottach	Schneider	Schoeller	Self
Silvey	Smith 14	Smith 150	Stevenson	St. Onge
Stream	Sutherland	Thomson	Threlkeld	Tilley
Wasson	Wells	Weter	Wilson 119	Wilson 130
Wood	Wright 159	Yates	Mr Speaker	

NOES: 056

Aull	Baker 25	Bland	Bringer	Brown 50
Burnett	Casey	Corcoran	Curls	Darrough
Daus	Dougherty	Fallert	Frame	George
Grill	Harris 110	Hodges	Holsman	Hoskins
Hubbard	Komo	Kratky	Kuessner	Lampe
LeVota	Liese	Low 39	Lowe 44	McClanahan
Meiners	Nasheed	Norr	Oxford	Quinn 9
Roorda	Rucker	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Skaggs	Storch	Swinger
Talboy	Todd	Villa	Vogt	Walsh
Whorton	Wildberger	Witte	Wright-Jones	Yaeger
Zimmerman				

PRESENT: 000

ABSENT WITH LEAVE: 021

Chappelle-Nadal	Cooper 120	Donnelly	El-Amin	Harris 23
Haywood	Hughes	Johnson	Kraus	Meadows
Page	Pearce	Richard	Robb	Robinson
Spreng	Viebrock	Wallace	Walton	Young
Zweifel				

VACANCIES: 002

Representative Nieves assumed the Chair.

On motion of Representative Bruns, **HCS HB 1516, as amended**, was adopted.

On motion of Representative Bruns, **HCS HB 1516, as amended**, was ordered perfected and printed.

**HB 2590**, relating to sovereign immunity for inmates, was taken up by Representative Moore.

On motion of Representative Moore, **HB 2590** was ordered perfected and printed.

**HB 2202**, relating to corrections officer pay parameters, was taken up by Representative Deeken.

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

*House Amendment No. 1*

AMEND House Bill No. 2202, Section 36.062, Page 1, Line 1, by deleting all of said line and inserting in lieu thereof the following:

**"36.062. Personnel who work in department of correction facilities, including but not limited to corrections officers";** and

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

On motion of Representative Bringer, **House Amendment No. 1** was adopted by the following vote:

AYES: 135

Aull	Avery	Baker 25	Baker 123	Bivins
Bland	Brandom	Bringer	Brown 30	Brown 50
Bruns	Burnett	Casey	Cooper 155	Corcoran
Cox	Cunningham 145	Cunningham 86	Curls	Darrough
Daus	Davis	Day	Deeken	Denison
Dethrow	Dixon	Dougherty	Dusenberg	Emery
Ervin	Faith	Fallert	Fares	Fisher
Flook	Frame	Franz	Funderburk	George
Grill	Grisamore	Guest	Harris 110	Hobbs
Holsman	Hoskins	Hughes	Icet	Jones 89
Jones 117	Kasten	Kelly	Kingery	Komo
Kratky	Kuessner	Lampe	Lembke	LeVota
Liese	Lipke	Loehner	Low 39	Lowe 44
Marsh	May	McClanahan	McGhee	Meiners
Moore	Munzlinger	Muschany	Nance	Nasheed
Nieves	Nolte	Norr	Onder	Oxford
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Quinn 9	Roorda	Rucker	Ruestman
Ruzicka	Sander	Sater	Scavuzzo	Schaaf
Schad	Scharnhorst	Schieffer	Schlottach	Schneider
Schoeller	Schoemehl	Self	Shively	Silvey
Skaggs	Smith 14	Smith 150	Stevenson	St. Onge
Storch	Stream	Sutherland	Swinger	Talboy
Thomson	Threlkeld	Todd	Vogt	Wallace
Walsh	Walton	Wells	Weter	Whorton
Wildberger	Wilson 119	Wilson 130	Witte	Wood
Wright 159	Yaeger	Yates	Zimmerman	Mr Speaker

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 026

Chappelle-Nadal	Cooper 120	Donnelly	El-Amin	Harris 23
Haywood	Hodges	Hubbard	Hunter	Johnson
Kraus	Meadows	Page	Parkinson	Richard
Robb	Robinson	Salva	Spreng	Tilley
Viebrock	Villa	Wasson	Wright-Jones	Young
Zweifel				

VACANCIES: 002

## Representative Roorda offered **House Amendment No. 2.**

### *House Amendment No. 2*

AMEND House Bill No. 2202, Section 36.062, Page 1, Line 7, by inserting the following after all of said line:

**"217.106. 1. There is hereby created in the state treasury the "Corrections Officer Training Fund". The corrections officer training fund shall be administered by the corrections officer certification commission. Money in the fund shall be used solely for training required as provided in section 217.108. All interest earned upon moneys in the fund shall be credited to the corrections officer training fund.**

**2. The provisions of section 33.080, RSMo, to the contrary notwithstanding, moneys in the corrections officer training fund shall not be transferred and placed to the credit of the general revenue fund.**

**217.108. 1. For the three-year time period beginning January 1, 2009, and ending December 31, 2011, and for every succeeding three-year time period thereafter, all corrections officers as defined in section 217.105 and all jailers as defined in chapter 221, RSMo, shall receive a minimum of thirty-six hours of training during each and every three year time period.**

**2. The thirty-six hours of training required under subsection one of this section shall be as follows:**

**(1) A minimum of eighteen hours of the training shall be police academy training provided by an institution meeting POST requirements pursuant to chapter 590, RSMo;**

**(2) A maximum of eighteen hours of the training shall be provided through in-house training through the employing agency or through other nonPOST approved providers.**

**3. Specific training standards for the thirty-six hours of required training shall be determined by the corrections officer certification commission as established in section 217.105.**

**488.5340. There is created in section 217.106, RSMo, the corrections officer training fund. A surcharge of five dollars shall be assessed as costs in each court proceeding filed in any circuit court in the state, or in any municipal court in the state that employs a jailer as defined in chapter 221, RSMo, in all criminal cases in which the defendant is placed on supervised or unsupervised probation, including violations of any county ordinance or any violation of criminal or traffic laws of the state, including an infraction and violation of a municipal ordinance; except that no such fee shall be collected in any proceeding in any court when costs are to be paid by the state, county, or municipality. Such surcharge shall be collected and disbursed as provided in sections 488.010 to 488.020, and payable to the state treasury to the credit of the corrections officer training fund created in section 217.106, RSMo. Such surcharge shall be in addition to the court costs and fees and limits on such court costs and fees established by sections 66.110, RSMo, and 479.260, RSMo."; and**

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

Representative Roorda moved that **House Amendment No. 2** be adopted.

Which motion was defeated.

Representative Self moved the previous question.

Which motion was adopted by the following vote:

AYES: 086

Avery	Baker 123	Bivins	Brandom	Brown 30
Bruns	Cooper 120	Cooper 155	Cox	Cunningham 145
Cunningham 86	Davis	Day	Deeken	Denison
Dethrow	Dixon	Dusenberg	Emery	Ervin
Faith	Fares	Fisher	Flook	Franz
Funderburk	Grisamore	Guest	Hobbs	Hunter
Ice	Jones 89	Jones 117	Kasten	Kelly
Kingery	Lembke	Lipke	Loehner	Marsh
May	McGhee	Moore	Munzlinger	Muschany
Nance	Nieves	Nolte	Onder	Parkinson
Pearce	Pollock	Portwood	Pratt	Quinn 7
Robb	Ruestman	Ruzicka	Sander	Sater
Schaaf	Schad	Scharnhorst	Schlottach	Schneider
Schoeller	Self	Silvey	Smith 14	Smith 150
St. Onge	Stream	Sutherland	Thomson	Threlkeld
Tilley	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

NOES: 054

Aull	Baker 25	Bland	Bringer	Brown 50
Casey	Corcoran	Curls	Darrough	Daus
Dougherty	Fallert	Frame	George	Grill
Harris 110	Hodges	Holsman	Hoskins	Hubbard
Hughes	Komo	Kratky	Kuessner	Lampe
LeVota	Liese	Low 39	Lowe 44	McClanahan
Meiners	Nasheed	Norr	Oxford	Quinn 9
Roorda	Salva	Scavuzzo	Schieffer	Schoemehl
Shively	Skaggs	Storch	Swinger	Talboy
Todd	Villa	Vogt	Walsh	Whorton
Wildberger	Witte	Yaeger	Zimmerman	

PRESENT: 000

ABSENT WITH LEAVE: 021

Burnett	Chappelle-Nadal	Donnelly	El-Amin	Harris 23
Haywood	Johnson	Kraus	Meadows	Page
Parson	Richard	Robinson	Rucker	Spreng
Stevenson	Viebrock	Walton	Wright-Jones	Young
Zweifel				

VACANCIES: 002

On motion of Representative Deeken, **HB 2202, as amended**, was ordered perfected and printed.

**HCS#2 HB 1423**, relating to ignition interlock devices, was taken up by Representative St. Onge.

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

*House Amendment No. 1*

AMEND House Committee Substitute No. 2 for House Bill No. 1423, Section 302.525, Page 15, Line 51, by inserting immediately after said line the following:

"577.023. 1. For purposes of this section, unless the context clearly indicates otherwise:

(1) An "aggravated offender" is a person who:

(a) Has pleaded guilty to or has been found guilty of three or more intoxication-related traffic offenses; or

(b) Has pleaded guilty to or has been found guilty of one or more intoxication-related traffic offense and, in addition, any of the following: involuntary manslaughter under subdivision (2) or (3) of subsection 1 of section 565.024, RSMo; murder in the second degree under section 565.021, RSMo, where the underlying felony is an intoxication-related traffic offense; or assault in the second degree under subdivision (4) of subsection 1 of section 565.060, RSMo; or assault of a law enforcement officer in the second degree under subdivision (4) of subsection 1 of section 565.082, RSMo;

(2) A "chronic offender" is:

(a) A person who has pleaded guilty to or has been found guilty of four or more intoxication-related traffic offenses; or

(b) A person who has pleaded guilty to or has been found guilty of, on two or more separate occasions, any combination of the following: involuntary manslaughter under subdivision (2) or (3) of subsection 1 of section 565.024, RSMo; murder in the second degree under section 565.021, RSMo, where the underlying felony is an intoxication-related traffic offense; assault in the second degree under subdivision (4) of subsection 1 of section 565.060, RSMo; or assault of a law enforcement officer in the second degree under subdivision (4) of subsection 1 of section 565.082, RSMo; or

(c) A person who has pleaded guilty to or has been found guilty of two or more intoxication-related traffic offenses and, in addition, any of the following: involuntary manslaughter under subdivision (2) or (3) of subsection 1 of section 565.024, RSMo; murder in the second degree under section 565.021, RSMo, where the underlying felony is an intoxication-related traffic offense; assault in the second degree under subdivision (4) of subsection 1 of section 565.060, RSMo; or assault of a law enforcement officer in the second degree under subdivision (4) of subsection 1 of section 565.082, RSMo;

(3) An "intoxication-related traffic offense" is driving while intoxicated, driving with excessive blood alcohol content, involuntary manslaughter pursuant to subdivision (2) or (3) of subsection 1 of section 565.024, RSMo, murder in the second degree under section 565.021, RSMo, where the underlying felony is an intoxication-related traffic offense, assault in the second degree pursuant to subdivision (4) of subsection 1 of section 565.060, RSMo, assault of a law enforcement officer in the second degree pursuant to subdivision (4) of subsection 1 of section 565.082, RSMo, or driving under the influence of alcohol or drugs in violation of state law or a county or municipal ordinance[, where the defendant was represented by or waived the right to an attorney in writing];

(4) A "persistent offender" is one of the following:

(a) A person who has pleaded guilty to or has been found guilty of two or more intoxication-related traffic offenses;

(b) A person who has pleaded guilty to or has been found guilty of involuntary manslaughter pursuant to subdivision (2) or (3) of subsection 1 of section 565.024, RSMo, assault in the second degree pursuant to subdivision (4) of subsection 1 of section 565.060, RSMo, assault of a law enforcement officer in the second degree pursuant to subdivision (4) of subsection 1 of section 565.082, RSMo; and

(5) A "prior offender" is a person who has pleaded guilty to or has been found guilty of one intoxication-related traffic offense, where such prior offense occurred within five years of the occurrence of the intoxication-related traffic offense for which the person is charged.

2. Any person who pleads guilty to or is found guilty of a violation of section 577.010 or 577.012 who is alleged and proved to be a prior offender shall be guilty of a class A misdemeanor.

3. Any person who pleads guilty to or is found guilty of a violation of section 577.010 or 577.012 who is alleged and proved to be a persistent offender shall be guilty of a class D felony.

4. Any person who pleads guilty to or is found guilty of a violation of section 577.010 or section 577.012 who is alleged and proved to be an aggravated offender shall be guilty of a class C felony.

5. Any person who pleads guilty to or is found guilty of a violation of section 577.010 or section 577.012 who is alleged and proved to be a chronic offender shall be guilty of a class B felony.

6. No state, county, or municipal court shall suspend the imposition of sentence as to a prior offender, persistent offender, aggravated offender, or chronic offender under this section nor sentence such person to pay a fine in lieu of a term of imprisonment, section 557.011, RSMo, to the contrary notwithstanding. No prior offender shall be eligible for parole or probation until he or she has served a minimum of five days imprisonment, unless as a condition of such parole or probation such person performs at least thirty days of community service under the supervision of the court in those jurisdictions which have a recognized program for community service. No persistent offender shall be eligible for parole or probation until he or she has served a minimum of ten days imprisonment, unless as a condition of such parole or probation such person performs at least sixty days of community service under the supervision of the court. No aggravated offender shall be eligible for parole or probation until he or she has served a minimum of sixty days imprisonment. No chronic offender shall be eligible for parole or probation until he or she has served a minimum of two years imprisonment.

7. The state, county, or municipal court shall find the defendant to be a prior offender, persistent offender, aggravated offender, or chronic offender if:

(1) The indictment or information, original or amended, or the information in lieu of an indictment pleads all essential facts warranting a finding that the defendant is a prior offender or persistent offender; and

(2) Evidence is introduced that establishes sufficient facts pleaded to warrant a finding beyond a reasonable doubt the defendant is a prior offender, persistent offender, aggravated offender, or chronic offender; and

(3) The court makes findings of fact that warrant a finding beyond a reasonable doubt by the court that the defendant is a prior offender, persistent offender, aggravated offender, or chronic offender.

8. In a jury trial, the facts shall be pleaded, established and found prior to submission to the jury outside of its hearing.

9. In a trial without a jury or upon a plea of guilty, the court may defer the proof in findings of such facts to a later time, but prior to sentencing.

10. The defendant shall be accorded full rights of confrontation and cross-examination, with the opportunity to present evidence, at such hearings.

11. The defendant may waive proof of the facts alleged.

12. Nothing in this section shall prevent the use of presentence investigations or commitments.

13. At the sentencing hearing both the state, county, or municipality and the defendant shall be permitted to present additional information bearing on the issue of sentence.

14. The pleas or findings of guilty shall be prior to the date of commission of the present offense.

15. The court shall not instruct the jury as to the range of punishment or allow the jury, upon a finding of guilty, to assess and declare the punishment as part of its verdict in cases of prior offenders, persistent offenders, aggravated offenders, or chronic offenders.

16. Evidence of a prior [convictions] **plea of guilty or finding of guilty in an intoxication-related traffic offense** shall be heard and determined by the trial court out of the hearing of the jury prior to the submission of the case to the jury, and shall include but not be limited to evidence of convictions received by a search of the records of the Missouri uniform law enforcement system maintained by the Missouri state highway patrol. After hearing the evidence, the court shall enter its findings thereon. [A conviction of a violation of a municipal or county ordinance in a county or municipal court for driving while intoxicated or a conviction or] A plea of guilty or a finding of guilty followed by a **fine, incarceration, a suspended imposition of sentence, suspended execution of sentence, probation or parole or any combination thereof in any intoxication-related traffic offense in a state, county, or municipal court, or any combination thereof**, shall be treated as a prior [conviction] **plea of guilty or finding of guilty for purposes of this section.**"; and

Further amend said substitute, Section B, Page 20, Line 2, by inserting immediately after said line the following:

"Section C. Because immediate action is necessary to rectify a recent Supreme Court ruling which held that a defendant's prior guilty plea and suspended imposition of sentence in municipal court could not be used to enhance the punishment for the defendant's new intoxication-related traffic offense, section 577.023 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and section 577.023 of this act shall be in full force and effect upon its passage and approval."; and

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

On motion of Representative Silvey, **House Amendment No. 1** was adopted by the following vote:

AYES: 137

Aull	Avery	Baker 25	Baker 123	Bivins
Bland	Brandom	Bringer	Brown 30	Brown 50
Bruns	Casey	Cooper 120	Cooper 155	Corcoran
Cox	Cunningham 145	Cunningham 86	Curls	Darrough
Daus	Davis	Day	Deeken	Denison
Dethrow	Dixon	Dougherty	Dusenberg	Emery
Ervin	Faith	Fallert	Fares	Fisher
Flook	Frame	Franz	Funderburk	George
Grisamore	Guest	Harris 110	Hodges	Holsman
Hoskins	Hubbard	Hunter	Ice	Jones 89
Jones 117	Kasten	Kelly	Kingery	Komo
Kratky	Kuessner	Lampe	Lembke	LeVota
Liese	Lipke	Loehner	Low 39	Marsh
May	McClanahan	McGhee	Meiners	Moore
Munzlinger	Muschany	Nance	Nasheed	Nieves
Nolte	Norr	Onder	Oxford	Parkinson
Parson	Pearce	Pollock	Portwood	Pratt
Quinn 7	Quinn 9	Richard	Robb	Roorda
Rucker	Ruestman	Ruzicka	Sander	Sater
Scavuzzo	Schaaf	Schad	Scharnhorst	Schieffer
Schlottach	Schneider	Schoeller	Schoemehl	Self
Shively	Silvey	Skaggs	Smith 14	Smith 150
Stevenson	St. Onge	Storch	Stream	Sutherland
Swinger	Thomson	Threlkeld	Tilley	Todd
Villa	Wallace	Walsh	Walton	Wasson
Wells	Weter	Wilson 119	Wilson 130	Witte
Wood	Wright 159	Wright-Jones	Yaeger	Yates
Zimmerman	Mr Speaker			

NOES: 005

Burnett	Hughes	Talboy	Vogt	Whorton
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PRESENT: 000

ABSENT WITH LEAVE: 019

Chappelle-Nadal	Donnelly	El-Amin	Grill	Harris 23
Haywood	Hobbs	Johnson	Kraus	Lowe 44
Meadows	Page	Robinson	Salva	Spreng
Viebrock	Wildberger	Young	Zweifel	

VACANCIES: 002

On motion of Representative St. Onge, **HCS#2 HB 1423, as amended**, was adopted.

On motion of Representative St. Onge, **HCS#2 HB 1423, as amended**, was ordered perfected and printed.

**HCS HB 1704**, relating to grants for small schools, was taken up by Representative Wallace.

On motion of Representative Wallace, **HCS HB 1704** was adopted.

On motion of Representative Wallace, **HCS HB 1704** was ordered perfected and printed.

**HB 2078**, relating to driver's licenses, was taken up by Representative Hubbard.

Representative Tilley moved the previous question.

Which motion was adopted by the following vote:

AYES: 086

Avery	Baker 123	Bivins	Brandom	Brown 30
Bruns	Cox	Cunningham 86	Davis	Day
Deeken	Denison	Dethrow	Dixon	Dougherty
Dusenberg	Emery	Ervin	Faith	Fares
Fisher	Flook	Franz	Funderburk	Grisamore
Guest	Hoskins	Hubbard	Hunter	Icet
Jones 89	Jones 117	Kasten	Kingery	Lembke
Loehner	Marsh	May	McGhee	Moore
Munzlinger	Muschany	Nance	Nieves	Nolte
Onder	Parkinson	Parson	Pearce	Pollock
Portwood	Pratt	Quinn 7	Richard	Robb
Ruestman	Ruzicka	Sander	Sater	Schaaf
Schad	Scharnhorst	Schlottach	Schoeller	Self
Silvey	Smith 14	Smith 150	Stevenson	St. Onge
Stream	Sutherland	Thomson	Threlkeld	Tilley
Viebrock	Wallace	Wasson	Wells	Weter
Wilson 119	Wilson 130	Wood	Wright 159	Yates
Mr Speaker				

NOES: 052

Aull	Bland	Bringer	Brown 50	Burnett
Casey	Curls	Darrough	Daus	Fallert
Frame	George	Grill	Harris 110	Hodges
Holsman	Hughes	Komo	Kratky	Kuessner
Lampe	LeVota	Liese	McClanahan	Meadows
Meiners	Nasheed	Norr	Oxford	Quinn 9
Roorda	Rucker	Salva	Scavuzzo	Schieffer
Schoemehl	Shively	Skaggs	Storch	Swinger
Talboy	Todd	Villa	Vogt	Walsh
Walton	Whorton	Wildberger	Witte	Wright-Jones
Yaeger	Zimmerman			

PRESENT: 000

ABSENT WITH LEAVE: 023

Baker 25	Chappelle-Nadal	Cooper 120	Cooper 155	Corcoran
Cunningham 145	Donnelly	El-Amin	Harris 23	Haywood
Hobbs	Johnson	Kelly	Kraus	Lipke
Low 39	Lowe 44	Page	Robinson	Schneider
Spreng	Young	Zweifel		

VACANCIES: 002

On motion of Representative Hubbard, **HB 2078** was ordered perfected and printed.

**HCS HB 2260**, relating to qualified research expenses credit, was taken up by Representative Storch.

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

*House Amendment No. 1*

AMEND House Committee Substitute for House Bill No. 2260, Page 2, Section 620.1039, Line 42, by changing the word "1996" to "**2009**"; and

Further amend, Line 42, by changing "1999" to "**2015**"; and

Further amend, Section 620.1039, Line 43, by changing "2001" to "**2017**".

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

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

*House Amendment No. 2*

AMEND House Committee Substitute for House Bill No. 2260, Section 620.1039, Page 1, Line 8, by inserting after the words, "**plant genomics products**", the words, "**diagnostic and therapeutic medical devices**"; and

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

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

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

*House Amendment No. 3*

AMEND House Committee Substitute for House Bill No. 2260, Section 620.1039, Page 3, Line 70, by inserting after all of said line the following:

"620.1220. The office of the Missouri film commission [shall] **may** be located in Jefferson City and shall replace any state agency, division or staff which, on August 28, 1996, sections 620.1200 to 620.1240, provides services to the film industry or is organized to promote film production in Missouri. The department of economic development may transfer staff from any agency replaced by the office of the Missouri film commission to this office."; and

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

Speaker Pro Tem Pratt resumed the Chair.

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

On motion of Representative Storch, **HCS HB 2260, as amended**, was adopted.

On motion of Representative Storch, **HCS HB 2260, as amended**, was ordered perfected and printed.

**HCS HB 1990**, relating to health care services, was taken up by Representative Wilson (130).

Representative Wilson (130) offered **House Amendment No. 1**.

*House Amendment No. 1*

AMEND House Committee Substitute for House Bill No. 1990, Section 191.890, Page 3, Line 52, by inserting after all of said line the following:

“354.618. 1. A health carrier shall be required to offer as an additional health plan, an open referral health plan whenever it markets a gatekeeper group plan as an exclusive or full replacement health plan offering to a group contract holder:

(1) In the case of group health plans offered to employers of fifty or fewer employees, the decision to accept or reject the additional open referral plan offering shall be made by the group contract holder. For health plans marketed to employers of over fifty employees, the decision to accept or reject shall be made by the employee;

(2) Contracts currently in existence shall offer the additional open referral health plan at the next annual renewal after August 28, 1997; however, multiyear group contracts need not comply until the expiration of their current multiyear term unless the group contract holder elects to comply before that time;

(3) If an employer provides more than one health plan to its employees and at least one is an open referral plan, then all health benefit plans offered by such employer shall be exempt from the requirements of this section.

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

(1) "Open referral plan", a plan in which the enrollee is allowed to obtain treatment for covered benefits without a referral from a primary care physician from any person licensed to provide such treatment;

(2) "Gatekeeper group plan", a plan in which the enrollee is required to obtain a referral from a primary care professional in order to access specialty care.

3. Any health benefit plan provided pursuant to the Medicaid program shall be exempt from the requirements of this section.

4. A health carrier shall have a procedure by which a female enrollee may seek the health care services of an obstetrician/gynecologist at least once a year without first obtaining prior approval from the enrollee's primary care provider if the benefits are covered under the enrollee's health benefit plan, and the obstetrician/gynecologist is a member of the health carrier's network. In no event shall a health carrier be required to permit an enrollee to have health care services delivered by a nonparticipating obstetrician/gynecologist. An obstetrician/gynecologist who delivers health care services directly to an enrollee shall report such visit and health care services provided to the enrollee's primary care provider. A health carrier may require an enrollee to obtain a referral from the primary care physician, if such enrollee requires more than one annual visit with an obstetrician/gynecologist.

[5. Except for good cause, a health carrier shall be prohibited either directly, or indirectly through intermediaries, from discriminating between eye care providers when selecting among providers of health services for enrollment in the network and when referring enrollees for health services provided within the scope of those professional licenses and when reimbursing amounts for covered services among persons duly licensed to provide such services. For the purposes of this section, an eye care provider may be either an optometrist licensed pursuant to chapter 336, RSMo, or a physician who specializes in ophthalmologic medicine, licensed pursuant to chapter 334, RSMo.]

[6]5. Nothing contained in this section shall be construed as to require a health carrier to pay for health care services not provided for in the terms of a health benefit plan.

[7]16. Any health carrier, which is sponsored by a federally qualified health center and is presently in existence and which has been in existence for less than three years shall be exempt from this section for a period not to exceed two years from August 28, 1997.

[8]17. A health carrier shall not be required to offer the direct access rider for a group contract holder's health benefit plan if the health benefit plan is being provided pursuant to the terms of a collective bargaining agreement with a labor union, in accordance with federal law and the labor union has declined such option on behalf of its members.

[9]18. Nothing in this act shall be construed to preempt the employer's right to select the health care provider pursuant to section 287.140, RSMo, in a case where an employee incurs a work-related injury covered by the provisions of chapter 287, RSMo.

[10]19. Nothing contained in this act shall apply to certified managed care organizations while providing medical treatment to injured employees entitled to receive health benefits under chapter 287, RSMo, pursuant to contractual arrangements with employers, or their insurers, under section 287.135, RSMo.

**354.619. 1. Except for good cause, a health carrier shall be prohibited either directly, or indirectly through intermediaries, from discriminating between eye care providers when selecting among providers of health services for enrollment in the network and when referring enrollees for health services provided within the scope of those professional licenses and when reimbursing amounts for covered services among persons duly licensed to provide such services. For the purposes of this section, an eye care provider may be either an optometrist licensed pursuant to chapter 336, RSMo, or a physician who specializes in ophthalmologic medicine, licensed pursuant to chapter 334, RSMo.**

**2. A health carrier shall not directly or indirectly through intermediaries refuse to select an eye care provider for the network solely on the grounds that:**

**(1) not all eye care providers in a group practice agree to participate in the health carrier's provider network; or**

**(2) the provider is not a retailer of frames and corrective lenses.**

**3. If optometric services are being provided in connection to a treatment plan for corrective surgery, then a health carrier shall not directly or indirectly through intermediaries refuse to select an eye care provider for the network, refuse to refer an enroll for health services provided within the scope of an eye care provider's license or reimburse for covered services in a discriminatory manner.**

**4. A health carrier may not require a licensed optometrist who provides basic medical eye care to participate solely through an intermediary if that health carrier permits ophthalmologists to contract directly with the health carrier."; and**

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

On motion of Representative Wilson (130), **House Amendment No. 1** was adopted.

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

*House Amendment No. 2*

AMEND House Committee Substitute for House Bill No. 1990, Section 191.890, Page 3, Line 52, by inserting after all of said section the following:

"376.966. 1. No employee shall involuntarily lose his or her group coverage by decision of his or her employer on the grounds that such employee may subsequently enroll in the pool. The department shall have authority to promulgate rules and regulations to enforce this subsection.

2. The following individual persons shall be eligible for coverage under the pool if they are and continue to be residents of this state:

(1) An individual person who provides evidence of the following:

(a) A notice of rejection or refusal to issue substantially similar health insurance for health reasons by at least two insurers; or

(b) A refusal by an insurer to issue health insurance except at a rate exceeding the plan rate for substantially similar health insurance;

(2) A federally defined eligible individual who has not experienced a significant break in coverage;

- (3) A trade act eligible individual;
  - (4) Each resident dependent of a person who is eligible for plan coverage;
  - (5) Any person, regardless of age, that can be claimed as a dependent of a trade act eligible individual on such trade act eligible individual's tax filing;
  - (6) Any person whose health insurance coverage is involuntarily terminated for any reason other than nonpayment of premium or fraud, and who is not otherwise ineligible under subdivision (4) of subsection 3 of this section. If application for pool coverage is made not later than sixty-three days after the involuntary termination, the effective date of the coverage shall be the date of termination of the previous coverage;
  - (7) Any person whose premiums for health insurance coverage have increased above the rate established by the board under paragraph (a) of subdivision (1) of subsection 3 of this section;
  - (8) Any person currently insured who would have qualified as a federally defined eligible individual or a trade act eligible individual between the effective date of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the effective date of this act;
  - (9) Any person who has exhausted his or her maximum in benefits from a health insurer.**
3. The following individual persons shall not be eligible for coverage under the pool:
    - (1) Persons who have, on the date of issue of coverage by the pool, or obtain coverage under health insurance or an insurance arrangement substantially similar to or more comprehensive than a plan policy, or would be eligible to have coverage if the person elected to obtain it, except that:
      - (a) This exclusion shall not apply to a person who has such coverage but whose premiums have increased to [one hundred fifty percent to] **beyond the eligibility limit set by the board. The board shall not set the eligibility limit in excess of two hundred percent of rates established by the board as applicable for individual standard risks** [. After December 31, 2009, this exclusion shall not apply to a person who has such coverage but whose premiums have increased to three hundred percent or more of rates established by the board as applicable for individual standard risks];
      - (b) A person may maintain other coverage for the period of time the person is satisfying any preexisting condition waiting period under a pool policy; and
      - (c) A person may maintain plan coverage for the period of time the person is satisfying a preexisting condition waiting period under another health insurance policy intended to replace the pool policy;
    - (2) Any person who is at the time of pool application receiving health care benefits under section 208.151, RSMo;
    - (3) Any person having terminated coverage in the pool unless twelve months have elapsed since such termination, unless such person is a federally defined eligible individual;
    - (4) Any person on whose behalf the pool has paid out [one] **two** million dollars in benefits;
    - (5) Inmates or residents of public institutions, unless such person is a federally defined eligible individual, and persons eligible for public programs;
    - (6) Any person whose medical condition which precludes other insurance coverage is directly due to alcohol or drug abuse or self-inflicted injury, unless such person is a federally defined eligible individual or a trade act eligible individual;
    - (7) Any person who is eligible for Medicare coverage.
  4. Any person who ceases to meet the eligibility requirements of this section may be terminated at the end of such person's policy period.
  5. If an insurer issues one or more of the following or takes any other action based wholly or partially on medical underwriting considerations which is likely to render any person eligible for pool coverage, the insurer shall notify all persons affected of the existence of the pool, as well as the eligibility requirements and methods of applying for pool coverage:
    - (1) A notice of rejection or cancellation of coverage;
    - (2) A notice of reduction or limitation of coverage, including restrictive riders, if the effect of the reduction or limitation is to substantially reduce coverage compared to the coverage available to a person considered a standard risk for the type of coverage provided by the plan.
  - 6. When an insurer determines an insured has exhausted eighty-five percent of his or her total lifetime benefits, the insurer shall notify any affected person of the existence of the pool, of the person's eligibility for the pool when all lifetime benefits have been exhausted, and of methods of applying for pool coverage. When any affected person has exhausted one hundred percent of his or her total lifetime benefits, the insurer shall notify the affected person of his or her eligibility for pool coverage and of the methods of applying for such coverage. The insurer shall provide a copy of such notice to the pool with the name and address of such affected person.**

376.986. 1. The pool shall offer major medical expense coverage to every person eligible for coverage under section 376.966 **and may offer other health plans that the board determines to be in the best interest of the individuals covered under the pool.** The coverage to be issued by the pool and its schedule of benefits, exclusions and other limitations, shall be established by the board with the advice and recommendations of the pool members, and such plan of pool coverage shall be submitted to the director for approval. The pool shall also offer coverage for drugs and supplies requiring a medical prescription and coverage for patient education services, to be provided at the direction of a physician, encompassing the provision of information, therapy, programs, or other services on an inpatient or outpatient basis, designed to restrict, control, or otherwise cause remission of the covered condition, illness or defect.

2. In establishing the pool coverage the board shall take into consideration the levels of health insurance provided in this state and medical economic factors as may be deemed appropriate, and shall promulgate benefit levels, deductibles, coinsurance factors, exclusions and limitations determined to be generally reflective of and commensurate with health insurance provided through a representative number of insurers in this state.

3. The pool shall establish premium rates for pool coverage as provided in [subsection 4] **subsections 4 and 5** of this section. Separate schedules of premium rates based on age, sex and geographical location may apply for individual risks. Premium rates and schedules shall be submitted to the director for approval prior to use.

4. The pool, with the assistance of the director, shall determine the standard risk rate by considering the premium rates charged by other insurers offering health insurance coverage to individuals. The standard risk rate shall be established using reasonable actuarial techniques and shall reflect anticipated experience and expenses for such coverage. [Initial rates for pool coverage shall not be less than one hundred twenty-five percent of rates established as applicable for individual standard risks.] Subject to the limits provided in this subsection, [subsequent] rates shall be established **in accordance with the premium rate schedule in subsection 5 of this section** to provide fully for the expected costs of claims including recovery of prior losses, expenses of operation, investment income of claim reserves, and any other cost factors subject to the limitations described herein. In no event shall pool rates exceed the following:

(1) For federally defined eligible individuals and trade act eligible individuals, rates shall be equal to the percent of rates applicable to individual standard risks actuarially determined to be sufficient to recover the sum of the cost of benefits paid under the pool for federally defined and trade act eligible individuals plus the proportion of the pool's administrative expense applicable to federally defined and trade act eligible individuals enrolled for pool coverage, provided that such rates shall not exceed [one hundred fifty percent of rates applicable to individual standard risks] **the limits established in subsection 5 of this section;** and

(2) For all other individuals covered under the pool, [one hundred fifty percent of rates] **the rate limits established under subsection 5 of this section** applicable to individual standard risks.

5. **Premium rates for pool coverage shall be established in accordance with the following schedule:**

(1) **For individuals with incomes of less than three hundred percent of the federal poverty level, a premium rate equal to the standard risk rates;**

(2) **For individuals with incomes of three hundred percent of the federal poverty level or more, a sliding scale premium rate based on income which is between one hundred and one hundred twenty-five percent of the standard risk rates established by rule.**

6. Pool coverage established pursuant to this section shall provide an appropriate high and low deductible to be selected by the pool applicant. The deductibles and coinsurance factors may be adjusted annually in accordance with the medical component of the consumer price index.

[6.] 7. Pool coverage shall exclude charges or expenses incurred during the first [twelve] **six** months following the effective date of coverage as to any condition for which medical advice, care or treatment was recommended or received as to such condition during the six-month period immediately preceding the effective date of coverage. Such preexisting condition exclusions shall be waived to the extent to which similar exclusions, if any, have been satisfied under any prior health insurance coverage which was involuntarily terminated, if application for pool coverage is made not later than sixty-three days following such involuntary termination and, in such case, coverage in the pool shall be effective from the date on which such prior coverage was terminated.

[7.] 8. No preexisting condition exclusion shall be applied to the following:

(1) A federally defined eligible individual who has not experienced a significant gap in coverage; or  
 (2) A trade act eligible individual who maintained creditable health insurance coverage for an aggregate period of three months prior to loss of employment and who has not experienced a significant gap in coverage since that time.

[8.] 9. Benefits otherwise payable under pool coverage shall be reduced by all amounts paid or payable through any other health insurance, or insurance arrangement, and by all hospital and medical expense benefits paid or payable under any workers' compensation coverage, automobile medical payment or liability insurance whether provided on the basis of fault or nonfault, and by any hospital or medical benefits paid or payable under or provided pursuant to any state or federal law or program except Medicaid. The insurer or the pool shall have a cause of action against an eligible

person for the recovery of the amount of benefits paid which are not for covered expenses. Benefits due from the pool may be reduced or refused as a setoff against any amount recoverable under this subsection.

[9.] **10.** Medical expenses shall include expenses for comparable benefits for those who rely solely on spiritual means through prayer for healing."; and

Further amend said bill, Section 376.1373, Page 4, Line 69, by inserting after all of said section the following:

"[376.990. The board of directors of the state health insurance pool is hereby directed to conduct a study regarding the financing of the state health insurance pool. Such study shall include, but not be limited to, research and findings of how other states finance their state high-risk pools. The study shall consider alternative assessment approaches to the current assessment method employed in section 376.975. In addition to studying alternative financing mechanisms employed by other state high-risk pools, the board shall explore the ramifications of eliminating or reducing a carrier's ability to offset their assessments against their premium tax liability. The polestar of the study shall be establishing a stable funding source for the Missouri state health insurance pool while providing adequate health insurance coverage to Missouri's uninsurable population. The board of directors of the state health insurance pool shall submit a report of its findings and recommendations to each member of the general assembly no later than January 1, 2008.]" and

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

**HCS HB 1990, as amended, with House Amendment No. 2, pending,** was laid over.

### **REFERRAL OF HOUSE BILLS**

The following House Bills were referred to the Committee indicated:

**HCS HB 1516** - Fiscal Review (Fiscal Note)  
**HCS HB 1700** - Fiscal Review (Fiscal Note)  
**HCS HB 1704** - Fiscal Review (Fiscal Note)  
**HCS HB 2059** - Fiscal Review (Fiscal Note)  
**HCS HBs 2062 & 1518** - Fiscal Review (Fiscal Note)  
**HCS HB 2114** - Fiscal Review (Fiscal Note)  
**HCS HB 2260** - Fiscal Review (Fiscal Note)  
**HCS HB 2279** - Fiscal Review (Fiscal Note)  
**HB 2556** - Special Committee on Urban Issues

### **COMMITTEE REPORTS**

**Committee on Corrections and Public Institutions,** Chairman Kelly reporting:

Mr. Speaker: Your Committee on Corrections and Public Institutions, to which was referred **SCS SB 1157**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Committee on Crime Prevention and Public Safety**, Chairman Bruns reporting:

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **HB 1468**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

Mr. Speaker: Your Committee on Crime Prevention and Public Safety, to which was referred **SS SCS SBs 714, 933, 899 & 758**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Committee on Elections**, Chairman May reporting:

Mr. Speaker: Your Committee on Elections, to which was returned **HCS SB 1038**, begs leave to report it has examined the same and recommends that **SB 1038 Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Committee on Judiciary**, Chairman Stevenson reporting:

Mr. Speaker: Your Committee on Judiciary, to which was referred **SB 976**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Special Committee on Energy and Environment**, Chairman Bivins reporting:

Mr. Speaker: Your Special Committee on Energy and Environment, to which was referred **SB 1116**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Special Committee on Financial Institutions**, Chairman Cunningham (145) reporting:

Mr. Speaker: Your Special Committee on Financial Institutions, to which was returned **HCS HBs 1809 & 2173**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Special Committee on General Laws**, Chairman Jones (89) reporting:

Mr. Speaker: Your Special Committee on General Laws, to which was referred **HB 2420**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

Mr. Speaker: Your Special Committee on General Laws, to which was referred **HB 2494**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Special Committee on Job Creation and Economic Development**, Chairman Richard reporting:

Mr. Speaker: Your Special Committee on Job Creation and Economic Development, to which was referred **HB 2421**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Special Committee on Small Business**, Chairman Ervin reporting:

Mr. Speaker: Your Special Committee on Small Business, to which was referred **HCR 20**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

HOUSE CONCURRENT RESOLUTION NO. 20

WHEREAS, Missouri is pleased to be home to the six-state regional Taipei Economic and Cultural Office in Kansas City; and

WHEREAS, Missouri has demonstrated its commitment to trade with Taiwan by maintaining a Trade Office in Taipei since 1990; and

WHEREAS, the people of the State of Missouri recognize the economic achievements and democratic progression of Taiwan and extend a hand of friendship to its citizens in honor of their contributions to our economy; and

WHEREAS, in view of Taiwan's aspiration and capability to join in the global efforts to eliminate epidemic diseases and to increase the awareness of protecting the environment and maintaining a sustainable development of this planet, Taiwan should be accorded access to certain international organizations, such as the United Nations and World Health Organization, to facilitate its contribution to the global efforts:

NOW, THEREFORE, BE IT RESOLVED that the members of the House of Representatives of the Ninety-fourth General Assembly, Second Regular Session, the Senate concurring therein, hereby support Taiwan in its efforts to play a constructive role in the International Community; and

BE IT FURTHER RESOLVED that the Chief Clerk of the Missouri House of Representatives be instructed to prepare properly inscribed copies of this resolution for the United States Secretary of State, the Taipei Economic Cultural Office in Kansas City, and each member of the Missouri Congressional delegation.

Mr. Speaker: Your Special Committee on Small Business, to which was referred **HB 2555**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

Mr. Speaker: Your Special Committee on Small Business, to which was referred **SCR 40**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Special Committee on Workforce Development and Workplace Safety**, Chairman Hunter reporting:

Mr. Speaker: Your Special Committee on Workforce Development and Workplace Safety, to which was referred **SCS SB 901**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Committee on Transportation**, Chairman St. Onge reporting:

Mr. Speaker: Your Committee on Transportation, to which was referred **SCS SBs 930 & 947**, begs leave to report it has examined the same and recommends that the **House Committee Substitute Do Pass**, and pursuant to Rule 25(21)(f) be referred to the Committee on Rules.

**Committee on Rules**, Chairman Cooper (120) reporting:

Mr. Speaker: Your Committee on Rules, to which was referred **HCR 34**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCR 35**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS HB 1599**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HB 1673**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS HB 2330**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HB 2365**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HB 2458**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS HB 2508**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SB 863**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SB 925**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SCS SB 939**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SB 1140**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Rules, to which was referred **HCS SB 1288**, begs leave to report it has examined the same and recommends that it **Do Pass**.

### **SENATE CONSENT BILLS**

Pursuant to Rule 45(f), the following bills have remained on the Senate Bills for Third Reading Consent Calendar for five legislative days without any objection, and all committee substitutes and committee amendments thereto adopted by consent: **HCS SB 723, HCS SB 733, HCS SCS SB 760, HCS SB 797, SB 801, HCS SB 820, SCS SB 850, HCS SB 856, SB 896, SB 928, SB 936, HCS SB 943, SCS SB 951, SB 956, HCS SB 978, SB 979, SB 980, SB 991, SB 999, HCS SB 1002, HCS SCS SB 1008, SCS SB 1009, SB 1016, HCS SCS SB 1033, HCS SCS SB 1039, SCS SB 1044, SB 1061, SB 1073, HCS SCS SB 1131, HCS SB 1135, SCS SB 1150, HCS SCS SBs 1153, 1154, 1155 & 1156, SCS SB 1168, SB 1177, SB 1187, SB 1190** and **SCS SB 1235**.

### **ADJOURNMENT**

On motion of Representative Tilley, the House adjourned until 10:00 a.m., Thursday, April 24, 2008.

### **CORRECTIONS TO THE HOUSE JOURNAL**

Correct House Journal, Fifty-sixth Day, Monday, April 21, 2008, Page 1016, Line 8, by inserting immediately after said line the following:

#### **"SENATE CONSENT BILL**

Pursuant to Rule 45(f), the following bill has remained on the Senate Bills for Third Reading Consent Calendar for five legislative days without any objection, and all committee substitutes and committee amendments thereto adopted by consent: **HCS SCS SBs 753, 728, 906 & 1026.**"

Correct House Journal, Fifty-seventh Day, Tuesday, April 22, 2008, Page 1077, Line 17, by deleting "**HCS SB 885**", and inserting in lieu thereof "**SB 885**".

## COMMITTEE MEETINGS

### CONFERENCE COMMITTEE - APPROPRIATIONS

Thursday, April 24, 2008, 8:00 a.m. Senate Lounge.

Executive session may follow.

Public hearings to be held on: SCS HCS HB 2002, SCS HCS HB 2003, SCS HB 2004, SCS HCS HB 2005, SCS HCS HB 2006, SCS HCS HB 2007, SCS HCS HB 2008, SCS HCS HB 2009, SCS HCS HB 2010, SCS HCS HB 2011, SCS HCS HB 2012, SCS HCS HB 2013

### CONSERVATION AND NATURAL RESOURCES

Thursday, April 24, 2008, 8:00 a.m. Hearing Room 6.

Executive session may follow.

Public hearing to be held on: HB 2460

### FISCAL REVIEW

Thursday, April 24, 2008, 8:30 a.m. Hearing Room 1.

Any House bills or Senate bills that are presented to this committee.

### JOINT COMMITTEE ON LEGISLATIVE RESEARCH

Monday, April 28, 2008, 12:00 p.m. Hearing Room 6.

Second Injury Fund reports follow-up.

Some portions of the meeting may be closed pursuant to Section 610.021.

### RULES - PURSUANT TO RULE 25(21)(f)

Thursday, April 24, 2008, 9:00 a.m. Hearing Room 4.

Executive session may follow.

Public hearings to be held on: HCS SCS SBs 1034 & 802, SB 748, HCS SS SCS SB 931, HB 2404, HCS HB 2354, HCS HB 1794

### SPECIAL COMMITTEE ON ENERGY AND ENVIRONMENT

Tuesday, April 29, 2008, Hearing Room 3 upon morning recess.

Executive session only.

### SPECIAL COMMITTEE ON HOMELAND SECURITY

Thursday, April 24, 2008, 8:15 a.m. Hearing Room 5.

Informational meeting.

Public hearing to be held on: HB 2455

### SPECIAL COMMITTEE ON IMMIGRATION

Thursday, April 24, 2008, 9:00 a.m. House Chamber side gallery.

Executive session will be held.

**SPECIAL COMMITTEE ON JOB CREATION AND ECONOMIC DEVELOPMENT**

Thursday, April 24, 2008, 8:30 a.m. Hearing Room 7.

Executive session may follow. AMENDED.

Public hearing to be held on: SS SCS SB 718

**WAYS AND MEANS**

Thursday, April 24, 2008, 9:00 a.m. Hearing Room 3.

Executive session. CANCELLED.

**HOUSE CALENDAR**

FIFTY-NINTH DAY, THURSDAY, APRIL 24, 2008

**HOUSE BILLS FOR PERFECTION**

- 1 HCS HB 1836 - Flook
- 2 HCS#2 HB 1886 - Scharnhorst
- 3 HCS HB 1802 - Wilson (130)
- 4 HCS HB 1644 - Muschany
- 5 HB 1957 - Hughes
- 6 HB 2144 - Whorton
- 7 HB 1535 - Deeken
- 8 HB 1517 - Cox
- 9 HCS HB 2112 - Emery
- 10 HB 1372 - McGhee
- 11 HCS HB 1590 - Munzlinger
- 12 HCS HB 1504 - Walton
- 13 HCS HB 2156 - Grill
- 14 HCS HB 2159 - Grill
- 15 HB 1562 - LeVota
- 16 HCS HB 2239 - Stevenson
- 17 HCS HB 1438 - Kelly
- 18 HCS HB 1990, as amended, HA 2, pending - Wilson (130)
- 19 HCS HB 2110 - Dixon
- 20 HCS HB 1723 - Franz
- 21 HCS HB 1745 - Robb
- 22 HB 1764 - Parson
- 23 HB 1871 - Deeken
- 24 HB 1934 - May
- 25 HCS HB 1974 - Schlottach
- 26 HB 2207 - Hoskins
- 27 HB 2514 - Weter
- 28 HB 1425 - Munzlinger
- 29 HCS HB 1599 - Sater
- 30 HB 1673 - Parson
- 31 HCS HB 1839 - Franz
- 32 HCS HB 1857 - Schaaf

1128 *Journal of the House*

- 33 HB 1954 - Dixon
- 34 HB 2129 - Baker (123)
- 35 HCS HBs 2189, 2208, 2178 & 2333 - Smith (14)
- 36 HCS HB 2282 - Ervin
- 37 HCS HB 2330 - Brandom
- 38 HB 2343 - Wilson (130)
- 39 HB 2365 - Pratt
- 40 HB 2429 - Hunter
- 41 HB 2458 - Jones (89)
- 42 HCS HB 2508 - Ruestman

**HOUSE BILLS FOR PERFECTION - INFORMAL**

- 1 HB 1911 - Muschany
- 2 HB 1806 - Schaaf
- 3 HCS HBs 2040 & 2430, as amended - Jetton

**HOUSE BILLS FOR THIRD READING - APPROPRIATIONS**

- 1 HCS HB 2016 - Icet
- 2 HCS HB 2023 - Icet

**HOUSE BILLS FOR THIRD READING**

- 1 HCS HB 1929 - Cooper (120)
- 2 HCS HB 2250, E.C. - Sutherland
- 3 HCS HB 1626 - Emery
- 4 HCS HBs 1788 & 1882 - Day
- 5 HCS HB 1813 - Dougherty
- 6 HCS HB 2060 - Deeken
- 7 HCS HB 1700, (Fiscal Review 4-23-08) - Wasson
- 8 HB 1756 - Walton
- 9 HCS HB 1383 - Cox
- 10 HCS HB 2059, (Fiscal Review 4-23-08) - Wilson (130)
- 11 HCS HBs 2062 & 1518, (Fiscal Review 4-23-08), E.C. - Pearce
- 12 HB 1851 - Thomson
- 13 HB 2266 - Jones (89)
- 14 HCS HB 2114, (Fiscal Review 4-23-08) - Zimmerman
- 15 HCS HB 2279, (Fiscal Review 4-23-08) - Wright
- 16 HCS HB 2034 - Munzlinger
- 17 HCS HB 1516, (Fiscal Review 4-23-08) - Bruns
- 18 HB 2590 - Moore
- 19 HB 2202 - Deeken
- 20 HCS#2 HB 1423, E.C. - St. Onge
- 21 HCS HB 1704, (Fiscal Review 4-23-08) - Wallace
- 22 HB 2078 - Hubbard
- 23 HCS HB 2260, (Fiscal Review 4-23-08) - Storch

**HOUSE BILLS FOR THIRD READING - CONSENT**

- 1 HB 1490 - Deeken
- 2 HB 1572 - Franz

**HOUSE CONCURRENT RESOLUTIONS**

- 1 HCR 11, (3-05-08, Pages 421-422) - Nolte
- 2 HCR 15, (4-10-08, Pages 888-889) - Kuessner
- 3 HCS HCRs 43 & 46, (4-09-08, Pages 860-861) - Funderburk
- 4 HCR 34, (4-17-08, Pages 993-994) - Sutherland
- 5 HCR 35, (4-17-08, Pages 994-995) - Sutherland

**SENATE BILLS FOR THIRD READING - CONSENT**

- 1 HCS SCS SBs 753, 728, 906 & 1026 - Swinger
- 2 HCS SB 723 - Bruns
- 3 HCS SB 733 - Bruns
- 4 HCS SCS SB 760 - St. Onge
- 5 HCS SB 797 - May
- 6 SB 801 - Flook
- 7 HCS SB 820 - Schieffer
- 8 SCS SB 850 - Meiners
- 9 HCS SB 856 - Fallert
- 10 SB 896 - McGhee
- 11 SB 928 - Schad
- 12 SB 936 - Lembke
- 13 HCS SB 943 - Schoeller
- 14 SCS SB 951 - Spreng
- 15 SB 956 - Hobbs
- 16 HCS SB 978 - Pollock
- 17 SB 979 - Dusenberg
- 18 SB 980 - Flook
- 19 SB 991 - Schlottach
- 20 SB 999 - Parson
- 21 HCS SB 1002 - Curls
- 22 HCS SCS SB 1008 - Ervin
- 23 SCS SB 1009, E.C. - Wasson
- 24 SB 1016 - Pratt
- 25 HCS SCS SB 1033 - Sutherland
- 26 HCS SCS SB 1039 - Weter
- 27 SCS SB 1044 - McGhee
- 28 SB 1061 - Cooper (120)
- 29 SB 1073 - Faith
- 30 HCS SCS SB 1131 - Curls
- 31 HCS SB 1135 - Curls
- 32 SCS SB 1150 - Lembke

1130 *Journal of the House*

- 33 HCS SCS SBs 1153, 1154, 1155 & 1156 - Viebrock
- 34 SCS SB 1168 - Scharnhorst
- 35 SB 1177 - Cooper (155)
- 36 SB 1187 - Pollock
- 37 SB 1190 - Wasson
- 38 SCS SB 1235 - Pratt

**SENATE BILLS FOR THIRD READING**

- 1 HCS SCS SB 942 - Quinn (7)
- 2 SB 839 - Harris (110)
- 3 SS SCS SB 944, E.C. - Robb
- 4 SCS SB 967, E.C. - Kingery
- 5 HCS SB 1010 - Stevenson
- 6 SCS SB 806 - Meadows
- 7 HCS SCS SB 830 - Day
- 8 HCS SB 932, (Fiscal Review 4-17-08) - Cooper (120)
- 9 SB 955 - Wildberger
- 10 HCS SB 958 - Schad
- 11 SB 970 - May
- 12 SB 1068 - Sater
- 13 HCS SB 1074 - Smith (14)
- 14 SCS SB 1105 - Faith
- 15 HCS SB 1175, (Fiscal Review 4-17-08) - Cox
- 16 HCS SB 841, (Fiscal Review 4-22-08) - St. Onge

**BILLS IN CONFERENCE**

- 1 SCS HCS HB 2002 - Icet
- 2 SCS HCS HB 2003 - Icet
- 3 SCS HB 2004 - Icet
- 4 SCS HCS HB 2005 - Icet
- 5 SCS HCS HB 2006 - Icet
- 6 SCS HCS HB 2007 - Icet
- 7 SCS HCS HB 2008 - Icet
- 8 SCS HCS HB 2009 - Icet
- 9 SCS HCS HB 2010 - Icet
- 10 SCS HCS HB 2011 - Icet
- 11 SCS HCS HB 2012 - Icet
- 12 SCS HCS HB 2013 - Icet