

Journal of the Senate

SECOND REGULAR SESSION

SIXTY-EIGHTH DAY—WEDNESDAY, MAY 8, 2002

The Senate met pursuant to adjournment.

Senator Singleton in the Chair.

Reverend Carl Gauck offered the following prayer:

Dear God, as we celebrate the birthday of President Truman, we remember the many hard decisions and tough sayings that were part of the man and administration that served our country so well. Help us also to be willing to make hard decisions, recognizing that with each vote that is called forth we must act responsibly, doing what is most helpful to the people of this state. Provide us wisdom and courage to do so, O Lord. Amen.

The Pledge of Allegiance to the Flag was recited.

A quorum being established, the Senate proceeded with its business.

The Journal of the previous day was read and approved.

Photographers from KRCG-TV, KOMU-TV and the Associated Press were given permission to take pictures in the Senate Chamber today.

The following Senators were present during the day's proceedings:

Present—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster

Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Quick	Rohrbach	Russell
Schneider	Sims	Singleton	Staples
Steelman	Stoll	Westfall	Wiggins
Yeckel—33			

Absent with leave—Senator DePasco—1

The Lieutenant Governor was present.

RESOLUTIONS

Senator Mathewson offered Senate Resolution No. 1707, regarding Kayla Horn, Hamilton, which was adopted.

HOUSE BILLS ON THIRD READING

HB 1468, with **SCS**, introduced by Representative Ward, entitled:

An Act to repeal sections 379.362, 379.889, 379.890, and 379.893, RSMo, and to enact in lieu thereof one new section relating to commercial insurance.

Was called from the Consent Calendar and taken up by Senator Loudon.

SCS for HB 1468, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1468

An Act to repeal sections 375.775, 376.1350, 379.321, 379.362, 379.889 and 379.890, RSMo, relating to commercial lines of insurance, and to enact in lieu thereof five new sections relating to the same subject.

Was taken up.

Senator Loudon moved that **SCS** for **HB 1468** be adopted, which motion prevailed.

On motion of Senator Loudon, **SCS** for **HB 1468** was read the 3rd time and passed by the following vote:

YEAS—Senators

Caskey	Cauthorn	Childers	Coleman
Dougherty	Foster	Gibbons	Goode
Gross	House	Jacob	Johnson
Kennedy	Kenney	Kinder	Klindt
Loudon	Mathewson	Quick	Rohrbach
Russell	Schneider	Sims	Singleton
Steelman	Westfall	Wiggins	Yeckel—28

NAYS—Senators—None

Absent—Senators

Bentley	Bland	Klarich	Staples
Stoll—5			

Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Loudon, title to the bill was agreed to.

Senator Loudon moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

HB 1473, with **SCS**, introduced by Representative Green (15), et al, entitled:

An Act to amend chapter 376, RSMo, by adding thereto one new section relating to health

insurance.

Was called from the Consent Calendar and taken up by Senator House.

SCS for **HB 1473**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1473

An Act to repeal section 376.1350, RSMo, relating to health insurance, and to enact in lieu thereof two new sections relating to the same subject.

Was taken up.

Senator House moved that **SCS** for **HB 1473** be adopted, which motion prevailed.

On motion of Senator House, **SCS** for **HB 1473** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Caskey	Cauthorn	Childers
Coleman	Dougherty	Foster	Gibbons
Goode	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—32

NAYS—Senators—None

Absent—Senator Bland—1

Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator House, title to the bill was agreed to.

Senator House moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

HB 1918, with **SCS**, introduced by

Representative Koller, entitled:

An Act to repeal section 304.235, RSMo, and to enact in lieu thereof one new section relating to avoidance of weigh stations.

Was called from the Consent Calendar and taken up by Senator Staples.

SCS for **HB 1918**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1918

An Act to repeal section 304.235, RSMo, relating to avoidance of weigh stations, and to enact in lieu thereof one new section relating to the same subject, with penalty provisions.

Was taken up.

Senator Staples moved that **SCS** for **HB 1918** be adopted.

Senator Steelman raised the point of order that **SCS** for **HB 1918** and **HB 1918** are out of order as they are in violation of **SR 45**.

The point of order was referred to the President Pro Tem, who ruled it well taken.

HB 1093, introduced by Representatives Relford and Seigfreid, **HB 1094**, introduced by Representatives Relford and Seigfreid, **HB 1159**, introduced by Representative Boykins, **HB 1204**, introduced by Representatives Seigfreid and Relford, **HB 1242**, introduced by Representative Griesheimer, **HB 1272**, introduced by Representative Smith, **HB 1391**, introduced by Representative Smith, **HB 1397**, introduced by Representative Ransdall, **HB 1411**, introduced by Representative Skaggs, **HB 1624**, introduced by Representative Skaggs, et al, **HB 1632**, introduced by Representative O'Connor, **HB 1714**, introduced by Representatives Hilgemann and Shelton, **HB 1755**, introduced by Representative Merideth, et al, **HB 1778**, introduced by Representative Monaco, **HB 1779**, introduced by Representative Green (73), **HB 1852**, introduced by Representative Villa, **HB 1862**, introduced by Representative May (149), et al, **HB 2025**, introduced by Representative

Walton, et al, and **HB 2123**, introduced by Representative Barry, et al, with **SCS**, entitled respectively:

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

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An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to a Hearing Impaired Kids Endowment Fund, Inc., license plate.

An Act to amend chapter 301, RSMo, by adding thereto three new sections relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to a fraternal order of police license plate.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to a St. Louis College of Pharmacy special license plate.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto two new sections relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates for Rotary International members.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

Were called from the Consent Calendar and taken up by Senator Mathewson.

SCS for HB 1093, HB 1094, HB 1159, HB 1204, HB 1242, HB 1272, HB 1391, HB 1397, HB 1411, HB 1624, HB 1632, HB 1714, HB 1755, HB 1778, HB 1779, HB 1852, HB 1862, HB 2025 and HB 2123, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILLS NOS. 1093, 1094, 1159, 1204, 1242, 1272, 1391, 1397, 1411, 1624, 1632, 1714, 1755, 1778, 1779, 1852, 1862, 2025 and 2123

An Act to repeal section 301.469, RSMo, relating to special license plates and to enact in lieu thereof twenty-five new sections relating to the same subject.

Was taken up.

Senator Mathewson moved that **SCS** for

HB 1093, HB 1094, HB 1159, HB 1204, HB 1242, HB 1272, HB 1391, HB 1397, HB 1411, HB 1624, HB 1632, HB 1714, HB 1755, HB 1778, HB 1779, HB 1852, HB 1862, HB 2025 and HB 2123 be adopted.

Senator Mathewson requested unanimous consent of the Senate to suspend the rules for the purpose of offering an amendment, which request was granted.

Senator Mathewson offered **SA 1**, which was read:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for House Bill No. 1093, House Bill No. 1094, House Bill No. 1159, House Bill No. 1204, House Bill No. 1242, House Bill No. 1272, House Bill No. 1391, House Bill No. 1397, House Bill No. 1411, House Bill No. 1624, House Bill No. 1632, House Bill No. 1714, House Bill No. 1755, House Bill No. 1778, House Bill No. 1779, House Bill No. 1852, House Bill No. 1862, House Bill No. 2025 and House Bill No. 2123, Page 3, Section 301.2999, Line 6, by deleting "(3)".

Senator Mathewson moved that the above amendment be adopted, which motion prevailed.

Senator Mathewson moved that **SCS** for **HB 1093, HB 1094, HB 1159, HB 1204, HB 1242, HB 1272, HB 1391, HB 1397, HB 1411, HB 1624, HB 1632, HB 1714, HB 1755, HB 1778, HB 1779, HB 1852, HB 1862, HB 2025 and HB 2123**, as amended, be adopted, which motion prevailed.

Senator Mathewson moved that **SCS** for **HB 1093, HB 1094, HB 1159, HB 1204, HB 1242, HB 1272, HB 1391, HB 1397, HB 1411, HB 1624, HB 1632, HB 1714, HB 1755, HB 1778, HB 1779, HB 1852, HB 1862, HB 2025 and HB 2123**, as amended, be read the 3rd time and finally passed and was recognized to close.

President Pro Tem Kinder referred **SCS** for

HB 1093, HB 1094, HB 1159, HB 1204, HB 1242, HB 1272, HB 1391, HB 1397, HB 1411, HB 1624, HB 1632, HB 1714, HB 1755, HB 1778, HB 1779, HB 1852, HB 1862, HB 2025 and HB 2123 to the Committee on State Budget Control.

CONCURRENT RESOLUTIONS

Senator Schneider moved that **SCR 69** be taken up for adoption, which motion prevailed.

Senator Loudon offered **SA 1**, which was read:

SENATE AMENDMENT NO. 1

Amend Senate Concurrent Resolution No. 69, Page 1, Line 38, by adding after the word "relationship" the following: "as soon as the United States embargo is lifted".

Senator Loudon moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Jacob, Kenney, Gross and Kennedy.

Senator Rohrbach assumed the Chair.

SA 1 failed of adoption by the following vote:

YEAS—Senators

Foster	Gibbons	Gross	Jacob
Kennedy	Loudon	Rohrbach—7	

NAYS—Senators

Bentley	Caskey	Cauthorn	Childers
Coleman	Dougherty	Goode	House
Johnson	Kenney	Kinder	Klarich
Klindt	Quick	Schneider	Sims
Singleton	Steelman	Stoll	Wiggins
Yeckel—21			

Absent—Senators

Bland	Mathewson	Russell	Staples
Westfall—5			

Absent with leave—Senator DePasco—1

On motion of Senator Schneider, **SCR 69** was

adopted by the following vote:

YEAS—Senators

Bentley	Caskey	Cauthorn	Childers
Coleman	Dougherty	Foster	House
Johnson	Kenney	Kinder	Klarich
Klindt	Quick	Rohrbach	Schneider
Sims	Singleton	Steelman	Stoll
Wiggins	Yeckel—22		

NAYS—Senators

Gibbons	Gross	Jacob	Kennedy
Loudon—5			

Absent—Senators

Bland	Goode	Mathewson	Russell
Staples	Westfall—6		

Absent with leave—Senator DePasco—1

HOUSE BILLS ON THIRD READING

Senator Kenney moved that **HB 1446**, with **SCS, SS** for **SCS** and **SA 5** (pending), be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SA 5 was again taken up.

At the request of Senator Kenney, **HB 1446**, with **SCS, SS** for **SCS** and **SA 5** (pending), was placed on the Informal Calendar.

HCS for **HB 1888**, with **SCS**, entitled:

An Act to repeal sections 367.031 and 367.055, RSMo, and to enact in lieu thereof two new sections relating to use of pawnshop databases for law enforcement purposes, with penalty provisions.

Was called from the Informal Calendar and taken up by Senator Westfall.

SCS for **HCS** for **HB 1888**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 1888

An Act to repeal sections 367.031, 367.044 and 367.055, RSMo, relating to stolen property,

and to enact in lieu thereof three new sections relating to the same subject, with penalty provisions.

Was taken up.

Senator Westfall moved that **SCS** for **HCS** for **HB 1888** be adopted.

Senator Westfall offered **SS** for **SCS** for **HCS** for **HB 1888**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1888

An Act to repeal sections 150.465, 191.905, 252.235, 367.031, 367.044, 367.055, 569.095, 569.097, 569.099, 570.010, 570.020, 570.030, 570.040, 570.080, 570.085, 570.090, 570.120, 570.123, 570.125, 570.130, 570.210, 570.300, 578.150, 578.377, 578.379, 578.381 and 578.385, RSMo, relating to stolen property and services, and to enact in lieu thereof twenty-seven new sections relating to the same subject, with penalty provisions.

Senator Westfall moved that **SS** for **SCS** for **HCS** for **HB 1888** be adopted, which motion prevailed.

Senator Childers assumed the Chair.

On motion of Senator Westfall, **SS** for **SCS** for **HCS** for **HB 1888** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Dougherty	Foster	Gibbons
Goode	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Russell	Schneider
Sims	Singleton	Steelman	Stoll
Westfall	Wiggins	Yeckel—31	

NAYS—Senators—None

Absent—Senators

Coleman Staples—2

Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Westfall, title to the bill was agreed to.

Senator Westfall moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

PRIVILEGED MOTIONS

Senator Singleton moved that the conference be dissolved on **HCS** for **SCS** for **SB 980** and that the bill be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 980**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 980

An Act to repeal section 334.540, RSMo, and to enact in lieu thereof one new section relating to the licensing of physical therapists.

Was taken up.

Senator Singleton moved that **HCS** for **SCS** for **SB 980** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Rohrbach	Russell	Sims
Singleton	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Quick Schneider Staples—3

Absent with leave—Senator DePasco—1

On motion of Senator Singleton, **HCS for SCS for SB 980** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Russell	Schneider	Sims	Singleton
Steelman	Stoll	Westfall	Wiggins

Yeckel—29

NAYS—Senators—None

Absent—Senators

Jacob Quick Rohrbach Staples—4

Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Singleton, title to the bill was agreed to.

Senator Singleton moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Gibbons moved that **SCS for SB 1070**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for SCS for SB 1070, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 1070

An Act to repeal sections 43.540, 547.170,

589.400, and 589.410, RSMo, and to enact in lieu thereof four new sections relating to protection of children, with penalty provisions.

Was taken up.

Senator Gibbons moved that **HCS for SCS for SB 1070** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Rohrbach	Russell	Schneider
Sims	Singleton	Steelman	Stoll
Westfall	Wiggins	Yeckel—31	

NAYS—Senators—None

Absent—Senators

Quick Staples—2

Absent with leave—Senator DePasco—1

On motion of Senator Gibbons, **HCS for SCS for SB 1070** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Rohrbach	Russell	Schneider
Sims	Singleton	Steelman	Stoll
Westfall	Wiggins	Yeckel—31	

NAYS—Senators—None

Absent—Senators

Quick Staples—2

Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Gibbons, title to the bill was agreed to.

Senator Gibbons moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Caskey moved that **SCS** for **SB 1113**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SCS** for **SB 1113**, entitled:

HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 1113

An Act to repeal sections 58.260, 58.270, 58.310, 58.330, 58.340 and 58.360, RSMo, relating to coroners, and to enact in lieu thereof six new sections relating to the same subject.

Was taken up.

Senator Caskey moved that **HCS** for **SCS** for **SB 1113** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Rohrbach
Schneider	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—28

NAYS—Senators—None

Absent—Senators

Goode	Mathewson	Quick	Russell
Staples—5			

Absent with leave—Senator DePasco—1

On motion of Senator Caskey, **HCS** for **SCS** for **SB 1113** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Rohrbach	Schneider	Sims
Singleton	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Quick	Russell	Staples—3
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Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Caskey, title to the bill was agreed to.

Senator Caskey moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has adopted **SCS** for **HB 2009** and has taken up and passed **SCS** for **HB 2009**.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to recede from its position on **HS** for **SB 1220**, as amended, and grants the Senate a conference thereon.

On motion of Senator Kenney, the Senate recessed until 1:30 p.m.

RECESS

The time of recess having expired, the Senate was called to order by President Pro Tem Kinder.

HOUSE BILLS ON THIRD READING

HB 1205, introduced by Representatives Seigfreid and Relford, **HB 1214**, introduced by Representatives Davis and Cooper, **HB 1314**, introduced by Representatives Mays (50) and Burton, **HB 1320**, introduced by Representative Reid, et al, **HB 1504**, introduced by Representative Liese, **HB 1788**, introduced by Representative Ross, et al, **HB 1867**, introduced by Representative Griesheimer and **HB 1969**, introduced by Representative Reid, with **SCS**, entitled respectively:

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to a civil air patrol license plate.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special motorcycle license plates for veterans.

An Act to repeal section 301.441, RSMo, and to enact in lieu thereof one new section relating to license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to repeal section 301.448, RSMo, and to enact in lieu thereof one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

Were called from the Consent Calendar and taken up by Senator Mathewson.

SCS for **HB 1205, HB 1214, HB 1314, HB 1320, HB 1504, HB 1788, HB 1867** and **HB 1969**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILLS NOS. 1205, 1214, 1314, 1320, 1504, 1788, 1867 and 1969

An Act to repeal sections 301.441 and 301.448, RSMo, and to enact in lieu thereof ten new sections relating to special license plates.

Was taken up.

Senator Mathewson moved that **SCS** for **HB 1205, HB 1214, HB 1314, HB 1320, HB 1504, HB 1788, HB 1867** and **HB 1969** be adopted, which motion prevailed.

On motion of Senator Mathewson, **SCS** for **HB 1205, HB 1214, HB 1314, HB 1320, HB 1504, HB 1788, HB 1867** and **HB 1969** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Caskey	Cauthorn	Childers
Dougherty	Foster	Gibbons	Goode
Gross	House	Johnson	Kennedy
Kenney	Kinder	Klindt	Loudon
Mathewson	Rohrbach	Sims	Singleton
Staples	Steelman	Stoll	Westfall
Wiggins—25			

NAYS—Senators—None

Absent—Senators

Bland	Coleman	Jacob	Klarich
Quick	Russell	Schneider	Yeckel—8

Absent with leave—Senator DePasco—1

The President Pro Tem declared the bill passed.

On motion of Senator Mathewson, title to the bill was agreed to.

Senator Mathewson moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

HB 1075, introduced by Representative Nordwald, entitled:

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to the titling of certain property abandoned on privately owned real estate.

Was called from the Consent Calendar and taken up by Senator House.

On motion of Senator House, **HB 1075** was read the 3rd time and passed by the following vote:

YEAS—Senators			
Bentley	Caskey	Cauthorn	Childers
Foster	Gibbons	Goode	Gross
House	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Russell
Singleton	Steelman	Stoll	Westfall
Wiggins	Yeckel—22		

NAYS—Senator Staples—1

Absent—Senators			
Bland	Coleman	Dougherty	Jacob
Johnson	Mathewson	Quick	Rohrbach
Schneider	Sims—10		

Absent with leave—Senator DePasco—1

The President Pro Tem declared the bill passed.

On motion of Senator House, title to the bill was agreed to.

Senator House moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

HB 2062, introduced by Representative Hosmer, et al, entitled:

An Act to repeal sections 302.010, 302.304, 302.525, 302.535, 302.540, and 577.041, RSMo, and to enact in lieu thereof six new sections relating to restricted driving privilege.

Was called from the Consent Calendar and taken up by Senator Westfall.

On motion of Senator Westfall, **HB 2062** was read the 3rd time and passed by the following vote:

YEAS—Senators			
Bentley	Bland	Caskey	Cauthorn
Childers	Dougherty	Foster	Gibbons
Goode	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Rohrbach	Russell	Sims	Singleton
Staples	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators		
Coleman	Quick	Schneider—3

Absent with leave—Senator DePasco—1

The President Pro Tem declared the bill passed.

On motion of Senator Westfall, title to the bill was agreed to.

Senator Westfall moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

HB 1789, with **SCS**, introduced by Representative Ross, et al, entitled:

An Act to amend chapter 301, RSMo, by adding thereto one new section relating to special license plates.

Was called from the Consent Calendar and taken up by Senator Klarich.

SCS for **HB 1789**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 1789

An Act to repeal sections 301.129, 301.131 and 301.453, RSMo, relating to special license plates, and to enact in lieu thereof four new sections relating to the same subject, with penalty provisions.

Was taken up.

Senator Klarich moved that **SCS** for **HB 1789** be adopted, which motion prevailed.

On motion of Senator Klarich, **SCS** for **HB 1789** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Dougherty	Foster	Gross
House	Jacob	Johnson	Kennedy
Kenney	Kinder	Klarich	Klindt
Loudon	Mathewson	Rohrbach	Russell
Sims	Singleton	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—28

NAYS—Senator Gibbons—1

Absent—Senators

Coleman	Goode	Quick	Schneider—4
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Absent with leave—Senator DePasco—1

The President Pro Tem declared the bill passed.

On motion of Senator Klarich, title to the bill was agreed to.

Senator Klarich moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

CONCURRENT RESOLUTIONS

Senator Steelman moved that **SCR 57**, with **SCS** and **SS** for **SCS** (pending), be again taken up

for adoption, which motion prevailed.

SS for **SCS** for **SCR 57** was again taken up.

At the request of Senator Dougherty, **SS** for **SCS** for **SCR 57** was withdrawn.

Senator Dougherty offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Committee Substitute for Senate Concurrent Resolution No. 57, Page 898, Column 2, Line 13 of the Senate Journal for Thursday, April 18, 2002, Line 13 of said column, by inserting after all of said line the following:

“WHEREAS, rates of return must not be set in such a way as to expose Missouri consumers and workers to the dangers of unaffordable, unreliable, unstably priced service in the name of encouraging investment; and”;

Further amend said resolution, Page 898, Column 2, Line 17 of said column, by inserting after all of said line the following:

“WHEREAS, there is an increasing trend among energy and utility companies toward proliferation of subsidiary corporations, complex relationships and the movement of assets among these subsidiaries, the increasing reliance on business strategies which seek to separate the production of energy and the provision of service from speculation in energy as an abstract commodity; and

WHEREAS, this trend has complicated the regulatory task in Missouri in a variety of ways; and

WHEREAS, this trend calls for more effective public oversight of an increasingly complex energy market so as to prevent the harm to consumers, shareholders and workers that can result from the financial instability and lack of accountability; and

WHEREAS, the utility regulatory process could benefit from being evaluated at this time so as to ensure the ability of regulatory process to ensure reliable, affordable and stably priced utility

service and promote the interests of fairness and balance among all constituencies, including consumers, workers and shareholders of regulated utility companies; and”.

Senator Dougherty moved that the above amendment be adopted, which motion prevailed.

President Maxwell assumed the Chair.

Senator Steelman moved that **SCS** for **SCR 57**, as amended, be adopted, which motion prevailed.

On motion of Senator Steelman, **SCR 57**, as amended by the **SCS**, was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Dougherty	Foster	Gibbons
Goode	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Schneider	Sims
Staples	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Coleman	Russell	Singleton—3
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Absent with leave—Senator DePasco—1

Senator Childers moved that **SCR 74** be taken up for adoption, which motion prevailed.

On motion of Senator Childers, **SCR 74** was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Dougherty	Foster	Gibbons
Gross	House	Jacob	Johnson
Kennedy	Kenney	Kinder	Klarich
Klindt	Loudon	Mathewson	Quick
Sims	Singleton	Steelman	Westfall
Wiggins	Yeckel—26		

NAYS—Senators—None

Absent—Senators

Coleman	Goode	Rohrbach	Russell
Schneider	Staples	Stoll—7	

Absent with leave—Senator DePasco—1

Senator Klarich requested unanimous consent of the Senate to strike **SR 1602**, with **SS** (pending), from the Calendar, which request was granted.

Senator Bentley moved that **HCR 4** be taken up for adoption, which motion prevailed.

On motion of Senator Bentley, **HCR 4** was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Foster	Gross	House
Johnson	Kenney	Kinder	Klarich
Klindt	Loudon	Mathewson	Rohrbach
Russell	Sims	Staples	Steelman
Stoll	Westfall	Wiggins	Yeckel—24

NAYS—Senators

Dougherty	Gibbons	Jacob	Kennedy
Singleton—5			

Absent—Senators

Coleman	Goode	Quick	Schneider—4
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Absent with leave—Senator DePasco—1

Senator Caskey moved that **HCR 13** be taken up for adoption, which motion prevailed.

On motion of Senator Caskey, **HCR 13** was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
House	Jacob	Johnson	Kennedy
Kenney	Kinder	Klarich	Klindt
Loudon	Mathewson	Quick	Rohrbach
Sims	Steelman	Stoll	Westfall
Wiggins	Yeckel—26		

NAYS—Senator Gibbons—1

Absent—Senators

Goode	Gross	Russell	Schneider
Singleton	Staples—6		

Absent with leave—Senator DePasco—1

Senator Kennedy moved that **SCR 60**, with **SCS** (pending), be again taken up for adoption, which motion prevailed.

SCS for **SCR 60** was again taken up.

Senator Kennedy offered **SS** for **SCS** for **SCR 60**:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE CONCURRENT RESOLUTION NO. 60

WHEREAS, the State of Missouri recognizes the critical importance of information technology to its government, industry and local economy; and

WHEREAS, high technology has made enormous contributions to Missouri's economic growth and competitiveness; and

WHEREAS, the high technology industry is one of the most vibrant sectors of Missouri's economy, with over 3,670 high technology companies employing 21,300 Missouri residents and generating over \$1 billion in annual wages; and

WHEREAS, high technology jobs are high-paying, high-skill, dynamic, and adaptable, with the average Missouri high technology worker earning \$50,000 a year; and

WHEREAS, the positive economic impact of high technology in Missouri does not end with workers in well-paid high technology jobs, but extends to the businesses that provide goods and services to high technology companies, resulting in an overall impact of 66,100 jobs and more than \$2.4 billion in wages for Missouri residents; and

WHEREAS, software piracy represents one of the greatest threats to the continued growth of Missouri's high technology industry, with software piracy costing the Missouri economy nearly 1,900 jobs and \$80 million in wages annually; and

WHEREAS, software piracy robs \$15.1 million annually from the State of Missouri in lost tax revenues; and

WHEREAS, software piracy can have a serious chilling effect on creativity, innovation, and profitability in the vital high

technology sector of Missouri's economy; and

WHEREAS, counterfeit and other forms of pirated software expose consumers, including state agencies, to the risk of computer viruses, reduced technical support, and other problems that prevent the efficient operation of information systems; and

WHEREAS, due to the destructive impact of software piracy on the Missouri economy and consumers, the Missouri General Assembly recognizes the need to develop a comprehensive statewide response to combat the use of unlicensed software in all state agencies and promote sound management of state information systems:

NOW, THEREFORE, BE IT RESOLVED that the members of the Senate of the Ninety-first General Assembly, Second Regular Session, the House of Representatives concurring therein, hereby urge the Governor to take the necessary steps to:

(1) Cause each state agency to work diligently to prevent and combat computer software piracy;

(2) Cause each state agency to be knowledgeable of relevant provisions of federal law, including the federal copyright acts and all applicable licensing restrictions; and

BE IT FURTHER RESOLVED that the Secretary of the Senate be instructed to prepare a properly inscribed copy of this resolution for the Governor of Missouri.

Senator Kennedy moved that **SS** for **SCS** for **SCR 60** be adopted, which motion prevailed.

On motion of Senator Kennedy, **SCR 60**, as amended by **SS** for **SCS**, was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—28

NAYS—Senators—None

Absent—Senators

Goode	Rohrbach	Russell	Schneider
Staples—5			

Absent with leave—Senator DePasco—1

PRIVILEGED MOTIONS

Senator Mathewson moved that **SB 1213**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 1213**, entitled:

**HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 1213**

An Act to repeal sections 388.610 and 388.640, RSMo, and to enact in lieu thereof two new sections relating to railroad corporations.

Was taken up.

Senator Mathewson moved that **HCS** for **SB 1213** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Quick	Rohrbach	Sims
Singleton	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Russell	Schneider	Staples—3
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Absent with leave—Senator DePasco—1

On motion of Senator Mathewson, **HCS** for **SB 1213** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Goode	Gross	House
Jacob	Johnson	Kennedy	Kenney
Kinder	Klarich	Klindt	Loudon
Mathewson	Quick	Sims	Singleton
Steelman	Stoll	Westfall	Wiggins
Yeckel—29			

NAYS—Senators—None

Absent—Senators

Rohrbach	Russell	Schneider	Staples—4
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Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Mathewson, title to the bill was agreed to.

Senator Mathewson moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Bland moved that **SB 1244**, with **HCS**, be taken up for 3rd reading and final passage, which motion prevailed.

HCS for **SB 1244**, entitled:

**HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 1244**

An Act to repeal section 191.925, RSMo, relating to the newborn hearing screening program, and to enact in lieu thereof one new section relating to the same subject.

Was taken up.

Senator Bland moved that **HCS** for **SB 1244** be adopted, which motion prevailed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Sims	Singleton
Steelman	Stoll	Westfall	Wiggins
Yeckel—29			

NAYS—Senators—None

Absent—Senators

Goode	Russell	Schneider	Staples—4
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Absent with leave—Senator DePasco—1

On motion of Senator Bland, **HCS** for **SB 1244** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Gross	House	Jacob

Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Sims	Singleton	Steelman
Stoll	Westfall	Wiggins	Yeckel—28

NAYS—Senators—None

Absent—Senators

Goode	Rohrbach	Russell	Schneider
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Staples—5

Absent with leave—Senator DePasco—1

The President declared the bill passed.

On motion of Senator Bland, title to the bill was agreed to.

Senator Bland moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

Bill ordered enrolled.

Senator Westfall moved that the Senate refuse to concur in **HCS** for **SCS** for **SB 1202** and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

REPORTS OF STANDING COMMITTEES

Senator Singleton, Chairman of the Committee on State Budget Control, submitted the following report:

Mr. President: Your Committee on State Budget Control, to which were referred **SCS** for **HCS** for **HB 1811**; **HB 1508**, with **SCS**; **HCS** for **HBs 1150, 1237** and **1327**, with **SCS**; **HB 1748**; **HS** for **HCS** for **HBs 1461** and **1470**, with **SCS**; **HS** for **HCS** for **HB 1962**, with **SCS**; **HB 1489** and **HB 1850**, with **SCS**; and **SCS** for **HB 1093**, **HB 1094**, **HB 1159**, **HB 1204**, **HB 1242**, **HB 1272**, **HB 1391**, **HB 1397**, **HB 1411**, **HB 1624**, **HB 1632**, **HB 1714**, **HB 1755**, **HB 1778**, **HB 1779**, **HB 1852**, **HB 1862**, **HB 2025** and **HB 2123**, begs leave to report that it has considered the same and recommends that the bills do pass.

THIRD READING OF SENATE BILLS

SCS for **SB 954**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 954

An Act to repeal section 288.030, RSMo, relating to employment security definitions, and to enact in lieu thereof one new section relating to the same subject.

Was called from the Informal Calendar and taken up by Senator Loudon.

On motion of Senator Loudon, **SCS** for **SB 954** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Childers	Coleman	Dougherty	Foster
Gibbons	Gross	House	Jacob
Johnson	Kennedy	Kenney	Kinder
Klarich	Klindt	Loudon	Mathewson
Quick	Rohrbach	Sims	Singleton
Staples	Steelman	Stoll	Westfall
Wiggins	Yeckel—30		

NAYS—Senators—None

Absent—Senators

Goode	Russell	Schneider—3
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Absent with leave—Senator DePasco—1

President Pro Tem Kinder assumed the Chair.

The President Pro Tem declared the bill passed.

On motion of Senator Loudon, title to the bill was agreed to.

Senator Loudon moved that the vote by which the bill passed be reconsidered.

Senator Kenney moved that motion lay on the table, which motion prevailed.

HOUSE BILLS ON THIRD READING

Senator Kenney moved that **HB 1446**, with **SCS**, **SS** for **SCS** and **SA 5** (pending), be called from the Informal Calendar and again taken up for third reading and final passage, which motion prevailed.

SA 5 was again taken up.

At the request of Senator Singleton, the above amendment was withdrawn.

SS for **SCS** for **HB 1446** was again taken up.

At the request of Senator Kenney, **SS** for **SCS** for **HB 1446** was withdrawn.

Senator Kenney offered **SS No. 2** for **SCS** for **HB 1446**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1446

An Act to repeal sections 33.103, 103.095, 194.220, 194.230, 354.085, 354.405, 354.603, 376.1209 and 376.1350, RSMo, and to enact in lieu thereof eighteen new sections relating to health insurance, with an effective date for a certain section.

Senator Kenney moved that **SS No. 2** for **SCS** for **HB 1446** be adopted.

Senator Kenney offered **SA 1**, which was read:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Pages 38-41, Section 376.1575, Line 24, by deleting all of said section; and

Further amend the title and enacting clause accordingly.

Senator Kenney moved that the above amendment be adopted, which motion prevailed.

Senator Kenney offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 30, Section 376.125, Line 8, by inserting immediately after the word “shall”, the following: “inform the patient that the patient has the right to a timely referral for a second opinion by an appropriate specialist within the provider network regarding the treatment of the patient’s type of cancer.”.

Senator Kenney moved that the above amendment be adopted, which motion prevailed.

Senator Singleton offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Substitute No. 2 for Senate

Committee Substitute for House Bill No. 1446, Page 25, Section 354.603, Line 2, by inserting after all of said line the following:

“354.606. **1. This act shall be known as the “Patient Freedom of Choice Act of 2002”.**

[1.] **2.** A health carrier shall establish a mechanism by which the participating provider shall be notified on an ongoing basis of the specific covered health services for which the provider shall be responsible, including any limitations or conditions on services.

[2.] **3.** Every contract between a health carrier and a participating provider shall set forth a hold harmless provision specifying protection for enrollees. This requirement shall be met by including a provision substantially similar to the following:

“Provider agrees that in no event, including but not limited to nonpayment by the health carrier or intermediary, insolvency of the health carrier or intermediary, or breach of this agreement, shall the provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an enrollee or a person, other than the health carrier or intermediary, acting on behalf of the enrollee for services provided pursuant to this agreement. This agreement shall not prohibit the provider from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for uncovered services delivered on a fee-for-service basis to enrollees. This agreement shall not prohibit a provider, except for a health care professional who is employed full time on the staff of a health carrier and has agreed to provide service exclusively to that health carrier's enrollees and no others, and an enrollee from agreeing to continue services solely at the expense of the enrollee, as long as the provider has clearly informed the enrollee that the health carrier may not cover or continue to cover a specific service or services. Except as provided herein, this agreement does not prohibit the provider from pursuing any available legal remedy; including, but not limited to, collecting from any

insurance carrier providing coverage to a covered person.”

[3.] **4.** Every contract between a health carrier and a participating provider shall set forth that in the event of a health carrier's or intermediary's insolvency or other cessation of operations, covered services to enrollees shall continue through the period for which a premium has been paid to the health carrier on behalf of the enrollee or until the enrollee's discharge from an inpatient facility, whichever time is greater.

[4.] **5.** The contract provisions satisfying the requirements of subsections [2 and] **3 and 4** of this section shall:

(1) Be construed in favor of the enrollee;

(2) Survive the termination of the contract regardless of the reason for termination, including the insolvency of the health carrier; and

(3) Supersede any oral or written contrary agreement between a provider and an enrollee or the representative of an enrollee if the contrary agreement is inconsistent with the hold harmless and continuation of covered services provisions required by subsections 2 and 3 of this section.

[5.] **6.** In no event shall a participating provider collect or attempt to collect from an enrollee any money owed to the provider by the health carrier nor shall a participating provider collect or attempt to collect from an enrollee any money in excess of the coinsurance, co-payments or deductibles. Failure of a health carrier to make timely payment of an amount owed to a provider in accordance with the provider's contract shall constitute an unfair claims settlement practice subject to sections 375.1000 to 375.1018, RSMo.

[6.] **7.** (1) A health carrier shall develop selection standards for participating primary care professionals and each participating health care professional specialty. Such standards shall be in writing and used in determining the selection of health care professionals by the health carrier, its intermediaries and any provider networks with

which it contracts. Selection criteria shall not be established in a manner that will:

(a) Allow a health carrier to avoid a high-risk population by excluding a provider because such provider is located in a geographic area that contains a population presenting a risk of higher than average claims, losses or health services utilization; or

(b) Exclude a provider because such provider treats or specializes in treating a population presenting a risk of higher than average claims, losses or health services utilization;

(c) Deny a health care professional the opportunity to become a participating provider if such health care professional satisfies all of the selection standards established by the health carrier as defined in section 376.1350, RSMo, and if the health care professional is willing to accept the plan's operating terms and conditions, its schedule of fees, covered expenses, utilization regulations and quality standards. This subdivision shall not apply to supplemental insurance policies, including life care contracts, accident-only policies, specified disease policies, hospital policies providing a fixed daily benefit only, Medicare supplement policies, long-term care policies, coverage issued as a supplement to liability insurance, short-term major medical policies of six months or less duration and other supplemental policies as determined by the department of insurance. This subdivision shall only apply to any county of the first classification without a charter form of government and with more than one hundred four thousand six hundred but less than one hundred four thousand seven hundred inhabitants and any county of the second classification with more than fifty-two thousand six hundred but less than fifty-two thousand seven hundred inhabitants; or

(d) Allow a health carrier, either directly or indirectly through intermediaries, to discriminate between healthcare providers

when selecting among providers of health services for enrollment in the network and when referring enrollees for health services provided within the scope of those professional licenses and when reimbursing amounts for covered services among persons duly licensed to provide such services.

(2) Paragraphs (a) [and], (b) **and** (c) of subdivision (1) of this subsection shall not be construed to prohibit a health carrier from declining to select a provider who fails to meet the other legitimate selection criteria of the health carrier developed in compliance with sections 354.600 to 354.636.

(3) The provisions of sections 354.600 to 354.636 shall not require a health carrier, its intermediaries or the provider networks with which it contracts, to employ specific providers or types of providers, or to contract with or retain more providers or types of providers than are necessary to maintain an adequate network.

[7.] **8.** A health carrier shall file its selection standards for participating providers with the director. A health carrier shall also file any subsequent changes to its selection standards with the director. The selection standards shall be made available to licensed health care providers.

[8.] **9.** A health carrier shall notify a participating provider of the provider's responsibilities with respect to the health carrier's applicable administrative policies and programs, including but not limited to payment terms, utilization review, quality assessment and improvement programs, credentialing, grievance procedures, data reporting requirements, confidentiality requirements and any applicable federal or state programs.

[9.] **10.** No contract between a health carrier and a provider for the delivery of health care service, entered into or renewed after August 28, 2001, shall require the mandatory use of a hospitalist. For purposes of this subsection,

“hospitalist” means a physician who becomes a physician of record at a hospital for a patient of a participating provider and who may return the care of the patient to that participating provider at the end of hospitalization.

[10.] **11.** A health carrier shall not offer an inducement under the managed care plan to a provider to provide less than medically necessary services to an enrollee.

[11.] **12.** A health carrier shall not prohibit a participating provider from advocating in good faith on behalf of enrollees within the utilization review or grievance processes established by the health carrier or a person contracting with the health carrier.

[12.] **13.** A health carrier shall require a provider to make health records available to appropriate state and federal authorities involved in assessing the quality of care but shall not disclose individual identities, or investigating the grievances or complaints of enrollees, and to comply with the applicable state and federal laws related to the confidentiality of medical or health records.

[13.] **14.** The rights and responsibilities of a provider under a contract between a health carrier and a participating provider shall not be assigned or delegated by the provider without the prior written consent of the health carrier.

[14.] **15.** A health carrier shall be responsible for ensuring that a participating provider furnishes covered benefits to all enrollees without regard to the enrollee's enrollment in the plan as a private purchaser of the plan or as a participant in a publicly financed program of health care service.

[15.] **16.** A health carrier shall notify the participating providers of their obligations, if any, to collect applicable coinsurance, co-payments or deductibles from enrollees pursuant to the evidence of coverage, or of the providers' obligations, if any, to notify enrollees of their personal financial obligations for noncovered services.

[16.] **17.** A health carrier shall not penalize a provider because the provider, in good faith, reports to state or federal authorities any act or practice by the health carrier that may jeopardize patient health or welfare.

[17.] **18.** A health carrier shall establish a mechanism by which a participating provider may determine in a timely manner whether a person is covered by the carrier.

[18.] **19.** A health carrier shall not discriminate between health care professionals when selecting such professionals for enrollment in the network or when referring enrollees for health care services to be provided by such health care professional who is acting within the scope of his professional license.

[19.] **20.** A health carrier shall establish procedures for resolution of administrative, payment or other disputes between providers and the health carrier.

[20.] **21.** A contract between a health carrier and a provider shall not contain definitions or other provisions that conflict with the definitions or provisions contained in the managed care plan or sections 354.600 to 354.636.”; and

Further amend the title and enacting clause accordingly.

Senator Singleton moved that the above amendment be adopted, which motion prevailed.

Senator Singleton offered SA 4:

SENATE AMENDMENT NO. 4

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 13, Section 194.230, Line 22 of said page, by inserting immediately after said line the following:

“335.015. 1. As used in section 376.1190, RSMo, “registered nurse first assistant” means any person practicing in this state as a registered nurse who is licensed pursuant to chapter 335, RSMo, and who:

(1) Is certified by a nationally recognized professional organization for registered nurse first assistants; or

(2) Meets the criteria for registered nurse first assistants established by the Missouri state board of nursing.

2. The Missouri state board of nursing shall promulgate rules pursuant to chapter 536, RSMo, specifying which professional nursing organization certifications will be recognized for registered nurse first assistants and establishing the criteria a registered nurse must satisfy to use the title of registered nurse first assistant if the nurse is not certified by a nationally recognized professional nursing organization as a registered nurse first assistant.

376.1190. 1. Any entity offering individual or group health insurance policies providing coverage on an expense-incurred basis, any health services corporation issuing individual or group service or indemnity type contracts, any health maintenance organization issuing individual or group service contracts, any entity providing medical coverage for injured workers pursuant to chapter 287, RSMo, all self-insured group arrangements to the extent not preempted by federal law, all managed health care delivery entities of any type or description and benefit payments made pursuant to section 208.152, RSMo, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2003, and that provide coverage for medical services, surgical services, diagnostic procedures, clinical laboratory services, durable medical equipment, radiology services, prescription drugs, physical therapy services and occupational therapy services shall also provide, within such coverage, all services provided by a registered nurse first assistant as defined in section 335.015, RSMo, a certified surgical technologist/certified first assistant, or a licensed practical nurse, as defined in section 335.016, practicing as an independent

contractor consistent with his or her scope of practice.

2. The Missouri state board of registration for the healing arts shall promulgate rules pursuant to chapter 536, RSMo, specifying which professional certified surgical technologist/certified first assistant organization certifications will be recognized for certified surgical technologist/certified first assistants and establishing the criteria a person must satisfy to use the title of certified surgical technologist/certified first assistant if such person is not certified by a nationally recognized professional certified surgical technologist/certified first assistant organization as a certified surgical technologist/certified first assistant.

3. As used in this section the following terms mean:

(1) “Certified surgical technologist”, a person who is not a physician licensed pursuant to chapter 334, RSMo, and who is certified by the Liaison Council on Certification for the Surgical Technologist to facilitate the safe and effective conduct of invasive surgical procedures. This individual works under the supervision of a surgeon to ensure that the operating room or environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. A surgical technologist possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures; and

(2) “Certified surgical technologist/certified first assistant”, a person who is not a physician licensed pursuant to chapter 334, RSMo, and who is certified by the Liaison Council on Certification for the Surgical Technologist to

provide aid to operating physicians in exposure, hemostasis, and other technical functions that will help an operating physician to perform a safe operation with optimal results for the patient. In addition, the certified surgical technologist/certified first assistant demonstrates the principles of safe positioning of the surgical patient; provides visualization of the operative site during the operative procedure; demonstrates the proper techniques to assist the surgeon in providing hemostasis; demonstrates the appropriate techniques to assist with the closure of body planes; expedites the operative procedure by anticipating the needs of the surgeon; demonstrates advanced knowledge of normal and pathological anatomy and physiology; and demonstrates knowledge of emergency situations.” and

Further amend the title and enacting clause accordingly.

Senator Singleton moved that the above amendment be adopted.

Senator Cauthorn offered SA 1 to SA 4:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 4

Amend Senate Amendment No. 4 to Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Section 335.015.2, Page 1, Line 15, following the word “for” by deleting the word “registered”; and

Further amend said amendment, section 335.015.2, page 1, line 16 following the word “a”, by deleting the word “registered”; and

Further amend said amendment, section 335.015.2, page 1, line 17, by deleting the word “registered” before the word “nurse”; and

Further amend said amendment, section 335.015.2, page 1, line 19, by deleting the word “registered” before the word “nurse”; and

Further amend said amendment, section 376.1190, page 2, line 17 following the word “RSMo”, by inserting the following: “or licensed

practical nurse first assistant”.

Senator Cauthorn moved that the above amendment be adopted, which motion prevailed.

SA 4, as amended, was again taken up.

Senator Singleton moved that the above amendment, as amended, be adopted, which motion failed.

Senator Dougherty offered **SA 5**, which was read:

SENATE AMENDMENT NO. 5

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 12, Section 194.220, Line 5 of said page, by inserting after “gift” the following:

“The provisions in subsection 1 of section 194.220 relating to allowing a minor who is at least sixteen years of age to effectuate a gift for any purpose specified in section 194.230 through the driver license or instruction permit application process, shall be effective July 1, 2003.”.

Senator Dougherty moved that the above amendment be adopted, which motion prevailed.

Senator Dougherty offered **SA 6**, which was read:

SENATE AMENDMENT NO. 6

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 31, Section 376.1275, Line 13 of said page, by inserting immediately after the word “successors” the following: **“, the College of American Pathologists, or any other national accrediting body which has requirements that are substantially equivalent to or more stringent than those of the College of American Pathologists”.**

Senator Dougherty moved that the above

amendment be adopted, which motion prevailed.

Senator Klarich offered **SA 7**:

SENATE AMENDMENT NO. 7

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 43, Section 194.230, Line 22, by inserting after all of said line the following:

“287.135. 1. The department of insurance shall establish a program whereby managed care organizations in this state shall be certified by the department for the provision of managed care services to employers who voluntarily choose to use such organizations. The department shall report to the division of workers' compensation all managed care organizations certified pursuant to section. The division shall maintain a registry of certified managed care organizations that can be readily accessed by employers for the provision of managed care services. For the purposes of this section, the term “managed care organizations” shall mean organizations such as preferred provider organizations, health maintenance organizations and other direct employer/provider arrangements which have been certified by the department designed to provide incentives to medical care providers to manage the cost and use of care associated with claims covered by workers' compensation insurance.

2. The director of the department of insurance shall promulgate rules which set out the approval criteria for certification of a managed care organization. Approval criteria shall take into consideration the adequacy of services that the organization will be able to offer the employer, the geographic area to be served, staff size and makeup of the organization in relation to both services offered and geographic location, access to health care providers, the adequacy of internal management and oversight, the adequacy of procedures for peer review, utilization review, and internal dispute resolution, including a method to resolve complaints by injured employees, medical

providers, and insurers over the cost, necessity and appropriateness of medical services, the availability of case management services, and any other criteria as determined by the director. Thirty days prior to the annual anniversary of any current certification granted by the director, any managed care organization seeking continued certification shall file an application for recertification with the director, on a form approved by the director, accompanied by a filing fee established by the director by rule and any other materials specified by the director.

3. The director of the department of insurance shall promulgate rules which set out the criteria under which the fees charged by a managed care organization shall be reimbursed by an employer's workers' compensation insurer and which establish criteria providing for the coordination and integration between the managed care organization and the insurer of their respective internal operational systems relating to such matters as claim reporting and handling, medical case management procedures and billing. Such criteria shall require any such reimbursable fees to be reasonable in relation both to the managed care services provided and to the savings which result from those services. Such criteria shall discourage the use of fee arrangements which result in unjustified costs being billed for either medical services or managed care services. Insurers and managed care organizations shall be permitted to voluntarily negotiate and utilize alternative fee arrangements. Notwithstanding any provision of this subsection to the contrary, if an insurer and a managed care organization enter into a voluntary agreement that accomplishes the same purposes as this subsection, that insurer and that managed care organization with respect to that agreement shall not be required to meet the requirements of this subsection or regulations promulgated by the department pursuant to this subsection.

4. Any managed care organization, including any managed care organization that has been established or selected by or has contracted with a

workers' compensation insurance carrier to provide managed care services to insured employers, that has previously been certified prior to August 28, 1993, by the director of the department of insurance shall be deemed to have met the criteria set forth in this section.

5. The necessity and appropriateness of medical care services recommended or provided by providers shall be subject to review by the division of workers' compensation, upon application, following a decision by the managed care organization's utilization review and dispute resolution review and appeal procedure. The decision of the managed care organization relating to payment for such medical care services shall be subject to modification by the division of workers' compensation after mediation conference or hearing, only upon showing that it was unreasonable, arbitrary or capricious.

6. The provisions of this section shall terminate on December 31, 2003.”; and

Further amend the title and enacting clause accordingly.

Senator Klarich moved that the above amendment be adopted, which motion prevailed.

Senator Caskey offered **SA 8:**

SENATE AMENDMENT NO. 8

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 30, Section 376.1253, Line 7 of said page, by inserting before all of said line the following:

“376.1221. 1. Every health insurer and health benefit plan, as defined in section 376.1350, offering health benefit plans that are delivered, issued for delivery, continued or renewed after January 1, 2003, shall provide coverage for hearing aids that are prescribed, fitted, and dispensed by appropriately licenced professionals to dependent children through age nineteen covered under a policy, contract, or plan.

2. The hearing aids covered under this section shall:

(1) Be an electronic wearable device designed to aid or compensate for human hearing loss and any parts, attachments, or accessories, including earmolds;

(2) Be of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by children; and

(3) Have multiple-band wide dynamic range compression and direct audio input compatibility.

3. The coverage provided by this section shall include coverage for replacement hearing aids for the child at least once every three years.

4. Hearing evaluations, hearing aids, prescriptions, fittings, and consumable supplies shall be reimbursed according to contracted fee schedule or according to the policy. A health insurer or health benefit plan subject to this section may limit the benefit payable for hearing aids to twelve hundred fifty dollars for each ear with a hearing loss. An insured or enrollee who selects a hearing aid that costs more than the benefit payable pursuant to this section may pay the difference between the price of the hearing aid and the benefit payable without financial or contractual penalty to the provider of the hearing aid.

5. Nothing in this section shall prohibit a health insurer or health benefit plan from providing coverage that is greater than or more favorable to enrollees than the coverage provided by this section.

6. The health care service required by this section shall not be subject to a deductible or co-payment that exceeds twenty percent of the actual covered service costs. No health insurer or health benefit plan subject to this section shall request or require hearing acuity information from or about persons applying for coverage.

7. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance.

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

Further amend the title and enacting clause accordingly.

Senator Caskey moved that the above amendment be adopted, which motion prevailed.

President Maxwell assumed the Chair.

Senator Steelman offered SA 9:

SENATE AMENDMENT NO. 9

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 28, Section 376.430, Line 28, by adding the following:

“376.1096. No health carrier as defined in section 376.1350, RSMo, including preferred provider organizations, health maintenance

organizations, independent physician associations, or any other entity that contracts with physicians for health care services, shall change or attempt to change any code on a claim submitted by the physician for health services without first notifying the physician involved and without the examination of the patient record to determine the services provided by the physician. In the event of a dispute, the health carrier shall provide and establish procedures for a timely resolution of the dispute between the physician and health carrier.”; and

Further amend the title and enacting clause accordingly.

Senator Steelman moved that the above amendment be adopted, which motion failed.

Senator House offered **SA 10**:

SENATE AMENDMENT NO. 10

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 41, Section 376.1575, Line 11 of said page, by inserting after all of said line the following:

"376.1600. Any health carrier, as defined by section 376.1350, providing group health insurance plans or group health benefits to an employer having a group of twenty-five employees or more shall, upon request by the employer or the employer's agent of record, provide a statement of the annual claims history for each of the prior three years, or the total experience if the coverage has been in effect less than three years. The information shall be provided within thirty days of such request and shall include the total aggregate amount of claims paid and the total number of claims filed for each annual period. The information may be used by the employer or the employer's agent of record for the sole purpose of evaluating and marketing the group insurance program. The information provided to the employer or the employer's agent of record shall be furnished in

a manner that does not individually identify an employee or an employee's family member and shall comply with all applicable federal and state privacy laws regarding the disclosure of health records.”; and

Further amend the title and enacting clause accordingly.

Senator House moved that the above amendment be adopted, which motion prevailed.

Senator Kenney offered **SA 11**, which was read:

SENATE AMENDMENT NO. 11

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 10, Section 103.095, Line 26, by deleting all of said section; and

Further amend the title and enacting clause accordingly.

Senator Kenney moved that the above amendment be adopted, which motion prevailed.

Senator Stoll offered **SA 12**:

SENATE AMENDMENT NO. 12

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 30, Section 376.1209, Line 6, by inserting after all of said line the following:

“376.1219. 1. Each policy issued by an entity offering individual and group health insurance which provides coverage on an expense-incurred basis, individual and group health service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group health arrangements to the extent not preempted by federal law, and all health care plans provided by managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after September 1, 1997, shall provide coverage for formula and low

protein modified food products recommended by a physician for the treatment of a patient with phenylketonuria or any inherited disease of amino and organic acids.

2. For purposes of this section, “**low protein modified food products**” means foods that are specifically formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of any inherited metabolic disease. **Low protein modified food products do not include foods that are naturally low in protein.**

3. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.

[3.] 4. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, or any other supplemental policy as determined by the director of the department of insurance.”; and

Further amend the title and enacting clause accordingly.

Senator Stoll moved that the above amendment be adopted, which motion prevailed.

Senator Sims offered SA 13:

SENATE AMENDMENT NO. 13

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 41, Section 376.1575, Line 11 of said page, by inserting after all of said line the following:

“**630.900. 1. The director of the department of mental health, in collaboration with the departments of social services, health and senior services, elementary and secondary education, higher education, and corrections, shall design,**

coordinate, and implement a state suicide prevention plan using an evidence-based public health approach focused on suicide prevention.

2. The director shall:

(1) **Promote the use of employee assistance and workplace programs to support employees with depression and other psychiatric illnesses and substance abuse disorders, and refer them to services. In promoting such programs, the director shall collaborate with employer and professional associations, unions, and safety councils;**

(2) **Promote the use of student assistance and educational programs to support students with depression and other psychiatric illnesses and substance abuse disorders. In promoting such programs, the director shall collaborate with educators, administrators, students and parents with emphasis on identification of the risk factors associated with suicide;**

(3) **Provide training and technical assistance to local public health and other community-based professionals to provide for integrated implementation of best practices for preventing suicides;**

(4) **Coordinate with federal, state, and local agencies to collect, analyze, and annually issue a public report on Missouri-specific data on suicide and suicidal behaviors; and**

(5) **Conduct periodic evaluations of the impact and outcomes from implementation of the state's suicide prevention plan and each of the activities specified in this section. By July 1, 2004, and each July first of even-numbered years thereafter, the director shall report the results of such evaluations to the chairs of the senate aging, families, and mental health committee and the house children, families, and health committee.”; and**

Further amend the title and enacting clause accordingly.

Senator Sims moved that the above amendment be adopted, which motion prevailed.

Senator Loudon offered **SA 14**:

SENATE AMENDMENT NO. 14

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 13, Section 194.230, Line 22, by inserting after all of said line the following:

“287.135. 1. The department of insurance shall establish a program whereby managed care organizations in this state shall be certified by the department for the provision of managed care services to employers who voluntarily choose to use such organizations. The department shall report to the division of workers' compensation all managed care organizations certified pursuant to the provisions of this section. The division shall maintain a registry of certified managed care organizations that can be readily accessed by employers for the provision of managed care services. For the purposes of this section, the term “managed care organizations” shall mean organizations such as preferred provider organizations, health maintenance organizations and other direct employer/provider arrangements which have been certified by the department designed to provide incentives to medical care providers to manage the cost and use of care associated with claims covered by workers' compensation insurance.

2. The director of the department of insurance shall promulgate rules which set out the approval criteria for certification of a managed care organization. Approval criteria shall take into consideration the adequacy of services that the organization will be able to offer the employer, the geographic area to be served, staff size and makeup of the organization in relation to both services offered and geographic location, access to health care providers, the adequacy of internal management and oversight, the adequacy of procedures for peer review, utilization review, and

internal dispute resolution, including a method to resolve complaints by injured employees, medical providers, and insurers over the cost, necessity and appropriateness of medical services, the availability of case management services, and any other criteria as determined by the director. Thirty days prior to the annual anniversary of any current certification granted by the director, any managed care organization seeking continued certification shall file an application for recertification with the director, on a form approved by the director, accompanied by a filing fee established by the director by rule and any other materials specified by the director.

3. [The director of the department of insurance shall promulgate rules which set out the criteria under which] The fees charged by a managed care organization shall be reimbursed by an employer's workers' compensation insurer [and which]. **The director of the department of insurance shall establish criteria providing for the coordination and integration between the managed care organization and the insurer of their respective internal operational systems relating to such matters as claim reporting and handling, medical case management procedures and billing. Such criteria shall require any such reimbursable fees to be reasonable in relation both to the managed care services provided and to the savings which result from those services. Such criteria shall discourage the use of fee arrangements which result in unjustified costs being billed for either medical services or managed care services. Insurers and managed care organizations shall be permitted to voluntarily negotiate and utilize alternative fee arrangements. Notwithstanding any provision of this subsection to the contrary, if an insurer and a managed care organization enter into a voluntary agreement that accomplishes the same purposes as this subsection, that insurer and that managed care organization with respect to that agreement shall not be required to meet the requirements of this subsection or regulations promulgated by the department pursuant to this subsection. **The fact****

that an insurer enters into a voluntary agreement with one or more managed care organizations shall not exempt such insurer from the requirements of this subsection or regulations promulgated thereto regarding other managed care organizations for which the insurer has no such voluntary agreements but with which employers insured by such insurer have contracted. The insurer shall comply with the requirements of this subsection and all regulations promulgated thereto, including requirements concerning the reimbursement of such organizations, in regards to such other managed care organizations.

4. Any managed care organization, including any managed care organization that has been established or selected by or has contracted with a workers' compensation insurance carrier to provide managed care services to insured employers, that has previously been certified prior to August 28, 1993, by the director of the department of insurance shall be deemed to have met the criteria set forth in this section.

5. The necessity and appropriateness of medical care services recommended or provided by providers shall be subject to review by the division of workers' compensation, upon application, following a decision by the managed care organization's utilization review and dispute resolution review and appeal procedure. The decision of the managed care organization relating to payment for such medical care services shall be subject to modification by the division of workers' compensation, after mediation conference or hearing, only upon showing that it was unreasonable, arbitrary or capricious.

287.140. 1. In addition to all other compensation, the employee shall receive and the employer shall provide such medical, surgical, chiropractic, and hospital treatment, including nursing, custodial, ambulance and medicines, as may reasonably be required after the injury or disability, to cure and relieve from the effects of

the injury. If the employee desires, [he] **the employee** shall have the right to select his or her own physician, surgeon, or other such requirement at [his] **the employee's** own expense. Where the requirements are furnished by a public hospital or other institution, payment therefor shall be made to the proper authorities. Regardless of whether the health care provider is selected by the employer or is selected by the employee at the employee's expense, the health care provider shall have the affirmative duty to communicate fully with the employee regarding the nature of the employee's injury and recommended treatment exclusive of any evaluation for a permanent disability rating. Failure to perform such duty to communicate shall constitute a disciplinary violation by the provider subject to the provisions of chapter 620, RSMo. When an employee is required to submit to medical examinations or necessary medical treatment at a place outside of the local or metropolitan area from the place of injury or the place of [his] **the employee's** residence, the employer or its insurer shall advance or reimburse the employee for all necessary and reasonable expenses; except that an injured employee who resides outside the state of Missouri and who is employed by an employer located in Missouri shall have the option of selecting the location of services provided in this section either at a location within one hundred miles of the injured employee's residence, place of injury or place of hire by the employer. The choice of provider within the location selected shall continue to be made by the employer. In case of a medical examination if a dispute arises as to what expenses shall be paid by the employer, the matter shall be presented to the legal advisor, the administrative law judge or the commission, who shall set the sum to be paid and same shall be paid by the employer prior to the medical examination. In no event, however, shall the employer or its insurer be required to pay transportation costs for a greater distance than two hundred fifty miles each way from place of treatment. In addition to all other payments authorized or mandated under this

subsection, when an employee who has returned to full-time employment is required to submit to a medical examination for the purpose of evaluating permanent disability, or to undergo physical rehabilitation, the employer or its insurer shall pay a proportionate weekly compensation benefit based on the provisions of section 287.180 for such wages that are lost due to time spent undergoing such medical examinations or physical rehabilitation, except that where the employee is undergoing physical rehabilitation, such proportionate weekly compensation benefit payment shall be limited to a time period of no more than twenty weeks. For purposes of this subsection only, "physical rehabilitation" shall mean the restoration of the seriously injured person as soon as possible and as nearly as possible to a condition of self-support and maintenance as an able-bodied worker. Determination as to what care and restoration constitutes physical rehabilitation shall be the sole province of the treating physician. Should the employer or its insurer contest the determination of the treating physician, then the director shall review the case at question and issue [his] a determination. Such determination by the director shall be appealable like any other finding of the director or the division. Serious injury includes, but is not limited to, quadriplegia, paraplegia, amputations of hand, arm, foot or leg, atrophy due to nerve injury or nonuse, and back injuries not amenable alone to recognized medical and surgical procedures.

2. If it be shown to the division or the commission that the requirements are being furnished in such manner that there is reasonable ground for believing that the life, health, or recovery of the employee is endangered thereby, the division or the commission may order a change in the physician, surgeon, hospital or other requirement.

3. All fees and charges under this chapter shall be fair and reasonable, shall be subject to regulation by the division or the commission, or the board of rehabilitation in rehabilitation cases. A

health care provider shall not charge a fee for treatment and care which is governed by the provisions of this chapter greater than the usual and customary fee the provider receives for the same treatment or service when the payor for such treatment or service is a private individual or a private health insurance carrier. The division or the commission, or the board of rehabilitation in rehabilitation cases, shall also have jurisdiction to hear and determine all disputes as to such charges. A health care provider is bound by the determination upon the reasonableness of health care bills.

4. The division shall, by regulation, establish methods to resolve disputes concerning the reasonableness of medical charges, services, or aids. This regulation shall govern resolution of disputes between employers and medical providers over fees charged, whether or not paid, and shall be in lieu of any other administrative procedure under this chapter. The employee shall not be a party to a dispute over medical charges, nor shall the employee's recovery in any way be jeopardized because of such dispute.

5. No compensation shall be payable for the death or disability of an employee, if and insofar as the death or disability may be caused, continued or aggravated by any unreasonable refusal to submit to any medical or surgical treatment or operation, the risk of which is, in the opinion of the division or the commission, inconsiderable in view of the seriousness of the injury. If the employee dies as a result of an operation made necessary by the injury, the death shall be deemed to be caused by the injury.

6. The testimony of any physician or chiropractic physician who treated the employee shall be admissible in evidence in any proceedings for compensation under this chapter, subject to all of the provisions of section 287.210.

7. Every hospital or other person furnishing the employee with medical aid shall permit its record to be copied by and shall furnish full

information to the division or the commission, the employer, the employee or [his] **the employee's** dependents and any other party to any proceedings for compensation under this chapter, and certified copies of the records shall be admissible in evidence in any such proceedings.

8. The employer may be required by the division or the commission to furnish an injured employee with artificial legs, arms, hands, surgical orthopedic joints, or eyes, or braces, as needed, for life whenever the division or the commission shall find that the injured employee may be partially or wholly relieved of the effects of a permanent injury by the use thereof. The director of the division shall establish a procedure whereby a claim for compensation may be reactivated after settlement of such claim is completed. The claim shall be reactivated only after the claimant can show good cause for the reactivation of this claim and the claim shall be made only for the payment of medical procedures involving life-threatening surgical procedures or if the claimant requires the use of a new, or the modification, alteration or exchange of an existing, prosthetic device. For the purpose of this subsection, "life threatening" shall mean a situation or condition which, if not treated immediately, will likely result in the death of the injured worker.

9. Nothing in this chapter shall prevent an employee being provided treatment for [his] injuries by prayer or spiritual means if the employer does not object to the treatment.

10. The employer shall have the right to select the licensed treating physician, surgeon, chiropractic physician, **network of providers**, or other health care provider, **including licensed registered nurses functioning as medical case managers**; provided, however, that such physicians, surgeons, **registered nurses**, or other health care providers shall offer only those services authorized within the scope of their licenses. For the purpose of this subsection, subsection 2 of section 287.030 shall not apply.

11. Any physician or other health care provider who orders, directs or refers a patient for treatment, testing, therapy or rehabilitation at any institution or facility shall, at or prior to the time of the referral, disclose in writing if such health care provider, any of [his] **the provider's** partners or [his] **the provider's** employer has a financial interest in the institution or facility to which the patient is being referred, to the following:

(1) The patient;

(2) The employer of the patient with workers' compensation liability for the injury or disease being treated;

(3) The workers' compensation insurer of such employer; and

(4) The workers' compensation adjusting company for such insurer.

12. Violation of subsection 11 of this section is a class A misdemeanor.

13. (1) No hospital, physician or other health care provider, other than a hospital, physician or health care provider selected by the employee at [his] **the employee's** own expense pursuant to subsection 1 of this section, shall bill or attempt to collect any fee or any portion of a fee for services rendered to an employee due to a work-related injury or report to any credit reporting agency any failure of the employee to make such payment, when an injury covered by this chapter has occurred and such hospital, physician or health care provider has received actual notice given in writing by the employee, the employer or the employer's insurer. Actual notice shall be deemed received by the hospital, physician or health care provider five days after mailing by certified mail by the employer or insurer to the hospital, physician or health care provider.

(2) The notice shall include:

(a) The name of the employer;

(b) The name of the insurer, if known;

(c) The name of the employee receiving the services;

(d) The general nature of the injury, if known; and

(e) Where a claim has been filed, the claim number, if known.

(3) When an injury is found to be noncompensable under this chapter, the hospital, physician or other health care provider shall be entitled to pursue the employee for any unpaid portion of the fee or other charges for authorized services provided to the employee. Any applicable statute of limitations for an action for such fees or other charges shall be tolled from the time notice is given to the division by a hospital, physician or other health care provider pursuant to subdivision (6) of this subsection, until a determination of noncompensability in regard to the injury which is the basis of such services is made, or in the event there is an appeal to the labor and industrial relations commission, until a decision is rendered by that commission.

(4) If a hospital, physician or other health care provider or a debt collector on behalf of such hospital, physician or other health care provider pursues any action to collect from an employee after such notice is properly given, the employee shall have a cause of action against the hospital, physician or other health care provider for actual damages sustained plus up to one thousand dollars in additional damages, costs and reasonable attorney's fees.

(5) If an employer or insurer fails to make payment for authorized services provided to the employee by a hospital, physician or other health care provider pursuant to this chapter, the hospital, physician or other health care provider may proceed pursuant to subsection 4 of this section with a dispute against the employer or insurer for any fees or other charges for services provided.

(6) A hospital, physician or other health care provider whose services have been authorized in

advance by the employer or insurer may give notice to the division of any claim for fees or other charges for services provided for a work-related injury that is covered by this chapter, with copies of the notice to the employee, employer and the employer's insurer. Where such notice has been filed, the administrative law judge may order direct payment from the proceeds of any settlement or award to the hospital, physician or other health care provider for such fees as are determined by the division. The notice shall be on a form prescribed by the division.”; and

Further amend the title and enacting clause accordingly.

Senator Loudon moved that the above amendment be adopted, which motion prevailed.

Senator Jacob offered SA 15:

SENATE AMENDMENT NO. 15

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 30, Section 376.1209, Line 6, by inserting immediately after the section the following:

“376.1212. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 2003, and providing for surgical benefits, shall provide coverage for a minimum of twenty-four hours of inpatient care following the completion of any surgical procedure, which takes three or more hours to complete, performed in a hospital as defined in section 197.020, RSMo, or any other health care facility licensed to provide post-surgical care

pursuant to the provisions of chapter 197, RSMo; except that such inpatient care may be less than twenty-four hours if:

(1) The attending physician after consulting with the patient, or the patient's legal guardian, if the patient is a minor, agrees to such shorter inpatient care; and

(2) The entity providing the individual or group health insurance policy provides coverage for post-discharge care to the patient.

2. For the purposes of this section, "attending physician" shall include the surgeon who performed the surgery or the patient's primary care physician.

3. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide notice to policyholders, insured persons and participants regarding the coverage required by this section. Such notice shall be in writing and prominently positioned in the policy, certificate of coverage or summary plan description.

4. The health care service required by this section shall not be subject to any greater deductible or copayment than other similar health care services provided by the policy, contract or plan.

5. No insurer may provide financial disincentives to, deselect, terminate the services of, require additional documentation from, require additional utilization review from, reduce payments to, or otherwise penalize the attending physician in retaliation solely for ordering care consistent with the provisions of

this section.”; and

Further amend the title and enacting clause accordingly.

Senator Jacob moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Caskey, Childers, Schneider and Steelman.

SA 15 was adopted by the following vote:

YEAS—Senators

Bentley	Bland	Caskey	Cauthorn
Coleman	Dougherty	House	Jacob
Kennedy	Quick	Schneider	Steelman
Stoll	Wiggins	Lt. Gov. Maxwell—15	

NAYS—Senators

Childers	Foster	Gibbons	Goode
Gross	Kenney	Kinder	Klindt
Loudon	Rohrbach	Russell	Singleton
Westfall	Yeckel—14		

Absent—Senators

Johnson	Klarich	Mathewson	Sims
Staples—5			

Absent with leave—Senator DePasco—1

Senator Bland offered SA 16:

SENATE AMENDMENT NO. 16

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 28, Section 376.430, Line 28, by inserting immediately after the section the following:

“376.784. 1. As used in this section, the following words and phrases mean:

(1) "Body mass index" or "BMI", the relationship between weight and height used to assess health risk related to excess weight based on the mathematical formula that is expressed as weight in kilograms divided by height in meters squared (BMI=kg/m²) or weight in pounds divided by height in inches squared and

multiplied by 703 (BMI=lbs/in² x 703);

(2) "Obesity", body mass index more than 30kg/m² among adults and among children, body mass index is greater than the 95th percentile for age and sex in six- to ten-year olds;

(3) "Overweight", body mass index between 25kg/m² and 29.9 among adults and among children, a body mass index greater than the 85th percentile but less than the 95th percentile;

(4) "Treatment for obesity", procedures consistent with established medical practices in the treatment of obesity by licensed physicians, chiropractors, registered dietitians, and surgeons including, but not limited to, diagnosis, diagnostic tests, nutritional counseling, medication and surgery.

2. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 2002, and providing coverage to any resident of this state shall offer coverage for the treatment of overweight and obesity under those terms and conditions as may be agreed upon between the group subscriber and the plan. Every plan shall communicate the availability of such coverage to all covered policyholders, groups, or individuals.

3. Nothing in this section shall be construed to deny or restrict in any way any existing right or benefit to coverage and treatment of overweight and obesity under any existing law,

plan, or policy.

4. Nothing in this section shall be construed to allow limits of liability of coverage for overweight and obesity which prevents the policyholder from accessing medically necessary and appropriate treatment for overweight and obesity as recommended by a licensed physician, chiropractor, or registered and licensed dietitian.”; and

Further amend the title and enacting clause accordingly.

Senator Bland moved that the above amendment be adopted, which motion failed on a standing division vote.

Senator Schneider offered SA 17:

SENATE AMENDMENT NO. 17

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 13, Section 194.230, Line 22, by inserting:

“287.136. Notwithstanding the failure of the department of insurance to have failed to promulgate rules as required by Section 287.135 any managed care organization who has provided services pursuant to section 287.135 shall recover the reasonable value of the services provided from the worker’s compensation carrier by filing a claim with the division of workers compensation. Such claim shall be referred to an ALJ in the area where the services were primarily provided.”.

Senator Schneider moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Bland, Caskey, Coleman and Jacob.

SA 17 failed of adoption by the following vote:

YEAS—Senators

Bland	Caskey	Coleman	Dougherty
Goode	House	Jacob	Johnson
Kennedy	Quick	Schneider	Steelman
Stoll	Wiggins—14		

NAYS—Senators

Bentley	Cauthorn	Childers	Foster
Gibbons	Gross	Kenney	Kinder
Klindt	Loudon	Rohrbach	Russell
Singleton	Westfall	Yeckel—15	

Absent—Senators

Klarich	Mathewson	Sims	Staples—4
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Absent with leave—Senator DePasco—1

Senator Bland offered SA 18:

SENATE AMENDMENT NO. 18

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 11, Section 103.095, Line 24, by inserting after all of said line the following:

“192.975. 1. As used in this section, the following words and phrases shall mean:

(1) “Body mass index” or “BMI”, the relationship between weight and height used to assess health risk related to excess weight, based on a mathematical formula that is expressed as weight in kilograms divided by height in meters squared ($BMI=kg/m^2$) or weight in pounds divided by height in inches squared and multiplied by 703 ($BMI=lbs/in^2 \times 703$);

(2) “Department”, the department of health and senior services;

(3) “Dietary Guidelines for Americans”, the current set of recommendations of the federal government that are designed to help people choose diets that will meet nutrient requirements, promote health, support active lives and reduce chronic disease risks;

(4) “Nutrition education”, a planned sequential instructional program that provides knowledge and teaches skills to help students adopt and maintain lifelong healthy eating patterns;

(5) “Obesity”, a body mass index of more than $30kg/m^2$ among adults and among children

or a body mass index greater than the ninety-fifth percentile for age and sex in six to ten year olds;

(6) “Overweight”, a body mass index between $25kg/m^2$ and $29.9kg/m^2$ among adults and children or a body mass index greater than the eighty-fifth percentile but less than the ninety-fifth percentile;

2. There is hereby created the “Missouri Commission on Prevention and Management of Obesity” within the department of health and senior services to be in existence within sixty days of the effective date of this section until August 28, 2004.

3. The functions and duties of the commission shall include, but not be limited to, the following:

(1) Collecting and analyzing data regarding the extent to which children and adults in Missouri suffer from obesity, including data already available to the department of health and senior services, the division of medical services and, where feasible, the data available to commercial insurers;

(2) Listing programs and services currently available to address the health, mental health, and social services needs of overweight children and adults;

(3) Listing funds dedicated within the state through commercial and self insurers, medicaid, and other federal and state funds to maintain such programs and services;

(4) Collecting and analyzing data to demonstrate the economic impact on the state of failure to treat obesity;

(5) Identifying cultural, environmental, and socioeconomic barriers to the prevention and management of obesity;

(6) Identifying specific recommendations that the state must implement to increase obesity prevention and management in children

and adults and providing the estimated cost of implementing those recommendations.

4. The commission shall coordinate with the United States Department of Agriculture, the United States Department of Health and Human Services, including the Health Resources and Services Administration, the Centers for Medicaid and Medicare Services, and the Centers for Disease Control and Prevention, the Missouri department of elementary and secondary education, the Missouri department of social services, and the Missouri department of mental health to share resources and information in order to ensure a comprehensive approach to the prevention and treatment of obesity and obesity-related conditions.

5. The commission shall submit a report, including proposed legislation if necessary, to the governor and to the house budget committee and the senate appropriations committee, no later than August 28, 2004. The report shall include information about the economic burden of obesity, available programs and services, and the barriers to such programs and services.

6. The commission shall be composed of at a minimum, the following twenty-two members with consideration given to equal representation by ethnic groups and by geographic area:

(1) The director of the department of health and senior services;

(2) The commissioner of the department of elementary and secondary education;

(3) The director of the department of mental health;

(4) The director of the department of social services;

(5) The director of the department of insurance;

(6) The director of the department of higher education;

(7) A member of the house of representatives as appointed by the speaker of the house of representatives;

(8) A member of the senate as appointed by the president pro tem of the senate;

(9) Two public members, to be appointed by the director of the department of health and senior services;

(10) A representative of the Missouri State Medical Association;

(11) A representative of the Missouri Chapter of the American Academy of Pediatrics;

(12) A representative of the Missouri Nurses Association;

(13) Two persons from the University of Missouri-Columbia with professional knowledge and experience from the fields of medicine, nursing, or dietetics or nutrition sciences, jointly appointed by the deans of the University of Missouri Sinclair School of Nursing, the School of Medicine, and the College of Human and Environmental Sciences;

(14) A representative of the Missouri Dietetic Association;

(15) A representative of the Missouri Restaurant Association;

(16) A representative of the Food Processors' Association;

(17) A representative of the Food Manufacturers' Association;

(18) A representative of the School Food Service Association;

(19) A Missouri representative of the Association of American Medical Colleges; and

(20) A Missouri representative of the American Heart Association.

7. The commission shall have its first meeting no later than October 1, 2002. The

director of the department of health and senior services shall serve as chair of the commission. The department shall establish the procedures necessary for the organization and operation of the commission. The commission shall meet and conduct business at least quarterly. Meetings of the commission shall comply with sections 610.010 to 610.030, RSMo.

8. Members of the commission shall receive no compensation.

9. The department shall establish and maintain a resource databank containing information about obesity and obesity-related subjects. Such databank shall be:

(1) Available to educational and research institutions, physicians, hospitals, policy makers, and members of the general public;

(2) Accessible through the department's web site and through printed materials. The department may assess reasonable charges for duplication or sale of materials; and

(3) Implemented by January 1, 2003.

10. The department of health and senior services shall provide technical assistance to schools and school districts to create healthy school nutrition environments. For purposes of this subsection, a healthy school nutrition environment shall be defined as one in which nutrition and physical activity are taught and supported in the classroom, the dining room, and throughout the school to provide positive messages that help students develop healthy eating and physical activity habits. A healthy school nutrition environment shall include:

(1) A commitment to nutrition and physical activity;

(2) Quality school meals that contain the required nourishment to foster learning and growth based upon the United States Department of Agriculture Dietary Guidelines for Americans;

(3) Other healthy food options that include sales of foods and beverages that are based on nutrition goals, not profit-making;

(4) Pleasant eating experiences so that children can relax, eat and socialize without feeling rushed;

(5) Nutrition education to build nutrition knowledge and skills into the curriculum to help children make healthy eating and physical activity choices; and

(6) Marketing to motivate parents, teachers, administrators, and the community to work towards a healthy school nutrition environment.”; and

Further amend the title and enacting clause accordingly.

Senator Bland moved that the above amendment be adopted, which motion prevailed.

Senator Kenney offered SA 19:

SENATE AMENDMENT NO. 19

Amend Senate Substitute No. 2 for Senate Committee Substitute for House Bill No. 1446, Page 28, Section 376.429, Line 3, by inserting after said line the following:

“9. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance.”.

Senator Kenney moved that the above amendment be adopted, which motion prevailed.

Senator Kenney moved that SS No. 2 for SCS for HB 1446, as amended, be adopted, which motion prevailed.

Senator Kenney moved that SS No. 2 for SCS for HB 1446, as amended, be read the 3rd time and

finally passed and was recognized to close.

At the request of Senator Kenney, **SS No. 2** for **SCS** for **HB 1446**, as amended, was placed on the Informal Calendar.

HS for **HB 1994**, entitled:

An Act to repeal section 174.020, RSMo, and to enact in lieu thereof one new section relating to names of state colleges.

Was taken up by Senator Bentley.

Senator Jacob offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend House Substitute for House Bill No. 1994, Section 174.020, Page 1, Line 6, by removing the open bracket “[” and the close bracket “]” on either side of the word “Southwest”;

And, in addition thereto;

To amend same section, same page, lines 8-9, by removing the open bracket “[” and the close bracket “]” on either side of the word “College” and by removing the word “**University**”;

And, in addition thereto;

To amend same section, same page, line 10, by removing the open bracket “[” and the close bracket “]” on either side of the word “College” and by removing the word “**University**”;

And in addition thereto;

To amend same section, same page, line 11, by removing the open bracket “[” and the close bracket “]” on either side of the word “shall” and by removing the word “**may**”;

And in addition thereto;

To amend same section, same page, line 11, by removing the open bracket “[” and the close bracket “]” on either side of the word “College” and by removing the word “**University**”;

And in addition thereto;

To amend same section, page 2, line 18, by inserting after all of said line the following:

“174.025. 1. The coordinating board of higher education shall conduct a comprehensive study of the post-secondary educational needs of those persons residing in southwest Missouri and of the capability of existing public and private institutions of higher education in this state to meet those recognized needs.

2. The coordinating board of higher education shall complete its study and submit its final report to the governor and the general assembly not later than January 31, 2005. The final report shall contain a detailed statement of the findings and conclusions of the coordinating board of higher education, with its recommendations for legislation and administrative actions as the coordinating board of higher education deems appropriate, including but not limited to a recommendation as to whether Southwest Missouri State University should be made a part of the University of Missouri system.

3. No additional moneys shall be appropriated to the coordinating board of higher education to fund the study to be conducted pursuant to this section.”;

And in addition thereto;

To amend the title and enacting clauses accordingly.

Senator Jacob moved that the above amendment be adopted.

Senator Jacob requested a division of the question on the adoption of **SA 1** asking that a vote first be taken on Section 174.020, page 1, line 6; a second vote be taken on Section 174.020, page 1, lines 8 and 9; a third vote be taken on Section 174.020, page 1, line 10; a fourth vote be taken on Section 174.020, page 1, line 10, removing the brackets around the word “shall” and deleting the word “**may**” and further amending line 11; a fifth vote be taken on Section 174.025.1. and 2. and a sixth vote be taken on Section 174.025.3., which request was granted.

The President stated that the motions to adopt the six parts would be accepted in the order Senator Jacob divided the amendment.

Senator Jacob raised the point of order objecting to the order of adoption of the six parts of SA 1 as stated by the President.

The point of order was referred to the President Pro Tem, who ruled it not well taken.

Senator Jacob withdrew his previous request for a division of the question on **SA 1** and requested a new division as follows: a vote first be taken on Section 174.025.1 and 2.; a second vote be taken on Section 174.025.3; a third vote be taken on Section 174.020, page 1, line 6; a fourth vote be taken on Section 174.020, lines 8-9; a fifth vote be taken on Section 174.020, line 10; and a sixth vote be taken on the remainder of the amendment, which request was granted.

Senator Jacob moved that **Part I** of **SA 1** be adopted and requested a roll call vote be taken. He was joined in his request by Senators Bentley, Caskey, Schneider and Stoll.

Senator Jacob offered **SA 1** to **Part I** of **SA 1**, which was read:

SENATE AMENDMENT NO. 1 TO
PART I OF
SENATE AMENDMENT NO. 1

Amend Part I of Senate Amendment No. 1 to House Substitute for House Bill No. 1994, Page 2, Section 174.025, Line 27, by deleting the word "2005" and by inserting in lieu thereof the word "2004".

Senator Jacob moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Bentley, Caskey, Kennedy and Stoll.

At the request of Senator Jacob, **SA 1** to **Part I** of **SA 1** was withdrawn.

Senator Jacob offered **SA 2** to **Part I** of **SA 1**, which was read:

SENATE AMENDMENT NO. 2 TO
PART I OF
SENATE AMENDMENT NO. 1

Amend Part I to Senate Amendment No. 1 to House Substitute for House Bill No. 1994, Page 2, Section 174.025, Lines 26-27, by removing the words "**January 31, 2005**" and inserting in lieu thereof the following: "**November 30, 2003**".

Senator Jacob moved that the above amendment be adopted.

At the request of Senator Bentley, **HS** for **HB 1994**, with **SA 1** and **SA 2** to **Part I** of **SA 1** (pending), was placed on the Informal Calendar.

Senator Kenney moved that **SS No. 2** for **SCS** for **HB 1446**, as amended, be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

President Pro Tem Kinder referred **SS No. 2** for **SCS** for **HB 1446**, as amended, to the Committee on State Budget Control.

President Pro Tem Kinder moved that **HB 1918**, with **SCS**, be returned to the Committee on Transportation for further consideration, which motion prevailed.

MESSAGES FROM THE GOVERNOR

The following message was received from the Governor:

OFFICE OF THE GOVERNOR
State of Missouri
Jefferson City, Missouri
May 8, 2002

TO THE SENATE OF THE 91st GENERAL ASSEMBLY
OF THE STATE OF MISSOURI:

I hereby withdraw from your consideration the following appointment to office made by me and submitted to you on April 24, 2002 for your advice and consent:

Jennifer Tidwell, Democrat, 3831 Harrison, Kansas City, Jackson County, Missouri 64109, as a member of the State Tax Commission, for a term ending January 23, 2008, and until her successor is duly appointed and qualified; vice, reappointed to a full

term.

Respectfully submitted,
BOB HOLDEN
Governor

President Pro Tem Kinder moved that the above appointment be returned to the Governor pursuant to his request, which motion prevailed.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Kinder appointed the following conference committee to act with a like committee from the House on **HS** for **SB 1220**, as amended: Senators Sims, Kenney, Yeckel, Wiggins and Dougherty.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following conferees to act with a like committee from the Senate on **SCS** for **HB 1313**. Representatives: Treadway, Hoppe, Green (15), Burton and Scott.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following conferees to act with a like committee from the Senate on **HS** for **SB 1220**, as amended. Representatives O'Toole, Foley, Crump, Richardson and Purgason.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following conferees to act with a like committee from the Senate on **HCS** for **SB 758**. Representatives: Hosmer, Britt, Jolly, Reid and Bartle.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed the following conferees to act with a like committee from the Senate on **HCS** for **SB 795**. Representatives: Treadway, Shoemyer (9), Hampton, Portwood and Behnen.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the Speaker has appointed Representative Shields to the Conference Committee on **SCS** for **HCS** for **HB 1111** as amended replacing Representative Naeger who had to return to his district.

President Pro Tem Kinder assumed the Chair.

REPORTS OF STANDING COMMITTEES

Senator Singleton, Chairman of the Committee on Public Health and Welfare, submitted the following reports:

Mr. President: Your Committee on Public Health and Welfare, to which was referred **HCS** for **HB 1216**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Also,

Mr. President: Your Committee on Public Health and Welfare, to which was referred **HCS** for **HB 1425**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Senator Bentley, Chairman of the Committee on Education, submitted the following report:

Mr. President: Your Committee on Education, to which was referred **HB 1406**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Senator Sims, Chairman of the Committee on Aging, Families and Mental Health, submitted the following report:

Mr. President: Your Committee on Aging, Families and Mental Health, to which was referred **HS** for **HCS** for **HBs 1654** and **1156**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Senator Steelman, Chairman of the Committee on Commerce and Environment, submitted the following reports:

Mr. President: Your Committee on Commerce and Environment, to which was referred **HS** for **HCS** for **HB 1650**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Also,

Mr. President: Your Committee on Commerce and Environment, to which was referred **HCS** for **HB 1143**, begs leave to report that it has considered the same and recommends that the Senate Committee Substitute, hereto attached, do pass.

Senator Gross, Chairman of the Committee on Pensions and General Laws, submitted the following report:

Mr. President: Your Committee on Pensions and General Laws, to which was referred **HB 1869**, begs leave to report that it has considered the same and recommends that the bill do pass.

RESOLUTIONS

Senator Stoll offered Senate Resolution No. 1708, regarding the One Hundredth Birthday of Sophie Schaefer, Arnold, which was adopted.

Senator Steelman offered Senate Resolution No. 1709, regarding Brian Christopher Easley, Fulton, which was adopted.

On behalf of Senator DePasco, Senator Kenney offered Senate Resolution No. 1710,

regarding Dorothy J. Kirk, Independence, which was adopted.

COMMUNICATIONS

President Pro Tem Kinder submitted the following:

May 8, 2002

Ms. Terry Spieler
Secretary of Senate
State Capitol
Jefferson City, MO 65101

Dear Ms. Spieler:

This is to inform you that I have appointed Senator James L. Mathewson to the Missouri Tourism Commission instead of the Missouri Tourism Committee which was referenced in my previous letter.

Sincerely,

/s/ Peter Kinder

PETER D. KINDER

President Pro Tem

INTRODUCTIONS OF GUESTS

Senator Stoll introduced to the Senate, Denise and Garryn Hasty, Imperial; and Garryn was made an honorary page.

Senator Klarich introduced to the Senate, Fritz, Nathaniel and Ethan Smith, Wildwood; and Beverly Thornton and Corey Glackin, House Springs; and Corey and Ethan were made honorary pages.

Senator Wiggins introduced to the Senate, Jeff and Amy Simon, and their children, Patrick, Joseph, Daniel and Peter, Kansas City; and Patrick, Joseph, Daniel and Peter were made honorary pages.

Senator Loudon introduced to the Senate, Shelley Arri and Home Schoolers from Manchester; and Paul McCaughey, Tami Simon, Lydia Wipperman and Bryan Arri were made honorary pages.

On motion of Senator Kenney, the Senate adjourned until 9:30 a.m., Thursday, May 9, 2002.

SENATE CALENDAR

 SIXTY-NINTH DAY—THURSDAY, MAY 9, 2002

FORMAL CALENDAR

THIRD READING OF SENATE BILLS

SCS for SB 676-Yeckel, et al
(In Budget Control)

SENATE BILLS FOR PERFECTION

SB 652-Singleton and
Russell, with SCS

HOUSE BILLS ON THIRD READING

- | | |
|---|---|
| 1. HCS for HB 1443, with
SCS (Gibbons) | 10. HB 1926-Fraser, et al
(Quick) |
| 2. HB 1041-Myers, with
SCS (Childers) | 11. HB 2078-Clayton
(Rohrbach) |
| 3. HB 1600-Treadway (Mathewson) | 12. HS for HCS for HBs 1502 &
1821-Luetkenhaus, with
SCS (Rohrbach) |
| 4. HB 2008-O'Connor,
with SCS (Kenney) | 13. HB 1196-Barnett, et al,
with SCS (Westfall) |
| 5. HS for HCS for
HB 1532-Hoppe,
with SCS (Gross) | 14. HBs 1489 & 1850-Britt,
with SCS (Steelman) |
| 6. HB 1348-Myers, et al,
with SCS (Foster) | 15. HS for HCS for HB
1962-Monaco, with SCS |
| 7. HB 1402-Burton, et al,
with SCS (Steelman) | 16. HCS for HB 1817, with
SCS (Bentley) |
| 8. HB 2023-Franklin,
with SCA 1 (Foster) | 17. HB 1773-Shelton and
Carnahan, with SCS
(Coleman) |
| 9. HB 1086-Harlan, with
SCS (House) | |

- | | |
|---|---|
| <p>18. HS for HCS for HBs
1461 & 1470-Seigfreid,
with SCS (Yeckel)</p> <p>19. HB 1748-Ransdall
(Steelman)</p> <p>20. HCS for HBs 1150, 1237
& 1327, with SCS
(Gibbons)</p> <p>21. HS for HB 1455-
O'Toole, with SCS
(Gross)</p> <p>22. HB 1508-Koller, with
SCS (Westfall)</p> <p>23. HCS for HBs 1344 &
1944, with SCS (Caskey)</p> <p>24. HB 1679-Crump, with
SCS & point of order (Sims)</p> <p>25. HCS for HB 1898, with
SCS (Goode)
(In Budget Control)</p> <p>26. HCS for HB 1403, with
SCS (Foster)</p> <p>27. HB 1988-Kelly (144)</p> | <p>28. HS for HCS for HB
1906-Green (73),
with SCS (Kenney)</p> <p>29. HS for HCS for HB
1756-Reid (Klarich)</p> <p>30. HCS for HB 1120
(Russell)</p> <p>31. HB 1121-Green (73),
with SCS (Russell)</p> <p>32. HCS for HB 1216, with
SCS</p> <p>33. HCS for HB 1425, with
SCS (House)</p> <p>34. HB 1406-Barnett, with
SCS (Klindt)</p> <p>35. HS for HCS for HBs
1654 & 1156-Hosmer,
with SCS (Caskey)</p> <p>36. HS for HCS for HB
1650-Hoppe, with SCS</p> <p>37. HCS for HB 1143, with
SCS</p> <p>38. HB 1869-Barry (Klarich)</p> |
|---|---|

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

- | | |
|--|---|
| <p>SBs 641 & 705-Russell, et al,
with SCS (pending)</p> <p>SB 647-Goode, with SCS (pending)</p> <p>SB 651-Singleton and
Russell, with SCS (pending)</p> <p>SB 659-House and Kenney,
with SS#2, SA 3 and
SSA 1 for SA 3 (pending)</p> <p>SB 660-Westfall, et al,
with SCS (pending)</p> <p>SB 668-Bentley, with SS &
SA 1 (pending)</p> | <p>SB 689-Gibbons, et al,
with SCS</p> <p>SB 696-Cauthorn, et al</p> <p>SB 735-Steelman and
Kinder, with SCS</p> <p>SBs 766, 1120 & 1121-
Steelman, with SCS</p> <p>SB 832-Schneider, with SCS</p> <p>SB 881-Steelman and
Yeckel, with SCS & SS
for SCS (pending)</p> <p>SB 910-Gibbons</p> |
|--|---|

SB 912-Mathewson, with SCS, SS for SCS & SA 4 (pending)	SB 1087-Gibbons, et al, with SCS
SB 926-Kenney, et al, with SCS	SB 1099-Childers, with SCS
SB 938-Cauthorn, et al	SB 1100-Childers, et al, with SS and SA 3 (pending)
SB 971-Klindt, et al, with SCS	SB 1103-Westfall, et al, with SA 2 (pending)
SB 1010-Sims	SB 1105-Loudon
SB 1035-Yeckel	SB 1111-Quick, with SCS
SB 1040-Gibbons, et al, with SCS	SB 1133-Gross, with SCS
SB 1046-Gross and House, with SCS (pending)	SB 1157-Klindt, with SCS
SB 1052-Sims, with SCS, SS for SCS, SA 1 & SA 1 to SA 1 (pending)	SB 1195-Steelmann, et al
SBs 1063 & 827-Rohrbach and Kenney, with SCS, SS for SCS & SA 3 (pending)	SB 1205-Yeckel
	SB 1206-Bentley and Stoll
	SJR 23-Singleton, with SS, SA 1 & SSA 1 for SA 1 (pending)

HOUSE BILLS ON THIRD READING

HBs 1270 & 2032-Gratz, with SCS (Westfall)	HB 1953-Van Zandt, et al, with SCS (Singleton)
SS#2 for SCS for HB 1446- Luetkenhaus (Kenney) (In Budget Control)	HS for HB 1994-Hosmer, with SA 1 & SA 2 to Part I of SA 1 (pending) (Bentley)

CONSENT CALENDAR

Senate Bills

Reported 2/5

SB 995-Rohrbach

House Bills

Reported 4/15

HB 1955-Hilgemann, et al,
with SCS (pending) (Coleman)SCS for HB 1811-Gambaro
(Dougherty)

HB 1085-Mays (50) (Quick)
SCS for HBs 1093, 1094, 1159,
1204, 1242, 1272, 1391, 1397,
1411, 1624, 1632, 1714, 1755,
1778, 1779, 1852, 1862, 2025
& 2123- Relford and
Seigfreid (Mathewson)

HBs 1141, 1400, 1645,
1745 & 2026-Naeger,
with SCS (Yeckel)
HB 1643-Holand and Barry
(Singleton)

SENATE BILLS WITH HOUSE AMENDMENTS

SCS for SB 645-Mathewson,
with HCS
SB 895-Yeckel and Gross,
with HS for HCS, as amended
SB 1041-Russell, with
HCAs 1, 2 & 3
SB 1094-Russell, with HCS

SB 1102-Westfall, with HCS
SB 1119-Johnson, with HCS
SB 1168-Russell, with HCA 1
SB 1199-Foster, with HCA 1
SCS for SB 1212-Mathewson,
with HCS
SB 1251-Gibbons, with HCS

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SB 758-Bentley, with HCS
SB 795-Schneider, with HCS
SCS for SBs 1086 & 1126-
DePasco & Quick, with HCS
SB 1220-Sims, with HS, as
amended
SS for SB 1248-Mathewson,
with HS for HCS, as amended
HCS for HB 1101, with SCS
(Russell)
HCS for HB 1102, with SCS,
as amended (Russell)
HCS for HB 1103, with SCS,
as amended (Russell)

HCS for HB 1104, with SCS,
as amended (Russell)
HCS for HB 1105, with SCS
(Russell)
HCS for HB 1106, with SCS
(Russell)
HCS for HB 1107, with SCS,
as amended (Russell)
HCS for HB 1108, with SCS
(Russell)
HCS for HB 1109, with SCS
(Russell)
HCS for HB 1110, with SCS
(Russell)

HCS for HB 1111, with SCS,
as amended (Russell)
HCS for HB 1112, with SCS
(Russell)

HB 1313-Burton, with SCS
(Foster)
HB 2120-Ridgeway and
Hosmer, with SCS (Gibbons)

Requests to Recede or Grant Conference

SCS for SB 1202-Westfall,
with HCS
(Senate requests House
recede or grant conference)

Unofficial
RESOLUTIONS

SR 1026-Jacob, with SA 1
(pending)

Reported from Committee

SCR 51-Mathewson and
Yeckel, with SCA 1
HCR 24-Kreider (Westfall)

HCR 25-Meredith (Foster)
HCR 18-Wilson (42)
(Mathewson)

Journal

MISCELLANEOUS

REMONSTRANCE 1-Caskey

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