

JOURNAL OF THE HOUSE

First Regular Session, 97th GENERAL ASSEMBLY

SIXTY-SEVENTH DAY, MONDAY, MAY 13, 2013

The House met pursuant to adjournment.

Speaker Jones in the Chair.

Prayer by Representative John McCaherty.

Father, as we humble ourselves before Your throne today we thank You for Your love, Your mercy, and Your grace. Today we face the final week of session for the General Assembly; there are many issues which remain that need to be addressed, and we pray for Your guidance as we face difficult decisions. May Your spirit reign within us, may Your peace comfort us, and may Your wisdom guide us in everything we do and may we live our lives for Your glory, honor and praise.

And the House says, "Amen!"

The Pledge of Allegiance to the flag was recited.

The Speaker appointed the following to act as Honorary Pages for the Day, to serve without compensation: Mariah Brattin, Kayla Brattin, Rick Brattin III, and Garrett Gordon.

The Journal of the sixty-sixth day was approved as corrected.

HOUSE COURTESY RESOLUTIONS OFFERED AND ISSUED

House Resolution No. 3094 through House Resolution No. 3141

SECOND READING OF SENATE BILLS

SCS SB 378 and SS SCS SB 437 were read the second time.

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the President Pro Tem has re-appointed the following Conference Committee to act with a like committee from the House on **SS HCS HJR 11 & 7, as amended**: Senators Parson, Munzlinger, Brown, Justus and Sifton.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to recede from its position on **SCS HCS HB 1035, as amended**, and grants the House a conference thereon.

The President Pro Tem has appointed the following Conference Committee to act with a like committee from the House: Senators Schmitt, Pearce, Dixon, McKenna and Holsman.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate grants the House a conference on **SCS SB 36, as amended**.

The President Pro Tem has appointed the following Conference Committee to act with a like committee from the House: Senators Wallingford, Dixon, Romine, Justus and Keaveny.

THIRD READING OF SENATE BILLS

SS SB 357, relating to mechanics' liens, was taken up by Representative Schatz.

On motion of Representative Schatz, **SS SB 357** was truly agreed to and finally passed by the following vote:

AYES: 140

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Carpenter	Cierpiot
Colona	Conway 10	Conway 104	Cookson	Cornejo
Cox	Crawford	Cross	Curtis	Curtman
Davis	Diehl	Dohrman	Dugger	Dunn
Elmer	Engler	English	Englund	Entlicher
Fitzpatrick	Fitzwater	Flanigan	Fowler	Fraker
Frame	Franklin	Frederick	Funderburk	Gannon
Gatschenberger	Gosen	Grisamore	Haahr	Haefner
Hampton	Hansen	Harris	Hicks	Higdon
Hinson	Hodges	Hoskins	Hough	Houghton
Hubbard	Hummel	Hurst	Johnson	Jones 50
Justus	Keeney	Kelley 127	Kirkton	Koenig
Kolkmeyer	Korman	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	Marshall
May	Mayfield	McCaherty	McCann Beatty	McDonald
McGaugh	McKenna	Messenger	Miller	Mims
Mitten	Molendorp	Moon	Morgan	Morris
Muntzel	Neely	Neth	Nichols	Norr
Peters	Pfautsch	Phillips	Pierson	Pike
Pogue	Redmon	Rehder	Reiboldt	Remole
Rhoads	Richardson	Riddle	Rizzo	Ross
Rowden	Rowland	Runions	Scharnhorst	Schatz
Schieber	Schieffer	Shull	Shumake	Solon
Sommer	Spencer	Stream	Swan	Swearingen
Thomson	Torpey	Walker	White	Wieland
Wilson	Wood	Wright	Zerr	Mr Speaker

NOES: 013

Butler	Ellinger	Ellington	Gardner	Kratky
LaFaver	McNeil	Montecillo	Newman	Otto
Pace	Smith 85	Webb		

PRESENT: 000

ABSENT WITH LEAVE: 010

Guernsey	Kelly 45	McManus	Meredith	Parkinson
Roorda	Schupp	Smith 120	Walton Gray	Webber

Speaker Jones declared the bill passed.

SB 58, relating to City of Farmington ordinances, was taken up by Representative Engler.

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

House Amendment No. 1

AMEND Senate Bill No. 58, Page 1, Section A, Line 2, by inserting after all of said line the following:

"71.285. 1. Whenever weeds or trash, in violation of an ordinance, are allowed to grow or accumulate, as the case may be, on any part of any lot or ground within any city, town or village in this state, the owner of the ground, or in case of joint tenancy, tenancy by entireties or tenancy in common, each owner thereof, shall be liable. The marshal or other city official as designated in such ordinance shall give a hearing after ten days' notice thereof, either personally or by United States mail to the owner or owners, or the owner's agents, or by posting such notice on the premises; thereupon, the marshal or other designated city official may declare the weeds or trash to be a nuisance and order the same to be abated within five days; and in case the weeds or trash are not removed within the five days, the marshal or other designated city official shall have the weeds or trash removed, and shall certify the costs of same to the city clerk, who shall cause a special tax bill therefor against the property to be prepared and to be collected by the collector, with other taxes assessed against the property; and the tax bill from the date of its issuance shall be a first lien on the property until paid and shall be prima facie evidence of the recitals therein and of its validity, and no mere clerical error or informality in the same, or in the proceedings leading up to the issuance, shall be a defense thereto. Each special tax bill shall be issued by the city clerk and delivered to the collector on or before the first day of June of each year. Such tax bills if not paid when due shall bear interest at the rate of eight percent per annum. Notwithstanding the time limitations of this section, any city, town or village located in a county of the first classification may hold the hearing provided in this section four days after notice is sent or posted, and may order at the hearing that the weeds or trash shall be abated within five business days after the hearing and if such weeds or trash are not removed within five business days after the hearing, the order shall allow the city to immediately remove the weeds or trash pursuant to this section. Except for lands owned by a public utility, rights-of-way, and easements appurtenant or incidental to lands controlled by any railroad, the department of transportation, the department of natural resources or the department of conservation, the provisions of this subsection shall not apply to any city with a population of at least seventy thousand inhabitants which is located in a county of the first classification with a population of less than one hundred thousand inhabitants which adjoins a county with a population of less than one hundred thousand inhabitants that contains part of a city with a population of three hundred fifty thousand or more inhabitants, any city with a population of one hundred thousand or more inhabitants which is located within a county of the first classification that adjoins no other county of the first classification, or any city, town or village located within a county of the first classification with a charter form of government with a population of nine hundred thousand or more inhabitants, or any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county, or the City of St. Louis, where such city, town or village establishes its own procedures for abatement of weeds or trash, and such city may charge its costs of collecting the tax bill, including attorney fees, in the event a lawsuit is required to enforce a tax bill.

2. Except as provided in subsection 3 of this section, if weeds are allowed to grow, or if trash is allowed to accumulate, on the same property in violation of an ordinance more than once during the same growing season in the case of weeds, or more than once during a calendar year in the case of trash, in any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county, in the City of St. Louis, in any city, town or village located in a county of the first classification with a charter form of government with a population of nine hundred thousand or more inhabitants, in any fourth class city located in a county of the first classification with a charter form of government and a population of less than three hundred thousand, or in any home rule city with more than one hundred thirteen thousand two hundred but less than one hundred thirteen thousand three hundred inhabitants located

in a county with a charter form of government and with more than six hundred thousand but less than seven hundred thousand inhabitants, the marshal or other designated city official may order that the weeds or trash be abated within five business days after notice is sent to or posted on the property. In case the weeds or trash are not removed within the five days, the marshal or other designated city official may have the weeds or trash removed and the cost of the same shall be billed in the manner described in subsection 1 of this section.

3. If weeds are allowed to grow, or if trash is allowed to accumulate, on the same property in violation of an ordinance more than once during the same growing season in the case of weeds, or more than once during a calendar year in the case of trash, in any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county, in the City of St. Louis, in any city, town or village located in a county of the first classification with a charter form of government with a population of nine hundred thousand or more inhabitants, in any fourth class city located in a county of the first classification with a charter form of government and a population of less than three hundred thousand, in any home rule city with more than one hundred thirteen thousand two hundred but less than one hundred thirteen thousand three hundred inhabitants located in a county with a charter form of government and with more than six hundred thousand but less than seven hundred thousand inhabitants, in any third class city with a population of at least ten thousand inhabitants but less than fifteen thousand inhabitants with the greater part of the population located in a county of the first classification, in any city of the third classification with more than sixteen thousand nine hundred but less than seventeen thousand inhabitants, [or] in any city of the third classification with more than eight thousand but fewer than nine thousand inhabitants, **in any city of the fourth classification with more than eight thousand but fewer than nine thousand inhabitants and located in any county of the third classification without a township form of government and with more than eighteen thousand but fewer than twenty thousand inhabitants, or in any city of the third classification with more than fifteen thousand but fewer than seventeen thousand inhabitants and located in any county of the first classification with more than sixty-five thousand but fewer than seventy-five thousand inhabitants**, the marshal or other designated official may, without further notification, have the weeds or trash removed and the cost of the same shall be billed in the manner described in subsection 1 of this section. The provisions of subsection 2 and this subsection do not apply to lands owned by a public utility and lands, rights-of-way, and easements appurtenant or incidental to lands controlled by any railroad.

4. The provisions of this section shall not apply to any city with a population of one hundred thousand or more inhabitants which is located within a county of the first classification that adjoins no other county of the first classification where such city establishes its own procedures for abatement of weeds or trash, and such city may charge its costs of collecting the tax bill, including attorney fees, in the event a lawsuit is required to enforce a tax bill."; and

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

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

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

House Amendment No. 2

AMEND Senate Bill No. 58, Section A, Page 1, Line 2, by inserting after all of said line the following:

"71.012. 1. Notwithstanding the provisions of sections 71.015 and 71.860 to 71.920, the governing body of any city, town or village may annex unincorporated areas which are contiguous and compact to the existing corporate limits of the city, town or village pursuant to this section. The term "contiguous and compact" does not include a situation whereby the unincorporated area proposed to be annexed is contiguous to the annexing city, town or village only by a railroad line, trail, pipeline or other strip of real property less than one-quarter mile in width within the city, town or village so that the boundaries of the city, town or village after annexation would leave unincorporated areas between the annexed area and the prior boundaries of the city, town or village connected only by such railroad line, trail, pipeline or other such strip of real property. The term "contiguous and compact" does not prohibit voluntary annexations pursuant to this section merely because such voluntary annexation would create an island of unincorporated area within the city, town or village, so long as the owners of the unincorporated island were also given the opportunity to voluntarily annex into the city, town or village. Notwithstanding the provisions of this section, the governing body of any city, town or village in any county of the third classification which borders a county of the fourth classification, a county of the second classification and **the** Mississippi River may annex areas along a road or highway up to two miles from existing boundaries of the city, town or village or the governing body in any city, town or village in any county of the third

classification without a township form of government with a population of at least twenty-four thousand inhabitants but not more than thirty thousand inhabitants and such county contains a state correctional center may voluntarily annex such correctional center pursuant to the provisions of this section if the correctional center is along a road or highway within two miles from the existing boundaries of the city, town or village.

2. (1) When a [verified] **notarized** petition, requesting annexation and signed by the owners of all fee interests of record in all tracts of real property located within the area proposed to be annexed, or a request for annexation signed under the authority of the governing body of any common interest community and approved by a majority vote of unit owners located within the area proposed to be annexed is presented to the governing body of the city, town or village, the governing body shall hold a public hearing concerning the matter not less than fourteen nor more than sixty days after the petition is received, and the hearing shall be held not less than seven days after notice of the hearing is published in a newspaper of general circulation qualified to publish legal matters and located within the boundary of the petitioned city, town or village. If no such newspaper exists within the boundary of such city, town or village, then the notice shall be published in the qualified newspaper nearest the petitioned city, town or village. For the purposes of this subdivision, the term "common-interest community" shall mean a condominium as said term is used in chapter 448, or a common-interest community, a cooperative, or a planned community.

(a) A "common-interest community" shall be defined as real property with respect to which a person, by virtue of such person's ownership of a unit, is obliged to pay for real property taxes, insurance premiums, maintenance or improvement of other real property described in a declaration. "Ownership of a unit" does not include a leasehold interest of less than twenty years in a unit, including renewal options;

(b) A "cooperative" shall be defined as a common-interest community in which the real property is owned by an association, each of whose members is entitled by virtue of such member's ownership interest in the association to exclusive possession of a unit;

(c) A "planned community" shall be defined as a common-interest community that is not a condominium or a cooperative. A condominium or cooperative may be part of a planned community.

(2) At the public hearing any interested person, corporation or political subdivision may present evidence regarding the proposed annexation.

If, after holding the hearing, the governing body of the city, town or village determines that the annexation is reasonable and necessary to the proper development of the city, town or village, and the city, town or village has the ability to furnish normal municipal services to the area to be annexed within a reasonable time, it may, subject to the provisions of subdivision (3) of this subsection, annex the territory by ordinance without further action.

(3) If a written objection to the proposed annexation is filed with the governing body of the city, town or village not later than fourteen days after the public hearing by at least five percent of the qualified voters of the city, town or village, or two qualified voters of the area sought to be annexed if the same contains two qualified voters, the provisions of sections 71.015 and 71.860 to 71.920, shall be followed.

3. If no objection is filed, the city, town or village shall extend its limits by ordinance to include such territory, specifying with accuracy the new boundary lines to which the city's, town's or village's limits are extended. Upon duly enacting such annexation ordinance, the city, town or village shall cause three certified copies of the same to be filed with the county assessor and the clerk of the county wherein the city, town or village is located, and one certified copy to be filed with the election authority, if different from the clerk of the county which has jurisdiction over the area being annexed, whereupon the annexation shall be complete and final and thereafter all courts of this state shall take judicial notice of the limits of that city, town or village as so extended.

4. That a petition requesting annexation is not or was not verified or notarized shall not affect the validity of an annexation heretofore or hereafter undertaken in accordance with this section.

5. Any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of adoption of the annexation ordinance.

71.014. **1.** Notwithstanding the provisions of section 71.015, the governing body of any city, town, or village which is located within a county which borders a county of the first classification with a charter form of government with a population in excess of six hundred fifty thousand, proceeding as otherwise authorized by law or charter, may annex unincorporated areas which are contiguous and compact to the existing corporate limits upon [verified] **notarized** petition requesting such annexation signed by the owners of all fee interests of record in all tracts located within the area to be annexed. **That a petition requesting annexation is not or was not verified or notarized shall not affect the validity of an annexation heretofore or hereafter undertaken in accordance with this section.**

2. Any action of any kind seeking to deannex from any city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of adoption of the annexation ordinance.

71.015. 1. Should any city, town, or village, not located in any county of the first classification which has adopted a constitutional charter for its own local government, seek to annex an area to which objection is made, the following shall be satisfied:

(1) Before the governing body of any city, town, or village has adopted a resolution to annex any unincorporated area of land, such city, town, or village shall first as a condition precedent determine that the land to be annexed is contiguous to the existing city, town, or village limits and that the length of the contiguous boundary common to the existing city, town, or village limit and the proposed area to be annexed is at least fifteen percent of the length of the perimeter of the area proposed for annexation.

(2) The governing body of any city, town, or village shall propose an ordinance setting forth the following:

(a) The area to be annexed and affirmatively stating that the boundaries comply with the condition precedent referred to in subdivision (1) above;

(b) That such annexation is reasonable and necessary to the proper development of the city, town, or village;

(c) That the city has developed a plan of intent to provide services to the area proposed for annexation;

(d) That a public hearing shall be held prior to the adoption of the ordinance;

(e) When the annexation is proposed to be effective, the effective date being up to thirty-six months from the date of any election held in conjunction thereto.

(3) The city, town, or village shall fix a date for a public hearing on the ordinance and make a good faith effort to notify all fee owners of record within the area proposed to be annexed by certified mail, not less than thirty nor more than sixty days before the hearing, and notify all residents of the area by publication of notice in a newspaper of general circulation qualified to publish legal matters in the county or counties where the proposed area is located, at least once a week for three consecutive weeks prior to the hearing, with at least one such notice being not more than twenty days and not less than ten days before the hearing.

(4) At the hearing referred to in subdivision (3), the city, town, or village shall present the plan of intent and evidence in support thereof to include:

(a) A list of major services presently provided by the city, town, or village including, but not limited to, police and fire protection, water and sewer systems, street maintenance, parks and recreation, **and** refuse collection[, etc.];

(b) A proposed time schedule whereby the city, town, or village plans to provide such services to the residents of the proposed area to be annexed within three years from the date the annexation is to become effective;

(c) The level at which the city, town, or village assesses property and the rate at which it taxes that property;

(d) How the city, town, or village proposes to zone the area to be annexed;

(e) When the proposed annexation shall become effective.

(5) Following the hearing, and either before or after the election held in subdivision (6) of this subsection, should the governing body of the city, town, or village vote favorably by ordinance to annex the area, the governing body of the city, town or village shall file an action in the circuit court of the county in which such unincorporated area is situated, under the provisions of chapter 527, praying for a declaratory judgment authorizing such annexation. The petition in such action shall state facts showing:

(a) The area to be annexed and its conformity with the condition precedent referred to in subdivision (1) of this subsection;

(b) That such annexation is reasonable and necessary to the proper development of the city, town, or village; and

(c) The ability of the city, town, or village to furnish normal municipal services of the city, town, or village to the unincorporated area within a reasonable time not to exceed three years after the annexation is to become effective. Such action shall be a class action against the inhabitants of such unincorporated area under the provisions of section 507.070.

(6) Except as provided in subsection 3 of this section, if the court authorizes the city, town, or village to make an annexation, the legislative body of such city, town, or village shall not have the power to extend the limits of the city, town, or village by such annexation until an election is held at which the proposition for annexation is approved by a majority of the total votes cast in the city, town, or village and by a separate majority of the total votes cast in the unincorporated territory sought to be annexed. However, should less than a majority of the total votes cast in the area proposed to be annexed vote in favor of the proposal, but at least a majority of the total votes cast in the city, town, or village vote in favor of the proposal, then the proposal shall again be voted upon in not more than one hundred twenty

days by both the registered voters of the city, town, or village and the registered voters of the area proposed to be annexed. If at least two-thirds of the qualified electors voting thereon are in favor of the annexation, then the city, town, or village may proceed to annex the territory. If the proposal fails to receive the necessary majority, no part of the area sought to be annexed may be the subject of another proposal to annex for a period of two years from the date of the election, except that, during the two-year period, the owners of all fee interests of record in the area or any portion of the area may petition the city, town, or village for the annexation of the land owned by them pursuant to the procedures in section 71.012. The elections shall if authorized be held, except as herein otherwise provided, in accordance with the general state law governing special elections, and the entire cost of the election or elections shall be paid by the city, town, or village proposing to annex the territory.

(7) Failure to comply in providing services to the said area or to zone in compliance with the plan of intent within three years after the effective date of the annexation, unless compliance is made unreasonable by an act of God, shall give rise to a cause of action for deannexation which may be filed in the circuit court by any resident of the area who was residing in the area at the time the annexation became effective.

(8) No city, town, or village which has filed an action under this section as this section read prior to May 13, 1980, which action is part of an annexation proceeding pending on May 13, 1980, shall be required to comply with subdivision (5) of this subsection in regard to such annexation proceeding.

(9) If the area proposed for annexation includes a public road or highway but does not include all of the land adjoining such road or highway, then such fee owners of record, of the lands adjoining said highway shall be permitted to intervene in the declaratory judgment action described in subdivision (5) of this subsection.

2. Notwithstanding any provision of subsection 1 of this section, for any annexation by any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county that becomes effective after August 28, 1994, if such city has not provided water and sewer service to such annexed area within three years of the effective date of the annexation, a cause of action shall lie for deannexation, unless the failure to provide such water and sewer service to the annexed area is made unreasonable by an act of God. The cause of action for deannexation may be filed in the circuit court by any resident of the annexed area who is presently residing in the area at the time of the filing of the suit and was a resident of the annexed area at the time the annexation became effective. If the suit for deannexation is successful, the city shall be liable for all court costs and attorney fees.

3. Notwithstanding the provisions of subdivision (6) of subsection 1 of this section, all cities, towns, and villages located in any county of the first classification with a charter form of government with a population of two hundred thousand or more inhabitants which adjoins a county with a population of nine hundred thousand or more inhabitants shall comply with the provisions of this subsection. If the court authorizes any city, town, or village subject to this subsection to make an annexation, the legislative body of such city, town or village shall not have the power to extend the limits of such city, town, or village by such annexation until an election is held at which the proposition for annexation is approved by a majority of the total votes cast in such city, town, or village and by a separate majority of the total votes cast in the unincorporated territory sought to be annexed; except that:

(1) In the case of a proposed annexation in any area which is contiguous to the existing city, town or village and which is within an area designated as flood plain by the Federal Emergency Management Agency and which is inhabited by no more than thirty registered voters and for which a final declaratory judgment has been granted prior to January 1, 1993, approving such annexation and where notarized affidavits expressing approval of the proposed annexation are obtained from a majority of the registered voters residing in the area to be annexed, the area may be annexed by an ordinance duly enacted by the governing body and no elections shall be required; and

(2) In the case of a proposed annexation of unincorporated territory in which no qualified electors reside, if at least a majority of the qualified electors voting on the proposition are in favor of the annexation, the city, town or village may proceed to annex the territory and no subsequent election shall be required. If the proposal fails to receive the necessary separate majorities, no part of the area sought to be annexed may be the subject of any other proposal to annex for a period of two years from the date of such election, except that, during the two-year period, the owners of all fee interests of record in the area or any portion of the area may petition the city, town, or village for the annexation of the land owned by them pursuant to the procedures in section 71.012 **or 71.014**. The election shall, if authorized, be held, except as otherwise provided in this section, in accordance with the general state laws governing special elections, and the entire cost of the election or elections shall be paid by the city, town, or village proposing to annex the territory. Failure of the city, town or village to comply in providing services to the area or to zone in compliance with the plan of intent within three years after the effective date of the annexation, unless compliance is made unreasonable by an act of God, shall give rise to a cause of action for deannexation which may be filed in the circuit court **not later than four years after the effective date of the annexation** by any resident of the area who was residing in such area at the time the annexation became effective or by any nonresident owner of real property in such area. **Except for a cause of action for deannexation under this subdivision (2) of this subsection, any action of any kind seeking to deannex from any**

city, town, or village any area annexed under this section, or seeking in any way to reverse, invalidate, set aside, or otherwise challenge such annexation or oust such city, town, or village from jurisdiction over such annexed area shall be brought within five years of the date of the adoption of the annexation ordinance."; and

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

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

On motion of Representative Engler, **SB 58, as amended**, was read the third time and passed by the following vote:

AYES: 150

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burns	Butler	Carpenter	Cierpiot
Colona	Conway 10	Conway 104	Cookson	Cornejo
Cox	Crawford	Cross	Curtis	Curtman
Davis	Diehl	Dohrman	Dugger	Dunn
Ellinger	Elmer	Engler	English	Englund
Entlicher	Fitzpatrick	Fitzwater	Flanigan	Fowler
Fraker	Frame	Franklin	Frederick	Funderburk
Gannon	Gardner	Gatschenberger	Gosen	Grisamore
Haahr	Haefner	Hampton	Hansen	Harris
Hicks	Higdon	Hinson	Hodges	Hoskins
Hough	Houghton	Hubbard	Hummel	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Kirkton	Koenig	Kolkmeyer	Korman	Kratky
LaFaver	Lair	Lant	Lauer	Leara
Lichtenegger	Love	Lynch	May	Mayfield
McCaherty	McCann Beatty	McDonald	McGaugh	McKenna
McManus	McNeil	Meredith	Messenger	Miller
Mims	Mitten	Molendorp	Montecillo	Morgan
Morris	Muntzel	Neely	Neth	Newman
Nichols	Norr	Otto	Pace	Peters
Pfautsch	Phillips	Pierson	Pike	Redmon
Rehder	Reiboldt	Remole	Rhoads	Richardson
Riddle	Rizzo	Roorda	Ross	Rowden
Rowland	Runions	Scharnhorst	Schatz	Schieber
Schieffer	Shull	Shumake	Smith 85	Solon
Sommer	Spencer	Stream	Swan	Thomson
Torpey	Walker	Webb	White	Wieland
Wilson	Wood	Wright	Zerr	Mr Speaker

NOES: 005

Burlison	Ellington	Marshall	Moon	Pogue
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PRESENT: 000

ABSENT WITH LEAVE: 008

Guernsey	Kelly 45	Parkinson	Schupp	Smith 120
Swearingen	Walton Gray	Webber		

Speaker Jones declared the bill passed.

APPOINTMENT OF CONFERENCE COMMITTEES

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

SCS HCS HB 1035: Representatives Kelley (127), Curtman and Swearingen
SCS SB 36: Representatives Hicks, Cox and LaFaver

THIRD READING OF SENATE BILLS

HCS SCS SB 229, relating to the Mental Health Employment Disqualification Registry, was taken up by Representative Grisamore.

On motion of Representative Grisamore, **HCS SCS SB 229** was adopted.

On motion of Representative Grisamore, **HCS SCS SB 229** was read the third time and passed by the following vote:

AYES: 154

Allen	Anders	Anderson	Austin	Bahr
Bernskoetter	Berry	Black	Brattin	Brown
Burlison	Burns	Butler	Carpenter	Cierpiot
Colona	Conway 10	Conway 104	Cookson	Cornejo
Cox	Crawford	Cross	Curtis	Curtman
Davis	Diehl	Dohrman	Dugger	Dunn
Ellinger	Ellington	Elmer	Engler	English
Englund	Entlicher	Fitzpatrick	Fitzwater	Flanigan
Fowler	Fraker	Frame	Franklin	Frederick
Funderburk	Gannon	Gardner	Gatschenberger	Gosen
Grisamore	Guernsey	Haahr	Haefner	Hampton
Harris	Hicks	Higdon	Hinson	Hodges
Hoskins	Hough	Houghton	Hubbard	Hummel
Hurst	Johnson	Jones 50	Justus	Keeney
Kelley 127	Kirkton	Koenig	Kolkmeyer	Korman
Kratky	LaFaver	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	May
Mayfield	McCaherty	McCann Beatty	McDonald	McGaugh
McKenna	McManus	McNeil	Meredith	Messenger
Miller	Mims	Mitten	Molendorp	Montecillo
Moon	Morgan	Morris	Muntzel	Neely
Neth	Newman	Nichols	Norr	Otto
Pace	Parkinson	Peters	Pfautsch	Phillips
Pierson	Pike	Pogue	Redmon	Rehder
Reiboldt	Remole	Rhoads	Richardson	Riddle
Rizzo	Roorda	Ross	Rowden	Rowland
Runions	Scharnhorst	Schatz	Schieber	Schieffer
Shull	Shumake	Smith 85	Solon	Sommer
Spencer	Stream	Swan	Thomson	Torpey
Walker	Webb	White	Wieland	Wilson
Wood	Wright	Zerr	Mr Speaker	

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 009

Barnes	Hansen	Kelly 45	Marshall	Schupp
Smith 120	Swearingen	Walton Gray	Webber	

Speaker Jones declared the bill passed.

SS SCS SB 29, relating to labor organizations, was taken up by Representative Burlison.

Representative Diehl moved the previous question.

Which motion was adopted by the following vote:

AYES: 104

Allen	Anderson	Austin	Bahr	Barnes
Bernskoetter	Berry	Brattin	Brown	Burlison
Cierpiot	Conway 104	Cookson	Cox	Crawford
Cross	Curtman	Davis	Diehl	Dohrman
Dugger	Elmer	Engler	Entlicher	Fitzpatrick
Fitzwater	Flanigan	Fowler	Fraker	Franklin
Frederick	Gannon	Gatschenberger	Gosen	Grisamore
Guernsey	Haahr	Haefner	Hampton	Hansen
Higdon	Hinson	Hoskins	Hough	Houghton
Hurst	Johnson	Jones 50	Justus	Keeney
Kelley 127	Koenig	Kolkmeier	Korman	Lair
Lant	Lauer	Leara	Lichtenegger	Love
Lynch	Marshall	McCaherty	McGaugh	Messenger
Miller	Molendorp	Morris	Muntzel	Neely
Neth	Parkinson	Phillips	Pike	Pogue
Redmon	Rehder	Reiboldt	Remole	Rhoads
Richardson	Riddle	Ross	Rowden	Rowland
Scharnhorst	Schatz	Schieber	Shull	Shumake
Solon	Sommer	Spencer	Stream	Swan
Thomson	Torpey	Walker	White	Wieland
Wilson	Wood	Zerr	Mr Speaker	

NOES: 050

Anders	Black	Burns	Butler	Carpenter
Colona	Conway 10	Curtis	Dunn	Ellinger
Ellington	English	Englund	Frame	Gardner
Harris	Hodges	Hubbard	Hummel	Kirkton
Kratky	LaFaver	May	Mayfield	McCann Beatty
McDonald	McKenna	McManus	McNeil	Meredith
Mims	Mitten	Montecillo	Morgan	Newman
Nichols	Norr	Otto	Pace	Peters
Pierson	Rizzo	Roorda	Runions	Schieffer
Smith 85	Swearingen	Webb	Webber	Wright

PRESENT: 000

ABSENT WITH LEAVE: 009

Cornejo	Funderburk	Hicks	Kelly 45	Moon
Pfautsch	Schupp	Smith 120	Walton Gray	

On motion of Representative Burlison, **SS SCS SB 29** was truly agreed to and finally passed by the following vote:

AYES: 085

Allen	Anderson	Austin	Bahr	Bernskoetter
Brattin	Brown	Burlison	Cierpiot	Conway 104
Cookson	Cox	Crawford	Cross	Davis
Diehl	Dohrman	Dugger	Elmer	Engler
Entlicher	Fitzpatrick	Fitzwater	Flanigan	Fowler
Fraker	Franklin	Frederick	Gatschenberger	Gosen
Grisamore	Guernsey	Haahr	Haefner	Hampton
Hoskins	Hough	Houghton	Hurst	Johnson
Jones 50	Justus	Keeney	Kelley 127	Koenig
Kolkmeyer	Lair	Lant	Lauer	Learn
Lichtenegger	Love	Lynch	McGaugh	Messenger
Miller	Moon	Morris	Muntzel	Parkinson
Phillips	Pike	Pogue	Redmon	Rehder
Reiboldt	Remole	Rhoads	Richardson	Riddle
Ross	Rowland	Scharnhorst	Schatz	Shull
Shumake	Spencer	Stream	Swan	Thomson
Walker	White	Wilson	Wood	Mr Speaker

NOES: 069

Anders	Barnes	Berry	Black	Burns
Butler	Carpenter	Colona	Conway 10	Curtis
Curtman	Dunn	Ellinger	Ellington	English
Englund	Frame	Funderburk	Gardner	Hansen
Harris	Higdon	Hinson	Hodges	Hubbard
Hummel	Kirkton	Kratky	LaFaver	Marshall
May	Mayfield	McCaherty	McCann Beatty	McDonald
McKenna	McManus	McNeil	Meredith	Mims
Mitten	Molendorp	Montecillo	Morgan	Neely
Neth	Newman	Nichols	Norr	Otto
Pace	Peters	Pierson	Rizzo	Roorda
Rowden	Runions	Schieber	Schieffer	Smith 85
Solon	Sommer	Swearingen	Torpey	Webb
Webber	Wieland	Wright	Zerr	

PRESENT: 000

ABSENT WITH LEAVE: 009

Cornejo	Gannon	Hicks	Kelly 45	Korman
Pfautsch	Schupp	Smith 120	Walton Gray	

Speaker Jones declared the bill passed.

HCS SB 205, relating to foster children, was taken up by Representative Burlison.

On motion of Representative Burlison, **HCS SB 205** was adopted.

On motion of Representative Burlison, **HCS SB 205** was read the third time and passed by the following vote:

AYES: 149

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Conway 104	Cookson
Cox	Crawford	Cross	Curtis	Davis
Diehl	Dohrman	Dugger	Dunn	Ellinger
Elmer	Engler	English	Englund	Entlicher
Fitzpatrick	Fitzwater	Flanigan	Fowler	Fraker
Frame	Franklin	Frederick	Funderburk	Gannon
Gardner	Gatschenberger	Gosen	Guernsey	Haahr
Haefner	Hampton	Hansen	Harris	Hicks
Higdon	Hinson	Hodges	Hoskins	Hough
Houghton	Hubbard	Hummel	Hurst	Johnson
Jones 50	Justus	Keeney	Kelley 127	Kirkton
Koenig	Kolkmeyer	Korman	Kratky	LaFaver
Lair	Lant	Lauer	Leara	Lichtenegger
Love	Lynch	May	Mayfield	McCaherty
McCann Beatty	McDonald	McGaugh	McKenna	McManus
McNeil	Meredith	Messenger	Miller	Mims
Mitten	Molendorp	Montecillo	Moon	Morgan
Morris	Muntzel	Neely	Neth	Newman
Nichols	Norr	Otto	Pace	Parkinson
Peters	Pfausch	Phillips	Pierson	Pike
Redmon	Rehder	Reiboldt	Remole	Rhoads
Richardson	Riddle	Rizzo	Roorda	Ross
Rowden	Rowland	Runions	Schatz	Schieffer
Shumake	Smith 85	Solon	Sommer	Spencer
Stream	Swan	Swearingen	Thomson	Torpey
Walker	Webb	Webber	White	Wieland
Wilson	Wood	Wright	Mr Speaker	

NOES: 004

Curtman	Marshall	Pogue	Schieber
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PRESENT: 000

ABSENT WITH LEAVE: 010

Cornejo	Ellington	Grisamore	Kelly 45	Scharnhorst
Schupp	Shull	Smith 120	Walton Gray	Zerr

Speaker Jones declared the bill passed.

SCS SB 69, relating to administrative child support orders, was taken up by Representative Cox.

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

House Amendment No. 1

AMEND Senate Committee Substitute for Senate Bill No. 69, Page 1, in the Title, Line 3, by deleting the phrase "administrative child support decisions" and insert in lieu thereof the word "children"; and

Further amend said bill and page, Section A, Line 2, by inserting after all of said section and line the following:

"210.211. 1. It shall be unlawful for any person to establish, maintain or operate a child-care facility for children, or to advertise or hold himself or herself out as being able to perform any of the services as defined in section 210.201, without having in effect a written license granted by the department of health and senior services; except that nothing in sections 210.203 to 210.245 shall apply to:

(1) Any person who is caring for four or fewer children. For purposes of this subdivision, children who are related by blood, marriage or adoption to such person within the third degree shall not be considered in the total number of children being cared for;

(2) Any person who has been duly appointed by a court of competent jurisdiction the guardian of the person of the child or children, or the person who has legal custody of the child or children;

(3) Any person who receives free of charge, and not as a business, for periods not exceeding ninety consecutive days, as bona fide, occasional and personal guests the child or children of personal friends of such person, and who receives custody of no other unrelated child or children;

(4) Any graded boarding school, summer camp, hospital, sanitarium or home which is conducted in good faith primarily to provide education, recreation, medical treatment, or nursing or convalescent care for children;

(5) Any child-care facility maintained or operated under the exclusive control of a religious organization. When a nonreligious organization, having as its principal purpose the provision of child-care services, enters into an arrangement with a religious organization for the maintenance or operation of a child-care facility, the facility is not under the exclusive control of the religious organization;

(6) Any residential facility or day program licensed by the department of mental health pursuant to sections 630.705 to 630.760 which provides care, treatment and habilitation exclusively to children who have a primary diagnosis of mental disorder, mental illness, mental retardation or developmental disability, as defined in section 630.005; [and]

(7) Any nursery school; **and**

(8) Any child-care facility in a third class county that discloses any noncompliance with sections 210.203 to 210.245 to the parent or guardian of the child being cared for and obtains written acknowledgment of such non-compliance from the parent or guardian."; and

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

Representative Diehl moved the previous question.

Which motion was adopted by the following vote:

AYES: 105

Allen	Anderson	Austin	Bahr	Barnes
Bernskoetter	Berry	Brattin	Brown	Burlison
Cierpiot	Conway 104	Cookson	Cox	Crawford
Cross	Curtman	Davis	Diehl	Dohrman
Dugger	Elmer	Engler	Entlicher	Fitzpatrick
Fitzwater	Flanigan	Fowler	Fraker	Franklin
Frederick	Gannon	Gatschenberger	Gosen	Grisamore
Guernsey	Haahr	Haefner	Hampton	Hansen
Hicks	Higdon	Hinson	Hoskins	Hough
Houghton	Hurst	Johnson	Jones 50	Justus
Keeney	Kelley 127	Koenig	Kolkmeyer	Korman
Lair	Lant	Lauer	Leara	Lichtenegger

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Love	Lynch	Marshall	McCaherty	McGaugh
Messenger	Miller	Molendorp	Moon	Morris
Muntzel	Neely	Neth	Parkinson	Pfautsch
Phillips	Pike	Pogue	Redmon	Rehder
Reiboldt	Remole	Rhoads	Richardson	Riddle
Ross	Rowden	Rowland	Schatz	Schieber
Shull	Shumake	Solon	Sommer	Spencer
Stream	Swan	Thomson	Torpey	Walker
White	Wieland	Wilson	Wood	Mr Speaker

NOES: 048

Anders	Black	Burns	Butler	Carpenter
Colona	Conway 10	Curtis	Dunn	Ellinger
English	Englund	Frame	Harris	Hodges
Hubbard	Hummel	Kirkton	Kratky	LaFaver
May	Mayfield	McCann Beatty	McDonald	McKenna
McManus	McNeil	Meredith	Mims	Mitten
Morgan	Newman	Nichols	Norr	Otto
Pace	Peters	Pierson	Rizzo	Roorda
Runions	Schieffer	Schupp	Smith 85	Swearingen
Webb	Webber	Wright		

PRESENT: 000

ABSENT WITH LEAVE: 010

Cornejo	Ellington	Funderburk	Gardner	Kelly 45
Montecillo	Scharnhorst	Smith 120	Walton Gray	Zerr

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

Which motion was defeated by the following vote:

AYES: 054

Anderson	Bahr	Brattin	Burlison	Cookson
Cox	Curtman	Diehl	Dohrman	Elmer
Fitzpatrick	Fitzwater	Fowler	Fraker	Frederick
Funderburk	Gatschenberger	Gosen	Guernsey	Hicks
Hoskins	Houghton	Hurst	Johnson	Jones 50
Justus	Keeney	Kelley 127	Koenig	Kolkmeyer
Korman	Lair	Marshall	McGaugh	Molendorp
Moon	Muntzel	Neely	Parkinson	Phillips
Pike	Pogue	Redmon	Remole	Riddle
Ross	Rowland	Schatz	Schieber	Shull
Sommer	Spencer	Wilson	Mr Speaker	

NOES: 103

Allen	Anders	Austin	Barnes	Bernskoetter
Berry	Black	Brown	Burns	Butler
Carpenter	Cierpiot	Colona	Conway 10	Conway 104
Crawford	Cross	Curtis	Davis	Dugger
Dunn	Ellinger	Ellington	Engler	English
Englund	Entlicher	Flanigan	Frame	Franklin
Gannon	Gardner	Grisamore	Haahr	Haefner

Hampton	Hansen	Harris	Higdon	Hinson
Hodges	Hough	Hubbard	Hummel	Kirkton
Kratky	LaFaver	Lant	Lauer	Leara
Lichtenegger	Love	Lynch	May	Mayfield
McCaherty	McCann Beatty	McDonald	McKenna	McManus
McNeil	Meredith	Messenger	Miller	Mims
Mitten	Montecillo	Morgan	Morris	Neth
Newman	Nichols	Norr	Otto	Pace
Peters	Pfausch	Pierson	Rehder	Reiboldt
Rhoads	Richardson	Rizzo	Roorda	Rowden
Runions	Schieffer	Schupp	Shumake	Smith 85
Solon	Stream	Swan	Swearingen	Thomson
Torpey	Walker	Webb	Webber	White
Wieland	Wood	Wright		

PRESENT: 000

ABSENT WITH LEAVE: 006

Cornejo	Kelly 45	Scharnhorst	Smith 120	Walton Gray
Zerr				

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

Representative Cox raised a point of order that **House Amendment No. 2** is not germane to the bill.

The Chair ruled the point of order well taken.

On motion of Representative Cox, **SCS SB 69** was truly agreed to and finally passed by the following vote:

AYES: 152

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Conway 104	Cookson
Cox	Crawford	Cross	Curtman	Davis
Diehl	Dohrman	Dugger	Dunn	Ellinger
Elmer	Engler	English	Englund	Entlicher
Fitzpatrick	Fitzwater	Fowler	Fraker	Frame
Franklin	Frederick	Funderburk	Gannon	Gatschenberger
Gosen	Grisamore	Guernsey	Haahr	Haefner
Hampton	Hansen	Harris	Hicks	Higdon
Hinson	Hodges	Hoskins	Hough	Houghton
Hubbard	Hummel	Hurst	Johnson	Jones 50
Justus	Keeney	Kelley 127	Kirkton	Koenig
Kolkmeier	Korman	Kratky	LaFaver	Lair
Lant	Lauer	Leara	Lichtenegger	Love
Lynch	Marshall	May	Mayfield	McCaherty
McCann Beatty	McDonald	McGaugh	McKenna	McManus
McNeil	Meredith	Messenger	Miller	Mims
Mitten	Molendorp	Montecillo	Moon	Morgan
Morris	Muntzel	Neely	Neth	Newman

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Nichols	Norr	Otto	Pace	Parkinson
Peters	Pfautsch	Phillips	Pierson	Pike
Pogue	Redmon	Rehder	Reiboldt	Remole
Rhoads	Richardson	Riddle	Rizzo	Roorda
Ross	Rowden	Rowland	Runions	Schatz
Schieber	Schupp	Shull	Shumake	Solon
Sommer	Spencer	Stream	Swan	Swearingen
Thomson	Torpey	Walker	Webb	Webber
White	Wieland	Wilson	Wood	Wright
Zerr	Mr Speaker			

NOES: 004

Curtis	Ellington	Gardner	Smith 85
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PRESENT: 000

ABSENT WITH LEAVE: 007

Cornejo	Flanigan	Kelly 45	Scharnhorst	Schieffer
Smith 120	Walton Gray			

Speaker Jones declared the bill passed.

SB 208, relating to foster care reentry, was taken up by Representative White.

Representative Dugger assumed the Chair.

On motion of Representative White, **SB 208** was truly agreed to and finally passed by the following vote:

AYES: 150

Allen	Anders	Anderson	Austin	Barnes
Bernskoetter	Berry	Black	Brattin	Brown
Burlison	Burns	Butler	Carpenter	Cierpiot
Colona	Conway 10	Conway 104	Cookson	Cornejo
Cox	Crawford	Cross	Curtis	Davis
Diehl	Dohrman	Dugger	Dunn	Ellinger
Ellington	Elmer	Engler	English	Englund
Entlicher	Fitzpatrick	Fitzwater	Flanigan	Fowler
Fraker	Frame	Franklin	Frederick	Funderburk
Gannon	Gardner	Gatschenberger	Gosen	Grisamore
Guernsey	Haahr	Haefner	Hampton	Hansen
Harris	Higdon	Hinson	Hodges	Hoskins
Hough	Houghton	Hubbard	Hummel	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Kirkton	Kolkmeyer	Korman	Kratky	LaFaver
Lair	Lant	Lauer	Leara	Lichtenegger
Love	Lynch	May	Mayfield	McCaherty
McCann Beatty	McDonald	McGaugh	McKenna	McManus
McNeil	Meredith	Messenger	Miller	Mims
Mitten	Molendorp	Montecillo	Moon	Morgan
Morris	Muntzel	Neely	Neth	Newman
Nichols	Norr	Otto	Pace	Peters

Pfautsch	Phillips	Pierson	Pike	Redmon
Rehder	Reiboldt	Remole	Rhoads	Richardson
Riddle	Rizzo	Roorda	Ross	Rowden
Rowland	Runions	Scharnhorst	Schatz	Schieffer
Schupp	Shull	Shumake	Smith 85	Solon
Sommer	Spencer	Stream	Swan	Thomson
Torpey	Walker	Webb	Webber	White
Wieland	Wood	Wright	Zerr	Mr Speaker

NOES: 009

Bahr	Curtman	Hicks	Koenig	Marshall
Parkinson	Pogue	Schieber	Wilson	

PRESENT: 000

ABSENT WITH LEAVE: 004

Kelly 45	Smith 120	Swearingen	Walton Gray
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Representative Dugger declared the bill passed.

HCS SB 127, relating to MO HealthNet benefits, was taken up by Representative Lichtenegger.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Bill No. 127, Page 1, Section A, Line 2, by inserting after all of said section and line the following:

"208.146. 1. The program established under this section shall be known as the "Ticket to Work Health Assurance Program". Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

(1) Except for earnings, meets the definition of disabled under the Supplemental Security Income Program or meets the definition of an employed individual with a medically improved disability under TWWIIA;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section;

(4) Has net income, as defined in subsection 3 of this section, that does not exceed the limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section 208.151; and

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level. For purposes of this subdivision, "gross income" includes all income of the person and the person's spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-employed persons shall provide proof of payment of Medicare and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit and the definition of available assets shall be the same as those used to determine MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; and

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an "independent living account" means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person's disability.

(2) To determine net income, the following shall be disregarded:

(a) All earned income of the disabled worker;

(b) The first sixty-five dollars and one-half of the remaining earned income of a nondisabled spouse's earned income;

(c) A twenty dollar standard deduction;

(d) Health insurance premiums;

(e) A seventy-five dollar a month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;

(f) All Supplemental Security Income payments, and the first fifty dollars of SSDI payments;

(g) A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income.

4. Any person whose gross income exceeds one hundred percent of the federal poverty level shall pay a premium for participation in the medical assistance provided in this section. Such premium shall be:

(1) For a person whose gross income is more than one hundred percent but less than one hundred fifty percent of the federal poverty level, four percent of income at one hundred percent of the federal poverty level;

(2) For a person whose gross income equals or exceeds one hundred fifty percent but is less than two hundred percent of the federal poverty level, four percent of income at one hundred fifty percent of the federal poverty level;

(3) For a person whose gross income equals or exceeds two hundred percent but less than two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent of the federal poverty level;

(4) For a person whose gross income equals or exceeds two hundred fifty percent up to and including three hundred percent of the federal poverty level, six percent of income at two hundred fifty percent of the federal poverty level.

5. Recipients of services through this program shall report any change in income or household size within ten days of the occurrence of such change. An increase in premiums resulting from a reported change in income or household size shall be effective with the next premium invoice that is mailed to a person after due process requirements have been met. A decrease in premiums shall be effective the first day of the month immediately following the month in which the change is reported.

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance.

7. The provisions of this section shall expire [six years after] August 28, [2007] **2019**.

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to the extent and in the manner hereinafter provided:

(1) All participants receiving state supplemental payments for the aged, blind and disabled;

(2) All participants receiving aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible under this subdivision who are participating in drug court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving blind pension benefits;

(4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the eligibility standards in effect December 31, 1973, or less restrictive standards as established by rule of the family support division, who are sixty-five years of age or over and are patients in state institutions for mental diseases or tuberculosis;

(5) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children except for the requirements of subdivision (2) of subsection 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as amended;

(6) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children benefits except for the requirement of deprivation of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(7) All persons eligible to receive nursing care benefits;

(8) All participants receiving family foster home or nonprofit private child-care institution care, subsidized adoption benefits and parental school care wherein state funds are used as partial or full payment for such care;

(9) All persons who were participants receiving old age assistance benefits, aid to the permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who continue to meet the eligibility requirements, except income, for these assistance categories, but who are no longer receiving such benefits because of the implementation of Title XVI of the federal Social Security Act, as amended;

(10) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child in the home;

(11) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child who is deprived of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(12) Pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to one hundred eighty-five percent of the federal poverty level as established and amended by the federal Department of Health and Human Services, or its successor agency;

(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989). The family support division shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;

(14) Children who have attained six years of age but have not attained nineteen years of age. For children who have attained six years of age but have not attained nineteen years of age, the family support division shall use an income assessment methodology which provides for eligibility when family income is equal to or less than equal to one hundred percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency. As necessary to provide MO HealthNet coverage under this subdivision, the department of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C. 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. 1396a;

(15) The family support division shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO HealthNet division shall define the amount and scope of benefits which are available to individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in accordance with the requirements of federal law and regulations promulgated thereunder;

(16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal care shall be made available to pregnant women during a period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as amended;

(17) A child born to a woman eligible for and receiving MO HealthNet benefits under this section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits and to have been found eligible for such assistance under such plan on the date of such birth and to remain eligible for such assistance for a period of time determined in accordance with applicable federal and state law and regulations so long as the child is a member of the woman's household and either the woman remains eligible for such assistance or for children born on or after January 1, 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon notification of such child's birth, the family support division shall assign a MO HealthNet eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;

(18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for MO HealthNet benefits under subdivision (12),

(13) or (14) of this subsection shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the family support division for assessing eligibility under this chapter shall be as simple as practicable;

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

(20) Pregnant women who are eligible for, have applied for and have received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy;

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

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

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

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

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

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

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

(26) **Effective August 28, 2013**, persons who are [independent foster care adolescents, as defined in 42 U.S.C. Section 1396d, or who are within reasonable categories of such adolescents who are under twenty-one years of age as specified by the state, are eligible for coverage under 42 U.S.C. Section 1396a (a)(10)(A)(ii)(XVII) without regard to income or assets] **in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:**

- (a) **Are under twenty-six years of age;**
- (b) **Are not eligible for coverage under another mandatory coverage group; and**
- (c) **Were covered by Medicaid while they were in foster care.**

2. Rules and regulations to implement this section shall be promulgated in accordance with [section 431.064 and] chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

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

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

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

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

Further amend said bill, Page 10, Section 208.240, Line 5, by inserting after all of said section and line the following:

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

(1) [Review the recommendations regarding services and] **Process, review and approve or deny** the referral within fifteen business days;

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

(3) Arrange] **For approved referrals, arrange** for the provision of services by [an in-home] **a home- and community-based** provider;

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

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

(6)] **(3)** Notify the referring entity **or individual** within five business days of receiving the referral if [additional information] **a different physical address** is required to [process the referral]; and

(7) Inform the provider and contact the individual when information is insufficient or the proposed care plan requires additional evaluation by state staff that is not obtained from the referring entity to schedule an in-home assessment to be conducted by the state staff within thirty days] **schedule the assessment. The referring entity has five days to provide a current physical address if requested by the department. If a different physical address is needed, the fifteen-day limit included in subdivision (1) of this subsection is suspended until the information is received by the department;**

(4) Inform the applicant of:

(a) The full range of available MO HealthNet home- and community-based services, including, but not limited to, adult day care services, home-delivered meals, and the benefits of self-direction and agency model services;

(b) The choice of home- and community-based service providers in the applicant's area, and that some providers conduct their own assessments, but that choosing a provider who does not conduct assessments will not delay delivery of services; and

(c) The option to choose more than one home- and community-based service provider to deliver or facilitate the services the applicant is qualified to receive;

(5) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by individuals who are alleged to be victims of abuse or neglect as a result of an investigation initiated from the elder abuse and neglect hotline, and then followed by individuals who have not selected a provider or who have selected a provider that does not conduct assessments; and

(6) Notify the referring entity and the applicant within ten business days of receiving the referral if it has not scheduled the assessment.

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

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

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

The contract shall also include the same requirements for such assessments as of January 1, 2010, related to timeliness of assessments and the beginning of service. The contract shall be bid under chapter 34 and shall not be a risk-based contract] **has not complied with subdivision (1) of subsection 1 of this section, a provider has the option of completing an assessment and care plan recommendation. At such time that the department approves or modifies the assessment and care plan, the care plan shall become effective; such approval or modification shall occur within five business days after receipt of the assessment and care plan from the provider. If such approval, modification, or denial by the department does not occur within five business days, the provider's care plan shall**

be approved and payment shall begin to the provider based on the assessment and care plan recommendation submitted by the provider.

3. [The two nurse visits authorized by subsection 16 of section 660.300 shall continue to be performed by home- and community-based providers for including, but not limited to, reassessment and level of care recommendations. These reassessments and care plan changes shall be reviewed and approved by the independent third-party assessor. In the event of dispute over the level of care required, the third-party assessor shall conduct a face-to-face review with the client in question.

4. The provisions of this section shall expire August 28, 2013] **At such time that the department approves or modifies the assessment and care plan, the latest approved care plan shall become effective. If the department assessment determines the client does not meet level of care, the state shall not be responsible for the cost of services claimed prior to the department's written notification to the provider of such denial.**

4. **The department shall implement subsections 2 and 3 of this section unless the Centers for Medicare and Medicaid Services disapproves any necessary state plan amendments or waivers to implement the provisions in subsections 2 and 3 of this section allowing providers to perform assessments.**

5. **The department's auditing of home- and community-based service providers shall include a review of the client plan of care and provider assessments, and choice and communication of home- and community-based service provider service options to individuals seeking MO HealthNet services. Such auditing shall be conducted utilizing a statistically valid sample. The department shall also make publicly available a review of its process for informing participants of service options within MO HealthNet home- and community-based service provider services and information on referrals.**

6. **For purposes of this section:**

(1) **"Assessment" means a face-to-face determination that a MO HealthNet participant is eligible for home- and community-based services and:**

(a) **Is conducted by an assessor trained to perform home- and community-based care assessments;**

(b) **Uses forms provided by the department;**

(c) **Includes unbiased descriptions of each available service within home- and community-based services with a clear person-centered explanation of the benefits of each home- and community-based service, whether the applicant qualifies for more than one service and ability to choose more than one provider to deliver or facilitate services; and**

(d) **Informs the applicant, either by the department or the provider conducting the assessment, that choosing a provider or multiple providers that do not conduct their own assessments will in no way affect the quality of service or the timeliness of the applicant's assessment and authorization process.**

(2) **A "properly completed referral" shall contain basic information adequate for the department to contact the client or person needing service. At a minimum, the referral shall contain:**

(a) **The stated need for MO HealthNet home- and community-based services;**

(b) **The name, date of birth, and Social Security number of the client or person needing service, or the client's or person's MO HealthNet number; and**

(c) **The current physical address and phone number of the client or person needing services.**

Addition information which may assist the department including contact information of a responsible party shall also be submitted.

7. **The department shall:**

(1) **Develop an automated electronic assessment care plan tool to be used by providers; and**

(2) **Make recommendations to the general assembly by January 1, 2014, for the implementation of the automated electronic assessment care plan tool.**

8. **No later than December 31, 2014, the department of health and senior services shall submit a report to the general assembly that reviews the following:**

(1) **How well the department is doing on meeting the fifteen-day requirement;**

(2) **The process the department used to approve the assessors;**

(3) **Financial data on the cost of the program prior to and after enactment of this section;**

(4) **Any audit information available on assessments performed outside the department; and**

(5) **The department's staffing policies implemented to meet the fifteen-day assessment requirement.**

208.990. 1. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage individuals shall meet the eligibility criteria set forth in 42 CFR 435, including but not limited to the requirements that:

(1) The individual is a resident of the state of Missouri;

(2) The individual has a valid Social Security number;

(3) The individual is a citizen of the United States or a qualified alien as described in Section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. Section 1641, who has provided satisfactory documentary evidence of qualified alien status which has been verified with the Department of Homeland Security under a declaration required by Section 1137(d) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 that the applicant or beneficiary is an alien in a satisfactory immigration status; and

(4) An individual claiming eligibility as a pregnant woman shall verify pregnancy.

2. Notwithstanding any other provisions of law to the contrary, effective January 1, 2014, the family support division shall conduct an annual redetermination of all MO HealthNet participants' eligibility as provided in 42 CFR 435.916. The department may contract with an administrative service organization to conduct the annual redeterminations if it is cost effective.

3. The department, or family support division, shall conduct electronic searches to redetermine eligibility on the basis of income, residency, citizenship, identity and other criteria as described in 42 CFR 435.916 upon availability of federal, state, and commercially available electronic data sources. The department, or family support division, may enter into a contract with a vendor to perform the electronic search of eligibility information not disclosed during the application process and obtain an applicable case management system. The department shall retain final authority over eligibility determinations made during the redetermination process.

4. Notwithstanding any other provisions of law to the contrary, applications for MO HealthNet benefits shall be submitted in accordance with the requirements of 42 CFR 435.907 and other applicable federal law. The individual shall provide all required information and documentation necessary to make an eligibility determination, resolve discrepancies found during the redetermination process, or for a purpose directly connected to the administration of the medical assistance program.

5. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage under section 208.995, individuals shall meet the eligibility requirements set forth in subsection 1 of this section and all other eligibility criteria set forth in 42 CFR 435 and 457, including, but not limited to, the requirements that:

(1) The department of social services shall determine the individual's financial eligibility based on projected annual household income and family size for the remainder of the current calendar year;

(2) The department of social services shall determine household income for the purpose of determining the modified adjusted gross income by including all available cash support provided by the person claiming such individual as a dependent for tax purposes;

(3) The department of social services shall determine a pregnant woman's household size by counting the pregnant woman plus the number of children she is expected to deliver;

(4) CHIP-eligible children shall be uninsured, shall not have access to affordable insurance, and their parent shall pay the required premium;

(5) An individual claiming eligibility as an uninsured woman shall be uninsured.

208.995. 1. For purposes of this section and section 208.990, the following terms mean:

(1) "Child" or "children", a person or persons who are under nineteen years of age;

(2) "CHIP-eligible children", children who meet the eligibility standards for Missouri's children's health insurance program as provided in sections 208.631 to 208.658, including paying the premiums required under sections 208.631 to 208.658;

(3) "Department", the Missouri department of social services, or a division or unit within the department as designated by the department's director;

(4) "MAGI", the individual's modified adjusted gross income as defined in Section 36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:

(a) Any foreign earned income or housing costs;

(b) Tax-exempt interest received or accrued by the individual; and

(c) Tax-exempt Social Security income;

(5) "MAGI equivalent net income standard", an income eligibility threshold based on modified adjusted gross income that is not less than the income eligibility levels that were in effect prior to the enactment of Public Law 111-148 and Public Law 111-152.

2. (1) Effective January 1, 2014, notwithstanding any other provision of law to the contrary, the following individuals shall be eligible for MO HealthNet coverage as provided in this section:

- (a) Individuals covered by MO HealthNet for families as provided in section 208.145;
- (b) Individuals covered by transitional MO HealthNet as provided in 42 U.S.C. Section 1396r-6;
- (c) Individuals covered by extended MO HealthNet for families on child support closings as provided in 42 U.S.C. Section 1396r-6;
- (d) Pregnant women as provided in subdivisions (10), (11), and (12) of subsection 1 of section 208.151;
- (e) Children under one year of age as provided in subdivision (12) of subsection 1 of section 208.151;
- (f) Children under six years of age as provided in subdivision (13) of subsection 1 of section 208.151;
- (g) Children under nineteen years of age as provided in subdivision (14) of subsection 1 of section 208.151;
- (h) CHIP-eligible children; and
- (i) Uninsured women as provided in section 208.659.

(2) Effective January 1, 2014, the department shall determine eligibility for individuals eligible for MO HealthNet under subdivision (1) of this subsection based on the following income eligibility standards, unless and until they are changed:

(a) For individuals listed in paragraphs (a), (b) and (c) of subdivision (1) of this subsection, the department shall apply the July 16, 1996, Aid to Families with Dependent Children (AFDC) income standard as converted to the MAGI equivalent net income standard;

(b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of this subsection, the department shall apply one hundred thirty-three percent of the federal poverty level converted to the MAGI equivalent net income standard;

(c) For individuals listed in paragraph (h) of subdivision (1) of this subsection, the department shall convert the income eligibility standard set forth in section 208.633 to the MAGI equivalent net income standard;

(d) For individuals listed in paragraphs (d), (e) and (i) of subdivision (1) of this subsection, the department shall apply one hundred eighty-five percent of the federal poverty level converted to the MAGI equivalent net income standard;

(3) Individuals eligible for MO HealthNet under subdivision (1) of this subsection shall receive all applicable benefits under section 208.152.

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

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

660.315. 1. After an investigation and a determination has been made to place a person's name on the employee disqualification list, that person shall be notified in writing mailed to his or her last known address that:

(1) An allegation has been made against the person, the substance of the allegation and that an investigation has been conducted which tends to substantiate the allegation;

(2) The person's name will be included in the employee disqualification list of the department;

(3) The consequences of being so listed including the length of time to be listed; and

(4) The person's rights and the procedure to challenge the allegation.

2. If no reply has been received within thirty days of mailing the notice, the department may include the name of such person on its list. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director or the director's designee, based upon the criteria contained in subsection 9 of this section.

3. If the person so notified wishes to challenge the allegation, such person may file an application for a hearing with the department. The department shall grant the application within thirty days after receipt by the department and set the matter for hearing, or the department shall notify the applicant that, after review, the allegation has been held to be unfounded and the applicant's name will not be listed.

4. If a person's name is included on the employee disqualification list without the department providing notice as required under subsection 1 of this section, such person may file a request with the department for removal of the name or for a hearing. Within thirty days after receipt of the request, the department shall either remove the name from the list or grant a hearing and set a date therefor.

5. Any hearing shall be conducted in the county of the person's residence by the director of the department or the director's designee. The provisions of chapter 536 for a contested case except those provisions or amendments which are in conflict with this section shall apply to and govern the proceedings contained in this section and the rights and duties of the parties involved. The person appealing such an action shall be entitled to present evidence, pursuant to the provisions of chapter 536, relevant to the allegations.

6. Upon the record made at the hearing, the director of the department or the director's designee shall determine all questions presented and shall determine whether the person shall be listed on the employee disqualification list. The director of the department or the director's designee shall clearly state the reasons for his or her decision and shall include a statement of findings of fact and conclusions of law pertinent to the questions in issue.

7. A person aggrieved by the decision following the hearing shall be informed of his or her right to seek judicial review as provided under chapter 536. If the person fails to appeal the director's findings, those findings shall constitute a final determination that the person shall be placed on the employee disqualification list.

8. A decision by the director shall be inadmissible in any civil action brought against a facility or the in-home services provider agency and arising out of the facts and circumstances which brought about the employment disqualification proceeding, unless the civil action is brought against the facility or the in-home services provider agency by the department of health and senior services or one of its divisions.

9. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director of the department of health and senior services or the director's designee, based upon the following:

- (1) Whether the person acted recklessly or knowingly, as defined in chapter 562;
- (2) The degree of the physical, sexual, or emotional injury or harm; or the degree of the imminent danger to the health, safety or welfare of a resident or in-home services client;
- (3) The degree of misappropriation of the property or funds, or falsification of any documents for service delivery of an in-home services client;
- (4) Whether the person has previously been listed on the employee disqualification list;
- (5) Any mitigating circumstances;
- (6) Any aggravating circumstances; and
- (7) Whether alternative sanctions resulting in conditions of continued employment are appropriate in lieu of placing a person's name on the employee disqualification list. Such conditions of employment may include, but are not limited to, additional training and employee counseling. Conditional employment shall terminate upon the expiration of the designated length of time and the person's submitting documentation which fulfills the department of health and senior services' requirements.

10. The removal of any person's name from the list under this section shall not prevent the director from keeping records of all acts finally determined to have occurred under this section.

11. The department shall provide the list maintained pursuant to this section to other state departments upon request and to any person, corporation, organization, or association who:

- (1) Is licensed as an operator under chapter 198;
- (2) Provides in-home services under contract with the department;
- (3) Employs nurses and nursing assistants for temporary or intermittent placement in health care facilities;
- (4) Is approved by the department to issue certificates for nursing assistants training;
- (5) Is an entity licensed under chapter 197;
- (6) Is a recognized school of nursing, medicine, or other health profession for the purpose of determining whether students scheduled to participate in clinical rotations with entities described in subdivision (1), (2), or (5) of this subsection are included in the employee disqualification list; or
- (7) Is a consumer reporting agency regulated by the federal Fair Credit Reporting Act that conducts employee background checks on behalf of entities listed in subdivisions (1), (2), (5), or (6) of this subsection. Such a consumer reporting agency shall conduct the employee disqualification list check only upon the initiative or request of an entity described in subdivisions (1), (2), (5), or (6) of this subsection when the entity is fulfilling its duties required under this section. The information shall be disclosed only to the requesting entity.

The department shall inform any person listed above who inquires of the department whether or not a particular name is on the list. The department may require that the request be made in writing. No person, corporation, organization, or association who is entitled to access the employee disqualification list may disclose the information to any person, corporation, organization, or association who is not entitled to access the list. Any person, corporation, organization, or association who is entitled to access the employee disqualification list who discloses the information to any person, corporation, organization, or association who is not entitled to access the list shall be guilty of an infraction.

12. No person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section shall knowingly employ any person who is on the employee

disqualification list. Any person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section, or any person responsible for providing health care service, who declines to employ or terminates a person whose name is listed in this section shall be immune from suit by that person or anyone else acting for or in behalf of that person for the failure to employ or for the termination of the person whose name is listed on the employee disqualification list.

13. Any employer [who is] **or vendor as defined in sections 197.250, 197.400, 198.006, 208.900, or 660.250** required to [discharge an employee because the employee was placed on a disqualification list maintained by the department of health and senior services after the date of hire] **deny employment to an applicant or to discharge an employee, provisional or otherwise, as a result of information obtained through any portion of the background screening and employment eligibility determination process under section 210.903, or subsequent, periodic screenings, shall not be liable in any action brought by the applicant or employee relating to discharge where the employer is required by law to terminate the employee, provisional or otherwise, and** shall not be charged for unemployment insurance benefits based on wages paid to the employee for work prior to the date of discharge, pursuant to section 288.100[.], **if the employer terminated the employee because the employee:**

- (1) **Has been found guilty, pled guilty or nolo contendere in this state or any other state of a crime as listed in subsection 6 of section 660.317;**
- (2) **Was placed on the employee disqualification list under this section after the date of hire;**
- (3) **Was placed on the employee disqualification registry maintained by the department of mental health after the date of hire;**
- (4) **Has a disqualifying finding under this section, section 660.317, or is on any of the background check lists in the family care safety registry under sections 210.900 to 210.936; or**
- (5) **Was denied a good cause waiver as provided for in subsection 10 of section 660.317.**

14. Any person who has been listed on the employee disqualification list may request that the director remove his or her name from the employee disqualification list. The request shall be written and may not be made more than once every twelve months. The request will be granted by the director upon a clear showing, by written submission only, that the person will not commit additional acts of abuse, neglect, misappropriation of the property or funds, or the falsification of any documents of service delivery to an in-home services client. The director may make conditional the removal of a person's name from the list on any terms that the director deems appropriate, and failure to comply with such terms may result in the person's name being relisted. The director's determination of whether to remove the person's name from the list is not subject to appeal."; and

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

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

Representative Jones (50) offered **House Amendment No. 2**.

House Amendment No. 2

AMEND House Committee Substitute for Senate Bill No. 127, Page 9, Section 208.152, Line 302, by inserting after all of said section and line the following:

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

(1) "Abuse", a documented pattern of inducing, furnishing, or otherwise causing a recipient to receive services or merchandise not otherwise required or requested by the recipient, attending physician or appropriate utilization review team; a documented pattern of performing and billing tests, examinations, patient visits, surgeries, drugs or merchandise that exceed limits or frequencies determined by the department for like practitioners for which there is no demonstrable need, or for which the provider has created the need through ineffective services or merchandise previously rendered. The decision to impose any of the sanctions authorized in this section shall be made by the director of the department, following a determination of demonstrable need or accepted medical practice made in consultation with medical or other health care professionals, or qualified peer review teams;

(2) "Department", the department of social services;

(3) "Excessive use", the act, by a person eligible for services under a contract or provider agreement between the department of social services or its divisions and a provider, of seeking and/or obtaining medical assistance benefits

from a number of like providers and in quantities which exceed the levels that are considered medically necessary by current medical practices and standards for the eligible person's needs;

(4) "Fraud", a known false representation, including the concealment of a material fact that provider knew or should have known through the usual conduct of his profession or occupation, upon which the provider claims reimbursement under the terms and conditions of a contract or provider agreement and the policies pertaining to such contract or provider agreement of the department or its divisions in carrying out the providing of services, or under any approved state plan authorized by the federal Social Security Act;

(5) "Health plan", a group of services provided to recipients of medical assistance benefits by providers under a contract with the department;

(6) "Medical assistance benefits", those benefits authorized to be provided by sections 208.152 and 208.162;

(7) "Prior authorization", approval to a provider to perform a service or services for an eligible person required by the department or its divisions in advance of the actual service being provided or approved for a recipient to receive a service or services from a provider, required by the department or its designated division in advance of the actual service or services being received;

(8) "Provider", any person, partnership, corporation, not-for-profit corporation, professional corporation, or other business entity that enters into a contract or provider agreement with the department or its divisions for the purpose of providing services to eligible persons, and obtaining from the department or its divisions reimbursement therefor;

(9) "Recipient", a person who is eligible to receive medical assistance benefits allocated through the department;

(10) "Service", the specific function, act, successive acts, benefits, continuing benefits, requested by an eligible person or provided by the provider under contract with the department or its divisions.

2. The department or its divisions shall have the authority to suspend, revoke, or cancel any contract or provider agreement or refuse to enter into a new contract or provider agreement with any provider where it is determined the provider has committed or allowed its agents, servants, or employees to commit acts defined as abuse or fraud in this section.

3. The department or its divisions shall have the authority to impose prior authorization as defined in this section:

(1) When it has reasonable cause to believe a provider or recipient has knowingly followed a course of conduct which is defined as abuse or fraud or excessive use by this section; or

(2) When it determines by rule that prior authorization is reasonable for a specified service or procedure.

4. If a provider or recipient reports to the department or its divisions the name or names of providers or recipients who, based upon their personal knowledge has reasonable cause to believe an act or acts are being committed which are defined as abuse, fraud or excessive use by this section, such report shall be confidential and the reporter's name shall not be divulged to anyone by the department or any of its divisions, except at a judicial proceeding upon a proper protective order being entered by the court.

5. Payments for services under any contract or provider agreement between the department or its divisions and a provider may be withheld by the department or its divisions from the provider for acts or omissions defined as abuse or fraud by this section, until such time as an agreement between the parties is reached or the dispute is adjudicated under the laws of this state.

6. The department or its designated division shall have the authority to review all cases and claim records for any recipient of public assistance benefits and to determine from these records if the recipient has, as defined in this section, committed excessive use of such services by seeking or obtaining services from a number of like providers of services and in quantities which exceed the levels considered necessary by current medical or health care professional practice standards and policies of the program.

7. The department or its designated division shall have the authority with respect to recipients of medical assistance benefits who have committed excessive use to limit or restrict the use of the recipient's Medicaid identification card to designated providers and for designated services; the actual method by which such restrictions are imposed shall be at the discretion of the department of social services or its designated division.

8. The department or its designated division shall have the authority with respect to any recipient of medical assistance benefits whose use has been restricted under subsection 7 of this section and who obtains or seeks to obtain medical assistance benefits from a provider other than one of the providers for designated services to terminate medical assistance benefits as defined by this chapter, where allowed by the provisions of the federal Social Security Act.

9. The department or its designated division shall have the authority with respect to any provider who knowingly allows a recipient to violate subsection 7 of this section or who fails to report a known violation of subsection 7 of this section to the department of social services or its designated division to terminate or otherwise sanction such

provider's status as a participant in the medical assistance program. Any person making such a report shall not be civilly liable when the report is made in good faith.

10. Nothing in this section shall prohibit providers from using clinical decision support tools as an alternative to prior authorization to determine the clinical appropriateness of services or procedures."; and

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

On motion of Representative Jones (50), **House Amendment No. 2** was adopted.

On motion of Representative Lichtenegger, **HCS SB 127, as amended**, was adopted.

On motion of Representative Lichtenegger, **HCS SB 127, as amended**, was read the third time and passed by the following vote:

AYES: 143

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Conway 10	Conway 104	Cookson	Cornejo
Cox	Crawford	Cross	Davis	Diehl
Dohrman	Dugger	Dunn	Ellinger	Elmer
Engler	Englund	Entlicher	Fitzpatrick	Fitzwater
Fowler	Fraker	Frame	Franklin	Frederick
Funderburk	Gannon	Gatschenberger	Gosen	Grisamore
Guernsey	Haahr	Haefner	Hampton	Hansen
Harris	Hicks	Higdon	Hinson	Hodges
Hoskins	Hough	Houghton	Hubbard	Hummel
Hurst	Johnson	Jones 50	Justus	Keeney
Kelley 127	Kirkton	Kolkmeyer	Korman	Kratky
LaFaver	Lair	Lant	Lauer	Leara
Lichtenegger	Love	Lynch	Mayfield	McCaherty
McCann Beatty	McDonald	McGaugh	McKenna	McManus
McNeil	Meredith	Messenger	Miller	Mims
Molendorp	Montecillo	Morris	Muntzel	Neely
Neth	Nichols	Norr	Otto	Pace
Peters	Pfautsch	Phillips	Pierson	Pike
Redmon	Rehder	Reiboldt	Remole	Rhoads
Richardson	Riddle	Rizzo	Roorda	Ross
Rowden	Rowland	Runions	Scharnhorst	Schatz
Schieber	Schieffer	Schupp	Shull	Shumake
Smith 85	Solon	Sommer	Spencer	Stream
Swan	Swearingen	Thomson	Torpey	Walker
Webb	Webber	White	Wieland	Wilson
Wood	Wright	Mr Speaker		

NOES: 012

Curtis	Curtman	Ellington	English	Flanigan
Gardner	Koenig	Marshall	Moon	Morgan
Newman	Pogue			

PRESENT: 000

ABSENT WITH LEAVE: 008

Colona	Kelly 45	May	Mitten	Parkinson
Smith 120	Walton Gray	Zerr		

Representative Dugger declared the bill passed.

HCS SB 161, relating to health insurance, was taken up by Representative Stream.

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

House Amendment No. 1

AMEND House Committee Substitute for Senate Bill No. 161, Page 38, Section 376.1900, Line 3, by deleting the word "website" and inserting in lieu thereof the phrase "**web-based or similar electronic-based communications network**"; and

Further amend said bill and section, Page 39, Line 56, by inserting after all of said section and line the following:

"376.2000. 1. Sections 376.2000 to 376.2014 shall be known and may be cited as the "Health Insurance Marketplace Innovation Act of 2013".

2. As used in sections 376.2000 to 376.2014, the following terms mean:

(1) "Department", the department of insurance, financial institutions and professional registration;
(2) "Director", the director of the department of insurance, financial institutions and professional registration;

(3) "Exchange", any health benefit exchange established or operating in this state, including any exchange established or operated by the United States Department of Health and Human Services.

(4) "Navigator", a person that, for compensation, provides information or services in connection with eligibility, enrollment, or program specifications of any health benefit exchange operating in this state, including any person that is selected to perform the activities and duties identified in 42 U.S.C. 18031(i) in this state, any person who receives funds from the United States Department of Health and Human Services to perform any of the activities and duties identified in 42 U.S.C. 18031(i), or any other person certified by the United States Department of Health and Human Services, or a health benefit exchange operating in this state, to perform such defined or related duties irrespective of whether such person is identified as a navigator, certified application counselor, in-person assister, or other title.

376.2002. 1. No individual or entity shall perform, offer to perform, or advertise any service as a navigator in this state, or receive navigator funding from the state or an exchange unless licensed as a navigator by the department under sections 376.2000 to 376.2014.

2. A navigator may:

(1) Provide fair and impartial information and services in connection with eligibility, enrollment, and program specifications of any health benefit exchange operating in this state, including information about the costs of coverage, advance payments of premium tax credits, and cost sharing reductions;

(2) Facilitate the selection of a qualified health plan;

(3) Initiate the enrollment process;

(4) Provide referrals to any applicable office of health insurance consumer assistance, ombudsman, or other agency for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or determination under the plan; and

(5) Use culturally and linguistically appropriate language to communicate the information authorized in this subsection.

3. Unless also properly licensed as an insurance producer in this state with authority for health under section 375.014, a navigator shall not:

- (1) Sell, solicit, or negotiate health insurance;
- (2) Engage in any activity that would require an insurance producer license;
- (3) Provide advice concerning the benefits, terms, and features of a particular health plan or offer advice about which exchange health plan is better or worse for a particular individual or employer;
- (4) Recommend or endorse a particular health plan or advise consumers about which health plan to choose; or
- (5) Provide any information or services related to health benefit plans or other products not offered in the exchange.

4. The following entities or persons are exempt from the requirement to be licensed as a navigator:

(1) An entity or person licensed as an insurance producer in this state with authority for health under section 375.014;

(2) A law firm or licensed attorney in this state; and

(3) A "health care provider" as defined in section 376.1350 provided that:

(a) The health care provider does not receive any funds from the United States Department of Health and Human Services or a health exchange operating in this state to act as a navigator; and

(b) The activities or functions performed are related to advising, assisting, or counseling patients regarding private or public coverage or financial matters related to medical treatments or government assistance programs.

However, nothing in this section shall prohibit a health care provider from voluntarily becoming licensed as a navigator.

376.2004. 1. An individual applying for a navigator license shall make application to the department on a form developed by the director and declare under penalty of refusal, suspension, or revocation of the license that the statements made in the application are true, correct, and complete to the best of the individual's knowledge and belief. Before approving the application, the director shall find that the individual:

(1) Is eighteen years of age or older;

(2) Resides in this state or maintains his or her principal place of business in the state;

(3) Is not disqualified for having committed any act that would be grounds for refusal to issue, renew, suspend, or revoke an insurance producer license under section 375.141;

(4) Has successfully passed the written examination prescribed by the director;

(5) When applicable, has the written consent of the director under 18 U.S.C. 1033 or any successor statute regulating crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce;

(6) Has identified the entity with which he or she is affiliated and supervised; and

(7) Has paid the fees prescribed by the director.

2. An entity that acts as a navigator, supervises the activities of individual navigators, or receives funding to perform such activities shall obtain a navigator entity license. An entity applying for an entity navigator license shall make application on a form containing the information prescribed by the director.

3. The director may require any documents deemed necessary to verify the information contained in an application submitted in accordance with subsections 1 and 2 of this section.

4. Entities licensed as navigators shall, in a manner prescribed by the director, provide a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity and shall report any changes in employment or affiliation within twenty days of such change.

5. The director shall require that each navigator obtain a surety bond in an amount acceptable to the director or otherwise demonstrate a level of financial responsibility capable of protecting all persons against the wrongful acts, misrepresentations, errors, omissions, or negligence of the navigator. The director may ask for a copy of the bond or other evidence of financial responsibility at any time.

6. Prior to any exchange becoming operational in this state, the director shall prescribe initial training, continuing education, and written examination standards and requirements for navigators.

376.2006. 1. A navigator license shall be valid for two years.

2. A navigator may file an application for renewal of a license and pay the renewal fee as prescribed by the director. Any navigator who fails to timely file for license renewal shall be charged a late fee in an amount prescribed by the director.

3. Prior to the filing date for an application for renewal of a license, an individual licensee shall comply with any ongoing training and continuing education requirements established by the director. Such navigator

shall file with the director, by a method prescribed by the director, proof of satisfactory certification of completion of the continuing education requirements. Any failure to fulfill the ongoing training and continuing education requirements shall result in the expiration of the license.

376.2008. Upon contact with a person who acknowledges having existing health insurance coverage obtained through an insurance producer, a navigator shall advise the person to consult with a licensed insurance producer regarding coverage in the private market.

376.2010. 1. The director may place on probation, suspend, revoke, or refuse to issue, renew, or reinstate a navigator license or may levy a fine not to exceed one thousand dollars for each violation, or any combination of actions, for any one or more of the causes listed in section 375.141, 375.936 or for other good cause. In the event that the action by the director is not to renew or to deny an application for a license, the director shall notify the applicant or licensee in writing and shall advise the applicant or licensee of the reason for the denial or nonrenewal. Appeal of the nonrenewal or denial of the application for a navigator license shall be made under the provisions of chapter 621.

2. In addition to imposing the penalties authorized by subsection 1 of this section, the director may require that restitution be made to any person who has suffered financial injury because of a violation of this section.

3. The director shall have the power to examine and investigate the business affairs and records of any navigator to determine whether the individual or entity has engaged or is engaging in any violation of this section.

4. The navigator license held by an entity may be suspended or revoked, renewal or reinstatement thereof may be refused, or a fine may be levied, with or without a suspension, revocation, or refusal to renew a license, if the director finds that an individual licensee's violation was known or should have been known by the employing or supervising entity and the violation was not reported to the director and no corrective action was undertaken on a timely basis.

376.2011. 1. If the director determines that a person has engaged, is engaging, or has taken a substantial step toward engaging in an act, practice, omission, or course of business constituting a violation of sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, or a person has materially aided or is materially aiding an act, practice, omission, or course of business constituting a violation in sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, the director may issue such administrative orders as authorized under section 374.046.

2. If the director believes that a person has engaged, is engaging, or has taken a substantial step toward engaging in an act, practice, omission, or course of business constituting a violation of sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, or that a person has materially aided or is materially aiding an act, practice, omission, or course of business constituting a violation in sections 376.2000 to 376.2014 or a rule adopted or order issued pursuant thereto, the director may maintain a civil action for relief authorized under section 374.048.

3. A violation of sections 376.2000 to 376.2014 is a level two violation under section 374.049.

376.2012. 1. Each licensed navigator shall report to the director within thirty calendar days of the final disposition of the matter of any administrative action taken against him or her in another jurisdiction or by another governmental agency in this state. This report shall include a copy of the order, consent to order, or other relevant legal documents.

2. Within thirty days of the initial pretrial hearing date, a navigator shall report to the director any criminal prosecution of the navigator in any jurisdiction. The report shall include a copy of the initial complaint filed, the order resulting from the hearing, and any other relevant legal documents.

3. An entity that acts as a navigator that terminates the employment, engagement, affiliation, or other relationship with an individual navigator shall notify the director within twenty days following the effective date of the termination, using a format prescribed by the director if the reason for termination is one of the reasons set forth in section 375.141 or 375.936 or if the entity has knowledge that the navigator was found by a court or governmental body to have engaged in any such activities. Upon the written request of the director, the entity shall provide additional information, documents, records, or other data pertaining to the termination or activity of the individual.

376.2014. 1. The requirements of sections 379.930 to 379.952 and chapters 375, 376, 407 and any related rules shall apply to navigators. The activities and duties of a navigator shall be deemed to constitute transacting the business of insurance.

2. If any provision of sections 376.2000 to 376.2014 or its application to any person or circumstance is held invalid by a court of competent jurisdiction or by federal law, the invalidity does not affect other provisions or applications of sections 376.2000 to 376.2014 that can be given effect without the invalid provision or application. The provisions of sections 376.2000 to 376.2014 are severable, and the valid provisions or applications shall remain in full force and effect.

3. The director may promulgate rules and regulations to implement and administer the provisions of sections 376.2000 to 376.2014. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in sections 376.2000 to 376.2014 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. Sections 376.2000 to 376.2014 and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

Section 1. Notwithstanding any other provision of law to the contrary, the department of insurance, financial institutions and professional registration shall exercise its authority and responsibility over health insurance product form filings, consumer complaints, and investigations into compliance with state law, regardless as to how a health insurance product may be sold or marketed in this state or to residents of this state."; and

Further amend said bill and page, Section B, Line 1, by inserting after all of said section the following:

"Section C. Because of the need to ensure that navigators are adequately trained to provide essential health insurance information to the public, Sections 376.2000, 376.2002, 376.2004, 376.2006, 376.2008, 376.2010, 376.2011, 376.2012, and 376.2014 of Section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and Sections 376.2000, 376.2002, 376.2004, 376.2006, 376.2008, 376.2010, 376.2011, 376.2012, and 376.2014 of Section A of this act shall be in full force and effect upon its passage and approval.";

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

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

Representative Dugger requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order not well taken.

Representative Barnes offered **House Amendment No. 1 to House Amendment No. 1.**

House Amendment No. 1
to
House Amendment No. 1

AMEND House Amendment No. 1 to House Committee Substitute for Senate Bill No. 161, Page 1, Line 4, by inserting after all of said line the following:

Further amend House Committee Substitute for Senate Bill No. 161, Page 1, Section A, Line 6, by inserting after all of said line the following:

"208.146. 1. The program established under this section shall be known as the "Ticket to Work Health Assurance Program". Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

(1) Except for earnings, meets the definition of disabled under the Supplemental Security Income Program or meets the definition of an employed individual with a medically improved disability under TWWIA;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section;

(4) Has net income, as defined in subsection 3 of this section, that does not exceed the limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section 208.151; and

(5) Has a gross income of two hundred fifty percent or less of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level. For purposes of this subdivision, "gross income" includes all income of the person and the person's spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-employed persons shall provide proof of payment of Medicare and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit and the definition of available assets shall be the same as those used to determine MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; and

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an "independent living account" means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person's disability.

(2) To determine net income, the following shall be disregarded:

(a) All earned income of the disabled worker;

(b) The first sixty-five dollars and one-half of the remaining earned income of a nondisabled spouse's earned income;

(c) A twenty dollar standard deduction;

(d) Health insurance premiums;

(e) A seventy-five dollar a month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;

(f) All Supplemental Security Income payments, and the first fifty dollars of SSDI payments;

(g) A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income.

4. Any person whose gross income exceeds one hundred percent of the federal poverty level shall pay a premium for participation in the medical assistance provided in this section. Such premium shall be:

(1) For a person whose gross income is more than one hundred percent but less than one hundred fifty percent of the federal poverty level, four percent of income at one hundred percent of the federal poverty level;

(2) For a person whose gross income equals or exceeds one hundred fifty percent but is less than two hundred percent of the federal poverty level, four percent of income at one hundred fifty percent of the federal poverty level;

(3) For a person whose gross income equals or exceeds two hundred percent but less than two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent of the federal poverty level;

(4) For a person whose gross income equals or exceeds two hundred fifty percent up to and including three hundred percent of the federal poverty level, six percent of income at two hundred fifty percent of the federal poverty level.

5. Recipients of services through this program shall report any change in income or household size within ten days of the occurrence of such change. An increase in premiums resulting from a reported change in income or household size shall be effective with the next premium invoice that is mailed to a person after due process requirements have been met. A decrease in premiums shall be effective the first day of the month immediately following the month in which the change is reported.

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance.

7. The provisions of this section shall expire [six years after] August 28, [2007] **2019**.

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to the extent and in the manner hereinafter provided:

(1) All participants receiving state supplemental payments for the aged, blind and disabled;

(2) All participants receiving aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible under this subdivision who are participating in drug court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving blind pension benefits;

(4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the eligibility standards in effect December 31, 1973, or less restrictive standards as established by rule of the family support division, who are sixty-five years of age or over and are patients in state institutions for mental diseases or tuberculosis;

(5) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children except for the requirements of subdivision (2) of subsection 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as amended;

(6) All persons under the age of twenty-one years who would be eligible for aid to families with dependent children benefits except for the requirement of deprivation of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(7) All persons eligible to receive nursing care benefits;

(8) All participants receiving family foster home or nonprofit private child-care institution care, subsidized adoption benefits and parental school care wherein state funds are used as partial or full payment for such care;

(9) All persons who were participants receiving old age assistance benefits, aid to the permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who continue to meet the eligibility requirements, except income, for these assistance categories, but who are no longer receiving such benefits because of the implementation of Title XVI of the federal Social Security Act, as amended;

(10) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child in the home;

(11) Pregnant women who meet the requirements for aid to families with dependent children, except for the existence of a dependent child who is deprived of parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

(12) Pregnant women or infants under one year of age, or both, whose family income does not exceed an income eligibility standard equal to one hundred eighty-five percent of the federal poverty level as established and amended by the federal Department of Health and Human Services, or its successor agency;

(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989). The family support division shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;

(14) Children who have attained six years of age but have not attained nineteen years of age. For children who have attained six years of age but have not attained nineteen years of age, the family support division shall use an income assessment methodology which provides for eligibility when family income is equal to or less than equal to one hundred percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency. As necessary to provide MO HealthNet coverage under this subdivision, the department of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C. 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. 1396a;

(15) The family support division shall not establish a resource eligibility standard in assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO HealthNet division shall define the amount and scope of benefits which are available to individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in accordance with the requirements of federal law and regulations promulgated thereunder;

(16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal care shall be made available to pregnant women during a period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as amended;

(17) A child born to a woman eligible for and receiving MO HealthNet benefits under this section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits and to have been found eligible for such assistance under such plan on the date of such birth and to remain eligible for such assistance for a period of time determined in accordance with applicable federal and state law and regulations so long as the child is a member of the woman's household and either the woman remains eligible for such assistance or for children born on or after January 1, 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon notification of such child's birth, the family support division shall assign a MO HealthNet eligibility identification number to the child so that claims may be submitted and paid under such child's identification number;

(18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the family support division for assessing eligibility under this chapter shall be as simple as practicable;

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

(20) Pregnant women who are eligible for, have applied for and have received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy;

(21) Case management services for pregnant women and young children at risk shall be a covered service. To the greatest extent possible, and in compliance with federal law and regulations, the department of health and senior services shall provide case management services to pregnant women by contract or agreement with the department of social services through local health departments organized under the provisions of chapter 192 or chapter 205 or a city health department operated under a city charter or a combined city-county health department or other department of

health and senior services designees. To the greatest extent possible the department of social services and the department of health and senior services shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of intellectual disability and developmental disability program and the prenatal care program administered by the department of health and senior services. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department of health and senior services. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the MO HealthNet program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any MO HealthNet prepaid, case-managed programs;

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

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

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

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

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

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

(26) **Effective August 28, 2013**, persons who are [independent foster care adolescents, as defined in 42 U.S.C. Section 1396d, or who are within reasonable categories of such adolescents who are under twenty-one years of age as specified by the state, are eligible for coverage under 42 U.S.C. Section 1396a (a)(10)(A)(ii)(XVII) without regard to income or assets] **in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:**

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

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

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

2. Rules and regulations to implement this section shall be promulgated in accordance with [section 431.064 and] chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such

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

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

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

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

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

(1) [Review the recommendations regarding services and] **Process, review and approve or deny** the referral within fifteen business days;

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

(3) Arrange] **For approved referrals, arrange** for the provision of services by [an in-home] **a home- and community-based** provider;

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

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

(6)] **(3)** Notify the referring entity **or individual** within five business days of receiving the referral if [additional information] **a different physical address** is required to [process the referral]; and

(7) Inform the provider and contact the individual when information is insufficient or the proposed care plan requires additional evaluation by state staff that is not obtained from the referring entity to schedule an in-home assessment to be conducted by the state staff within thirty days] **schedule the assessment. The referring entity has five days to provide a current physical address if requested by the department. If a different physical address is needed, the fifteen-day limit included in subdivision (1) of this subsection is suspended until the information is received by the department;**

(4) Inform the applicant of:

(a) The full range of available MO HealthNet home- and community-based services, including, but not limited to, adult day care services, home-delivered meals, and the benefits of self-direction and agency model services;

(b) The choice of home- and community-based service providers in the applicant's area, and that some providers conduct their own assessments, but that choosing a provider who does not conduct assessments will not delay delivery of services; and

(c) The option to choose more than one home- and community-based service provider to deliver or facilitate the services the applicant is qualified to receive;

(5) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by individuals who are alleged to be victims of abuse or neglect as a result of an investigation initiated from the elder abuse and neglect hotline, and then followed by individuals who have not selected a provider or who have selected a provider that does not conduct assessments; and

(6) Notify the referring entity and the applicant within ten business days of receiving the referral if it has not scheduled the assessment.

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

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

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

The contract shall also include the same requirements for such assessments as of January 1, 2010, related to timeliness of assessments and the beginning of service. The contract shall be bid under chapter 34 and shall not be a risk-based contract] **has not complied with subdivision (1) of subsection 1 of this section, a provider has the option of completing an assessment and care plan recommendation. At such time that the department approves or modifies the assessment and care plan, the care plan shall become effective; such approval or modification shall occur within five business days after receipt of the assessment and care plan from the provider. If such approval, modification, or denial by the department does not occur within five business days, the provider's care plan shall be approved and payment shall begin to the provider based on the assessment and care plan recommendation submitted by the provider.**

3. [The two nurse visits authorized by subsection 16 of section 660.300 shall continue to be performed by home- and community-based providers for including, but not limited to, reassessment and level of care recommendations. These reassessments and care plan changes shall be reviewed and approved by the independent third-party assessor. In the event of dispute over the level of care required, the third-party assessor shall conduct a face-to-face review with the client in question.

4. The provisions of this section shall expire August 28, 2013] **At such time that the department approves or modifies the assessment and care plan, the latest approved care plan shall become effective. If the department assessment determines the client does not meet level of care, the state shall not be responsible for the cost of services claimed prior to the department's written notification to the provider of such denial.**

4. The department shall implement subsections 2 and 3 of this section unless the Centers for Medicare and Medicaid Services disapproves any necessary state plan amendments or waivers to implement the provisions in subsections 2 and 3 of this section allowing providers to perform assessments.

5. The department's auditing of home- and community-based service providers shall include a review of the client plan of care and provider assessments, and choice and communication of home- and community-based service provider service options to individuals seeking MO HealthNet services. Such auditing shall be conducted utilizing a statistically valid sample. The department shall also make publicly available a review of its process for informing participants of service options within MO HealthNet home- and community-based service provider services and information on referrals.

6. For purposes of this section:

(1) "Assessment" means a face-to-face determination that a MO HealthNet participant is eligible for home- and community-based services and:

(a) Is conducted by an assessor trained to perform home- and community-based care assessments;

(b) Uses forms provided by the department;

(c) Includes unbiased descriptions of each available service within home- and community-based services with a clear person-centered explanation of the benefits of each home- and community-based service, whether

the applicant qualifies for more than one service and ability to choose more than one provider to deliver or facilitate services; and

(d) Informs the applicant, either by the department or the provider conducting the assessment, that choosing a provider or multiple providers that do not conduct their own assessments will in no way affect the quality of service or the timeliness of the applicant's assessment and authorization process.

(2) A "properly completed referral" shall contain basic information adequate for the department to contact the client or person needing service. At a minimum, the referral shall contain:

(a) The stated need for MO HealthNet home- and community-based services;

(b) The name, date of birth, and Social Security number of the client or person needing service, or the client's or person's MO HealthNet number; and

(c) The current physical address and phone number of the client or person needing services.

Addition information which may assist the department including contact information of a responsible party shall also be submitted.

7. The department shall:

(1) Develop an automated electronic assessment care plan tool to be used by providers; and

(2) Make recommendations to the general assembly by January 1, 2014, for the implementation of the automated electronic assessment care plan tool.

8. No later than December 31, 2014, the department of health and senior services shall submit a report to the general assembly that reviews the following:

(1) How well the department is doing on meeting the fifteen-day requirement;

(2) The process the department used to approve the assessors;

(3) Financial data on the cost of the program prior to and after enactment of this section;

(4) Any audit information available on assessments performed outside the department; and

(5) The department's staffing policies implemented to meet the fifteen-day assessment requirement.

208.990. 1. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage individuals shall meet the eligibility criteria set forth in 42 CFR 435, including but not limited to the requirements that:

(1) The individual is a resident of the state of Missouri;

(2) The individual has a valid Social Security number;

(3) The individual is a citizen of the United States or a qualified alien as described in Section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. Section 1641, who has provided satisfactory documentary evidence of qualified alien status which has been verified with the Department of Homeland Security under a declaration required by Section 1137(d) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 that the applicant or beneficiary is an alien in a satisfactory immigration status; and

(4) An individual claiming eligibility as a pregnant woman shall verify pregnancy.

2. Notwithstanding any other provisions of law to the contrary, effective January 1, 2014, the family support division shall conduct an annual redetermination of all MO HealthNet participants' eligibility as provided in 42 CFR 435.916. The department may contract with an administrative service organization to conduct the annual redeterminations if it is cost effective.

3. The department, or family support division, shall conduct electronic searches to redetermine eligibility on the basis of income, residency, citizenship, identity and other criteria as described in 42 CFR 435.916 upon availability of federal, state, and commercially available electronic data sources. The department, or family support division, may enter into a contract with a vendor to perform the electronic search of eligibility information not disclosed during the application process and obtain an applicable case management system. The department shall retain final authority over eligibility determinations made during the redetermination process.

4. Notwithstanding any other provisions of law to the contrary, applications for MO HealthNet benefits shall be submitted in accordance with the requirements of 42 CFR 435.907 and other applicable federal law. The individual shall provide all required information and documentation necessary to make an eligibility determination, resolve discrepancies found during the redetermination process, or for a purpose directly connected to the administration of the medical assistance program.

5. Notwithstanding any other provisions of law to the contrary, to be eligible for MO HealthNet coverage under section 208.995, individuals shall meet the eligibility requirements set forth in subsection 1 of this section

and all other eligibility criteria set forth in 42 CFR 435 and 457, including, but not limited to, the requirements that:

- (1) The department of social services shall determine the individual's financial eligibility based on projected annual household income and family size for the remainder of the current calendar year;
- (2) The department of social services shall determine household income for the purpose of determining the modified adjusted gross income by including all available cash support provided by the person claiming such individual as a dependent for tax purposes;
- (3) The department of social services shall determine a pregnant woman's household size by counting the pregnant woman plus the number of children she is expected to deliver;
- (4) CHIP-eligible children shall be uninsured, shall not have access to affordable insurance, and their parent shall pay the required premium;
- (5) An individual claiming eligibility as an uninsured woman shall be uninsured.

208.995. 1. For purposes of this section and section 208.990, the following terms mean:

- (1) "Child" or "children", a person or persons who are under nineteen years of age;
- (2) "CHIP-eligible children", children who meet the eligibility standards for Missouri's children's health insurance program as provided in sections 208.631 to 208.658, including paying the premiums required under sections 208.631 to 208.658;
- (3) "Department", the Missouri department of social services, or a division or unit within the department as designated by the department's director;
- (4) "MAGI", the individual's modified adjusted gross income as defined in Section 36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:
 - (a) Any foreign earned income or housing costs;
 - (b) Tax-exempt interest received or accrued by the individual; and
 - (c) Tax-exempt Social Security income;
- (5) "MAGI equivalent net income standard", an income eligibility threshold based on modified adjusted gross income that is not less than the income eligibility levels that were in effect prior to the enactment of Public Law 111-148 and Public Law 111-152.

2. (1) Effective January 1, 2014, notwithstanding any other provision of law to the contrary, the following individuals shall be eligible for MO HealthNet coverage as provided in this section:

- (a) Individuals covered by MO HealthNet for families as provided in section 208.145;
- (b) Individuals covered by transitional MO HealthNet as provided in 42 U.S.C. Section 1396r-6;
- (c) Individuals covered by extended MO HealthNet for families on child support closings as provided in 42 U.S.C. Section 1396r-6;
- (d) Pregnant women as provided in subdivisions (10), (11), and (12) of subsection 1 of section 208.151;
- (e) Children under one year of age as provided in subdivision (12) of subsection 1 of section 208.151;
- (f) Children under six years of age as provided in subdivision (13) of subsection 1 of section 208.151;
- (g) Children under nineteen years of age as provided in subdivision (14) of subsection 1 of section 208.151;
- (h) CHIP-eligible children; and
- (i) Uninsured women as provided in section 208.659.

(2) Effective January 1, 2014, the department shall determine eligibility for individuals eligible for MO HealthNet under subdivision (1) of this subsection based on the following income eligibility standards, unless and until they are changed:

- (a) For individuals listed in paragraphs (a), (b) and (c) of subdivision (1) of this subsection, the department shall apply the July 16, 1996, Aid to Families with Dependent Children (AFDC) income standard as converted to the MAGI equivalent net income standard;
- (b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of this subsection, the department shall apply one hundred thirty-three percent of the federal poverty level converted to the MAGI equivalent net income standard;
- (c) For individuals listed in paragraph (h) of subdivision (1) of this subsection, the department shall convert the income eligibility standard set forth in section 208.633 to the MAGI equivalent net income standard;
- (d) For individuals listed in paragraphs (d), (e) and (i) of subdivision (1) of this subsection, the department shall apply one hundred eighty-five percent of the federal poverty level converted to the MAGI equivalent net income standard;

(3) Individuals eligible for MO HealthNet under subdivision (1) of this subsection shall receive all applicable benefits under section 208.152.

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

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

Further amend said bill, Page 5, Line 9, by inserting after all of said line the following:

'Further amend said bill, Page 39, Section 376.1900, Line 56, by inserting after all of said line the following:

"660.315. 1. After an investigation and a determination has been made to place a person's name on the employee disqualification list, that person shall be notified in writing mailed to his or her last known address that:

(1) An allegation has been made against the person, the substance of the allegation and that an investigation has been conducted which tends to substantiate the allegation;

(2) The person's name will be included in the employee disqualification list of the department;

(3) The consequences of being so listed including the length of time to be listed; and

(4) The person's rights and the procedure to challenge the allegation.

2. If no reply has been received within thirty days of mailing the notice, the department may include the name of such person on its list. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director or the director's designee, based upon the criteria contained in subsection 9 of this section.

3. If the person so notified wishes to challenge the allegation, such person may file an application for a hearing with the department. The department shall grant the application within thirty days after receipt by the department and set the matter for hearing, or the department shall notify the applicant that, after review, the allegation has been held to be unfounded and the applicant's name will not be listed.

4. If a person's name is included on the employee disqualification list without the department providing notice as required under subsection 1 of this section, such person may file a request with the department for removal of the name or for a hearing. Within thirty days after receipt of the request, the department shall either remove the name from the list or grant a hearing and set a date therefor.

5. Any hearing shall be conducted in the county of the person's residence by the director of the department or the director's designee. The provisions of chapter 536 for a contested case except those provisions or amendments which are in conflict with this section shall apply to and govern the proceedings contained in this section and the rights and duties of the parties involved. The person appealing such an action shall be entitled to present evidence, pursuant to the provisions of chapter 536, relevant to the allegations.

6. Upon the record made at the hearing, the director of the department or the director's designee shall determine all questions presented and shall determine whether the person shall be listed on the employee disqualification list. The director of the department or the director's designee shall clearly state the reasons for his or her decision and shall include a statement of findings of fact and conclusions of law pertinent to the questions in issue.

7. A person aggrieved by the decision following the hearing shall be informed of his or her right to seek judicial review as provided under chapter 536. If the person fails to appeal the director's findings, those findings shall constitute a final determination that the person shall be placed on the employee disqualification list.

8. A decision by the director shall be inadmissible in any civil action brought against a facility or the in-home services provider agency and arising out of the facts and circumstances which brought about the employment disqualification proceeding, unless the civil action is brought against the facility or the in-home services provider agency by the department of health and senior services or one of its divisions.

9. The length of time the person's name shall appear on the employee disqualification list shall be determined by the director of the department of health and senior services or the director's designee, based upon the following:

(1) Whether the person acted recklessly or knowingly, as defined in chapter 562;

(2) The degree of the physical, sexual, or emotional injury or harm; or the degree of the imminent danger to the health, safety or welfare of a resident or in-home services client;

(3) The degree of misappropriation of the property or funds, or falsification of any documents for service delivery of an in-home services client;

(4) Whether the person has previously been listed on the employee disqualification list;

(5) Any mitigating circumstances;

(6) Any aggravating circumstances; and

(7) Whether alternative sanctions resulting in conditions of continued employment are appropriate in lieu of placing a person's name on the employee disqualification list. Such conditions of employment may include, but are not limited to, additional training and employee counseling. Conditional employment shall terminate upon the expiration of the designated length of time and the person's submitting documentation which fulfills the department of health and senior services' requirements.

10. The removal of any person's name from the list under this section shall not prevent the director from keeping records of all acts finally determined to have occurred under this section.

11. The department shall provide the list maintained pursuant to this section to other state departments upon request and to any person, corporation, organization, or association who:

(1) Is licensed as an operator under chapter 198;

(2) Provides in-home services under contract with the department;

(3) Employs nurses and nursing assistants for temporary or intermittent placement in health care facilities;

(4) Is approved by the department to issue certificates for nursing assistants training;

(5) Is an entity licensed under chapter 197;

(6) Is a recognized school of nursing, medicine, or other health profession for the purpose of determining whether students scheduled to participate in clinical rotations with entities described in subdivision (1), (2), or (5) of this subsection are included in the employee disqualification list; or

(7) Is a consumer reporting agency regulated by the federal Fair Credit Reporting Act that conducts employee background checks on behalf of entities listed in subdivisions (1), (2), (5), or (6) of this subsection. Such a consumer reporting agency shall conduct the employee disqualification list check only upon the initiative or request of an entity described in subdivisions (1), (2), (5), or (6) of this subsection when the entity is fulfilling its duties required under this section. The information shall be disclosed only to the requesting entity.

The department shall inform any person listed above who inquires of the department whether or not a particular name is on the list. The department may require that the request be made in writing. No person, corporation, organization, or association who is entitled to access the employee disqualification list may disclose the information to any person, corporation, organization, or association who is not entitled to access the list. Any person, corporation, organization, or association who is entitled to access the employee disqualification list who discloses the information to any person, corporation, organization, or association who is not entitled to access the list shall be guilty of an infraction.

12. No person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section shall knowingly employ any person who is on the employee disqualification list. Any person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this section, or any person responsible for providing health care service, who declines to employ or terminates a person whose name is listed in this section shall be immune from suit by that person or anyone else acting for or in behalf of that person for the failure to employ or for the termination of the person whose name is listed on the employee disqualification list.

13. Any employer [who is] **or vendor as defined in sections 197.250, 197.400, 198.006, 208.900, or 660.250** required to [discharge an employee because the employee was placed on a disqualification list maintained by the department of health and senior services after the date of hire] **deny employment to an applicant or to discharge an employee, provisional or otherwise, as a result of information obtained through any portion of the background screening and employment eligibility determination process under section 210.903, or subsequent, periodic screenings, shall not be liable in any action brought by the applicant or employee relating to discharge where the employer is required by law to terminate the employee, provisional or otherwise, and shall not be charged for unemployment insurance benefits based on wages paid to the employee for work prior to the date of discharge, pursuant to section 288.100[.], if the employer terminated the employee because the employee:**

(1) Has been found guilty, pled guilty or nolo contendere in this state or any other state of a crime as listed in subsection 6 of section 660.317;

(2) Was placed on the employee disqualification list under this section after the date of hire;

(3) Was placed on the employee disqualification registry maintained by the department of mental health after the date of hire;

(4) Has a disqualifying finding under this section, section 660.317, or is on any of the background check lists in the family care safety registry under sections 210.900 to 210.936; or

(5) Was denied a good cause waiver as provided for in subsection 10 of section 660.317.

14. Any person who has been listed on the employee disqualification list may request that the director remove his or her name from the employee disqualification list. The request shall be written and may not be made more than once every twelve months. The request will be granted by the director upon a clear showing, by written submission only, that the person will not commit additional acts of abuse, neglect, misappropriation of the property or funds, or the falsification of any documents of service delivery to an in-home services client. The director may make conditional the removal of a person's name from the list on any terms that the director deems appropriate, and failure to comply with such terms may result in the person's name being relisted. The director's determination of whether to remove the person's name from the list is not subject to appeal."; and'; and

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

Representative Roorda raised a point of order that **House Amendment No. 1 to House Amendment No. 1** is not germane to the bill.

Representative Dugger requested a parliamentary ruling.

The Parliamentary Committee ruled the point of order not well taken.

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

On motion of Representative Burlison, **House Amendment No. 1, as amended**, was adopted.

On motion of Representative Stream, **HCS SB 161, as amended**, was adopted.

On motion of Representative Stream, **HCS SB 161, as amended**, was read the third time and passed by the following vote:

AYES: 118

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Cierpiot	Conway 10	Conway 104
Cookson	Cornejo	Cox	Crawford	Cross
Davis	Diehl	Dohrman	Dugger	Elmer
Engler	English	Entlicher	Fitzpatrick	Fitzwater
Flanigan	Fowler	Fraker	Frame	Franklin
Frederick	Funderburk	Gannon	Gatschenberger	Gosen
Grisamore	Guernsey	Haahr	Haefner	Hampton
Hansen	Harris	Hicks	Higdon	Hinson
Hodges	Hoskins	Hough	Houghton	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Koenig	Kolkmeyer	Korman	Lair	Lant
Lauer	Leara	Lichtenegger	Love	Lynch
McGaugh	McKenna	Messenger	Miller	Molendorp
Montecillo	Moon	Morris	Muntzel	Neely
Neth	Parkinson	Pfautsch	Phillips	Pike
Redmon	Rehder	Reiboldt	Remole	Rhoads
Richardson	Riddle	Rizzo	Roorda	Ross
Rowden	Rowland	Runions	Schatz	Schieber
Schieffer	Shull	Shumake	Solon	Sommer

Spencer	Stream	Swan	Thomson	Torpey
Walker	Webb	White	Wieland	Wilson
Wood	Zerr	Mr Speaker		

NOES: 038

Burns	Butler	Carpenter	Colona	Curtis
Curtman	Dunn	Ellinger	Ellington	Englund
Gardner	Hubbard	Hummel	Kirkton	Kratky
LaFaver	Marshall	May	Mayfield	McDonald
McManus	McNeil	Meredith	Mims	Mitten
Morgan	Newman	Nichols	Norr	Otto
Pace	Peters	Pierson	Pogue	Schupp
Smith 85	Webber	Wright		

PRESENT: 000

ABSENT WITH LEAVE: 007

Kelly 45	McCaherty	McCann Beatty	Scharnhorst	Smith 120
Swearingen	Walton Gray			

Representative Dugger declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 109

Allen	Anderson	Austin	Bahr	Barnes
Bernskoetter	Berry	Brattin	Brown	Burlison
Cierpiot	Conway 104	Cookson	Cornejo	Cox
Crawford	Cross	Curtman	Davis	Diehl
Dohrman	Dugger	Elmer	Engler	Entlicher
Fitzpatrick	Fitzwater	Flanigan	Fowler	Fraker
Franklin	Frederick	Funderburk	Gannon	Gatschenberger
Gosen	Grisamore	Guernsey	Haahr	Haefner
Hampton	Hansen	Hicks	Higdon	Hinson
Hoskins	Hough	Houghton	Hubbard	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Koenig	Kolkmeyer	Korman	Lair	Lant
Lauer	Leara	Lichtenegger	Love	Lynch
McCaherty	McGaugh	Messenger	Miller	Molendorp
Moon	Morris	Muntzel	Neely	Neth
Parkinson	Pfautsch	Phillips	Pike	Pogue
Redmon	Rehder	Reiboldt	Remole	Rhoads
Richardson	Riddle	Ross	Rowden	Rowland
Scharnhorst	Schatz	Schieber	Shull	Shumake
Solon	Sommer	Spencer	Stream	Swan
Thomson	Torpey	Walker	White	Wieland
Wilson	Wood	Zerr	Mr Speaker	

NOES: 051

Anders	Black	Burns	Butler	Carpenter
Colona	Conway 10	Curtis	Dunn	Ellinger
Ellington	English	Englund	Frame	Gardner
Harris	Hodges	Hummel	Kirkton	Kratky

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LaFaver	Marshall	May	Mayfield	McCann Beatty
McDonald	McKenna	McManus	McNeil	Meredith
Mims	Mitten	Montecillo	Morgan	Newman
Nichols	Norr	Otto	Pace	Peters
Pierson	Rizzo	Roorda	Runions	Schieffer
Schupp	Smith 85	Swearingen	Webb	Webber
Wright				

PRESENT: 000

ABSENT WITH LEAVE: 003

Kelly 45	Smith 120	Walton Gray
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BILLS IN CONFERENCE

CCR HCS SB 23, as amended, relating to political subdivisions, was taken up by Representative Jones (50).

On motion of Representative Jones (50), **CCR HCS SB 23, as amended**, was adopted by the following vote:

AYES: 118

Allen	Anders	Austin	Bernskoetter	Black
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Cookson	Cornejo
Cox	Crawford	Cross	Davis	Diehl
Dohrman	Dugger	Ellinger	Elmer	Engler
English	Englund	Entlicher	Fitzwater	Flanigan
Fraker	Franklin	Frederick	Funderburk	Gannon
Gatschenberger	Gosen	Grisamore	Guernsey	Haefner
Hampton	Hansen	Harris	Hicks	Higdon
Hinson	Hodges	Hoskins	Hough	Houghton
Hubbard	Hummel	Jones 50	Justus	Keeney
Kelley 127	Kolkmeier	Korman	Kratky	LaFaver
Lair	Lant	Lauer	Leara	Lichtenegger
Love	Lynch	Mayfield	McCaherty	McGaugh
McKenna	McManus	McNeil	Messenger	Miller
Mims	Molendorp	Montecillo	Morris	Muntzel
Neely	Neth	Nichols	Norr	Otto
Pfautsch	Phillips	Pierson	Pike	Redmon
Reiboldt	Remole	Rhoads	Richardson	Riddle
Rizzo	Rowden	Rowland	Runions	Scharnhorst
Schatz	Schieffer	Shull	Shumake	Smith 85
Solon	Sommer	Stream	Swan	Swearingen
Thomson	Torpey	Walker	Webb	White
Wood	Zerr	Mr Speaker		

NOES: 039

Anderson	Bahr	Berry	Brattin	Conway 104
Curtis	Curtman	Dunn	Ellington	Fitzpatrick
Fowler	Frame	Gardner	Haahr	Hurst
Johnson	Kirkton	Koenig	Marshall	May
McDonald	Meredith	Mitten	Moon	Morgan

Newman	Pace	Parkinson	Peters	Pogue
Rehder	Roorda	Ross	Schieber	Schupp
Webber	Wieland	Wilson	Wright	

PRESENT: 000

ABSENT WITH LEAVE: 006

Barnes	Kelly 45	McCann Beatty	Smith 120	Spencer
Walton Gray				

On motion of Representative Jones (50), **CCS HCS SB 23** was truly agreed to and finally passed by the following vote:

AYES: 118

Allen	Anders	Austin	Barnes	Bernskoetter
Black	Brown	Burlison	Burns	Butler
Carpenter	Cierpiot	Colona	Conway 10	Cookson
Cornejo	Cox	Crawford	Cross	Davis
Diehl	Dohrman	Dugger	Ellinger	Elmer
Engler	English	Englund	Entlicher	Fitzwater
Flanigan	Fraker	Franklin	Frederick	Funderburk
Gannon	Gatschenberger	Gosen	Grisamore	Guernsey
Haefner	Hampton	Hansen	Harris	Hicks
Higdon	Hinson	Hodges	Hoskins	Hough
Houghton	Hubbard	Hummel	Jones 50	Justus
Keeney	Kelley 127	Kolkmeier	Korman	Kratky
LaFaver	Lair	Lant	Lauer	Love
Lynch	Mayfield	McCaherty	McCann Beatty	McGaugh
McKenna	McManus	McNeil	Messenger	Miller
Mims	Mitten	Molendorp	Montecillo	Morris
Muntzel	Neely	Neth	Nichols	Norr
Otto	Pace	Pfautsch	Phillips	Pike
Redmon	Reiboldt	Remole	Rhoads	Richardson
Riddle	Rizzo	Rowden	Rowland	Runions
Scharnhorst	Schatz	Shumake	Smith 85	Solon
Sommer	Spencer	Stream	Swan	Swearingen
Thomson	Torpey	Walker	Webb	White
Wood	Zerr	Mr Speaker		

NOES: 038

Anderson	Bahr	Berry	Brattin	Conway 104
Curtis	Curtman	Dunn	Ellington	Fitzpatrick
Fowler	Frame	Gardner	Hurst	Johnson
Kirkton	Koenig	Marshall	May	McDonald
Meredith	Moon	Morgan	Newman	Parkinson
Peters	Pierson	Pogue	Rehder	Roorda
Ross	Schieber	Schieffer	Schupp	Webber
Wieland	Wilson	Wright		

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PRESENT: 000

ABSENT WITH LEAVE: 007

Haahr	Kelly 45	Leara	Lichtenegger	Shull
Smith 120	Walton Gray			

Representative Dugger declared the bill passed.

The emergency clause was adopted by the following vote:

AYES: 139

Allen	Anders	Anderson	Austin	Bahr
Bernskoetter	Black	Brown	Burlison	Burns
Butler	Carpenter	Cierpiot	Colona	Conway 10
Cookson	Cornejo	Cox	Crawford	Cross
Curtis	Curtman	Davis	Diehl	Dohrman
Dugger	Dunn	Ellinger	Elmer	Engler
English	Englund	Entlicher	Fitzpatrick	Fitzwater
Flanigan	Fowler	Fraker	Frame	Franklin
Frederick	Gannon	Gatschenberger	Gosen	Grisamore
Guernsey	Haefner	Hampton	Hansen	Harris
Hicks	Higdon	Hinson	Hodges	Hoskins
Hough	Houghton	Hubbard	Hummel	Hurst
Jones 50	Justus	Keeney	Kelley 127	Kirkton
Koenig	Kolkmeyer	Korman	Kratky	LaFaver
Lair	Lant	Lauer	Leara	Lichtenegger
Love	Lynch	Mayfield	McCaherty	McCann Beatty
McGaugh	McKenna	McManus	McNeil	Meredith
Messenger	Miller	Mims	Mitten	Molendorp
Morgan	Morris	Muntzel	Neely	Neth
Newman	Nichols	Norr	Otto	Pace
Pfautsch	Phillips	Pierson	Pike	Redmon
Reiboldt	Remole	Rhoads	Richardson	Riddle
Rizzo	Roorda	Ross	Rowden	Rowland
Runions	Scharnhorst	Schatz	Schieffer	Schupp
Shull	Shumake	Smith 85	Solon	Sommer
Spencer	Stream	Swan	Swearingen	Thomson
Torpey	Walker	Webb	Webber	White
Wieland	Wood	Zerr	Mr Speaker	

NOES: 019

Berry	Brattin	Conway 104	Ellington	Gardner
Haahr	Johnson	Marshall	May	McDonald
Montecillo	Moon	Parkinson	Peters	Pogue
Rehder	Schieber	Wilson	Wright	

PRESENT: 000

ABSENT WITH LEAVE: 005

Barnes	Funderburk	Kelly 45	Smith 120	Walton Gray
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CCR SCS SB 106, with House Amendment No. 1, House Amendment No. 2, House Amendment No. 3, House Amendment No. 1 to House Amendment No. 4, House Amendment No. 4, as amended, and House Amendment No. 5, relating to educational credits for veterans, was taken up by Representative Davis.

On motion of Representative Davis, **CCR SCS SB 106, with House Amendment No. 1, House Amendment No. 2, House Amendment No. 3, House Amendment No. 1 to House Amendment No. 4, House Amendment No. 4, as amended, and House Amendment No. 5** was adopted by the following vote:

AYES: 158

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Conway 104	Cookson
Cornejo	Cox	Crawford	Cross	Curtis
Curtman	Davis	Diehl	Dohrman	Dugger
Dunn	Ellinger	Ellington	Elmer	Engler
English	Englund	Entlicher	Fitzpatrick	Fitzwater
Flanigan	Fowler	Fraker	Frame	Franklin
Frederick	Funderburk	Gannon	Gardner	Gatschenberger
Gosen	Grisamore	Guernsey	Haahr	Haefner
Hampton	Hansen	Harris	Hicks	Higdon
Hinson	Hoskins	Hough	Houghton	Hubbard
Hummel	Hurst	Johnson	Justus	Keeney
Kelley 127	Kirkton	Koenig	Kolkmeyer	Korman
Kratky	LaFaver	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	Marshall
May	Mayfield	McCaherty	McCann Beatty	McDonald
McGaugh	McKenna	McManus	McNeil	Meredith
Messenger	Miller	Mims	Mitten	Molendorp
Montecillo	Moon	Morgan	Morris	Muntzel
Neely	Neth	Newman	Nichols	Norr
Otto	Pace	Parkinson	Peters	Pfautsch
Phillips	Pierson	Pike	Pogue	Redmon
Rehder	Reiboldt	Remole	Rhoads	Richardson
Riddle	Rizzo	Roorda	Ross	Rowden
Rowland	Runions	Scharnhorst	Schatz	Schieber
Schieffer	Schupp	Shull	Shumake	Smith 85
Solon	Sommer	Spencer	Stream	Swan
Swearingen	Thomson	Torpey	Walker	Webb
Webber	White	Wieland	Wilson	Wood
Wright	Zerr	Mr Speaker		

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 005

Hodges	Jones 50	Kelly 45	Smith 120	Walton Gray
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On motion of Representative Davis, **CCS SCS SB 106** was truly agreed to and finally passed by the following vote:

AYES: 156

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Conway 104	Cookson
Cornejo	Cox	Crawford	Cross	Curtis
Curtman	Davis	Diehl	Dohrman	Dugger
Dunn	Ellinger	Ellington	Elmer	Engler
English	Englund	Entlicher	Fitzpatrick	Fitzwater
Flanigan	Fowler	Fraker	Frame	Franklin
Frederick	Funderburk	Gannon	Gardner	Gatschenberger
Gosen	Guernsey	Haahr	Haefner	Hampton
Hansen	Harris	Hicks	Higdon	Hinson
Hodges	Hoskins	Hough	Houghton	Hubbard
Hummel	Hurst	Johnson	Justus	Keeney
Kelley 127	Kirkton	Koenig	Kolkmeyer	Korman
Kratky	LaFaver	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	Marshall
May	Mayfield	McCaherty	McCann Beatty	McDonald
McGaugh	McKenna	McManus	McNeil	Meredith
Messenger	Miller	Mims	Mitten	Molendorp
Montecillo	Moon	Morgan	Muntzel	Neely
Neth	Newman	Nichols	Norr	Otto
Pace	Parkinson	Peters	Pfautsch	Phillips
Pierson	Pike	Pogue	Redmon	Rehder
Reiboldt	Remole	Rhoads	Richardson	Riddle
Rizzo	Roorda	Ross	Rowden	Rowland
Runions	Scharnhorst	Schatz	Schieber	Schieffer
Schupp	Shull	Shumake	Smith 85	Solon
Sommer	Stream	Swan	Swearingen	Thomson
Torpey	Walker	Webb	Webber	White
Wieland	Wilson	Wood	Wright	Zerr
Mr Speaker				

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 007

Grisamore	Jones 50	Kelly 45	Morris	Smith 120
Spencer	Walton Gray			

Representative Dugger declared the bill passed.

CCR HCS SCS SB 117, as amended, relating to military affairs, was taken up by Representative Davis.

On motion of Representative Davis, **CCR HCS SCS SB 117, as amended**, was adopted by the following vote:

AYES: 156

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Conway 104	Cookson
Cornejo	Crawford	Cross	Curtis	Curtman
Davis	Diehl	Dohrman	Dugger	Dunn
Ellinger	Ellington	Elmer	Engler	English
Englund	Fitzpatrick	Fitzwater	Fowler	Fraker
Frame	Franklin	Frederick	Funderburk	Gannon
Gardner	Gatschenberger	Gosen	Grisamore	Guernsey
Haahr	Haefner	Hampton	Hansen	Harris
Hicks	Higdon	Hinson	Hodges	Hoskins
Hough	Houghton	Hubbard	Hummel	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Kirkton	Koenig	Kolkmeyer	Korman	Kratky
LaFaver	Lair	Lant	Lauer	Leara
Lichtenegger	Love	Lynch	Marshall	May
Mayfield	McCaherty	McDonald	McGaugh	McKenna
McManus	McNeil	Meredith	Messenger	Miller
Mims	Mitten	Molendorp	Montecillo	Moon
Morgan	Morris	Muntzel	Neely	Neth
Newman	Nichols	Norr	Otto	Pace
Parkinson	Peters	Pfautsch	Phillips	Pierson
Pike	Pogue	Redmon	Rehder	Reiboldt
Remole	Rhoads	Richardson	Riddle	Rizzo
Roorda	Ross	Rowden	Rowland	Runions
Scharnhorst	Schatz	Schieber	Schieffer	Schupp
Shull	Shumake	Smith 85	Solon	Sommer
Spencer	Stream	Swan	Swearingen	Thomson
Torpey	Walker	Webb	Webber	White
Wieland	Wilson	Wood	Wright	Zerr
Mr Speaker				

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 007

Cox	Entlicher	Flanigan	Kelly 45	McCann Beatty
Smith 120	Walton Gray			

On motion of Representative Davis, **CCS HCS SCS SB 117** was truly agreed to and finally passed by the following vote:

AYES: 155

Allen	Anders	Anderson	Austin	Bahr
Barnes	Bernskoetter	Berry	Black	Brattin
Brown	Burlison	Burns	Butler	Carpenter
Cierpiot	Colona	Conway 10	Conway 104	Cookson
Cornejo	Cox	Crawford	Cross	Curtis
Curtman	Davis	Dohrman	Dugger	Dunn
Ellinger	Ellington	Elmer	Engler	English
Englund	Entlicher	Fitzpatrick	Fitzwater	Fowler
Fraker	Frame	Franklin	Frederick	Funderburk
Gannon	Gardner	Gosen	Grisamore	Guernsey
Haahr	Haefner	Hampton	Hansen	Harris
Hicks	Higdon	Hinson	Hodges	Hoskins
Hough	Houghton	Hubbard	Hummel	Hurst
Johnson	Justus	Keeney	Kelley 127	Kirkton
Koenig	Kolkmeyer	Korman	Kratky	LaFaver
Lair	Lant	Lauer	Leara	Lichtenegger
Love	Lynch	Marshall	May	Mayfield
McCaherty	McDonald	McGaugh	McKenna	McManus
McNeil	Meredith	Messenger	Miller	Mims
Mitten	Molendorp	Montecillo	Moon	Morgan
Morris	Muntzel	Neely	Neth	Newman
Nichols	Norr	Otto	Pace	Parkinson
Peters	Pfautsch	Phillips	Pierson	Pike
Pogue	Redmon	Rehder	Reiboldt	Remole
Rhoads	Richardson	Riddle	Rizzo	Roorda
Ross	Rowden	Rowland	Runions	Scharnhorst
Schatz	Schieber	Schieffer	Schupp	Shull
Shumake	Smith 85	Solon	Sommer	Spencer
Stream	Swan	Swearingen	Thomson	Torpey
Walker	Webb	Webber	White	Wieland
Wilson	Wood	Wright	Zerr	Mr Speaker

NOES: 000

PRESENT: 000

ABSENT WITH LEAVE: 008

Diehl	Flanigan	Gatschenberger	Jones 50	Kelly 45
McCann Beatty	Smith 120	Walton Gray		

Representative Dugger declared the bill passed.

CCR HCS SS SB 34, as amended, relating to a workers' compensation claim database, was taken up by Representative Fraker.

On motion of Representative Fraker, **CCR HCS SS SB 34, as amended**, was adopted by the following vote:

AYES: 091

Allen	Anderson	Austin	Bahr	Bernskoetter
Brattin	Brown	Burlison	Cierpiot	Conway 104
Cookson	Cornejo	Cox	Crawford	Cross
Curtman	Davis	Diehl	Dohrman	Dugger
Elmer	Engler	Entlicher	Fitzpatrick	Fitzwater
Fowler	Fraker	Franklin	Frederick	Funderburk
Gannon	Gatschenberger	Gosen	Grisamore	Guernsey
Haahr	Haefner	Hampton	Hansen	Hicks
Hinson	Hoskins	Hough	Houghton	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Koenig	Kolkmeyer	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	McGaugh
Messenger	Miller	Morris	Muntzel	Neely
Parkinson	Pfautsch	Phillips	Pike	Redmon
Rehder	Reiboldt	Remole	Rhoads	Richardson
Riddle	Ross	Rowland	Scharnhorst	Schatz
Shumake	Sommer	Spencer	Stream	Swan
Thomson	Walker	White	Wieland	Wood
Mr Speaker				

NOES: 064

Anders	Barnes	Berry	Black	Burns
Butler	Carpenter	Colona	Conway 10	Curtis
Dunn	Ellinger	Ellington	English	Englund
Frame	Gardner	Harris	Higdon	Hodges
Hubbard	Hummel	Kirkton	Korman	Kratky
LaFaver	Marshall	May	Mayfield	McCaherty
McCann Beatty	McDonald	McKenna	McManus	McNeil
Meredith	Mims	Mitten	Montecillo	Moon
Morgan	Neth	Nichols	Norr	Otto
Pace	Peters	Pierson	Pogue	Rizzo
Roorda	Rowden	Runions	Schieber	Schieffer
Schupp	Smith 85	Solon	Swearingen	Torpey
Webb	Webber	Wilson	Wright	

PRESENT: 000

ABSENT WITH LEAVE: 008

Flanigan	Kelly 45	Molendorp	Newman	Shull
Smith 120	Walton Gray	Zerr		

On motion of Representative Fraker, **CCS HCS SS SB 34** was truly agreed to and finally passed by the following vote:

AYES: 091

Allen	Anderson	Austin	Bahr	Bernskoetter
Brattin	Brown	Burlison	Cierpiot	Conway 104
Cookson	Cornejo	Cox	Crawford	Cross
Curtman	Davis	Diehl	Dohrman	Dugger
Elmer	Engler	Entlicher	Fitzpatrick	Fitzwater
Flanigan	Fowler	Fraker	Franklin	Frederick
Gannon	Gatschenberger	Gosen	Grisamore	Guernsey
Haahr	Haefner	Hampton	Hansen	Hicks
Hinson	Hoskins	Hough	Houghton	Hurst
Johnson	Jones 50	Justus	Keeney	Kelley 127
Koenig	Kolkmeier	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	Messenger
Miller	Morris	Muntzel	Neely	Parkinson
Pfautsch	Phillips	Pike	Redmon	Rehder
Reiboldt	Remole	Rhoads	Richardson	Riddle
Ross	Rowland	Scharnhorst	Schatz	Shull
Shumake	Sommer	Spencer	Stream	Swan
Thomson	Walker	White	Wieland	Wood
Mr Speaker				

NOES: 067

Anders	Barnes	Berry	Black	Burns
Butler	Carpenter	Colona	Conway 10	Curtis
Dunn	Ellinger	Ellington	English	Englund
Frame	Funderburk	Gardner	Harris	Higdon
Hodges	Hubbard	Hummel	Kirkton	Korman
Kratky	LaFaver	Marshall	May	Mayfield
McCaherty	McCann Beatty	McDonald	McKenna	McManus
McNeil	Meredith	Mims	Mitten	Montecillo
Moon	Morgan	Neth	Newman	Nichols
Norr	Otto	Pace	Peters	Pierson
Pogue	Rizzo	Roorda	Rowden	Runions
Schieber	Schieffer	Schupp	Smith 85	Solon
Swearingen	Torpey	Webb	Webber	Wilson
Wright	Zerr			

PRESENT: 000

ABSENT WITH LEAVE: 005

Kelly 45	McGaugh	Molendorp	Smith 120	Walton Gray
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Representative Dugger declared the bill passed.

HOUSE BILLS WITH SENATE AMENDMENTS

HCS HBs 256, 33 & 305, with Senate Amendment No. 2 and Senate Amendment No. 3, relating to the Safe Place for Newborns Act, was taken up by Representative Jones (50).

Representative Jones (50) moved that the House refuse to concur in **Senate Amendment No. 2** and **Senate Amendment No. 3** to **HCS HBs 256, 33 & 305** and request the Senate to recede from its position and, failing to do so, grant the House a conference.

Which motion was adopted.

HB 400, with Senate Amendment No. 2, relating to abortion-inducing drugs, was taken up by Representative Riddle.

On motion of Representative Riddle, the House concurred in **Senate Amendment No. 2** by the following vote:

AYES: 119

Allen	Anderson	Austin	Bahr	Barnes
Bernskoetter	Berry	Black	Brattin	Brown
Burlison	Cierpiot	Conway 10	Conway 104	Cookson
Cornejo	Cox	Crawford	Cross	Curtman
Davis	Diehl	Dohrman	Dugger	Elmer
Engler	English	Entlicher	Fitzpatrick	Fitzwater
Flanigan	Fowler	Fraker	Franklin	Frederick
Funderburk	Gannon	Gatschenberger	Gosen	Grisamore
Guernsey	Haahr	Haefner	Hampton	Hansen
Harris	Hicks	Hinson	Hodges	Hoskins
Hough	Houghton	Hurst	Johnson	Jones 50
Justus	Keeney	Kelley 127	Koenig	Kolkmeier
Korman	Kratky	Lair	Lant	Lauer
Leara	Lichtenegger	Love	Lynch	Marshall
Mayfield	McCaherty	McGaugh	McKenna	Messenger
Miller	Molendorp	Moon	Morris	Muntzel
Neely	Neth	Parkinson	Pfautsch	Phillips
Pike	Pogue	Redmon	Rehder	Reiboldt
Remole	Rhoads	Richardson	Riddle	Roorda
Ross	Rowden	Rowland	Runions	Scharnhorst
Schatz	Schieber	Schieffer	Shull	Shumake
Solon	Sommer	Spencer	Stream	Swan
Thomson	Torpey	Walker	White	Wieland
Wilson	Wood	Zerr	Mr Speaker	

NOES: 039

Anders	Burns	Butler	Carpenter	Colona
Curtis	Dunn	Ellinger	Ellington	Englund
Frame	Gardner	Hubbard	Hummel	Kirkton
LaFaver	May	McCann Beatty	McDonald	McNeil
Meredith	Mims	Mitten	Montecillo	Morgan

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Newman	Nichols	Norr	Otto	Pace
Peters	Pierson	Rizzo	Schupp	Smith 85
Swearingen	Webb	Webber	Wright	

PRESENT: 000

ABSENT WITH LEAVE: 005

Higdon	Kelly 45	McManus	Smith 120	Walton Gray
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On motion of Representative Riddle, **HB 400, as amended**, was truly agreed to and finally passed by the following vote:

AYES: 115

Allen	Anderson	Austin	Bahr	Barnes
Bernskoetter	Berry	Black	Brattin	Brown
Burlison	Cierpiot	Conway 10	Conway 104	Cookson
Cornejo	Cox	Crawford	Cross	Curtman
Davis	Diehl	Dohrman	Dugger	Elmer
Engler	Entlicher	Fitzpatrick	Fitzwater	Flanigan
Fowler	Fraker	Franklin	Frederick	Funderburk
Gannon	Gosen	Grisamore	Guernsey	Haahr
Haefner	Hampton	Hansen	Harris	Hicks
Hinson	Hodges	Hoskins	Hough	Houghton
Hurst	Johnson	Jones 50	Justus	Keeney
Kelley 127	Koenig	Kolkmeyer	Korman	Kratky
Lair	Lant	Lauer	Lichtenegger	Love
Lynch	Marshall	Mayfield	McCaherty	McGaugh
McKenna	Messenger	Miller	Molendorp	Moon
Morris	Muntzel	Neely	Neth	Parkinson
Pfautsch	Phillips	Pike	Pogue	Redmon
Rehder	Reiboldt	Remole	Rhoads	Richardson
Riddle	Roorda	Ross	Rowden	Rowland
Runions	Scharnhorst	Schatz	Schieber	Schieffer
Shull	Shumake	Solon	Sommer	Spencer
Stream	Swan	Thomson	Torpey	Walker
White	Wieland	Wilson	Zerr	Mr Speaker

NOES: 039

Anders	Burns	Butler	Carpenter	Colona
Curtis	Dunn	Ellinger	Ellington	Englund
Frame	Gardner	Hubbard	Hummel	Kirkton
LaFaver	May	McCann Beatty	McDonald	McNeil
Meredith	Mims	Mitten	Montecillo	Morgan
Newman	Nichols	Norr	Otto	Pace
Peters	Pierson	Rizzo	Schupp	Smith 85
Swearingen	Webb	Webber	Wright	

PRESENT: 000

ABSENT WITH LEAVE: 009

English	Gatschenberger	Higdon	Kelly 45	Leara
McManus	Smith 120	Walton Gray	Wood	

Representative Dugger declared the bill passed.

Speaker Jones resumed the Chair.

SS HCS HB 199, as amended, relating to elections, was taken up by Representative Dugger.

Representative Dugger moved that the House refuse to adopt **SS HCS HB 199, as amended**, and request the Senate to recede from its position and, failing to do so, grant the House a conference.

Which motion was adopted.

BILLS CARRYING REQUEST MESSAGES

SB 77, with House Amendment No. 1, relating to neighborhood youth development programs, was taken up by Representative Allen.

Representative Allen moved that the House refuse to recede from its position on **House Amendment No. 1** to **SB 77** and grant the Senate a conference.

Which motion was adopted.

HCS SB 57, as amended, relating to certain civil actions, was taken up by Representative Engler.

Representative Engler moved that the House refuse to recede from its position on **HCS SB 57, as amended**, and grant the Senate a conference.

Which motion was adopted.

HCS SCS SB 42, as amended, relating to county criminal justice, was taken up by Representative Jones (50).

Representative Jones (50) moved that the House refuse to recede from its position on **HCS SCS SB 42, as amended**, and grant the Senate a conference.

Which motion was adopted.

HCS SB 90, as amended, relating to elections, was taken up by Representative Dugger.

Representative Dugger moved that the House refuse to recede from its position on **HCS SB 90, as amended**, and grant the Senate a conference.

Which motion was adopted.

SCS SB 33, with House Amendment No. 1, House Amendment No. 2, House Amendment No. 3, House Amendment No. 4, House Amendment No. 5 and House Amendment No. 6, relating to persons with disabilities, was taken up by Representative Grisamore.

Representative Grisamore moved that the House refuse to recede from its position on **House Amendment No. 1, House Amendment No. 2, House Amendment No. 3, House Amendment No. 4, House Amendment No. 5** and **House Amendment No. 6** to **SCS SB 33** and grant the Senate a conference.

Which motion was adopted.

SB 327, with House Amendment No. 1, relating to the cost of electronic monitoring, was taken up by Representative Haahr.

Representative Haahr moved that the House recede from its position on **House Amendment No. 1** to **SB 327** and truly agree to and finally pass **SB 327**.

Which motion was defeated by the following vote:

AYES: 013

Cornejo	Fowler	Gannon	Haahr	Hummel
Kolkmeyer	Lair	McKenna	Pfautsch	Riddle
Roorda	Schatz	Smith 85		

NOES: 141

Allen	Anders	Anderson	Austin	Bahr
Bernskoetter	Berry	Black	Brattin	Brown
Burlison	Burns	Butler	Carpenter	Cierpiot
Colona	Conway 10	Conway 104	Cookson	Cox
Crawford	Cross	Curtis	Curtman	Davis
Diehl	Dohrman	Dugger	Dunn	Ellinger
Ellington	Elmer	English	Englund	Entlicher
Fitzpatrick	Fitzwater	Flanigan	Fraker	Frame
Franklin	Frederick	Gardner	Gatschenberger	Gosen
Grisamore	Haefner	Hampton	Hansen	Harris
Hicks	Higdon	Hinson	Hodges	Hoskins
Hough	Houghton	Hubbard	Hurst	Johnson
Jones 50	Justus	Keeney	Kelley 127	Kirkton
Koenig	Korman	Kratky	LaFaver	Lant
Lauer	Lichtenegger	Love	Lynch	Marshall
May	Mayfield	McCaherty	McCann Beatty	McDonald
McGaugh	McNeil	Meredith	Messenger	Miller
Mims	Mitten	Molendorp	Montecillo	Moon
Morgan	Morris	Muntzel	Neely	Neth
Newman	Nichols	Norr	Otto	Pace
Parkinson	Peters	Phillips	Pierson	Pike
Pogue	Redmon	Rehder	Reiboldt	Remole
Rhoads	Richardson	Rizzo	Ross	Rowden
Rowland	Runions	Scharnhorst	Schieber	Schieffer
Schupp	Shull	Shumake	Solon	Sommer
Spencer	Stream	Swan	Swearingen	Thomson
Torpey	Walker	Webb	Webber	White
Wieland	Wilson	Wood	Wright	Zerr
Mr Speaker				

PRESENT: 000

ABSENT WITH LEAVE: 009

Barnes	Engler	Funderburk	Guernsey	Kelly 45
Leara	McManus	Smith 120	Walton Gray	

SB 327, with House Amendment No. 1, was laid over.

APPOINTMENT OF CONFERENCE COMMITTEES

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

SCS SB 33: Representatives Grisamore, Neely and Newman

HCS SCS SB 42: Representatives Jones (50), Houghton and Colona

HCS SB 57: Representatives Engler, Keeney and Roorda

SB 77: Representatives Allen, Flanigan and Colona

HCS SB 90: Representatives Dugger, Hough and Swearingen

BILLS CARRYING REQUEST MESSAGES

SB 327, with House Amendment No. 1, relating to the cost of electronic monitoring, was again taken up by Representative Haahr.

Representative Haahr moved that the House refuse to recede from its position on **House Amendment No. 1** to **SB 327**, and request the Senate to grant the House a conference.

Representative Roorda raised a point of order that **SB 327, with House Amendment No. 1** was not eligible for consideration.

The Chair ruled the point of order not well taken.

Representative Haahr again moved that the House refuse to recede from its position on **House Amendment No. 1** to **SB 327**, and request the Senate to grant the House a conference.

Which motion was adopted.

HCS SB 41, as amended, relating to private nuisance activities, was taken up by Representative Hough.

Representative Hough moved that the House refuse to recede from its position on **HCS SB 41, as amended**, and grant the Senate a conference.

Which motion was adopted.

MESSAGE FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate conferees on **HCS SS SB 262, as amended**, are allowed to exceed the differences in sections of the bill relating to navigators, exclusive network plans and deemer language relative to the Department of Insurance.

BILLS IN CONFERENCE

HCS SS SB 262, as amended, relating to health insurance, was taken up by Representative Molendorp.

Representative Molendorp moved that the House conferees be allowed to exceed the differences on **HCS SS SB 262, as amended**.

Which motion was adopted.

THIRD READING OF SENATE BILL

SS SCS SB 129, relating to the establishment of the Volunteer Health Services Act, was taken up by Representative Burlison.

Representative Diehl moved the previous question.

Which motion was adopted by the following vote:

AYES: 105

Allen	Anderson	Austin	Bahr	Barnes
Bernskoetter	Berry	Brattin	Brown	Burlison
Cierpiot	Conway 104	Cookson	Cornejo	Cox
Crawford	Cross	Curtman	Davis	Diehl
Dohrman	Dugger	Elmer	Entlicher	Fitzpatrick
Fitzwater	Flanigan	Fowler	Fraker	Franklin
Frederick	Funderburk	Gannon	Gatschenberger	Gosen
Grisamore	Guernsey	Haahr	Haefner	Hampton
Hansen	Hicks	Higdon	Hinson	Hoskins
Hough	Houghton	Hurst	Johnson	Jones 50
Justus	Keeney	Koenig	Kolkmeier	Korman
Lair	Lant	Lauer	Leara	Lichtenegger
Love	Lynch	Marshall	McCaherty	McGaugh
Messenger	Miller	Molendorp	Moon	Morris
Muntzel	Neely	Neth	Parkinson	Pfausch
Phillips	Pike	Pogue	Redmon	Rehder
Reiboldt	Remole	Rhoads	Richardson	Riddle
Ross	Rowden	Rowland	Scharnhorst	Schieber
Shull	Shumake	Solon	Sommer	Spencer
Swan	Thomson	Torpey	Walker	White
Wieland	Wilson	Wood	Zerr	Mr Speaker

NOES: 050

Anders	Black	Burns	Butler	Carpenter
Colona	Conway 10	Curtis	Dunn	Ellinger
Ellington	English	Englund	Frame	Gardner
Harris	Hodges	Hubbard	Hummel	Kirkton
Kratky	LaFaver	May	Mayfield	McCann Beatty
McDonald	McKenna	McNeil	Meredith	Mims
Mitten	Montecillo	Morgan	Newman	Nichols
Norr	Otto	Pace	Peters	Pierson
Rizzo	Roorda	Runions	Schieffer	Schupp
Smith 85	Swearingen	Webb	Webber	Wright

PRESENT: 000

ABSENT WITH LEAVE: 008

Engler	Kelley 127	Kelly 45	McManus	Schatz
Smith 120	Stream	Walton Gray		

On motion of Representative Burlison, **SS SCS SB 129** was truly agreed to and finally passed by the following vote:

AYES: 115

Allen	Anders	Anderson	Austin	Bahr
Bernskoetter	Berry	Black	Brattin	Brown
Burlison	Carpenter	Cierpiot	Conway 10	Conway 104
Cookson	Cornejo	Cox	Crawford	Cross
Curtman	Davis	Diehl	Dohrman	Dugger
Elmer	Entlicher	Fitzpatrick	Fitzwater	Flanigan
Fowler	Fraker	Franklin	Frederick	Funderburk
Gannon	Gatschenberger	Gosen	Grisamore	Guernsey
Haahr	Haefner	Hampton	Hansen	Hicks
Higdon	Hinson	Hoskins	Hough	Houghton
Hurst	Johnson	Jones 50	Justus	Keeney
Kirkton	Koenig	Kolkmeyer	Korman	Kratky
LaFaver	Lair	Lant	Lauer	Learn
Lichtenegger	Love	Lynch	McCaherty	McGaugh
McKenna	Messenger	Miller	Molendorp	Moon
Morris	Muntzel	Neely	Norr	Parkinson
Pfautsch	Phillips	Pike	Pogue	Redmon
Rehder	Reiboldt	Remole	Rhoads	Richardson
Riddle	Rizzo	Ross	Rowden	Rowland
Scharnhorst	Schatz	Schieffer	Shull	Shumake
Solon	Sommer	Spencer	Stream	Swan
Swearingen	Thomson	Torpey	Walker	White
Wieland	Wilson	Wood	Zerr	Mr Speaker

NOES: 041

Burns	Butler	Colona	Curtis	Dunn
Ellinger	Ellington	English	Englund	Frame
Gardner	Harris	Hodges	Hubbard	Hummel
Marshall	May	Mayfield	McCann Beatty	McDonald
McNeil	Meredith	Mims	Mitten	Montecillo
Morgan	Neth	Newman	Nichols	Otto

Pace	Peters	Pierson	Roorda	Runions
Schieber	Schupp	Smith 85	Webb	Webber
Wright				

PRESENT: 000

ABSENT WITH LEAVE: 007

Barnes	Engler	Kelley 127	Kelly 45	McManus
Smith 120	Walton Gray			

Speaker Jones declared the bill passed.

PERFECTION OF HOUSE BILLS

HCS HB 717, relating to children and families, was taken up by Representative Grisamore.

Representative Hough assumed the Chair.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 717, Page 11, Section 208.151, Line 220, by inserting after all of said line the following:

"208.247. 1. Pursuant to the option granted the state by 21 U.S.C. Section 862a(d), an individual who has pled guilty to or is found guilty under federal or state law of a felony involving possession or use of a controlled substance shall be exempt from the prohibition contained in 21 U.S.C. Section 862a(a) against eligibility for supplemental nutrition assistance program (SNAP) benefits for such convictions, if such person, as determined by the department to meet at least one of the following conditions:

(1) Is currently successfully participating in a substance abuse treatment program approved by the division of alcohol and drug abuse within the department of mental health;

(2) Is currently accepted for treatment in and participating in a substance abuse treatment program approved by the division of alcohol and drug abuse, but is subject to a waiting list to receive available treatment, and the individual remains enrolled in the treatment program and enters the treatment program at the first available opportunity;

(3) Has satisfactorily completed a substance abuse treatment program approved by the division of alcohol and drug abuse;

(4) Is successfully complying with, or has already complied with, all obligations imposed by the court, the division of alcohol and drug abuse, and the division of probation and parole;

(5) Has demonstrated sobriety through voluntary urinalysis testing paid for by the participant; or

(6) It has been more than four years since the conviction for a drug related felony.

2. Eligibility based upon the factors in subsection 1 of this section shall be based upon documentary or other evidence satisfactory to the department of social services, and the applicant shall meet all other factors for program eligibility.

3. The department of social services, in consultation with the division of alcohol and drug abuse, shall promulgate rules to carry out the provisions of this section, including specifying criteria for determining active participation in and completion of a substance abuse treatment program."; and

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

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

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

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 717, Pages 16-27, Sections 210.145, 210.152, 210.153, by deleting all of said sections from the bill and inserting in lieu thereof the following:

"210.145. 1. The division shall develop protocols which give priority to:

- (1) Ensuring the well-being and safety of the child in instances where child abuse or neglect has been alleged;
- (2) Promoting the preservation and reunification of children and families consistent with state and federal law;
- (3) Providing due process for those accused of child abuse or neglect; and
- (4) Maintaining an information system operating at all times, capable of receiving and maintaining reports.

This information system shall have the ability to receive reports over a single, statewide toll-free number. Such information system shall maintain the results of all investigations, family assessments and services, and other relevant information.

2. The division shall utilize structured decision-making protocols for classification purposes of all child abuse and neglect reports. The protocols developed by the division shall give priority to ensuring the well-being and safety of the child. All child abuse and neglect reports shall be initiated within twenty-four hours and shall be classified based upon the reported risk and injury to the child. The division shall promulgate rules regarding the structured decision-making protocols to be utilized for all child abuse and neglect reports.

3. Upon receipt of a report, the division shall determine if the report merits investigation, including reports which if true would constitute a suspected violation of any of the following: section 565.020, 565.021, 565.023, 565.024, or 565.050 if the victim is a child less than eighteen years of age, section 566.030 or 566.060 if the victim is a child less than eighteen years of age, or other crimes under chapter 566 if the victim is a child less than eighteen years of age and the perpetrator is twenty-one years of age or older, section 567.050 if the victim is a child less than eighteen years of age, section 568.020, 568.030, 568.045, 568.050, 568.060, 568.080, or 568.090, section 573.025, 573.035, 573.037, or 573.040, or an attempt to commit any such crimes. The division shall immediately communicate all reports that merit investigation to its appropriate local office and any relevant information as may be contained in the information system. The local division staff shall determine, through the use of protocols developed by the division, whether an investigation or the family assessment and services approach should be used to respond to the allegation. The protocols developed by the division shall give priority to ensuring the well-being and safety of the child.

4. When the child abuse and neglect hotline receives three or more calls, within a seventy-two hour period, from one or more individuals concerning the same child, the division shall conduct a review to determine whether the calls meet the criteria and statutory definition for a child abuse and neglect report to be accepted. In conducting the review, the division shall contact the hotline caller or callers in order to collect information to determine whether the calls meet the criteria for harassment.

5. The local office shall contact the appropriate law enforcement agency immediately upon receipt of a report which division personnel determine merits an investigation and provide such agency with a detailed description of the report received. In such cases the local division office shall request the assistance of the local law enforcement agency in all aspects of the investigation of the complaint. The appropriate law enforcement agency shall either assist the division in the investigation or provide the division, within twenty-four hours, an explanation in writing detailing the reasons why it is unable to assist.

6. The local office of the division shall cause an investigation or family assessment and services approach to be initiated in accordance with the protocols established in subsection 2 of this section, except in cases where the sole basis for the report is educational neglect. If the report indicates that educational neglect is the only complaint and there is no suspicion of other neglect or abuse, the investigation shall be initiated within seventy-two hours of receipt of the report. If the report indicates the child is in danger of serious physical harm or threat to life, an investigation shall include direct observation of the subject child within twenty-four hours of the receipt of the report. Local law enforcement shall take all necessary steps to facilitate such direct observation. Callers to the child abuse and neglect hotline shall be instructed by the division's hotline to call 911 in instances where the child may be in immediate danger. If the parents of the child are not the alleged abusers, a parent of the child must be notified prior to the child being interviewed by the division. No person responding to or investigating a child abuse and neglect report shall call prior to a home visit or leave any documentation of any attempted visit, such as business cards, pamphlets, or other similar identifying information if he or she has a reasonable basis to believe the following factors are present:

- (1) (a) No person is present in the home at the time of the home visit; and

(b) The alleged perpetrator resides in the home or the physical safety of the child may be compromised if the alleged perpetrator becomes aware of the attempted visit;

- (2) The alleged perpetrator will be alerted regarding the attempted visit; or
- (3) The family has a history of domestic violence or fleeing the community.

If the alleged perpetrator is present during a visit by the person responding to or investigating the report, such person shall provide written material to the alleged perpetrator informing him or her of his or her rights regarding such visit, including but not limited to the right to contact an attorney. The alleged perpetrator shall be given a reasonable amount of time to read such written material or have such material read to him or her by the case worker before the visit commences, but in no event shall such time exceed five minutes; except that, such requirement to provide written material and reasonable time to read such material shall not apply in cases where the child faces an immediate threat or danger, or the person responding to investigating the report is or feels threatened or in danger of physical harm. If the abuse is alleged to have occurred in a school or child care facility the division shall not meet with the child in any school building or child-care facility building where abuse of such child is alleged to have occurred. When the child is reported absent from the residence, the location and the well-being of the child shall be verified. For purposes of this subsection, child care facility shall have the same meaning as such term is defined in section 210.201.

7. The director of the division shall name at least one chief investigator for each local division office, who shall direct the division response on any case involving a second or subsequent incident regarding the same subject child or perpetrator. The duties of a chief investigator shall include verification of direct observation of the subject child by the division and shall ensure information regarding the status of an investigation is provided to the public school district liaison. The public school district liaison shall develop protocol in conjunction with the chief investigator to ensure information regarding an investigation is shared with appropriate school personnel. The superintendent of each school district shall designate a specific person or persons to act as the public school district liaison. Should the subject child attend a nonpublic school the chief investigator shall notify the school principal of the investigation. Upon notification of an investigation, all information received by the public school district liaison or the school shall be subject to the provisions of the federal Family Educational Rights and Privacy Act (FERPA), 20 U.S.C., Section 1232g, and federal rule 34 CFR, Part 99.

8. The investigation shall include but not be limited to the nature, extent, and cause of the abuse or neglect; the identity and age of the person responsible for the abuse or neglect; the names and conditions of other children in the home, if any; the home environment and the relationship of the subject child to the parents or other persons responsible for the child's care; any indication of incidents of physical violence against any other household or family member; and other pertinent data.

9. When a report has been made by a person required to report under section 210.115, the division shall contact the person who made such report within forty-eight hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information or medical records, or both, that may be pertinent.

10. Upon completion of the investigation, if the division suspects that the report was made maliciously or for the purpose of harassment, the division shall refer the report and any evidence of malice or harassment to the local prosecuting or circuit attorney.

11. Multidisciplinary teams shall be used whenever conducting the investigation as determined by the division in conjunction with local law enforcement. Multidisciplinary teams shall be used in providing protective or preventive social services, including the services of law enforcement, a liaison of the local public school, the juvenile officer, the juvenile court, and other agencies, both public and private.

12. For all family support team meetings involving an alleged victim of child abuse or neglect, the parents, legal counsel for the parents, foster parents, the legal guardian or custodian of the child, the guardian ad litem for the child, and the volunteer advocate for the child shall be provided notice and be permitted to attend all such meetings. Family members, other than alleged perpetrators, or other community informal or formal service providers that provide significant support to the child and other individuals may also be invited at the discretion of the parents of the child. In addition, the parents, the legal counsel for the parents, the legal guardian or custodian and the foster parents may request that other individuals, other than alleged perpetrators, be permitted to attend such team meetings. Once a person is provided notice of or attends such team meetings, the division or the convenor of the meeting shall provide such persons with notice of all such subsequent meetings involving the child. Families may determine whether individuals invited at their discretion shall continue to be invited.

13. If the appropriate local division personnel determine after an investigation has begun that completing an investigation is not appropriate, the division shall conduct a family assessment and services approach. The division shall provide written notification to local law enforcement prior to terminating any investigative process. The reason for the termination of the investigative process shall be documented in the record of the division and the written notification

submitted to local law enforcement. Such notification shall not preclude nor prevent any investigation by law enforcement.

14. If the appropriate local division personnel determines to use a family assessment and services approach, the division shall:

(1) Assess any service needs of the family. The assessment of risk and service needs shall be based on information gathered from the family and other sources;

(2) Provide services which are voluntary and time-limited unless it is determined by the division based on the assessment of risk that there will be a high risk of abuse or neglect if the family refuses to accept the services. The division shall identify services for families where it is determined that the child is at high risk of future abuse or neglect. The division shall thoroughly document in the record its attempt to provide voluntary services and the reasons these services are important to reduce the risk of future abuse or neglect to the child. If the family continues to refuse voluntary services or the child needs to be protected, the division may commence an investigation;

(3) Commence an immediate investigation if at any time during the family assessment and services approach the division determines that an investigation, as delineated in sections 210.109 to 210.183, is required. The division staff who have conducted the assessment may remain involved in the provision of services to the child and family;

(4) Document at the time the case is closed, the outcome of the family assessment and services approach, any service provided and the removal of risk to the child, if it existed.

15. Within thirty days of an oral report of abuse or neglect, the local office shall update the information in the information system. The information system shall contain, at a minimum, the determination made by the division as a result of the investigation, identifying information on the subjects of the report, those responsible for the care of the subject child, and other relevant dispositional information. The division shall complete all investigations within thirty days, unless good cause for the failure to complete the investigation is documented in the information system. If a child involved in a pending investigation dies, the investigation shall remain open until the division's investigation surrounding the death is completed. If the investigation is not completed within thirty days, the information system shall be updated at regular intervals and upon the completion of the investigation. The information in the information system shall be updated to reflect any **changes in classification under subsection 2 of this section or subsection 1 of section 210.152, or any** subsequent findings, including any changes to the findings based on an administrative or judicial hearing on the matter.

16. A person required to report under section 210.115 to the division and any person making a report of child abuse or neglect made to the division which is not made anonymously shall be informed by the division of his or her right to obtain information concerning the disposition of his or her report. Such person shall receive, from the local office, if requested, information on the general disposition of his or her report. Such person may receive, if requested, findings and information concerning the case. Such release of information shall be at the discretion of the director based upon a review of the reporter's ability to assist in protecting the child or the potential harm to the child or other children within the family. The local office shall respond to the request within forty-five days. The findings shall be made available to the reporter within five days of the outcome of the investigation. If the report is determined to be unsubstantiated, the reporter may request that the report be referred by the division to the office of child advocate for children's protection and services established in sections 37.700 to 37.730. Upon request by a reporter under this subsection, the division shall refer an unsubstantiated report of child abuse or neglect to the office of child advocate for children's protection and services.

17. The division shall provide to any individual who is not satisfied with the results of an investigation information about the office of child advocate and the services it may provide under sections 37.700 to 37.730.

18. In any judicial proceeding involving the custody of a child the fact that a report may have been made pursuant to sections 210.109 to 210.183 shall not be admissible. However:

(1) Nothing in this subsection shall prohibit the introduction of evidence from independent sources to support the allegations that may have caused a report to have been made; and

(2) The court may on its own motion, or shall if requested by a party to the proceeding, make an inquiry not on the record with the children's division to determine if such a report has been made.

If a report has been made, the court may stay the custody proceeding until the children's division completes its investigation.

19. In any judicial proceeding involving the custody of a child where the court determines that the child is in need of services under paragraph (d) of subdivision (1) of subsection 1 of section 211.031 and has taken jurisdiction, the child's parent, guardian or custodian shall not be entered into the registry.

20. The children's division is hereby granted the authority to promulgate rules and regulations pursuant to the provisions of section 207.021 and chapter 536 to carry out the provisions of sections 210.109 to 210.183.

21. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2000, shall be invalid and void.

210.152. 1. All identifying information, including telephone reports reported pursuant to section 210.145, relating to reports of abuse or neglect received by the division **after July 1, 2014**, shall be **classified in one of the following tiers based on level of harm to the child:**

(1) **Tier one: severe harm to a child. Such classification shall include, but not be limited to, all cases of sexual abuse or serious physical abuse;**

(2) **Tier two: moderate harm to a child. Such classification shall include, but not be limited to, physical abuse that is not categorized into tier one, serious neglect, or multiple substantiated reports of tier three abuse or neglect over time; or**

(3) **Tier three: mild harm to a child. Such classification shall include, but not be limited to, a single substantiated report of abuse or neglect that is not classified in tier one or tier two.**

By July 1, 2014, the division shall promulgate rules to establish the standards for each classification in this subsection.

2. The identifying information described in subsection 1 of this section shall be retained by the division and removed from the records of the division as follows:

(1) For investigation reports contained in the central registry[, identifying information shall be retained by the division]:

(a) **All tier one reports shall be placed on the registry for life;**

(b) **All tier two reports shall be placed on the registry for five years, unless the individual is found to have committed another act of child abuse or neglect in such five-year period, in which case the individual shall be classified as a tier one report. Any tier two report shall be eligible for record closure at the expiration of such five-year period; and**

(c) **All tier three reports shall be placed on the registry for two years and shall automatically be closed at the end of such two-year period; except that, a person shall be placed back on the registry for any subsequent acts of abuse or neglect such person is found to have committed;**

(2) (a) For investigation reports initiated against a person required to report pursuant to section 210.115, where insufficient evidence of abuse or neglect is found by the division and where the division determines the allegation of abuse or neglect was made maliciously, for purposes of harassment or in retaliation for the filing of a report by a person required to report, identifying information shall be expunged by the division within forty-five days from the conclusion of the investigation;

(b) For investigation reports, where insufficient evidence of abuse or neglect is found by the division and where the division determines the allegation of abuse or neglect was made maliciously, for purposes of harassment or in retaliation for the filing of a report, identifying information shall be expunged by the division within forty-five days from the conclusion of the investigation;

(c) For investigation reports initiated by a person required to report under section 210.115, where insufficient evidence of abuse or neglect is found by the division, identifying information shall be retained for five years from the conclusion of the investigation. For all other investigation reports where insufficient evidence of abuse or neglect is found by the division, identifying information shall be retained for two years from the conclusion of the investigation. Such reports shall include any exculpatory evidence known by the division, including exculpatory evidence obtained after the closing of the case. At the end of such time period, the identifying information shall **automatically** be removed from the records of the division and destroyed;

(3) For reports where the division uses the family assessment and services approach, identifying information shall be retained by the division **in accordance with the provisions of this subsection;**

(4) For reports in which the division is unable to locate the child alleged to have been abused or neglected, identifying information shall be retained for ten years from the date of the report and then shall be removed from the records of the division.

[2.] **3.** Within ninety days after receipt of a report of abuse or neglect that is investigated, the alleged perpetrator named in the report and the parents of the child named in the report, if the alleged perpetrator is not a parent, shall be notified in writing of any determination made by the division based on the investigation. The notice shall advise either:

(1) That the division has determined by a probable cause finding prior to August 28, 2004, or by a preponderance of the evidence after August 28, 2004, that abuse or neglect exists, **the classification of the report under subsection 2 of section 210.145 or subsection 1 of this section**, and that the division shall retain all identifying information regarding the abuse or neglect **for the duration of time specified in subsection 1 of this section**; that such information shall remain confidential and will not be released except to law enforcement agencies, prosecuting or circuit attorneys, or as provided in section 210.150; that the alleged perpetrator has sixty days from the date of receipt of the notice to seek reversal of the division's determination through a review by the child abuse and neglect review board as provided in subsection 4 of this section; or

(2) That the division has not made a probable cause finding or determined by a preponderance of the evidence that abuse or neglect exists.

[3.] 4. The children's division may reopen a case for review at the request of the alleged perpetrator, the alleged victim, or the office of the child advocate if new, specific, and credible evidence is obtained that the division's decision was based on fraud or misrepresentation of material facts relevant to the division's decision and there is credible evidence that absent such fraud or misrepresentation the division's decision would have been different. If the alleged victim is under the age of eighteen, the request for review may be made by the alleged victim's parent, legal custodian, or legal guardian. All requests to reopen an investigation for review shall be made within a reasonable time and not more than one year after the children's division made its decision. The division shall not reopen a case for review based on any information which the person requesting the review knew, should have known, or could by the exercise of reasonable care have known before the date of the division's final decision in the case, unless the person requesting the review shows by a preponderance of the evidence that he or she could not have provided such information to the division before the date of the division's final decision in the case. Any person, other than the office of the child advocate, who makes a request to reopen a case for review based on facts which the person knows to be false or misleading or who acts in bad faith or with the intent to harass the alleged victim or perpetrator shall not have immunity from any liability, civil or criminal, for providing the information and requesting that the division reopen the investigation. Any person who makes a request to reopen an investigation based on facts which the person knows to be false shall be guilty of a class A misdemeanor. The children's division shall not reopen an investigation under any circumstances while the case is pending before a court of this state nor when a court has entered a final judgment after de novo judicial review pursuant to this section.

[4.] 5. Any person named in an investigation as a perpetrator who is aggrieved by a determination of abuse or neglect by the division as provided in this section may seek an administrative review by the child abuse and neglect review board pursuant to the provisions of section 210.153. Such request for review shall be made within sixty days of notification of the division's decision under this section. In those cases where criminal charges arising out of facts of the investigation are pending, the request for review shall be made within sixty days from the court's final disposition or dismissal of the charges.

[5.] 6. In any such action for administrative review, the child abuse and neglect review board shall sustain the division's determination if such determination was supported by evidence of probable cause prior to August 28, 2004, or is supported by a preponderance of the evidence after August 28, 2004, and is not against the weight of such evidence. The child abuse and neglect review board hearing shall be closed to all persons except the parties, their attorneys and those persons providing testimony on behalf of the parties.

[6.] 7. If the alleged perpetrator is aggrieved by the decision of the child abuse and neglect review board, the alleged perpetrator may seek de novo judicial review in the circuit court in the county in which the alleged perpetrator resides and in circuits with split venue, in the venue in which the alleged perpetrator resides, or in Cole County. If the alleged perpetrator is not a resident of the state, proper venue shall be in Cole County. The case may be assigned to the family court division where such a division has been established. The request for a judicial review shall be made within sixty days of notification of the decision of the child abuse and neglect review board decision. In reviewing such decisions, the circuit court shall provide the alleged perpetrator the opportunity to appear and present testimony. The alleged perpetrator may subpoena any witnesses except the alleged victim or the reporter. However, the circuit court shall have the discretion to allow the parties to submit the case upon a stipulated record.

[7.] 8. In any such action for administrative review, the child abuse and neglect review board shall notify the child or the parent, guardian or legal representative of the child that a review has been requested.

9. (1) Individuals placed on the child abuse and neglect registry after July 1, 2014, may petition the children's division for review and record closure of all identifying information from the registry based on such individual's classification under subsection 1 of this section. Individuals placed on the child abuse and neglect registry prior to July 1, 2014, may petition the children's division for classification under subsection 1 of this section and record closure if such individual is eligible based on his or her classification under subsection 1 of this section.

(2) A petition for record closure under this subsection shall state good cause for removal, which shall include, but not be limited to:

- (a) Proof of rehabilitation;
- (b) Acceptance of personal responsibility for placement on the registry;
- (c) A bona fide need for removal from the registry; and
- (d) At least two letters supporting the petition from individuals not related by blood or marriage.

(3) The children's division shall make a decision on a petition within ninety days of receiving such petition. The division shall grant a petition if the petitioner has satisfied the criteria in subdivision (2) of this subsection and the division determines that the petitioner poses no significant risk to children or other vulnerable populations.

(4) Any individual aggrieved by the decision of the children's division may seek review by the child abuse and neglect review board in accordance with the provisions of subsection 5 of this section. Any individual aggrieved by the decision of the child abuse and neglect review board may seek de novo judicial review of such decision in accordance with the provisions of subsection 7 of this section. Any individual whose petition for record closure is denied may refile such petition for record closure two years after the final denial of such petition.

(5) When the division grants record closure under this subsection, the division shall maintain a record of the underlying report and investigation or assessment of child abuse or neglect. Identifying information on such a record shall not be available to individuals or entities requesting an examination of the central registry from the division for employees or prospective employees, including but not limited to entities listed in subdivision (8) of subsection 2 of section 210.150.

(6) The children's division shall be a party to any action before the child abuse and neglect review board or court regarding record closure on the child abuse and neglect registry.

210.153. 1. There is hereby created in the department of social services the "Child Abuse and Neglect Review Board", which shall provide an independent review of child abuse and neglect determinations in instances in which the alleged perpetrator is aggrieved by the decision of the children's division **and review record closure petitions under subdivision (4) of subsection 9 of section 210.152**. The division may establish more than one board to assure timely review of the determination **and record closure petitions**.

2. The board shall consist of nine members, who shall be appointed by the governor with the advice and consent of the senate, and shall include:

- (1) A physician, nurse or other medical professional;
- (2) A licensed child or family psychologist, counselor or social worker;
- (3) An attorney who has acted as a guardian ad litem or other attorney who has represented a subject of a child abuse and neglect report;
- (4) A representative from law enforcement or a juvenile office.

3. Other members of the board may be selected from:

- (1) A person from another profession or field who has an interest in child abuse or neglect;
- (2) A college or university professor or elementary or secondary teacher;
- (3) A child advocate;
- (4) A parent, foster parent or grandparent.

4. The following persons may participate in a child abuse and neglect review board review:

- (1) Appropriate children's division staff and legal counsel for the department;
- (2) The alleged perpetrator, who may be represented pro se or be represented by legal counsel. The alleged perpetrator's presence is not required for the review to be conducted. The alleged perpetrator may submit a written statement for the board's consideration in lieu of personal appearance; and

(3) Witnesses providing information on behalf of the child, the alleged perpetrator or the department. Witnesses shall only be allowed to attend that portion of the review in which they are presenting information.

5. The members of the board shall serve without compensation, but shall receive reimbursement for reasonable and necessary expenses actually incurred in the performance of their duties.

6. All records and information compiled, obtained, prepared or maintained by the child abuse and neglect review board in the course of any review shall be confidential information.

7. The department shall promulgate rules and regulations governing the operation of the child abuse and neglect review board except as otherwise provided for in this section. These rules and regulations shall, at a minimum, describe the length of terms, the selection of the chairperson, confidentiality, notification of parties and time frames for the completion of the review.

8. Findings of probable cause to suspect prior to August 28, 2004, or findings by a preponderance of the evidence after August 28, 2004, of child abuse and neglect by the division which are substantiated by court adjudication shall not be heard by the child abuse and neglect review board."; and

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

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

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

House Amendment No. 3

AMEND House Committee Substitute for House Bill No. 717, Pages 11-14, Section 208.662, Lines 1-112, by deleting all of said section and inserting in lieu thereof the following:

"208.662. 1. There is hereby established within the department of social services the "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for any low-income unborn child. The program shall be established under the authority of Title XXI of the federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42 C.F.R. 457.10.

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

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

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

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

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

7. The department may provide coverage for an unborn child enrolled in the show-me healthy babies program through:

(1) Direct coverage whereby the state pays health care providers directly or by contracting with a managed care organization or with a group or individual health insurance provider;

(2) A premium assistance program whereby the state assists in payment of the premiums, co-payments, coinsurance, or deductibles for a person who is eligible for health coverage through an employer, former employer, labor union, credit union, church, spouse, other organizations, other individuals, or through an individual health insurance policy that includes coverage for the unborn child, when such person needs assistance in paying such premiums, co-payments, coinsurance, or deductibles;

(3) A combination of direct coverage, such as when the unborn child is first enrolled, and premium assistance, such as after the child is born; or

(4) Any other similar arrangement whereby there:

(a) Are lower program costs without sacrificing health care coverage for the unborn child or the child up to one year after birth;

(b) Are greater covered services for the unborn child or the child up to one year after birth;

(c) Is also coverage for siblings or other family members, including the unborn child's mother, such as by providing pregnancy-related assistance under 42 U.S.C. ?1397ll, relating to coverage of targeted low-income pregnant women through the children's health insurance program (CHIP); or

(d) Will be an ability for the child to transition more easily to non-government or less government-subsidized group or individual health insurance coverage after the child is no longer enrolled in the show-me healthy babies program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

House Amendment No. 4

AMEND House Committee Substitute for House Bill No. 717, Page 11, Section 210.151, Line 220, by inserting after all of said section the following:

"210.482. 1. If the emergency placement of a child in a private home is necessary due to the unexpected absence of the child's parents, legal guardian, or custodian, the juvenile court or children's division:

(1) May request that a local or state law enforcement agency or juvenile officer, subject to any required federal authorization, immediately conduct a name-based criminal history record check to include full orders of protection and outstanding warrants of each person over the age of seventeen residing in the home by using the Missouri uniform law enforcement system (MULES) and the National Crime Information Center to access the Interstate Identification Index maintained by the Federal Bureau of Investigation; and

(2) Shall determine or, in the case of the juvenile court, shall request the division to determine whether any person over the age of seventeen years residing in the home is listed on the child abuse and neglect registry. For any children less than seventeen years of age residing in the home, the children's division shall inquire of the person with whom an emergency placement of a child will be made whether any children less than seventeen years of age residing in the home have ever been certified as an adult and convicted of or pled guilty or nolo contendere to any crime.

2. If a name-based search has been conducted pursuant to subsection 1 of this section, within fifteen calendar days after the emergency placement of the child in the private home, and if the private home has not previously been approved as a foster or adoptive home, all persons over the age of seventeen residing in the home and all children less than seventeen residing in the home who the division has determined have been certified as an adult for the commission of a crime shall report to a local law enforcement agency for the purpose of providing [two] **three** sets of fingerprints each and accompanying fees, pursuant to section 43.530. One set of fingerprints shall be used by the highway patrol to search the criminal history repository [and the second], **one** set shall be forwarded to the Federal Bureau of Investigation for searching the federal criminal history files, **and one set shall be forwarded to and retained by the division.** Results of the checks [will] **shall** be provided to the juvenile court or children's division office requesting such information. Any child placed in emergency placement in a private home shall be removed immediately if any person residing in the home fails to provide fingerprints after being requested to do so, unless the person refusing to provide fingerprints ceases to reside in the private home.

3. If the placement of a child is denied as a result of a name-based criminal history check and the denial is contested, all persons over the age of seventeen residing in the home and all children less than seventeen years of age residing in the home who the division has determined have been certified as an adult for the commission of a crime shall, within fifteen calendar days, submit to the juvenile court or the children's division [two] **three** sets of fingerprints in the same manner described in subsection 2 of this section, accompanying fees, and written permission authorizing the juvenile court or the children's division to forward the fingerprints to the state criminal record repository for submission to the Federal Bureau of Investigation. One set of fingerprints shall be used by the highway patrol to search the criminal history repository [and the second], **one** set shall be forwarded to the Federal Bureau of Investigation for searching the federal criminal history files, **and one set shall be retained by the division.**

4. **No person who submits fingerprints under this section shall be required to submit additional fingerprints under this section or section 210.487 unless the original fingerprints retained by the division are lost or destroyed.**

5. Subject to appropriation, the total cost of fingerprinting required by this section may be paid by the state, including reimbursement of persons incurring fingerprinting costs under this section.

[5.] 6. For the purposes of this section, "emergency placement" refers to those limited instances when the juvenile court or 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.

210.487. 1. When conducting investigations of persons for the purpose of foster parent licensing, the division shall:

(1) Conduct a search for all persons over the age of seventeen in the applicant's household and for any child less than seventeen years of age residing in the applicant's home who the division has determined has been certified as an adult for the commission of a crime for evidence of full orders of protection. The office of state courts administrator shall allow access to the automated court information system by the division. The clerk of each court contacted by the division shall provide the division information within ten days of a request; and

(2) Obtain [two] **three** sets of fingerprints for any person over the age of seventeen in the applicant's household and for any child less than seventeen years of age residing in the applicant's home who the division has determined has been certified as an adult for the commission of a crime in the same manner set forth in subsection 2 of section 210.482. One set of fingerprints shall be used by the highway patrol to search the criminal history repository [and the second], **one set shall be forwarded to the Federal Bureau of Investigation for searching the federal criminal history files, and one set shall be forwarded to and retained by the division.** The highway patrol shall assist the division and provide the criminal fingerprint background information, upon request; and

(3) Determine whether any person over the age of seventeen residing in the home and any child less than seventeen years of age residing in the applicant's home who the division has determined has been certified as an adult for the commission of a crime is listed on the child abuse and neglect registry. For any children less than seventeen years of age residing in the applicant's home, the children's division shall inquire of the applicant whether any children less than seventeen years of age residing in the home have ever been certified as an adult and been convicted of or pled guilty or nolo contendere to any crime.

2. After the initial investigation is completed under subsection 1 of this section[.];

(1) No person who submits fingerprints under subsection 1 of this section or section 210.482 shall be required to submit additional fingerprints under this section or section 210.482 unless the original fingerprints retained by the division are lost or destroyed; and

(2) The children's division and the department of health and senior services may waive the requirement for a fingerprint background check for any subsequent recertification.

3. Subject to appropriation, the total cost of fingerprinting required by this section may be paid by the state, including reimbursement of persons incurring fingerprinting costs under this section.

4. The division may make arrangements with other executive branch agencies to obtain any investigative background information.

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

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

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

Representative Diehl moved the previous question.

Which motion was adopted by the following vote:

AYES: 099

Allen	Anderson	Austin	Bernskoetter	Brown
Burlison	Cierpiot	Conway 104	Cookson	Cornejo
Cox	Crawford	Cross	Curtman	Davis
Diehl	Dohrman	Dugger	Elmer	Entlicher
Fitzpatrick	Fitzwater	Flanigan	Fowler	Fraker
Franklin	Frederick	Gannon	Gatschenberger	Gosen
Grisamore	Guernsey	Haahr	Haefner	Hampton
Hansen	Hicks	Higdon	Hoskins	Hough
Houghton	Hurst	Johnson	Jones 50	Justus
Keeney	Kelley 127	Koenig	Kolkmeyer	Korman
Lair	Lant	Lauer	Lichtenegger	Love
Lynch	Marshall	McCaherty	McGaugh	Messenger
Miller	Molendorp	Moon	Morris	Muntzel
Neely	Parkinson	Pfausch	Phillips	Pike

Pogue	Redmon	Rehder	Reiboldt	Remole
Rhoads	Richardson	Riddle	Ross	Rowden
Rowland	Scharnhorst	Schatz	Schieber	Shull
Shumake	Solon	Sommer	Spencer	Stream
Swan	Thomson	Torpey	Walker	Wieland
Wilson	Wood	Zerr	Mr Speaker	

NOES: 046

Anders	Black	Burns	Butler	Carpenter
Colona	Curtis	Dunn	Ellinger	Ellington
English	Englund	Frame	Gardner	Harris
Hodges	Hummel	Kirkton	LaFaver	May
Mayfield	McCann Beatty	McDonald	McKenna	McNeil
Meredith	Mitten	Montecillo	Morgan	Newman
Nichols	Norr	Otto	Pace	Peters
Pierson	Rizzo	Roorda	Runions	Schieffer
Schupp	Smith 85	Swearingen	Webb	Webber
Wright				

PRESENT: 000

ABSENT WITH LEAVE: 018

Bahr	Barnes	Berry	Brattin	Conway 10
Engler	Funderburk	Hinson	Hubbard	Kelly 45
Kratky	Leara	McManus	Mims	Neth
Smith 120	Walton Gray	White		

On motion of Representative Grisamore, **HCS HB 717, as amended**, was adopted.

On motion of Representative Grisamore, **HCS HB 717, as amended**, was ordered perfected and printed.

HCS HB 727, relating to services for disabled individuals, was taken up by Representative Grisamore.

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

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 727, Page 22, Section 1, Lines 1-9, by removing all of said section and lines from the bill; and

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

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

Representative Diehl moved the previous question.

Which motion was adopted by the following vote:

AYES: 099

Allen	Anderson	Austin	Bahr	Bernskoetter
Brown	Burlison	Cierpiot	Conway 104	Cookson
Cornejo	Cox	Crawford	Cross	Curtman
Davis	Diehl	Dohrman	Dugger	Elmer
Entlicher	Fitzpatrick	Fitzwater	Flanigan	Fowler
Franklin	Frederick	Funderburk	Gannon	Gatschenberger
Gosen	Grisamore	Guernsey	Haahr	Haefner
Hampton	Hansen	Hicks	Higdon	Hoskins
Hough	Houghton	Hurst	Johnson	Jones 50
Justus	Keeney	Kelley 127	Koenig	Kolkmeyer
Korman	Lant	Lauer	Lichtenegger	Love
Lynch	Marshall	McCaherty	McGaugh	Messenger
Miller	Molendorp	Moon	Morris	Muntzel
Neely	Parkinson	Pfausch	Pike	Pogue
Redmon	Rehder	Reiboldt	Remole	Rhoads
Richardson	Riddle	Ross	Rowden	Rowland
Scharnhorst	Schatz	Schieber	Shull	Shumake
Solon	Sommer	Spencer	Stream	Swan
Thomson	Torpey	Walker	White	Wieland
Wilson	Wood	Zerr	Mr Speaker	

NOES: 048

Anders	Black	Burns	Butler	Carpenter
Colona	Curtis	Dunn	Ellinger	Ellington
English	Englund	Frame	Gardner	Harris
Hodges	Hubbard	Hummel	Kirkton	Kratky
LaFaver	May	Mayfield	McCann Beatty	McDonald
McKenna	Meredith	Mims	Mitten	Montecillo
Morgan	Newman	Nichols	Norr	Otto
Pace	Peters	Pierson	Rizzo	Roorda
Runions	Schieffer	Schupp	Smith 85	Swearingen
Webb	Webber	Wright		

PRESENT: 000

ABSENT WITH LEAVE: 016

Barnes	Berry	Brattin	Conway 10	Engler
Fraker	Hinson	Kelly 45	Lair	Leara
McManus	McNeil	Neth	Phillips	Smith 120
Walton Gray				

On motion of Representative Grisamore, **HCS HB 727, as amended**, was adopted.

On motion of Representative Grisamore, **HCS HB 727, as amended**, was ordered perfected and printed.

COMMITTEE REPORTS

Committee on Downsizing State Government, Chairman Curtman reporting:

Mr. Speaker: Your Committee on Downsizing State Government, to which was referred **SB 170**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 25(34)(f) be referred to the Committee on Rules.

Committee on Elementary and Secondary Education, Chairman Cookson reporting:

Mr. Speaker: Your Committee on Elementary and Secondary Education, to which was referred **SS SCS SB 210**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**, and pursuant to Rule 25(34)(f) be referred to the Committee on Rules.

Committee on Rules, Chairman Riddle reporting:

Mr. Speaker: Your Committee on Rules, to which was referred **HCS HB 749**, 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 **SCS SJR 14**, 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 112**, 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 118**, 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 SS SB 401**, begs leave to report it has examined the same and recommends that it **Do Pass**.

REFERRAL OF HOUSE BILLS

The following House Bills were referred to the Committee indicated:

HCS HB 717 - Fiscal Review

HCS HB 727 - Fiscal Review

REFERRAL OF SENATE BILLS

The following Senate Bills were referred to the Committee indicated:

HCS SB 112 - Fiscal Review

SCS SB 381 - Fiscal Review

HCS SS SB 401 - Fiscal Review

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted **HCR 7**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted **HCR 28**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SS HCS HB 58**, entitled:

An act to repeal section 379.1510, RSMo, and to enact in lieu thereof one new section relating to portable electronics insurance, with an emergency clause.

Emergency clause adopted.

In which the concurrence of the House is respectfully requested.

Mr Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has receded from its position on **Senate Amendment No. 1 to HB 316** and has taken up and passed **HB 316**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS HB 322**, entitled:

An act to repeal sections 303.024 and 303.200, RSMo, and to enact in lieu thereof five new sections relating to providing and presenting certain insurance documents through electronic means, with penalty provisions.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has third read and passed **HB 339**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has third read and passed **HB 451**.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCR 3**, entitled:

An act relating to recognition of September 26th as Mesothelioma Awareness Day in Missouri.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted **SCR 4**.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and adopted **SS SCR 15**.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **HCS SCS SB 45, as amended**, and requests the House to recede from its position and, failing to do so, grant the Senate a conference thereon.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate refuses to concur in **House Amendment No. 1** and **House Amendment No. 2** to **SCS SB 248**, and requests the House to recede from its position and, failing to do so, grant the Senate a conference thereon.

CONFERENCE COMMITTEE REPORT NO. 2
ON
SENATE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE JOINT RESOLUTION NOS. 11 & 7

The Conference Committee appointed on Senate Substitute for House Committee Substitute for House Joint Resolution Nos. 11 & 7, with Senate Amendment No. 3, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the Senate recede from its position on Senate Substitute for House Committee Substitute for House Joint Resolution Nos. 11 & 7, as amended;
2. That the House recede from its position on House Committee Substitute for House Joint Resolution Nos. 11 & 7;
3. That the attached Conference Committee Substitute No. 2 for Senate Substitute for House Committee Substitute for House Joint Resolution Nos. 11 & 7, be Third Read and Finally Passed.

FOR THE HOUSE:

/s/ Bill Reiboldt
/s/ Todd Richardson
/s/ Linda Black

FOR THE SENATE:

/s/ Mike Parson
/s/ Brian Munzlinger
/s/ Dan Brown
/s/ Jolie Justus
/s/ Scott Sifton

**CONFERENCE COMMITTEE REPORT
ON
HOUSE COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 43**

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 43, with House Amendment Nos. 1, 2, 3, 4, and 5, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 43, as amended;
2. That the Senate recede from its position on Senate Bill No. 43;
3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Bill No. 43 be Third Read and Finally Passed.

FOR THE SENATE:

/s/ Brian Munzlinger
/s/ Kurt Schaefer
/s/ Mike Kehoe
/s/ Jason Holsman
/s/ Ryan McKenna

FOR THE HOUSE:

/s/ Glen Kolkmeyer
/s/ Dave Schatz
/s/ Ed Schieffer

**CONFERENCE COMMITTEE REPORT
ON
HOUSE COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 330**

The Conference Committee appointed on House Committee Substitute for Senate Bill No. 330, with House Amendment Nos. 2 and 3, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Bill No. 330, as amended;
2. That the Senate recede from its position on Senate Bill No. 330;

COMMITTEE HEARINGS

BUDGET

Thursday, May 16, 2013, 8:00 AM, House Hearing Room 3.
Executive session may be held on any matter referred to the committee.
Review tax credits - DED, DHSS, DOR, DIFP, DSS, DNR, MoAg

FISCAL REVIEW

Tuesday, May 14, 2013, 8:30 AM, South Gallery.
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW

Wednesday, May 15, 2013, 8:30 AM, South Gallery.
Executive session may be held on any matter referred to the committee.

FISCAL REVIEW

Thursday, May 16, 2013, 8:30 AM, South Gallery.
Executive session may be held on any matter referred to the committee.

RULES

Tuesday, May 14, 2013, Upon Afternoon Adjournment, House Hearing Room 7.
Public hearing will be held: HRM 1
Executive session will be held: HCS HBs 149 & 536, HRM 1, HCS SB 67, SB 170, HCS SS SB 251, SS SB 366
Executive session may be held on any matter referred to the committee.

HOUSE CALENDAR

SIXTY-EIGHTH DAY, TUESDAY, MAY 14, 2013

HOUSE JOINT RESOLUTIONS FOR PERFECTION

- 1 HJR 19 - Bahr
- 2 HCS HJR 15 - Brattin
- 3 HCS HJR 35 - Jones (50)
- 4 HJR 17 - Burlison
- 5 HCS HJR 23 - Hinson

HOUSE BILLS FOR PERFECTION

- 1 HB 227 - Zerr
- 2 HB 423 - Zerr
- 3 HB 578, as amended - Funderburk
- 4 HCS HB 221 - Leara
- 5 HCS HB 701 - Molendorp
- 6 HB 255 - Torpey
- 7 HB 242 - Ellington

- 8 HB 503, as amended, HA 1 HA 3, and HA 3, pending - McCaherty
- 9 HB 448 - Webb
- 10 HCS HB 234 - Gatschenberger
- 11 HB 616 - Bahr
- 12 HB 185 - Kirkton
- 13 HCS HB 641 - Korman
- 14 HCS HB 402 - Shumake
- 15 HCS HB 83 - Reiboldt
- 16 HCS HB 132 - Stream
- 17 HCS HB 1041 - Swan
- 18 HCS HBs 309 & 73 - Solon
- 19 HCS HB 350 - Frederick
- 20 HCS HB 464 - Higdon
- 21 HCS HB 484 - Lauer
- 22 HCS HB 564 - McGaugh
- 23 HCS HB 604 - Phillips
- 24 HCS HB 608 - Frederick
- 25 HCS HB 685 - Burlison
- 26 HB 745 - Thomson
- 27 HCS HB 783 - Diehl
- 28 HCS HB 814 - Fraker
- 29 HCS HB 830 - Jones (50)
- 30 HB 863 - Allen
- 31 HCS HB 930 - Flanigan
- 32 HB 411 - Muntzel
- 33 HB 447 - Diehl
- 34 HB 467 - Lichtenegger
- 35 HB 827 - Redmon
- 36 HB 915 - Bahr
- 37 HCS HB 975 - Richardson
- 38 HCS HB 198 - Funderburk
- 39 HB 385 - Burlison
- 40 HCS HBs 77, 91 & 95 - Burlison
- 41 HCS HB 398 - Riddle
- 42 HCS#2 HB 927 - Reiboldt
- 43 HCS HB 749 - Cross

HOUSE BILLS FOR THIRD READING

- 1 HB 201 - Torpey
- 2 HCS HBs 521 & 579, (Fiscal Review 3/27/13) - Koenig
- 3 HCS HB 470 - Barnes
- 4 HCS#2 HB 178 - Koenig
- 5 HB 162 - Sommer
- 6 HCS HB 458 - Scharnhorst
- 7 HCS HB 717, (Fiscal Review 5/13/13) - Grisamore
- 8 HCS HB 727, (Fiscal Review 5/13/13), E.C. - Grisamore

SENATE CONCURRENT RESOLUTIONS FOR SECOND READING

SCR 3

HOUSE CONCURRENT RESOLUTIONS

- 1 HCR 11 - Walton Gray
- 2 HCR 21 - Black
- 3 HCR 32 - Schatz

SENATE JOINT RESOLUTIONS FOR THIRD READING

HCS SS#2 SCS SJR 16 - Hinson

SENATE BILLS FOR THIRD READING

- 1 SS SCS SB 125 - Barnes
- 2 HCS SCS SB 88 - Frederick
- 3 HCS SB 222 - Kelly (45)
- 4 SCS SB 224 - Rizzo
- 5 HCS SB 51, as amended - Guernsey
- 6 HCS SS SCS SB 241 - Cierpiot
- 7 SCS SB 302 - Elmer
- 8 HCS SB 18, E.C. - Cox
- 9 SCS SB 87 - Bahr
- 10 HCS SB 110 - Davis
- 11 SCS SB 178 - Kirkton
- 12 HCS SS SB 252, E.C. - Richardson
- 13 HCS SCS SB 89, E.C. - Jones (50)
- 14 HCS SB 12, E.C. - Jones (50)
- 15 HCS SB 99 - Dugger
- 16 HCS SB 100, E.C. - Cox
- 17 HCS SS SB 282 - Hough
- 18 HCS SB 75 - Burlison
- 19 HCS SS SB 245 - Mitten
- 20 HCS SCS SB 256 - Torpey
- 21 HCS SCS SBs 317 & 319 - Gosen
- 22 HCS SB 24, E.C. - Hinson
- 23 HCS SS SCS SB 83, E.C. - Crawford
- 24 SB 236 - Franklin
- 25 HCS SB 342 - Guernsey
- 26 SCS SB 381, (Fiscal Review 5/13/13) - Cross
- 27 HCS SB 73 - Cornejo
- 28 HCS SCS SB 118 - Cox
- 29 HCS SB 112, (Fiscal Review 5/13/13), E.C. - Zerr
- 30 HCS SS SB 401, (Fiscal Review 5/13/13), E.C. - Molendorp
- 31 SB 72 - Jones (50)

HOUSE BILLS WITH SENATE AMENDMENTS

- 1 SS SCS HB 542, as amended - Love
- 2 SCS HCS HB 351, as amended, E.C. - Frederick

BILLS CARRYING REQUEST MESSAGES

- 1 SB 327, HA 1 (House refuse to recede/request Senate grant conf.) - Haahr
- 2 HCS SCS SB 45, as amended (request House recede/grant conference) - Hough
- 3 SCS SB 248, HA 1, HA 2 (request House recede/grant conference) - Fraker
- 4 HCS HBs 256, 33 & 305, SA 2 , SA 3
(request Senate recede/grant conference), E.C. - Jones (50)
- 5 SS HCS HB 199, as amended (request Senate recede/grant conference), E.C. - Dugger

BILLS IN CONFERENCE

- 1 SCS HCS#2 HB 698, as amended, E.C. - Zerr
- 2 HCS SS#2 SCS SB 1, as amended, E.C. - Richardson
- 3 SS SCS HB 307, as amended - Riddle
- 4 HCS SS SB 262, as amended (exceed differences), E.C. - Molendorp
- 5 HCS SCS SB 157 and SB 102, as amended - Phillips
- 6 HCS SCS SB 17, as amended - Thomson
- 7 HCS SCS SB 9, as amended - Guernsey
- 8 CCR HCS SB 330, as amended - Burlison
- 9 CCR HCS SB 43, as amended, E.C. - Kolkmeier
- 10 CCR#2 SS HCS HJRs 11 & 7, as amended - Reiboldt
- 11 SCS SB 36, HA 1 - Hicks
- 12 SCS HCS HB 1035, as amended, E.C. - Kelley (127)
- 13 SB 77, HA 1 - Allen
- 14 HCS SB 57, as amended - Engler
- 15 HCS SCS SB 42, as amended - Jones (50)
- 16 HCS SB 90, as amended - Dugger
- 17 SCS SB 33, HA 1, HA 2, HA 3, HA 4, HA 5, HA 6 - Grisamore
- 18 HCS SB 41, as amended - Hough

SENATE CONCURRENT RESOLUTIONS

SCS SCR 5 - Frederick

HOUSE RESOLUTIONS

HR 222 - Scharnhorst